

SERFF Tracking Number: WSST-126844896 State: Arkansas  
 Filing Company: Western and Southern Life Insurance Company State Tracking Number: 47179  
 Company Tracking Number: FILING #2 - ADB\_APL  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: 2011 WSLIC WL Enhancements/Filing #2/ADB\_APL Filing  
 Project Name/Number: 2011 WSLIC WL Enhancements/Filing #2/ADB\_APL Filing /Filing #2 - ADB\_APL

## Filing at a Glance

Company: Western and Southern Life Insurance Company

Product Name: 2011 WSLIC WL SERFF Tr Num: WSST-126844896 State: Arkansas

Enhancements/Filing #2/ADB\_APL Filing

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 47179  
 Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: FILING #2 - ADB\_APL State Status: Approved-Closed  
 Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Megan Peterson, Nikki Lape, Ramona Piercefield Disposition Date: 11/04/2010

Date Submitted: 11/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 2011 WSLIC WL Enhancements/Filing #2/ADB\_APL Filing

Status of Filing in Domicile: Pending

Project Number: Filing #2 - ADB\_APL

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Domiciliary approval will be achieved through an IIPRC filing, which has been submitted concurrently with this filing.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/04/2010

Explanation for Other Group Market Type:

State Status Changed: 11/04/2010

Deemer Date:

Created By: Nikki Lape

Submitted By: Nikki Lape

Corresponding Filing Tracking Number:

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**Filing Description:**

Dear Reviewer:

We respectfully submit this filing for your review and approval.

This filing contains an Accelerated Death Benefit Plus Rider and an Automatic Premium Loan Endorsement. Each form is new and not intended to replace any existing form. Descriptions of each form and the associated supporting documents have been provided below.

**Accelerated Death Benefit Plus Rider**

Rider 1103-621 allows the owner to elect to receive an advance on the Death Benefit under the policy upon the Total and Permanent Disability of the Insured. Advances made under this rider will be secured by a lien on the Death Benefit payable under the policy. The lien will continue against the policy until it is repaid or the policy ends. There is no charge for this rider; however, we reserve the right to assess a charge in the future should we choose. We intend to use this rider with previously approved life policies, and policies approved in the future. It will only be included at time of issue.

An actuarial memorandum describing this rider has been prepared, dated, and signed by a member of the American Academy of Actuaries. This document has been attached as Supporting Documentation.

**Accelerated Death Benefit Plus Disclosure and Payment Notice**

Disclosure form 928-1007 and Payment Notice 1434-LOAN-PLUS-1010 are being submitted for informational purposes. These forms support the rider and schedule page and are subject to revision in the future if the rider and schedule page are updated within the realm of the submitted Statement of Variability.

**Automatic Premium Loan Endorsement**

Endorsement 1103-720 amends the Policy Loans section of a policy form by adding a provision for Automatic Premium Loan. We intend to use this endorsement with our approved life policies, and policies approved in the future. This endorsement may be made part of a policy at issue, or after issue, but only upon the owner's election to include this benefit. There is no change for this endorsement.

**Statements of Variability/Certification:**

All variable items have been denoted by red font and brackets, and are subject to change as explained in the Statement of Variability.

**Flesch Certification:**

A Flesch readability certification for these forms has been signed by a company officer and attached as Supporting Documentation.

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**Format:**

These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, typographical errors, and formatting pages to conform to our printer requirements. No change in language will occur.

If you have any questions or need additional information, please feel free to contact us. We look forward to your review and approval.

**Company and Contact**

**Filing Contact Information**

Nikki Lape, Product & State Filing Analyst Nikki.Lape@wslife.com  
 400 Broadway 800-446-0795 [Phone] 1523 [Ext]  
 Cincinnati, OH 45202 513-357-4123 [FAX]

**Filing Company Information**

Western and Southern Life Insurance Company CoCode: 70483 State of Domicile: Ohio  
 400 Broadway Group Code: 836 Company Type: Life & Health  
 Cincinnati, OH 45202 Group Name: West-Southern State ID Number:  
 Group  
 (800) 446-0795 ext. [Phone] FEIN Number: 31-0487145  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form x 2 forms = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western and Southern Life Insurance Company	\$100.00	11/01/2010	41358972

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/04/2010	11/04/2010

*SERFF Tracking Number:* W SST-126844896 *State:* Arkansas  
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## **Disposition**

