

<i>SERFF Tracking Number:</i>	<i>SEFL-126923520</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47411</i>
<i>Company Tracking Number:</i>	<i>R W1002</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>CTI Rider</i>		
<i>Project Name/Number:</i>	<i>CTI Rider/CTI Rider</i>		

## Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: CTI Rider

TOI: L04I Individual Life - Term

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

Filing Type: Form

SERFF Tr Num: SEFL-126923520 State: Arkansas

SERFF Status: Closed-Approved-Closed  
State Tr Num: 47411

Co Tr Num: R W1002

State Status: Approved-Closed

Author: Kristi Hendrickson

Date Submitted: 11/29/2010

Reviewer(s): Linda Bird

Disposition Date: 12/01/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: CTI Rider

Project Number: CTI Rider

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/01/2010

Deemer Date:

Submitted By: Kristi Hendrickson

Filing Description:

Form R W1002 is a rider that provides term insurance on dependent children. It is only available with policy form W L1001, approved on June 29, 2010, and is available at time of policy issue or later.

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: IIPRC Filing

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/01/2010

Created By: Kristi Hendrickson

Corresponding Filing Tracking Number:

We have noticed that rider R W1002 states that coverage terminates on the anniversary following the 25th birthday instead of the 26th birthday. We would like to correct this language since it conflicts with the definition of a dependent child being to age 26.

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We certify that no riders are currently in force or pending.

## 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: \$50.00  
 Retaliatory? No  
 Fee Explanation: 50.00 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$50.00	11/29/2010	42407104

SERFF Tracking Number: SEFL-126923520 State: Arkansas  
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TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: CTI Rider  
Project Name/Number: CTI Rider/CTI Rider

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/01/2010	12/01/2010

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## **Disposition**

Disposition Date: 12/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.







## CHILDREN'S TERM INSURANCE 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 approved 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.

### RIDER SCHEDULE

Insured Person	Dependent Child(ren) of policy's Insured Person
Issue Date	[April 1, 2010]
Face Amount	[\$10,000]
Expiration Date	[same as policy Exp Date]

### DEFINITIONS

**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.

A child born to the policy's Insured Person while this rider is in force becomes insured at 15 days of age. Any other child that meets the definition of a Dependent Child after this rider is in force shall become insured as of the date they meet the definition.

**Beneficiary** means the Owner of the policy to which this rider is attached, or later changed as described in the Change of Beneficiary section who is to receive this rider's Face Amount.

### BENEFIT

We will pay the Face Amount to this rider's Beneficiary if a Dependent Child's death occurs while this rider is in force and they meet the definition of Dependent Child.

Payment of the Face Amount will be made:

- in the same manner as We pay policy Proceeds; and
- after due proof of the Dependent Child's death is received at Our administrative office.

At the death of the policy's Insured Person, any unearned premium will be paid to the policy's Beneficiary. Also, each living Dependent Child will have paid-up term insurance in an amount equal to the Face Amount. A premium will not be due on this insurance. The paid-up insurance will continue until the earlier of:

- the Policy Anniversary following the Dependent Child's 26th birthday; or
- the rider's Expiration Date.

There is a cash value of this paid-up term insurance. The cash value is equal to the net single premium for the remaining benefits, using the 2001 Commissioner's Standard Ordinary ultimate only mortality table, smoker distinct, 55% female/45% male, age last birthday, and 4.0% interest as its basis of calculation. The paid-up insurance can be surrendered at any time for its cash value. If the surrender occurs within 30 days after a Policy Anniversary, the surrender value will not be less than the cash value as of the Policy Anniversary.

## CONVERSION

All or part of the Face Amount may be converted to a new policy of insurance without submitting evidence of the Dependent Child'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 \$2,500 or more than five times the Face Amount on the date of conversion;
- conversion is requested while the Dependent Child is living, considered to be a Dependent Child as defined in this rider and this rider 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 rider terminates due to conversion. Premiums for the new policy will be based on Our then current rates and the Dependent Child'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 rider's Issue Date.

## TERMINATION

Coverage will terminate for a Dependent Child under this rider on the Policy Anniversary following their 26th birthday or the date any portion of their Face Amount is converted.

This rider will terminate on the earlier of the following:

- the date the 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 notice to terminate this rider unless Your notice specifies a later date; or
- the Expiration Date listed in the Rider Schedule.

## GENERAL PROVISIONS

**Change of Beneficiary.** The Beneficiary may be changed while a Dependent Child 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 acknowledgment 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.

**Rider Values.** This rider has no cash value or loan value except as described in the Benefit section for a Dependent Child's paid-up term insurance.

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

  
President

  
Secretary

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

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Readability 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>
R W1002	Children's Term Insurance Rider	50.3

*Carol S Watson*

Signature

November 29, 2010

Date

Carol Watson  
Vice President, General Counsel and Secretary