

SERFF Tracking Number: UNSA-126876043 State: Arkansas
 Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47261
 Company Tracking Number:
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Military Severe Injury Rider
 Project Name/Number: Military Benefits/

Filing at a Glance

Company: USAA Direct Life Insurance Company

Product Name: Military Severe Injury Rider

TOI: L04I Individual Life - Term

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

Filing Type: Form

SERFF Tr Num: UNSA-126876043 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 47261

Co Tr Num:

State Status: Approved-Closed

Author: Betty Drzymalla

Date Submitted: 11/08/2010

Reviewer(s): Linda Bird

Disposition Date: 11/10/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: Military Benefits

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/10/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/10/2010

Created By: Betty Drzymalla

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Betty Drzymalla

Filing Description:

RE: USAA Direct Life Insurance Company

Form Filing – Life Insurance

NAIC #200-72613

FEIN #86-0225077

Form Number	Description	Status
-------------	-------------	--------

SERFF Tracking Number: UNSA-126876043 State: Arkansas
Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47261
Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Military Severe Injury Rider
Project Name/Number: Military Benefits/
DBR94598ST 10-10 Military Severe Injury Benefit Rider NEW

Dear Commissioner:

The above-captioned form is being filed for your review. We are filing in 45 other locations, including our domicile state of Nebraska. This form will be modified only to meet respective state requirements. We plan to begin marketing this product upon approval.

This rider will be offered to active duty military (includes National Guard and Reserves). The rider will be used with our previously approved term life policies and any future appropriate term life or whole life policies. There is no premium charge for the rider.

The Military Severe Injury Benefit Rider provides a benefit (currently \$25,000), resulting from military duties only.

Coverage is currently at \$25,000. While the coverage amount may change for a new book of business in the future, we certify that we will never decrease the riders' coverage for any in force contracts.

We plan to begin marketing the Military Severe Injury Benefit Rider as soon as it is approved.

For any questions or concerns, please contact Betty Drzymalla toll free at 1-800-531-8000, extension 8-9647. You may dial direct at 210-498-9647. Fax is available at 210-498-0083 and Betty's email account is Betty.Drzymalla@USAA.com.

Sincerely,

Betty Drzymalla
Compliance Analyst
USAA Direct Life Insurance Company

Enclosures

SERFF Tracking Number: UNSA-126876043 State: Arkansas
 Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47261
 Company Tracking Number:
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
 Product Name: Military Severe Injury Rider
 Project Name/Number: Military Benefits/

Company and Contact

Filing Contact Information

Betty Drzymalla, Compliance Analyst Betty.Drzymalla@usaa.com
 9800 Fredericksburg Road 800-531-8000 [Phone] 89647 [Ext]
 B-1-E, Operations Compliance 47195 210-498-6675 [FAX]
 San Antonio, TX 78288

Filing Company Information

USAA Direct Life Insurance Company CoCode: 72613 State of Domicile: Nebraska
 1111 North 102nd Court Group Code: 200 Company Type: Life
 Suite 288 Group Name: State ID Number:
 Omaha, NE 68114 FEIN Number: 86-0225077
 (800) 531-8722 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 X 1 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAA Direct Life Insurance Company	\$50.00	11/08/2010	41649632

SERFF Tracking Number: UNSA-126876043 State: Arkansas
Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47261
Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Military Severe Injury Rider
Project Name/Number: Military Benefits/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/10/2010	11/10/2010

SERFF Tracking Number: UNSA-126876043 *State:* Arkansas
Filing Company: USAA Direct Life Insurance Company *State Tracking Number:* 47261
Company Tracking Number:
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Military Severe Injury Rider
Project Name/Number: Military Benefits/

Disposition

Disposition Date: 11/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNSA-126876043 State: Arkansas
 Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47261
 Company Tracking Number:
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Military Severe Injury Rider
 Project Name/Number: Military Benefits/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		Yes
Supporting Document	SAMPLE POLICY INFORMATION PAGE		Yes
Form	MILITARY SEVERE INJURY BENEFIT RIDER		Yes

SERFF Tracking Number: UNSA-126876043 State: Arkansas
 Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47261
 Company Tracking Number:
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Military Severe Injury Rider
 Project Name/Number: Military Benefits/

Form Schedule

Lead Form Number: DBR94598ST 10-10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	DBR94598ST 10-10	Policy/Contract	MILITARY SEVERE INJURY BENEFIT RIDER	Initial		51.000	DBR94598ST-1010.pdf
			Certificate: Amendment, Insert Page, Endorsement or Rider				



MILITARY SEVERE INJURY BENEFIT RIDER

This rider is part of the policy to which it is attached. This rider will not increase guaranteed policy values, if any. Except as stated in this rider, all other policy provisions apply.

