

SERFF Tracking Number: SEFL-126813665 State: Arkansas  
Filing Company: Assurity Life Insurance Company State Tracking Number: 47316  
Company Tracking Number: TL+  
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: TL+  
Project Name/Number: TL+/TL+

## Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: TL+

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: SEFL-126813665 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47316

Co Tr Num: TL+

State Status: Approved-Closed

Author: Kristi Hendrickson

Date Submitted: 11/12/2010

Reviewer(s): Linda Bird

Disposition Date: 11/17/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name: TL+

Project Number: TL+

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/17/2010

Deemer Date:

Submitted By: Kristi Hendrickson

Filing Description:

Form Numbers Form Title

W L1002 (AR) Guaranteed Level Premium Term Life Insurance

R W1006 Critical Illness Benefit Rider

47-421-05053 (R09-10) Life Insurance Coverage

47-422-05053 (R09-10) Simplified Issue Health Section

ICC10 75-440-01153 Worksite Conversion Application

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/12/2010

Domicile Status Comments: Approved via  
Interstate Compact Commission

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/17/2010

Created By: Kristi Hendrickson

Corresponding Filing Tracking Number:

<i>SERFF Tracking Number:</i>	<i>SEFL-126813665</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47316</i>
<i>Company Tracking Number:</i>	<i>TL+</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>TL+</i>		
<i>Project Name/Number:</i>	<i>TL+/TL+</i>		

Assurity Life Insurance Company submits the above stated forms for review and approval. The policy and 47-440-01153 are new forms and do not replace any previously approved forms. The application pages 47-421-05053 (R09-10) and 47-422-05053 (R09-10) are replacing forms 47-421-05053 and 47-422-05053 approved by your department on 06/29/2010 under DOI filing number 46071. Once approved, form R W1006 will replace form R WH232 Amend which was approved by your office on June 29, 2010, in filing 46071.

Form W L1002 (AR) is a non-participating, unisex, term life insurance policy and may be marketed with an illustration.

Form R W1006 is a critical illness benefit rider that provides a lump sum benefit for diagnosis of heart attack, stroke or cancer. It will use the same rates as were filed and approved by your office May 12, 2008, in filing 38933 for form R WH232.

Application pages used to apply for the term life coverage provided by W L1002 (AR) are below. This application can be taken as paper or electronically.

Form 47-420-05053 is the application page used to obtain general information and was previously approved on 6/29/2010 under DOI filing number 46071.

Form 47-421-05053 (R09-10) is utilized to indicate life insurance being applied for. The only change to this form was adding the Term Life section.

Form 47-422-05053 (R09-10) will be used for those cases, based on issue limits, that require simplified underwriting instead of guaranteed issue. The only change to this form is in question 7. It now reads "...has any Proposed Insured..." instead of "...has the Proposed Insured..."

Form 47-423-05053 is the application page signed by the insured(s) and agent and was previously approved on 6/29/2010 under DOI filing number 46071.

All applications that are taken through an electronic application require the agent and proposed insured to accept the Terms of Use and Esignature consent before proceeding. There are three points through the process in which the proposed insured is able to reject the process. The three points are Terms of Use, Esignature consent, and after reviewing the completed application. The only type of signature allowed through this electronic application is the topaz signature pad. There are no additional drop downs, scripts, questions, questionnaires or supplements used through the electronic application process.

Form ICC10 75-440-01153 is the application form used to convert the term insurance to permanent insurance.

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Please note that the following riders will also be available with form W L1002 (AR):

**Form No. Form Title**

- R W1002 Children's Term Insurance Rider (previously approved on 6/29/2010 under DOI filing number 46071)
- R W1004 Spouse Term Insurance Rider (previously approved on 6/29/2010 under DOI filing number 46071)
- R W1005 Waiver of Premium Rider (previously approved on 6/29/2010 under DOI filing number 46071)
- R I0761 Accelerated Benefit Rider (approved 4/10/2008)
- A-R 130 (AR) Accidental Death Benefit Rider (approved 6/13/2000)
- R WA201 (AR) Short-Term Disability Income Rider (approved 5/03/2006)

Marketing: These forms will be marketed to individuals at the worksite, using payroll deduction for premiums.

**Company and Contact**

**Filing Contact Information**

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com  
 1526 K Street 402-437-3452 [Phone]  
 Lincoln, NE 68508 402-437-3802 [FAX]

**Filing Company Information**

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska  
 1526 K Street Group Code: -99 Company Type: Life/Health  
 P.O. Box 82533 Group Name: State ID Number:  
 Lincoln, NE 68501-2533 FEIN Number: 38-1843471  
 (800) 276-7619 ext. [Phone]

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$200.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form  
 Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

SERFF Tracking Number: SEFL-126813665 State: Arkansas  
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Fixed/Indeterminate Premium

Product Name: TL+

Project Name/Number: TL+/TL+

Assurity Life Insurance Company	\$200.00	11/12/2010	41846881
Assurity Life Insurance Company	\$50.00	11/15/2010	41892850

SERFF Tracking Number: SEFL-126813665 State: Arkansas  
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 Company Tracking Number: TL+  
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: TL+  
 Project Name/Number: TL+/TL+

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/17/2010	11/17/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	11/15/2010	11/15/2010	Kristi Hendrickson	11/15/2010	11/15/2010

*SERFF Tracking Number:* SEFL-126813665      *State:* Arkansas  
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Fixed/Indeterminate Premium  
  
*Product Name:* TL+  
*Project Name/Number:* TL+/TL+

## **Disposition**

Disposition Date: 11/17/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Statement of Policy Cost	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Certification	Yes	Yes
Form	Guaranteed Level Premium Term Life Insurance	Yes	Yes
Form	Life Insurance Coverage	Yes	Yes
Form	Simplified Issue Health Section	Yes	Yes
Form	Worksite Conversion Application	Yes	Yes
Form	Critical Illness Benefit Rider	Yes	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/15/2010  
Submitted Date 11/15/2010  
Respond By Date 12/15/2010

Dear Kristi Hendrickson,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Product Name: TL+  
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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/15/2010  
Submitted Date 11/15/2010

Dear Linda Bird,

### Comments:

Thank you for your correspondence.