Disposition Date: 11/04/2010

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
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statements of Variability		Yes
Supporting Document	Sample Data Page for the Accelerated Death Benefit Plus Rider		Yes
Supporting Document	Accelerated Death Benefit Plus Disclosure Statement and Payment Notice		Yes
Form	Accelerated Death Benefit Plus Rider		Yes
Form	Endorsement		Yes

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## Form Schedule

Lead Form Number: 1103-621

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1103-621	Policy/Cont Accelerated Death ract/Fratern Benefit Plus Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55.000	1103-621 ADB Plus Data Page.final.pdf
	1103-720	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57.000	1103-720 Automatic Premium Loan End.final.pdf

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## Data Page (continued)

### Accelerated Death Benefit Plus Rider

**Maximum Advance Age:** [ 120 ]

**Maximum Advance Amount:** [The maximum advance amount under this rider is equal to:

- (1) for Chronic Illness, the lesser of
  - (i) [ \$250,000 ] or
  - (ii) [ 40% ] of the difference between the Death Benefit and the Loan Value as defined in the policy; or
- (2) for Terminal Illness, the lesser of
  - (i) [ \$250,000 ] or
  - (ii) [ 60% ] of the difference between the Death Benefit and the Loan Value as defined in the policy.]

**Minimum Advance Amount:** [ \$5,000 ]

**Maximum Administrative Charge:** [ \$150 ]

**Special Loan Interest Rate:** [ 8% (7.4% in advance) ]

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# The Western and Southern Life Insurance Company

## Endorsement

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**THIS ENDORSEMENT** amends the policy to which it is attached. If any provisions of the policy conflict with this Endorsement, the provisions of this Endorsement will apply. The Policy Loans section is amended by adding the following provision:

***Automatic  
Premium Loan***

If an insurance premium is not paid by the end of the 31-day grace period, it will be paid by premium loan for the total premium due. A premium loan will not be made if the premium loan exceeds the net loan value.

If the premium loan is not enough to pay the total premium under the current frequency of premium payment, the frequency of payment will be changed to any other frequency, permitted by the policy, for which the loan value is sufficient to pay the premium.

A premium loan is a policy loan, subject to the Policy Loans provision of the policy. It will be added to any existing policy loan.

You may stop the use of premium loans at any time. You do this by written request. Your request will apply to premiums that come due after we receive it at our Home Office.

Signed for The Western and Southern Life Insurance Company at Cincinnati, Ohio.

SPECIMEN  
*[Signature]*  
Secretary

SPECIMEN  
*[Signature]*  
President and  
Chief Executive Officer

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## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statements of Variability		
<b>Comments:</b>		
<b>Attachments:</b> Statement of Variability 1103-621.pdf Statement of Variability 1103-720.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Sample Data Page for the Accelerated Death Benefit Plus Rider		
<b>Comments:</b>		
<b>Attachment:</b> 1103-621 ADB Plus Data Page.final.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Accelerated Death Benefit Plus Disclosure Statement and Payment Notice		
<b>Comments:</b>		
<b>Attachments:</b> 928-1007-fill.pdf		

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1434-LOAN PLUS-1010.pdf

The Western and Southern Life Insurance Company

NAIC CODE # 70483

**CERTIFICATION**

I, Michael Moser, an officer of The Western and Southern Life Insurance Company hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state Statutes and Regulations.

Form Numbers	Readability Score
1103-621*	55
1103-720	57

\* Rider was scored with the policy form 0506-100.



Michael Moser  
Vice President & Chief Compliance Officer

Date: 10/07/2010

## **Statement of Variability**

Form: 1103-621

This document defines the range of variation for items identified by brackets and found on the rider form and the rider data page. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

### **Rider Form**

**Officer's Signatures** Will change if the relevant individuals or titles should change in the future.

### **Data Page**

**Maximum Advance Age:** Varies by Policy Form to which this rider is attached and is based on the maturity age

**Maximum Advance Amount:** A description of the maximum amount of the death benefit advanced if the Insured meets the definition of Total and Permanent Disability according to the Rider terms.

i: - Maximum Range of Variation: \$25,000 to \$500,000

ii: - Maximum Range of Variation: 10.00% to 80.00%

**Minimum Advance Amount:** The minimum amount that can be advanced under the terms of the Rider. Maximum range of variation: \$1,000 to \$10,000

**Maximum Administrative Charge:** Maximum range of variation: \$50 to \$300

**Special Loan Interest Rate:** The interest rate charged on the lien used to advance the death benefit. Maximum range of variation: 2.00% to 8.00%

**Policy Form Number:** Varies by Policy Form to which this rider is attached.

## **Statement of Variability**

Form: 1103-720

This document defines the range of variation for items identified by brackets and found on the endorsement form. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

**Officer's  
Signatures**

Will change if the relevant individuals or titles should change in the future.

