

SERFF Tracking Number: WSST-126862773 State: Arkansas
Filing Company: Western-Southern Life Assurance Company State Tracking Number: 47176
Company Tracking Number: 928-1007-INFO
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ADB Plus Disclosure
Project Name/Number: ADB Plus Disclosure/928-1007-INFO

Filing at a Glance

Company: Western-Southern Life Assurance Company

Product Name: ADB Plus Disclosure

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: WSST-126862773 State: Arkansas

SERFF Status: Closed-Accepted State Tr Num: 47176

For Informational Purposes

Co Tr Num: 928-1007-INFO

State Status: Filed-Closed

Authors: Nikki Lape, Kimberly
Wright

Date Submitted: 11/01/2010

Reviewer(s): Linda Bird

Disposition Date: 11/04/2010

Disposition Status: Accepted For
Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: ADB Plus Disclosure

Project Number: 928-1007-INFO

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/04/2010

Deemer Date:

Submitted By: Kimberly Wright

Filing Description:

Dear Sir/Madam:

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: 11/04/2010

Created By: Kimberly Wright

Corresponding Filing Tracking Number: WSST-
125639216 / 39024

This filing is being submitted for informational purposes.

In 2008, Western-Southern Life Assurance Company submitted an Accelerated Death Benefit Plus Rider Disclosure

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Statement as supporting documentation in a form filing. The SERFF filing (WSST-125639216 / 39024) was approved on 05/30/08.

The purpose of this filing is to notify you of the following changes to the disclosure statement. Please note, there have been NO changes to the rider form:

We now intend to expand the use of this Disclosure Statement to The Western and Southern Life Insurance Company. Therefore, the legal name, The Western and Southern Life Insurance Company, has been added to the header, as well as checkboxes to indicate the applicable company.

Language was added to the disclosure form to clarify the Maximum and Minimum Advance Amount section of the disclosure. The new language added is "The rider does not provide a benefit if the Maximum Advance amount is less than the Minimum Payment Amount.

Also, a sentence was added to the end of Section H, Impact on Policy Values. The sentence reads as follows: 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."

If you have any questions or need additional information, please feel free to contact me. I can be reached at 1-800-446-0795 Ext. 1060. Or if you prefer, my e-mail address is kim.wright@wslife.com. I look forward to your acknowledgement of this informational filing.

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-Southern Life Assurance Company CoCode: 92622 State of Domicile: Ohio
 400 Broadway Group Code: 836 Company Type: Life
 Cincinnati, OH 45202 Group Name: West-Southern State ID Number:
 Group
 (800) 446-0795 ext. [Phone] FEIN Number: 31-1000236

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: Required fee is \$50 per filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western-Southern Life Assurance Company	\$50.00	11/01/2010	41358895

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	11/04/2010	11/04/2010

SERFF Tracking Number: WSSST-126862773 *State:* Arkansas
Filing Company: Western-Southern Life Assurance Company *State Tracking Number:* 47176
Company Tracking Number: 928-1007-INFO
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: ADB Plus Disclosure
Project Name/Number: ADB Plus Disclosure/928-1007-INFO

Disposition

Disposition Date: 11/04/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *WSST-126862773* *State:* *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Accelerated Death Benefit Plus Rider Disclosure Statement		Yes

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Accelerated Death Benefit Plus
Rider Disclosure Statement

Comments:

Attachment:

928-1007-fill.pdf

- 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