### Response 1

Comments: I have added the additional \$50 for filing fees.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,  
Kristi Hendrickson

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## Form Schedule

### Lead Form Number: WL1002 (AR)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WL1002 (AR)	Policy/Cont Guaranteed Level ract/Fratern Premium Term Life al Insurance Certificate	Initial		50.700	AR_W L1002.pdf
	47-421-05053 (R09-10)	Application/Life Insurance Enrollment Coverage Form	Revised	Replaced Form #: 47-421-05053 Previous Filing #: 46071	66.400	47-421-05053 R09-10.pdf
	47-422-05053 (R09-10)	Application/Simplified Issue Enrollment Health Section Form	Revised	Replaced Form #: 47-422-05053 Previous Filing #: 46071	50.100	47-422-05053 _R09-10_.pdf
	ICC10 75-440-01153	Application/Worksite Conversion Enrollment Application Form	Initial		50.100	ICC10 75-440-01153_09-7.pdf
	R W1006	Certificate Critical Illness BenefitAmendmen Rider t, Insert Page, Endorsement or Rider	Initial		50.200	R W1006_CI.pdf



**READ YOUR POLICY CAREFULLY!** This is a legal contract between You (the Owner) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and Initial Premium.

We will pay Proceeds to the Beneficiary if:

- an Insured Person dies while this policy is in force;
- We receive due proof of an Insured Person's death; and
- all policy provisions are met.

The provisions of this policy apply to any riders attached to this policy unless otherwise stated in the riders.

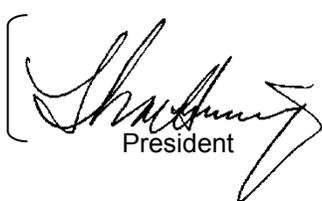
#### **RIGHT TO EXAMINE**

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as You deliver or mail this policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy.

#### **RIGHT TO CANCEL**

After the 30-day period, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled on the date We receive Your written notice unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this policy on the Issue Date.

 [Signature of Alex Assurity]  
President

 [Signature of Carol S. Watson]  
Secretary

**Assurity Life Insurance Company**  
**Administrative Office**  
**P.O. Box 82533, Lincoln, Nebraska 68501-2533**  
**Toll-free (866) 289-7337**  
**www.assurity.com**

**Term Life Insurance**  
**Renewability is shown on the Policy Schedule - Nonparticipating Policy**  
**Convertible as shown on the Policy Schedule**

Representative name: [Alex Assurity]  
Address: [1526 K Street]  
[Lincoln NE 68501]  
Telephone: [(402) 476-6500]

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**POLICY SCHEDULE**

<b>FORM NO.</b>	<b>FORM NAME</b>	<b>FACE AMOUNT</b>	<b>ANNUAL PREMIUM</b>	<b>YEARS PAYABLE</b>	<b>EXPIRATION DATE</b>
W L1002 (AR)	Term Life Insurance	[\$100,000]	[\$328.00]	[10]	[September 1, 2045]
[R I0761	Accelerated Benefits Rider		Included		[September 1, 2045]]
[A-R 130 (AR)	Accidental Death Benefit Rider	[\$100,000]	[\$82.00]	[35]	[September 1, 2045]]
[R W1002	Children's Term Insurance Rider	[\$10,000]	[\$55.00]	[35]	[September 1, 2045]]
[R W1006	Critical Illness Benefit Rider		[\$16.32]	[35]	[September 1, 2045]]
[R WA201 (AR)	Short-Term Disability Income Rider		[\$114.48]	[35]	[September 1, 2045]]
[R W1004	Spouse Term Insurance Rider	[\$100,000]	[\$230.00]	[35]	[September 1, 2045]]
[R W1005	Waiver of Premium Rider		[\$71.68]	[30]	[September 1, 2040]]

All Renewal Premiums are shown on page 3A. Premiums may change if riders are added or terminated.

Renewability: This policy is [renewable to age 70].

Conversion Option: Convertible during the conversion period which begins on the Issue Date and ends 60 days prior to the Expiration Date.

Owner: [John A Doe]

Policy Number: [4750123456]

Insured Person: [John A Doe]

Issue Date: [September 1, 2010]

Issue Age: [35]

Initial Premium: [\$897.48]

Class: [Non-Tobacco]

Premium Period: [12 months]

[10]-Year Term Policy Renewal Premiums  
 (Assuming the premium mode is annual and the policy is renewed each Due Date)

Insured: [John A. Doe]

Policy Number: [4750123456]

Beginning Mo-Day-Yr	Age	Guaranteed Policy Premium*	
[ 09/01/2010	35	328.00	]
[ 09/01/2011	36	328.00	]
[ 09/01/2012	37	328.00	]
[ 09/01/2013	38	328.00	]
[ 09/01/2014	39	328.00	]
[ 09/01/2015	40	328.00	]
[ 09/01/2016	41	328.00	]
[ 09/01/2017	42	328.00	]
[ 09/01/2018	43	328.00	]
[ 09/01/2019	44	328.00	]
[ 09/01/2020	45	588.00	]
[ 09/01/2021	46	588.00	]
[ 09/01/2022	47	588.00	]
[ 09/01/2023	48	588.00	]
[ 09/01/2024	49	588.00	]
[ 09/01/2025	50	588.00	]
[ 09/01/2026	51	588.00	]
[ 09/01/2027	52	588.00	]
[ 09/01/2028	53	588.00	]
[ 09/01/2029	54	588.00	]
[ 09/01/2030	55	1,308.00	]
[ 09/01/2031	56	1,308.00	]
[ 09/01/2032	57	1,308.00	]
[ 09/01/2033	58	1,308.00	]
[ 09/01/2034	59	1,308.00	]
[ 09/01/2035	60	1,308.00	]
[ 09/01/2036	61	1,308.00	]
[ 09/01/2037	62	1,308.00	]
[ 09/01/2038	63	1,308.00	]
[ 09/01/2039	64	1,308.00	]
[ 09/01/2040	65	3,878.00	]
[ 09/01/2041	66	3,878.00	]
[ 09/01/2042	67	3,878.00	]
[ 09/01/2043	68	3,878.00	]
[ 09/01/2044	69	3,878.00	]

\*Includes Annual Policy Fee of \$48.00

## DEFINITIONS

**Attained Age** means the Issue Age shown on the Policy Schedule plus the number of Policy Years elapsed.

**Beneficiary(ies)** means the person(s) named by You in the application, or later changed as described in the Change of Beneficiary section, to receive this policy's Proceeds, if any.