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## Data Page (continued)

### Accelerated Death Benefit Plus Rider

**Maximum Advance Age:** [ 120 ]

**Maximum Advance Amount:** [The maximum advance amount under this rider is equal to:

- (1) for Chronic Illness, the lesser of
  - (i) [ \$250,000 ] or
  - (ii) [ 40% ] of the difference between the Death Benefit and the Loan Value as defined in the policy; or
- (2) for Terminal Illness, the lesser of
  - (i) [ \$250,000 ] or
  - (ii) [ 60% ] of the difference between the Death Benefit and the Loan Value as defined in the policy.]

**Minimum Advance Amount:** [ \$5,000 ]

**Maximum Administrative Charge:** [ \$150 ]

**Special Loan Interest Rate:** [ 8% (7.4% in advance) ]

- THE WESTERN AND SOUTHERN LIFE INSURANCE COMPANY  
 WESTERN-SOUTHERN LIFE ASSURANCE COMPANY

### ACCELERATED DEATH BENEFIT PLUS RIDER DISCLOSURE STATEMENT

- A. Accelerating Conditions:** The Insured has been determined to have suffered from any of the following qualifying events: (1) a Chronic Illness where the Insured (A) has been unable to perform (without substantial assistance from another individual) at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; (B) has a level of disability similar to that described in (A) above; or (C) requires substantial supervision to protect himself/herself from threats to health and safety due to severe cognitive impairment; (2) a Terminal Illness which is expected to result in the Insured's death within one year of the date medical evidence is provided to us. The Chronic Illness or Terminal Illness must have been diagnosed while the Insured was covered by the policy and this rider. You may make more than one election for each type of qualifying event.
- B. Conditions for Making Advance:** The payment of any advance under this rider is conditioned upon and subject to our receipt of all of the following: (1) your written request for the advance; (2) the written consent of any irrevocable Beneficiary and any assignee; (3) your written designation of us as an assignee of policy proceeds equal to the amount of any outstanding loan, and (4) medical evidence acceptable to Us certifying that the Insured has suffered a qualifying event. Medical evidence for Chronic Illness must come from a Licensed Health Care Practitioner, and for Terminal Illness from a licensed physician. The practitioner or physician cannot be the Insured or a member of his/her immediate family. Such medical evidence must specify that (a) the Insured has been diagnosed as having a Chronic Illness or Terminal Illness; and (b) such Chronic Illness or Terminal Illness was first diagnosed while the Insured was covered by the policy; and (c) such Chronic Illness or Terminal Illness meets the criteria set forth in the Definitions section of the rider. We may require a second opinion and examination of the Insured at our expense by a physician designated by us. We also reserve the right to assess an administrative charge of not more than the maximum administrative charge shown on the Data Page per qualifying event to process a claim under this rider.
- C. Method of Payment:** Advances made under this rider will be in the form of a special loan secured by a first lien on the death benefit payable under the policy. We will administer this loan separate and apart from any loan you make under the policy pursuant to the Policy Loans section. The special loan interest rate is shown on the Data Page. Interest is due and payable in advance to the next policy anniversary. If interest is not paid when due, it will be added to the amount of the loan. This loan may be increased by us if necessary to keep the policy in effect. If a premium remains unpaid at the end of the grace period, we will increase such loan by the amount of the premium and loan interest to the next policy anniversary, even if such increase causes the loan to exceed the cumulative maximum advance available under this rider. Any loan may be paid at any time before the Insured's death.
- D. Frequency of Payment:** You may request more than one advance subject to the minimum and cumulative maximum amounts. Advances may be made as frequently as monthly but all advances must be within 12 months of the first advance. The advance will be paid in a lump sum to you or to any other payee You so designate.
- E. Maximum and Minimum Advance:** The cumulative maximum advance amount is equal to: for Chronic Illness, the lesser of (i) \$250,000 or (ii) 40% of the difference between the Death Benefit and the Loan Value; for Terminal Illness, the lesser of (i) \$250,000 or (ii) 60% of the difference between the Death Benefit and the Loan Value. If you are eligible for advances under both causes of disability, the maximum advance is the highest amount available under number 1 or number 2 above. Maximum advance amounts will not be additive regardless of the number of qualifying events that apply. The minimum payment amount is shown on the Data Page. The rider does not provide a benefit if the Maximum Advance Amount is less than the Minimum Payment Amount.
- F. Premium for Accelerated Benefit:** There is no additional premium charge for this benefit.
- G. Administrative Charge:** In addition to the loan interest, we reserve the right to assess an administrative charge of not more than \$150.00.
- H. Impact on Policy Values:** Upon the death of the Insured, the death benefit payable will be reduced by the amount of any outstanding loan, including interest. The interest credited to your policy may be affected by the loan of this rider. We may apply a different rate of interest to a portion of your account value that is equal to the total amount of the loan, but the rate will not be less than the minimum guaranteed interest rate shown on the Data Page. The payment of an accelerated benefit will have no effect on the cash surrender value or loan value, pursuant to the **Policy Loans** section of the policy.

