

SERFF Tracking Number: CUNA-126355100 State: Arkansas  
 Filing Company: CUNA Mutual Insurance Society State Tracking Number: 43972  
 Company Tracking Number: B20A-001-2009 ET AL  
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Product Name: Member Group Term Life  
 Project Name/Number: Member Group Term Life - LS Alternative/

## Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: Member Group Term Life

TOI: L04G Group Life - Term

SERFF Tr Num: CUNA-126355100 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 43972

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: B20A-001-2009 ET AL State Status: Approved-Closed  
 Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Kari Hamrick, Kathy

Disposition Date: 02/03/2010

Strauser, Carma Bouska, Kimberly Steggall

Date Submitted: 11/03/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Member Group Term Life - LS Alternative

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/03/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 11/04/2009

Created By: Kimberly Steggall

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carma Bouska

Filing Description:

The forms of this filing are being submitted for your review and approval. They are in final print with the exception of ink, font style, paper stock and logo. This submission contains no unusual or possibly controversial items from normal company or industry standards.

Form B20a-001-2009 is a Group Term Life Insurance Policy. It is issued to a participating association and provides a

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complimentary level of group life insurance coverage to eligible members of a class as defined by the participating association. Certificate form B20c-001-2009 is the Group Term life Insurance Certificate issued to covered insureds. Form B20f-001-2009 is the Application for MEMBER Group Term Life Insurance.

These forms were written to be readable and easily understood by insureds. They were combined to achieve a flesch score of 50.

Thank you for your review of this submission.

## Company and Contact

### Filing Contact Information

Carma Bouska, carma.bouska@cunamutual.com  
 2000 Heritage Way 319-483-3511 [Phone]  
 Waverly, IA 50677

### Filing Company Information

CUNA Mutual Insurance Society CoCode: 62626 State of Domicile: Iowa  
 2000 Heritage Way Group Code: 306 Company Type:  
 Waverly, IA 50677 Group Name: State ID Number:  
 (319) 352-4090 ext. [Phone] FEIN Number: 39-0230590

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 per policy and forms included.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$50.00	11/03/2009	31757462

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/03/2010	02/03/2010
Approved-Closed	Linda Bird	11/04/2009	11/04/2009

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Group Term Life Insurance Policy	Carma Bouska	02/01/2010	02/01/2010
Form	Group Term Life Insurance Certificate	Carma Bouska	02/01/2010	02/01/2010

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## **Disposition**

Disposition Date: 02/03/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has filed an amendment to the original submission.

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
Form (revised)	Group Term Life Insurance Policy		Yes
Form	Group Term Life Insurance Policy	Replaced	Yes
Form (revised)	Group Term Life Insurance Certificate		Yes
Form	Group Term Life Insurance Certificate	Replaced	Yes
Form	Application for Member Group Term Life Insurance		Yes

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## **Disposition**

Disposition Date: 11/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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**Amendment Letter**

Submitted Date: 02/01/2010

**Comments:**

Thank you for reopening this filing.

A company decision has been made to remove the pre-existing condition exclusion as well as the suicide exclusion. This Amendment is being made to the filing to provide you with the revised group policy and group certificate.

In making this change, the group policy number has been updated to B20a-001-2009(B) and the certificate number to B20a-001-2009(B2). Both forms replace the prior version submitted. The forms have not been released for sale.

Thank you for your continued attention to this submission.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
B20a-001-2009(B)	Policy/Contract/Certificate	Group Term Life Insurance Policy	Initial				50.000	B20a-001-2009(B).pdf
B20c-001-2009(B2)	Certificate	Group Term Life Insurance Certificate	Initial				50.000	B20c-001-2009(B2) with notification.pdf

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## Form Schedule

**Lead Form Number: B20a-001-2009**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B20a-001-2009(B)	Policy/Contract	Group Term Life Insurance Policy	Initial		50.000	B20a-001-2009(B).pdf
	B20c-001-2009(B2)	Certificate	Group Term Life Insurance Certificate	Initial		50.000	B20c-001-2009(B2) with notification.pdf
	B20f-001-2009	Application/Enrollment Form	Application for Member Group Term Life Insurance	Initial		50.000	B20f-001-2009 john doe.pdf

Home Office:  
2000 Heritage Way  
Waverly, IA 60577  
Phone: 1.800.798.6600

Administrative Office:  
5910 Mineral Point Road  
Madison, WI 53701-0391  
Phone: 1.800.356.2644

**GROUP POLICY NUMBER** [12345678]

**POLICYHOLDER** [ABC Credit Union]

**EFFECTIVE DATE** [October 1, 2009]

**PREMIUMS** [Monthly - due on the first day of each month]

**STATE OF DELIVERY** [Iowa]

This group policy ("policy") is a legal contract between the policyholder and CUNA Mutual Insurance Society. It is governed by the laws of the State of Delivery. CUNA Mutual Insurance Society agrees to pay benefits according to the terms and conditions of this policy.