**Due Date** means the date Renewal Premiums are due.

**Evidence of Insurability** means information about the Insured Person We use to determine whether to approve or reinstate Your policy.

**Face Amount** means the amount of this policy's insurance as shown on the Policy Schedule or by later endorsement.

**Grace Period** means the 31-day period after the Due Date in which premiums can still be paid and are considered to have been paid on time.

**Injury** means an accidental bodily injury independent of all other causes.

**Insured** means the policy's Insured Person named on the Policy's Schedule.

**Insured Person** means the person named on the Policy Schedule or Rider Schedule.

**Physician** means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's immediate family or business associate and must be providing services within the scope of his or her license or specialty. Practitioners other than those named above are not Physicians.

**Policy Anniversary** means the month and day of the Issue Date in succeeding calendar years.

**Policy Year** means a period of 12 consecutive calendar months, the first of which begins on the Issue Date. Policy Years after the first year begin on each successive Policy Anniversary thereafter.

**Proceeds** means the amount payable upon the death of an Insured Person.

**Reinstatement Date** means the date We have both approved Your reinstatement application and received any premiums due.

**Renewal Premiums** mean the amounts We charge to keep this policy in force.

**We, Us, Our** means Assurity Life Insurance Company.

**You, Your** means the Owner of this policy.

## PREMIUMS

**Premium Payments.** The Initial Premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the Initial Premium are Renewal Premiums.

Renewal Premiums are due on the Due Date. Except as provided by the Grace Period, this policy will lapse (will not be in force) if a renewal premium is not paid by the Due Date. All premiums are considered paid when they are received at Our administrative office.

**Grace Period.** Your premium must be paid on or before the Due Date or post-marked during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if You request termination of this policy.

**Reinstatement.** If You do not pay Your premium by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement within three years of the lapse in writing to Our administrative office. The reinstatement application must be signed by the policy's Insured Person and Owner, if different. Your application for reinstatement requires Our approval.

If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due plus 6% interest compounded annually from each Due Date. This policy will be reinstated on the Reinstatement Date.

You cannot reinstate Your policy:

- if You requested surrender under the Right to Examine or Right to Cancel section; or
- after the Policy Anniversary following the policy's Insured Person's 70th birthday (shown as the Expiration Date on the Policy Schedule).

## BENEFITS

**Payment of Proceeds.** If an Insured Person dies while this policy and any applicable riders are in force and all policy provisions have been met, We will pay Proceeds to the Beneficiary. Payment will be made within two months of receiving due proof of death at Our administrative office. Interest at 8% or the rate required by law will be included on any portion of the Proceeds not paid within 30 days of Our receipt of due proof of death. Such interest will continue until full payment is made.

Proceeds are equal to:

- the Face Amount in force;
- plus any premiums paid beyond the date of an Insured Person's death; and
- less any premiums due but unpaid.

Payment will include interest on the Proceeds from the date of an Insured Person's death until the date payment is made. The interest paid on Proceeds will be the higher of the rate payable under Payment Option 3 or the rate required by state law, if any. An additional interest rate of 10% annually will begin 31 days after the latest of the date:

- We receive due proof of death;
- We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- legal impediments to payment of proceeds that depend on the action of parties other than Us are resolved and sufficient evidence of the same is provided to Us. Legal impediments to payment include, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment

and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

**Optional Payment of Proceeds.** Upon the death of an Insured Person, We will pay Proceeds in a lump sum or under a payment option. We will not pay Proceeds under a payment option unless requested to do so in a written statement sent to Our administrative office. All or part of the Proceeds may be applied to a payment option if the amount applied is at least \$5,000 and will provide an installment payment of at least \$50. We will protect Proceeds paid under a payment option from creditor's claims and legal process to the extent allowed by law.

You may elect a payment option during an Insured Person's lifetime. A Beneficiary may also elect a payment option if Proceeds are payable to the Beneficiary.

The person receiving payments under a payment option is the payee. If a payee chooses lifetime payments, We may require proof of a payee's age. We must agree to a payment option if the payee is an assignee or if the payee is other than a natural person (such as a corporation or a partnership). If Your policy is assigned as payment of a loan, We will pay the assignee in a lump sum.

We will provide the payee with a payment contract that explains how We make payments under the chosen payment option. The payment contract will control payments if a payee dies before We make all payments. Payment contracts cannot be assigned.

**Payment Option 1 – Payment for a Fixed Period.** Payments are in equal installments for a fixed period of years not to exceed 30 years. Payments will not be less than as shown in the Payment Option 1 table and may be increased by additional interest.

**Payment Option 2 – Payment of Fixed Amount.** Fixed payments are made in installments until the Proceeds and interest at 3% are depleted. Additional interest may be paid which will extend the number of payments. Yearly payments must be at least \$60 for each \$1,000 of Proceeds applied.

**Payment Option 3 – Left at Interest.** We will pay interest periodically on amounts left with Us. The interest rate paid will not be less than 3% per year. Additional interest may be paid.

**Other Options.** We may offer additional payment options on the date You elect a payment option. At Your request, We will provide the payment terms for any available payment option.

**Withdrawal of Proceeds.** Unless restricted, unpaid balances on Payment Option 1, 2 or 3 can be withdrawn. We will discount any Payment Option 1 Proceeds at the Payment Option 1 interest rate.