Definitions Active Duty. Full-time duty in the Armed Forces of the United States of America, including full-time duty in the Armed Forces performed for training purposes.

Armed Forces.

- The Army, Navy, Air Force, Marine Corps, Coast Guard, and the Armed Forces Reserve of the United States of America; and
- The cadets and midshipmen of the United States Military Academy, United States Navel Academy, United States Air Force Academy, and United States Coast Guard Academy; and
- The members of the National Guard and Air National Guard of any state who are actively serving full-time duty as defined in sections 316, 502, 503, 504, or 505 of Title 32 of the United States Code; and
- Members, cadets, or midshipmen of the Reserve Officers Training Corps performing full-time duty while attending field training or practice cruises.

Armed Forces Reserve. Those members of the Ready Reserve of the Armed Forces assigned to a unit or position in which they may be required to perform Active Duty, and each year will be scheduled to perform at least twelve periods of inactive duty training that is creditable for retirement purposes under Chapter 1223 of Title 10 of the United States Code.

Severe Injury. Any injury that results in:

- The permanent loss of greater than 90% of the function of one or both hands of the Insured; or
- The permanent loss of greater than 90% of the function of one or both feet of the Insured; or
- The total and irrecoverable loss of vision in one or both eyes of the Insured; or
- The irrecoverable loss of 50% or greater vision in both eyes of the Insured; or
- Third degree or worse burns, as defined by the Veteran's Affairs Schedule for Rating Disabilities, covering 30% or more of the body or 30% or more of the face.

Severe Injury Benefit We will pay a Severe Injury benefit, subject to the conditions and limitations of this rider, one time per accident during the Insured's lifetime. The amount of the Severe Injury Benefit is shown in the **POLICY INFORMATION**. The Company will not pay more than one Severe Injury Benefit for all losses sustained by the Insured in one accident. The Company will not pay a Severe Injury Benefit if the accident causing the Severe Injury results in the Insured's death within 5 days of the Severe Injury.

Conditions The Company will pay the Severe Injury Benefit to the Insured provided all of the following conditions are met:

1. Severe Injury of the Insured resulted directly and independently of all other causes from bodily injury affected solely through external, violent, and accidental means.
2. Severe Injury resulted directly from an accident that occurred while the Insured was assigned to Active Duty as a member of the Armed Forces.

3. Severe Injury resulted directly from an accident that occurred while the Insured was engaged in activities defined as within the scope of the Insured's duties as a member of the Armed Forces.
4. Severe Injury occurred within 360 days after the date of the accident.
5. Severe Injury occurred while the Policy and this rider were in force.
6. Coverage was not excluded under the **Exceptions and Exclusions** provision below.

If any of the above conditions are not met, we will not pay the Severe Injury Benefit.

Proof Requirements

We will require you to provide proof satisfactory to the Company of the Insured's Severe Injury and its cause.

We reserve the right to obtain additional documentation to establish eligibility for the Severe Injury Benefit. This may include additional written medical opinions. Such additional medical opinions are at the expense of the Company and any conflicting opinions will be reconciled by the Company's Medical Director, who will make a determination from all information provided.

Exceptions and Exclusions

The Severe Injury Benefit will **not** be paid if the Insured's Severe Injury results directly or indirectly from, or is contributed to, by any of the following causes:

- 1) Intentionally self-inflicted injury, suicide or attempted suicide, while sane or insane;
- 2) Bodily or mental illness or disease of any kind, or medical or surgical treatment therefore;
- 3) Infection, except infection occurring as a direct result of accidental bodily injury;
- 4) Participation in or commission of an assault or felony; or
- 5) Alcohol intoxication; or
- 6) The unprescribed use of drugs or narcotics.