- I. **Limitations on the Accelerated Benefit:** The benefit will be made available to you on a voluntary basis only. If you are required by law to elect this benefit to meet the claims of creditors, you are not eligible for this benefit. If you are required by a government agency to elect this benefit in order to apply for, obtain, or keep a government benefit or entitlement (such as Medicaid), you are not eligible for this benefit. You may not commute, anticipate, assign, alienate or otherwise encumber any payment under this rider. We may deny your request to make any changes to the policy while there is an outstanding loan, including the right to elect a nonforfeiture option.
- J. **ACCELERATED BENEFIT PAYMENTS FROM THIS RIDER MAY QUALIFY FOR SPECIAL TAX STATUS, IF, ACCORDING TO FEDERAL DEFINITIONS, THE INSURED QUALIFIES AS TERMINALLY ILL, OR QUALIFIES AS CHRONICALLY ILL AND USES THE ACCELERATED BENEFIT TO PAY FOR COSTS INCURRED BY THE INSURED FOR QUALIFIED LONG-TERM CARE SERVICES PROVIDED FOR THE INSURED DURING THE CHRONIC ILLNESS. WE RECOMMEND THAT YOU CONTACT A TAX ADVISOR WHEN MAKING TAX-RELATED DECISIONS ABOUT ELECTING TO RECEIVE AND USE BENEFITS FROM AN ACCELERATED BENEFIT PRODUCT.**
- K. **RECEIPT OF ACCELERATED BENEFIT PAYMENTS MAY ADVERSELY AFFECT THE RECIPIENTS ELIGIBILITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS OR ENTITLEMENTS.**

(Sign and return to Western & Southern, a copy should be retained for your records)

I have read and understand the Accelerated Death Benefit Disclosure Statement.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date



PAYMENT NOTICE AS OF \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy number: \_\_\_\_\_

Your request for an advance against your death benefit in the amount of \$ \_\_\_\_\_ results in the following changes to your policy:

Accelerated Death Benefit loan	\$ _____ *
Death benefit prior to payment	\$ _____
Death benefit after payment	\$ _____ **
Net cash value prior to payment	\$ _____
Net cash value after payment	\$ _____
Policy loans prior to payment (including Accelerated Death Benefit loan)	\$ _____
Policy loans after payment (including Accelerated Death Benefit loan)	\$ _____

SCHEDULE OF INSURANCE PREMIUMS

	ANNUAL	SEMIANNUAL	QUARTERLY	MONTHLY
CURRENT	\$ _____	\$ _____	\$ _____	\$ _____
AFTER BENEFIT PAYMENT	\$ _____	\$ _____	\$ _____	\$ _____

\* Loan interest is due and payable in advance and, if not paid when due, is added to the Accelerated Death Benefit loan amount.

\*\* Your death benefit will be decreased by the Accelerated Death Benefit loan amount.

Receipt of accelerated benefit payments may adversely affect your eligibility for medicaid or other government benefits or entitlements.

Receipt of accelerated benefit payments may be taxable. You should contact your personal tax advisor for specific advice. Neither Western & Southern nor its agents can provide tax advice.