## BENEFICIARY

Unless otherwise stated in this policy, in any payment contract in effect under this policy or in a Beneficiary designation in effect under this policy, the following applies to any and all Beneficiaries:

1. Only surviving Beneficiaries have an interest in any Proceeds. Surviving means living at least 120 hours beyond an Insured Person.
2. A Beneficiary is either a primary Beneficiary or a contingent Beneficiary. A surviving primary Beneficiary's interest in any Proceeds is superior to and exclusive of that of any contingent Beneficiaries. Proceeds are payable to the contingent Beneficiaries only if no primary Beneficiaries survive an Insured Person.
3. We will pay the Proceeds to the Beneficiaries surviving at the time of an Insured Person's death. We may require proof of age, gender or of the continued survival of any Beneficiary. We may rely on the affidavit of any responsible person to determine the identity of any Beneficiaries not identified by name or whether any Beneficiaries not identified by name are living.

4. All surviving Beneficiaries in the same class (primary or contingent) will share equally unless You specify otherwise.
5. After the death of all designated Beneficiaries, We will pay any Proceeds payable to You or Your successors, transferees or estate.
6. To the extent allowed by law, We will protect the payment of Proceeds or interest to a Beneficiary from creditors' claim and legal process.

### **TERMINATION**

Your policy will terminate on the earliest of the following:

- the date any portion of this policy's Face Amount is converted;
- when any premium due for this policy is not paid before the end of the Grace Period;
- the Expiration Date listed in the Policy Schedule;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date; or
- upon the policy's Insured Person's death.

### **CONVERSION OPTION**

All or part of the Face Amount may be converted to a new policy of insurance without submitting evidence of the Insured Person's insurability. The new policy will be a permanent plan of insurance offered by Us at the time of conversion.

**Conversion Requirements.** Conversion will be subject to the following conditions:

- the amount converted cannot be less than \$5,000 or more than the Face Amount on the date of conversion;
- conversion is requested at least 60 days prior to the Expiration Date, while the Insured Person is living and this policy is in force; and
- all Renewal Premiums have been paid.

**Converted Policy.** Conversion will be processed upon Our receipt of Your written request and payment of the new policy's initial premium. The converted policy's issue date is the date on which the coverage under this policy terminates due to conversion. Premiums for the new policy will be based on Our then current rates and the Insured Person's Attained Age. The converted policy will be subject to the remainder of periods stated in the Contestable Period and Suicide sections as measured from this policy's Issue Date.

If this policy includes a waiver of premium rider at the time of conversion, the new policy will include such a rider, if available, unless this policy's Insured Person is "totally disabled" as defined in such rider. If this policy does not include a waiver of premium rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

If this policy includes a critical illness benefit rider at the time of conversion, the new policy will include such a rider, if available, unless this policy's Insured Person has received the maximum percentage of the benefit amount for each category. If any benefit amount has been paid for a condition(s) under this rider, such condition(s) will be excluded from coverage under the conversion rider. If this policy does not include a critical illness benefit rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurance upon request and if We agree to include such a rider.

If this policy includes a disability income rider at the time of conversion, the new policy will include such a rider, if available, unless this policy's Insured Person is "totally disabled" as defined in such rider. If this policy does not include a disability income rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

If this policy includes an accidental death benefit rider at the time of conversion, the new policy will include such a rider, if available. If this policy does not include an accidental death benefit rider, the new policy may include such a rider if We receive satisfactory Evidence of Insurability upon request and if We agree to include such a rider.

## GENERAL PROVISIONS

**Application Statements.** No statement will void this policy or any attached riders, or be used to defend a claim unless You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this policy.

Statements made in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel Your policy for any inaccuracy – even an honest mistake. Therefore, in the absence of fraud, We regard the statements made in Your application as representations, not as warranties.

**Assignment.** You can transfer, or assign, some or all of Your policy rights, while the policy's Insured Person is alive, to someone else by making a contract with that person by:

- completing and signing a form provided by Us; and
- returning the form to Our administrative office for Our written acknowledgement.

We are not responsible for the validity of any assignment of this policy.

When We furnish You written acknowledgement of the assignment, the assignment becomes effective on the date You signed Our form unless You specify a later date. We are not liable for payments made or action taken prior to Our written acknowledgement of the assignment.

**Change of Beneficiary.** The Beneficiary may be changed while an Insured Person is alive by:

- completing and signing a form provided by Us for changing a Beneficiary; and
- returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless otherwise stated in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

**Change of Ownership.** Policy ownership may be changed while the policy's Insured Person is alive by:

- completing and signing a form provided by Us for changing ownership; and
- returning the form to Our administrative office for Our written acknowledgement.

Naming a new Owner voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of a change of ownership, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written

acknowledgement of the ownership change. An ownership change will not change the Beneficiary or the payment option chosen.

**Contestable Period.** We have the right to contest the validity of this policy and any attached riders based on material misrepresentations made in the initial application. However, We cannot contest the validity of this policy or any attached riders after it has been in force during an Insured Person's lifetime for two years from the Issue Date, except for fraudulent misstatements in the application when permitted by applicable law in the state where the policy is delivered or issued for delivery.

We have the right to contest the validity of a change or reinstatement of this policy and any attached riders based on material misrepresentations made in the application for change or reinstatement. However, We cannot contest a change or reinstatement after this policy has been changed or reinstated and in force during an Insured Person's lifetime for two years from the change effective date or Reinstatement Date, except for fraudulent misstatement in the change or reinstatement application when permitted by applicable law in the state where the policy is delivered or issued for delivery.

**Entire Contract; Changes.** The entire contract between You and Us includes:

- this policy, which is the contract of insurance;
- Your application and any attached papers; and
- any riders, endorsements or amendments attached to this policy.

No change in this policy will be effective until approved by one of Our officers and unless such approval be endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

**Minimum Benefit.** This policy's benefits will not be less than the minimum benefits required by law in the state in which the policy was issued.

**Misstatement of Age.** If an Insured Person's age has been misstated, an adjustment in premiums, coverage, or both, will be based on that Insured Person's correct age.

**Ownership.** This policy belongs to You and all policy rights may be exercised by You.

**Reserves.** The values of this policy meet or exceed those required by law. We have filed a detailed statement explaining the calculation of these values with the insurance regulator of the state in which this policy is issued. We use the 2001 Commissioner's Standard Ordinary Smoker/Non-Smoker, 45% Male/55% Female, Age Last Birthday, Ultimate Only Mortality Table to establish policy reserves.