For purposes of this rider, "alcohol intoxication" will be determined based on the definition in the motor vehicle code for Driving Under the Influence or Driving While Intoxicated in the location where the accident causing the Severe Injury occurred. If there is no such applicable definition, then "alcohol intoxication" will be determined based on the standards set forth in the Uniform Code of Military Justice and any applicable regulations of the Armed Forces.

Nonparticipating Dividends are not payable in connection with this rider.

Rider Termination

This rider will end at the earliest of the following events:

- 1) The Insured's discharge or retirement from the Armed Forces.
- 2) Election or implementation of the policy's nonforfeiture benefits, if any.
- 3) Termination of the policy.
- 4) Your written request to terminate this rider.

Effective Date of this Rider if other than effective date of policy: _____.

Signed for the Company.

USAA DIRECT LIFE INSURANCE COMPANY



J. Eric Smith - President

SERFF Tracking Number: UNSA-126876043 State: Arkansas
Filing Company: USAA Direct Life Insurance Company State Tracking Number: 47261
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Military Severe Injury Rider
Project Name/Number: Military Benefits/

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: CERTIFICATE OF READABILITY.pdf		

	Item Status:	Status Date:
Satisfied - Item: SOV		
Comments:		
Attachment: SOVstd.pdf		

	Item Status:	Status Date:
Satisfied - Item: SAMPLE POLICY INFORMATION PAGE		
Comments:		
Attachment: Sample from POLICY INFORMATION PGS 2A .pdf		

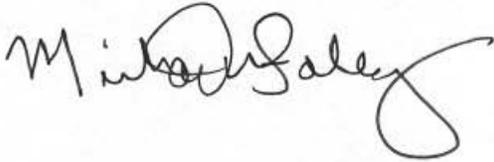
CERTIFICATE OF READABILITY

FORM NAME	FORM NUMBER	FLESCH SCORE
Military Severe Injury Benefit Rider Renewable & Convertible Level Term Life Insurance	DBR94598ST 10-10 DRC68661ST 03-10	51

The print is ten point type, one point leaded.

The text was Flesch scored by computer with the base contract.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.



Michael A. Foley
Assistance Vice-President
USAA Direct Life Insurance Company

Statement of Variability

LBR67140ST 05-07

Variable data from prior approval is indicated as #1 on the attached Policy Information Page.

The benefit offered under this rider will be constant for all insureds in all classes of new business sold. The benefit is currently \$25,000. USAA may change the amount of benefit offered under this rider at any time for new business sold to remain in the range of \$10,000 to \$100,000.



May 24, 2007

President
USAA Life Insurance Company

POLICY INFORMATION (Cont'd)

PREMIUM SCHEDULE

USAA NUMBER – [1234 56 78]

CONTRACT NUMBER – [X1234567890]

GUARANTEED PREMIUMS

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY (AUTOMATIC PAYMENT PLAN)
[Years 1-5]	[\$180.00]	[\$90.00]	[\$45.00]	[\$15.00]
[Years 6-10]	[\$360.00]	[\$180.00]	[\$90.00]	[\$30.00]
[Years 11-15]	[\$540.00]	[\$270.00]	[\$135.00]	[\$45.00]

THE TOTAL PREMIUM INCLUDES THE PREMIUM FOR ANY ADDITIONAL BENEFITS.

THE TOTAL ANNUAL PREMIUM PAYABLE WILL BE ADJUSTED ACCORDINGLY IF THE PREMIUM FOR A BENEFIT CHANGES OR IS NO LONGER PAYABLE.

FORM NUMBERS	BENEFITS	FACE AMOUNT	*MONTHLY PREMIUM	YEARS GUARANTEED
DRC68661ST 03-10 DBR94598ST 10-10	¹ RENEWABLE & CONVERTIBLE LEVEL TERM MIL SEVERE INJURY BENEFIT RIDER	[\$100,000] [\$ 25,000]	[15.00]	[5]

¹ THIS COVERAGE IS IN A STANDARD PREMIUM CLASS

* SEE PAGE 3 FOR PREMIUMS AND FACE AMOUNTS FOR OTHER YEARS.