**Suicide.** If an Insured Person dies by suicide within two years of the Issue Date or last Reinstatement Date, Our liability is limited to a refund of premiums paid for coverage provided for that Insured Person.

**PAYMENT OPTION 1**

<b>Fixed Period (Years)</b>	<i>Amount of Each Payment</i>				<b>Fixed Period (Years)</b>	<i>Amount of Each Payment</i>			
	<b>Annual</b>	<b>Semi- Annual</b>	<b>Quarterly</b>	<b>Monthly</b>		<b>Annual</b>	<b>Semi- Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
<b>5</b>	211.99	106.78	53.59	17.91	<b>20</b>	65.26	32.87	16.50	5.51
<b>6</b>	179.22	90.27	45.30	15.14	<b>21</b>	62.98	31.72	15.92	5.32
<b>7</b>	155.83	78.49	39.39	13.16	<b>22</b>	60.92	30.68	15.40	5.15
<b>8</b>	138.31	69.66	34.96	11.68	<b>23</b>	59.04	29.74	14.92	4.99
<b>9</b>	124.69	62.81	31.52	10.53	<b>24</b>	57.33	28.88	14.49	4.84
<b>10</b>	113.82	57.33	28.77	9.61	<b>25</b>	55.76	28.08	14.09	4.71
<b>11</b>	104.93	52.85	26.52	8.86	<b>26</b>	54.31	27.36	13.73	4.59
<b>12</b>	97.54	49.13	24.65	8.24	<b>27</b>	52.97	26.68	13.39	4.47
<b>13</b>	91.29	45.98	23.08	7.71	<b>28</b>	51.74	26.06	13.08	4.37
<b>14</b>	85.95	43.29	21.73	7.26	<b>29</b>	50.60	25.49	12.79	4.27
<b>15</b>	81.33	40.96	20.56	6.87	<b>30</b>	49.53	24.95	12.52	4.18

*Payments are shown for each \$1,000 applied under the payment option.  
Figures not shown will be furnished on request.*

**Term Life Insurance**  
**Renewability is shown on the Policy Schedule - Nonparticipating Policy**  
**Convertible as shown on the Policy Schedule**

**READ YOUR POLICY CAREFULLY!**

**LIFE INSURANCE COVERAGE**

During the past **12 months**, has any Proposed Insured used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? ..... Employee:  Yes  No  
 Spouse:  Yes  No

**CONTINGENT OWNER**

<i>First</i>	<i>Middle</i>	<i>Last</i>	Relationship to Insured
Legal Name			

**TERM LIFE**

Term Option*	Base Policy Face Amount	Riders	Premium Amount
<input type="checkbox"/> 10-Year <input type="checkbox"/> 20-Year  *Coverage terminates at age 70.	\$ _____	<b>TERM LIFE RIDERS</b> <input type="checkbox"/> Spouse Term Insurance Rider \$ _____ <input type="checkbox"/> Children's Term Insurance Rider <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000  <b>OTHER RIDERS</b> <input type="checkbox"/> Accidental Death Benefit Rider <input type="checkbox"/> Waiver of Premium Rider <input type="checkbox"/> Short-Term Disability Income Rider <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Critical Illness Benefit Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 (Spouse and Child coverage is only available if also applying for life coverage.) <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child <input type="checkbox"/> Family <input type="checkbox"/> Other (specify) _____	

**WHOLE LIFE**

If applying for a spouse and/or child policy, the employee is the owner and beneficiary. All children insured receive the same amount of coverage.

Insured Option	Base Policy Face Amount	Riders	Premium Amount
<input type="checkbox"/> Employee	\$ _____	<b>TERM LIFE RIDERS</b> <input type="checkbox"/> Level Term Insurance Rider \$ _____ <input type="checkbox"/> Spouse Term Insurance Rider \$ _____ (not available if spouse policy selected) <input type="checkbox"/> Children's Term Insurance Rider (not available if child policy selected) <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000  <b>OTHER RIDERS</b> <input type="checkbox"/> Accidental Death Benefit Rider <input type="checkbox"/> Waiver of Premium Rider <input type="checkbox"/> Short-Term Disability Income Rider <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Critical Illness Benefit Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 (Spouse and Child coverage is only available if also applying for life coverage.) <input type="checkbox"/> Employee <input type="checkbox"/> Employee & Spouse <input type="checkbox"/> Employee & Child <input type="checkbox"/> Family <input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Spouse	\$ _____	<input type="checkbox"/> Accidental Death Benefit Rider <input type="checkbox"/> Level Term Insurance Rider \$ _____	
<input type="checkbox"/> Child	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		



**SIMPLIFIED ISSUE HEALTH SECTION**

1. During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised by a medical professional to have diagnostic tests or any medical or surgical procedures that have not been completed or for which results have not yet been received? If YES, please provide details in no. 8 below. ....  Yes  No
2. During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for any of the following: disease or disorder of the heart (*including heart attack, heart condition, heart valve disorder, shortness of breath, chest pain*), circulatory system, liver, lungs (*including emphysema, chronic obstructive lung or pulmonary disease*) or kidneys; hepatitis (*other than type A*); stroke; transient ischemic attack (*TIA*); dizziness; insulin dependent diabetes; cancer (*excluding skin*); Hodgkin's disease; leukemia; dementia; multiple sclerosis; or muscular dystrophy? If YES, please provide details in no. 8 below. ....  Yes  No
3. During the past **6 months**, has any Proposed Insured had any blood pressure readings of 160/100 or higher? If YES, please provide details in no. 8 below. ....  Yes  No
4. During the past **5 years**, has any Proposed Insured been treated or been advised to receive treatment for alcohol or drug use, or used illegal or controlled substances not prescribed by a physician? If YES, please provide details in no. 8 below. ....  Yes  No
5. During the past **5 years**, has any Proposed Insured had their driver's license suspended or revoked, or been convicted of or entered a plea of "guilty" or "no contest" to driving under the influence (*DUI/DWI*)? .....  Yes  No  
If YES, identify name(s) of person(s) \_\_\_\_\_
6. **If applying for Short-Term Disability Income Rider:** During the past **6 months**, has the Proposed Insured missed work for more than five consecutive days due to personal injury or illness (*except pregnancy*)? If YES, please provide details in no. 8 below. ....  Yes  No

**Question 7 MUST be answered in all cases (Simplified Issue and Guarantee-to-Issue) if applying for the Critical Illness Benefit Rider.**

7. **If applying for Critical Illness Benefit Rider:** During the past **10 years**, has any Proposed Insured been diagnosed, treated, hospitalized or prescribed medication by a medical professional for any of the following: disease or disorder of the heart (*including heart attack, heart condition, heart valve disorder, congestive heart failure, shortness of breath, chest pain*) or circulatory system; stroke; transient ischemic attack (*TIA*); dizziness; peripheral vascular disease; carotid artery disease; insulin dependent diabetes; internal cancer, leukemia, lymphoma, Hodgkin's disease, melanoma, malignant tumors or carcinoma in situ? If YES, please provide details in no. 8 below. ....  Yes  No

8. **DETAILS: Enter any details from questions 1-4 and 6-7, if applicable.**  
(If additional space is needed, attach a separate sheet of paper.)

Question No.	Name (First, Middle, Last)	Onset Date (MM/DD/YYYY)	Duration (Days, Mos, Yrs)	Health Condition and Details	Medical Care Provider's Name/Address/Phone
		/ /			
		/ /			
		/ /			
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		/ /			
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		/ /			
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**1. INSURED**

Legal Name <i>First Middle Last</i>			Existing Policy/ Certificate No.	
Other Names Previously Used <i>(i.e.; maiden name, nickname, derivative form of first and/or middle name or an alias)</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail		
Home Address <i>Street Address City State ZIP+4</i>			Personal Phone No. ( )	

**2. POLICYOWNER (Complete if Owner is NOT the Insured)**

Legal Name <i>First Middle Last</i>			Date of Birth <i>(MM/DD/YYYY)</i> / /	
Social Security No.	Relationship to Insured			
Home Address <i>Street Address City State ZIP+4</i>			Personal Phone No. ( )	

**3. BENEFICIARIES (If more space is needed, please attach additional sheets)**

Primary Beneficiary Name <i>(First, Middle, Last)</i>	Relationship to Insured	Social Security No.	Date of Birth	Share %
			/ /	
			/ /	
Contingent Beneficiary Name <i>(First, Middle, Last)</i>	Relationship to Insured	Social Security No.	Date of Birth	Share %
			/ /	
			/ /	

**4. CONVERSION POLICY DESCRIPTION**

Plan:  Whole Life+      Face Amount \$ \_\_\_\_\_ *(If left blank, the entire current face amount will be converted.)*

Riders:  Waiver of Premium Rider *(Available only if on current Policy/Certificate, and if Insured is within age guidelines and not currently disabled.)*

Special Instructions or  
 Additional Comments \_\_\_\_\_

**5. PREMIUM PAYMENT MODE**

Please indicate preference for payment type and billing frequency below:

<b>Type</b>		<b>Frequency</b>		
<input type="checkbox"/> Direct Billing	<input type="checkbox"/> Automatic Credit Card	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly
<input type="checkbox"/> List Billing <i>(employer)</i>	<input type="checkbox"/> Automatic Bank Withdrawal	<input type="checkbox"/> Monthly <i>(not available with Direct Billing)</i>		

Payor Name <i>First Middle Last</i>			Relationship to Insured	
Billing Address <i>Street Address City State ZIP+4</i>				

Signed at \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*City State Date (MM/DD/YYYY)*

\_\_\_\_\_  
*Signature of Insured*

\_\_\_\_\_  
*Signature of Owner(s) (if other than Insured)*

\_\_\_\_\_  
*Signature of Parent/Guardian of Minor Child*



## CRITICAL ILLNESS BENEFIT RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your application and this rider's premium, which is included in the Initial Premium on the Policy Schedule page. Rider premiums are paid to Our administrative office at the same time as policy premiums. We can change premium rates. If We change the premium rates, We can only do it after approval or acknowledgement by Your state for all riders in the Insured Person's class. You will be given a 31-day notice by mail prior to any premium change.

### RIDER SCHEDULE

Insured Person(s):	[Primary Insured] [Spouse] [Child 1] [Child 2] [Child 3] [Child 4] [Child 5] [Child 6] [Child 7]
Issue Date:	[Issue Date]
Benefit Amount per Insured Person:	[\$5,000, \$10,000]
Expiration Date:	[earlier of policy anniversary after policy's Insured Person's 70 <sup>th</sup> b-day or policy exp date]

### DEFINITIONS

**Carcinoma in situ** means a Diagnosis of cancer wherein the tumor cells still lie within the tissue of origin without having invaded neighboring tissue. Carcinoma in situ includes, but is not limited to:

- early prostate cancer diagnosed as T1N0M0 or equivalent staging; and
- melanoma not invading the dermis.

Carcinoma in situ does not include:

- skin malignancies other than melanoma;
- pre-malignant lesions (such as intraepithelial neoplasia); or
- benign tumors or polyps.

Carcinoma in situ must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

**Clinical Diagnosis** means the Diagnosis of Invasive Cancer or Carcinoma in situ based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of cancer only if:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Physician is treating the Insured Person for Invasive Cancer and/or Carcinoma in situ.

**Date of Diagnosis** means the date the Diagnosis is established by a Physician, who is a board certified specialist where required under this rider, through the use of clinical and/or laboratory findings as supported by the Insured Person's medical records.

**Dependent Child(ren)** means any child who: (a) is unmarried; (b) is younger than age 26 and (c) is financially dependent of the policy's Insured Person.

**Diagnosis (Diagnosed)** means the definitive establishment of the specified critical illness through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Physician who is a board certified specialist where required under this rider.

**First Ever Diagnosis** means the first time ever in the lifetime of the Insured Person that this person has been Diagnosed with a specified critical illness.

**Foster Child** means a minor over whom You have been appointed guardian or foster parent by a court of competent jurisdiction.

**Heart Attack** means an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to supply blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Physician board-certified as a Cardiologist and based on both:

- new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack; and
- serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

Established (old) myocardial infarction prior to the Issue Date is excluded.

**Invasive Cancer** means a malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemia and lymphoma are included.

While not an exhaustive list, the following conditions are not considered to be Invasive Cancer:

- pre-malignant lesions (such as intraepithelial neoplasia);
- benign tumors or polyps;
- early prostate cancer diagnosed as T1N0M0 or equivalent staging;
- Carcinoma in situ; or
- any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic).

Invasive Cancer must be diagnosed pursuant to a Pathological Diagnosis or Clinical Diagnosis.

**Physician** means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's immediate family or business associate and must be providing services within the scope of his or her license or specialty. Practitioners other than those named above are not Physicians.

**Pathological Diagnosis** means a Diagnosis of Invasive Cancer or Carcinoma in situ based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Physician who is board certified in Pathology and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology.

**Spouse** means the person to whom the policy's Insured Person is lawfully married, including civil unions and domestic partnerships if applicable in Your state, and is named on the application or who was added to this rider at a later date. You may never have more than one spouse insured under this rider at any given time.

**Stroke** means any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded. The Diagnosis must be made by a Physician board certified in Neurology.

**Waiting Period** means the 30 day period following the Issue Date or last Reinstatement Date. If a specified critical illness is Diagnosed during the applicable Waiting Period, no benefit is payable.

### RIDER BENEFIT

We will pay this benefit if any Insured Person receives a First Ever Diagnosis for one of the specified critical illnesses shown in the chart below if:

- the Date of Diagnosis is after the Waiting Period;
- the Date of Diagnosis is while coverage under this rider is in force; and
- the specified critical illness is not excluded by name or specific description in this rider.

The amount payable for each First Ever Diagnosis of a specified critical illness is the percentage of the benefit amount multiplied by the benefit amount. The benefit amount is shown on the rider Schedule. The percentage of the benefit amount payable for each specified critical illness is shown beside the specified critical illness in the chart below.

The maximum total percentage of the benefit amount payable per category of specified critical illnesses is shown in the last column of the chart below.

Category	Specified Critical Illness	Percentage of Benefit Amount Payable for each Specified Critical Illness	Maximum Percentage of Benefit Amount for Category
Category 1	Heart Attack	100%	100%
	Stroke	100%	
Category 2	Invasive Cancer	100%	100%
	Carcinoma in situ	25%	

If an Insured Person receives benefits for Carcinoma in situ and is later Diagnosed with Invasive Cancer, the remaining benefit amount for that Insured Person will be paid. We will pay the benefit for Carcinoma in situ only once per lifetime per Insured Person.

After 100% of the benefit amount shown on the Rider Schedule has been paid for an Insured Person within a category in the chart above, We will not pay any additional benefits for any specified critical illness in that category for that Insured Person.

If benefits have been paid for a specified critical illness within one category for an Insured Person, no benefits will be payable for a subsequent specified critical illness within a different category for that Insured Person unless the Date of Diagnosis of the subsequent specified critical illness is separated by at least 180 days from the Date of Diagnosis of the immediately preceding specified critical illness.

If the Date of Diagnosis of two or more specified critical illnesses is the same day, We will pay only one specified critical illness benefit. We will pay the larger of the specified critical illness benefits.

No benefits are payable for conditions other than the specified critical illnesses defined in this rider.

## PERSON INSURED

**Persons Eligible on Issue Date.** The only people eligible for coverage (“Eligible Person(s)”) on the Issue Date are:

- primary Insured Person (Employee)
- Spouse
- Dependent Children

Only the Eligible Persons listed as Insured Persons on the Policy Schedule or by Amendment are covered by this rider. Eligible Persons not so listed are not Insured Persons.

### **Persons Who Become Eligible After the Issue Date.**

Automatic Coverage. A Dependent Child born to You or, if under age 26, adopted by or placed for adoption with You shall become an Insured Person from the moment of birth, adoption or placement for adoption if and only if a premium is paid for such Dependent Child within 30 days of birth, adoption or placement for adoption.

A Foster Child shall be treated in the same manner as newborn and adopted children upon placement in Your home as a Foster Child.

We also must receive notice of birth, adoption or placement for adoption or Foster Child status.

The required notice must include the child's name, date of birth and sex.

Except as provided above, any others who become Eligible Persons after the Issue Date can only become Insured Persons after:

- We approve such Eligible Person's written application for coverage; and
- all required premiums are paid.

## EXCLUSIONS

We will not pay benefits under this rider for conditions caused by or as the result of an Insured Person:

- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- receiving injuries caused directly or indirectly while under the influence of a controlled substance or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred;
- participating in or attempting to commit a felony;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Reserves, except during the active duty training of less than 60 days;
- being incarcerated in a penal institution or government detention facility;
- engaging in an illegal occupation;
- self-inflicting an injury intentionally; or
- committing or attempting to commit suicide, while sane or insane.

## TERMINATION

Coverage will terminate and no benefits will be payable under this rider on the earliest of the following:

- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the grace period;
- the date We receive Your written request at Our administrative office to terminate this rider unless Your request specifies a later date; or
- the Expiration Date listed in the Rider Schedule.

In addition to the events listed above causing coverage for all Insured Persons under this rider to terminate, coverage for a Spouse or Dependent Child who are Insured Persons under this rider are subject to termination on the earliest of:

- the date 100% of the Benefit Amount is paid for each category for that Insured Person;
- the date of that Insured Person's death; or
- the date that Insured Person no longer meets the definition of Spouse or Dependent Child as defined by this rider.

It is Your responsibility to notify Us of any Insured Person's loss of eligibility. Our acceptance of premium for any person for whom coverage has terminated will not extend coverage for such person and Our sole liability will be limited to a refund of any premium overpayment.

### **CLAIM PROCEDURES**

**Notice of Claim.** Written notice of a claim must be given to Us within 20 calendar days after the date of the First Ever Diagnosis. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name, the Insured Person's name, if different, and policy number as shown on the Policy Schedule.

**Claim Forms.** When We receive the notice of claim, We will send forms for filing proof of loss. If these forms are not sent within 15 calendar days, it shall be deemed that the proof of loss requirement has been met by giving Us a written statement of the cause, nature and extent of the Diagnosis within the time limit as provided under proof of loss.

**Proof of Loss.** Written proof of loss must be given to Us within 120 calendar days after the First Ever Diagnosis. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year after the First Ever Diagnosis unless You were legally incapacitated.

**Time of Payment of Claims.** The Benefit Amount payable under this rider will be paid promptly after We receive notice and satisfactory proof of loss. We only need to pay the Benefit Amount once if We pay it in good faith.

**Payment of Claims.** All benefits will be paid to You or Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

### **GENERAL PROVISIONS**

**Conformity with State Statutes.** The law of Your state of residence on the Issue Date applies. If this policy conflicts with Your state's laws on the Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

**Entire Contract.** In this rider, "policy" means the policy to which this rider is attached. This rider is issued in consideration and payment of premiums as provided.

**Legal Action.** You cannot bring a legal action to recover benefits under this rider for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date of proof of loss is required.

**Period of Time.** All periods of time shown in the rider begin and end at 12:01 a.m. in the standard time zone of Your permanent residence.

**Physical Examination and Autopsy.** We have the right to have an Insured Person examined as often as reasonably necessary while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

**Time of Coverage.** Coverage starts on the rider Issue Date as 12:01 a.m., in the standard time zone of Your permanent residence. It ends at 12:01 a.m. on the same standard time on the renewal date, subject to the grace period. This rider may be renewed only as stated in the Premium section of the policy. Each time this rider is renewed, the new term begins when the old term ends.

Assurity Life Insurance Company has signed this rider on the Issue Date.

  
President

  
Secretary

**Assurity Life Insurance Company**  
P.O. Box 82533, Lincoln, Nebraska 68501-2533  
Toll-free (866) 289-7337

<i>SERFF Tracking Number:</i>	<i>SEFL-126813665</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47316</i>
<i>Company Tracking Number:</i>	<i>TL+</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>TL+</i>		
<i>Project Name/Number:</i>	<i>TL+/TL+</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Policy Cost		
<b>Comments:</b>		
<b>Attachment:</b> Stmt of PC calcs.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR NEW Certification.pdf		



## READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 97-2003 program and achieved the following test results:

<b>Form No.</b>	<b>Description</b>	<b>Flesch Score</b>
W L1002 (AR)	Whole Life Insurance Policy	50.2
47-421-05053	Life Insurance Coverage	65.0
47-422-05053	Simplified Issue Health Section	50.1
ICC10 75-440-01153	Worksite Conversion Application	50.1
R W1006	Critical Illness Benefit Rider	50.2

*Carol S Watson*

Signature

November 12, 2010

Date

Carol Watson  
Vice President, General Counsel and Secretary

**ASSURITY LIFE INSURANCE COMPANY**

PO Box 82533, Lincoln, Nebraska 68501-2533

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION**

Insured:  
[John A. Doe]  
[123 Insured Blvd]  
[Lincoln, NE 68508]

Issue Date: [September 1, 2010]

Policy Number: [4750123456]  
Producer: [Alex Assurity]  
[1526 K Street]  
[Lincoln, NE 68501]

Age		Face Amount Payable Upon Death	Annual Premium	Years Payable
[35]	1. [10]-Year Term Policy	[\$100,000.00]	[\$328.00]	[10]

The policy owner has an unconditional right to return the policy to the company or its authorized producer within 30 days after receipt for full refund of any premium paid.

Benefit Information

Policy Year	Basic Annual Premium	Death Benefit Payable at Beginning of Policy Year
1	[\$328.00]	[\$100,000.00]
2	[\$328.00]	[100,000.00]
3	[\$328.00]	[100,000.00]
4	[\$328.00]	[100,000.00]
5	[\$328.00]	[100,000.00]
10	[\$328.00]	[100,000.00]
20	[\$588.00]	[100,000.00]

An explanation of the intended use of the following indices are included in the Life Insurance Buyer's Guide.

	Surrender Cost Index		Net Payment Cost Index	
	10 YR.	20 YR.	10 YR.	20 YR.
[10]-Year Term Policy	[3.28]	[4.27]	[3.28]	[4.27]



## Statement of Variability

### Form W L1002 (AR)

#### Page 1:

- The signatures of the President and Secretary will change as the people who hold those titles change
- [State] will be the IPRC state in which the policy is issued
- [(###) ###-####] will be the telephone number of the state's insurance department
- [Alex Assurity] will be the name of the agent who sold the policy
- [1526 K Street,] [Lincoln, NE 68501] and [(402) 476-6500] will be the address and telephone number of the agent

#### Page 3

- Face Amount will be the life insurance amount provided by the policy and riders, if applicable
- Annual Premium will be the annual premium for policy and riders, if applicable
- Years Payable will be the number of years that "Annual Premium amount is payable
- Expiration Date is the date that the coverage under the policy and riders, if applicable, ends if premiums are paid when due
- The riders are bracketed and will only print if chosen on the application
- Renewability section will print "renewable to age 70" if the 10-year term plan is chosen or "non-renewable" if the 20-year term plan is chosen
- Owner will be the owner of the policy
- Policy Number is the unique identifier of the policy
- Insured Person will be the person whose life is insured under the policy
- Issue Date will be the date coverage under this policy is effective
- Issue Age will be the age of the insured at the time the policy is issued
- Initial Premium will be the premium amount due to issue the policy based on coverage chosen on the application, the underwriting class and age of the insured, and the premium period chosen.
- Class will be either Non-Tobacco or Tobacco, based on how the application is completed
- Premium Period will be the frequency of when premiums are due



**Company Name:**

Assurity Life Insurance Company

**Form Title(s) and Numbers:**

W L1002 (AR)                      Guaranteed Level Premium Term Life Insurance  
47-421-05053 (R09-10) Life Insurance Coverage  
47-422-05053 (R09-10) Simplified Issue Health Section  
ICC10 75-440-01153      Worksite Conversion Application

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive style and is positioned above a horizontal line.

Carol S. Watson  
Vice President, General Counsel & Secretary

November 12, 2010 \_\_\_\_\_