This policy is issued to the policyholder named above based on the policyholder's application and in exchange for timely payment of premiums. The initial premium is due on the effective date. This policy takes effect on the effective date shown above at 12:01 a.m. at the policyholder's main office.

In this policy, CUNA Mutual Insurance Society will be called "we", "our", or "us."

**Signed for CUNA Mutual Insurance Society, on the effective date.**

  
President

  
Secretary

**GROUP TERM LIFE INSURANCE POLICY**

Non-contributory coverage. Premiums paid by the policyholder.  
Participating. No dividends anticipated.  
Convertible.

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**SECTION 1.****PAYMENT OF PREMIUMS**

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- 1.01 Who pays the premium?** The premium is payable by the policyholder from its own funds without direct charge to the insured.  
[State Variations]
- 1.02 When are premiums due and where are premiums paid?** The premium for all persons insured under the policy must be received by us on or before the date it is due. The initial premium is due us on the policy effective date shown on the policy cover. Successive premiums are due us on the first day of each successive modal period. Premiums must be paid to us at our administrative office.  
[State Variations]
- 1.03 Can the premium be paid after the date it is due?** The policyholder has thirty-one (31) days beyond the due date to pay the premium. The premium must be received by us within this 31-day grace period. This 31-day grace period does not apply to the initial premium payment. The policy will stay in-force during the grace period, unless the policyholder has given us advance written notice that the policy is to be terminated during the grace period. If the policyholder provides us with written notice to terminate coverage during the grace period, coverage will be terminated on the date indicated in such notice. The policyholder is liable to us for any unpaid premium as well as a pro-rata portion of the premium for the time that the policy was in-force during the grace period. No claims that are incurred during the grace period will be paid unless the premium for the grace period is paid.  
[State Variations]
- 1.04 Can the premium rate be changed?** We reserve the right to change the premium rate. We will provide written notice to the last known address of the policyholder at least thirty (30) days prior to the effective date of any rate change. Premium rates cannot be changed more than once per year.  
  
**[For policies issued in Georgia Only]:** We reserve the right to change the premium rate. We will provide written notice to the last known address of the policyholder at least sixty (60) days prior to the effective date of any rate change. Premium rates cannot be changed more than once per year.  
[State Variations]

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**SECTION 2.****ELIGIBILITY AND POLICY RENEWAL**

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- 2.01 Who is eligible to be insured under this policy?** In order to be eligible to be insured under this policy, a person must be:
- a.) a member of the participating organization (named as the policyholder);
  - b.) part of the qualifying class of members, as shown on the application; and
  - c.) within the age parameters identified in the application, but never less than six (6) months of age.
- Evidence of insurability and enrollment by persons eligible for coverage is not required. New members eligible for coverage will be added to the group originally insured upon payment of the premium due for coverage on the life of the new members.  
[State Variations]
- 2.02 Can coverage be renewed?** This policy may be renewed annually upon our consent. Refusal to renew this policy will not deprive the insured or the beneficiary of any claim originating while the policy was in-force.  
[State Variations]

**2.03 Will certificates be provided?**

We will make certificates available to the policyholder for issuance and delivery to each insured. The certificates will describe the essential features of the coverage provided, to whom the benefits are payable and the insured's rights under the policy.  
[State Variations]

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**SECTION 3.**

**GENERAL POLICY PROVISIONS**

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**3.01 Can this policy be changed, amended or terminated?**

We may change or amend this policy from time to time. These changes can be made without the approval of the insured or the beneficiary, as long as the changes do not deprive the insured or the beneficiary of any claim pending under the policy on the date the change takes place. No change or amendment will be valid unless signed by one of our officers. No agent may change, waive, or give up any rights or requirements in this policy.

We or the policyholder may terminate the policy. This can be done by providing at least thirty-one (31) days advance written notice of termination to the other party.

The policyholder's coverage under this policy will automatically terminate on the date the policy lapses due to nonpayment of the required premium.  
[State Variations]

**3.02 Who will provide required information regarding this policy?**

The policyholder will provide us with any information which we require regarding insurance under this policy. All of the policyholder's records on this insurance will be open to us at all reasonable times.

If the policy is terminated or is amended, resulting in termination of coverage for an insured, the policyholder must provide us with sufficient information regarding each insured affected by the termination or amendment, to enable us to notify each insured of their right to convert their coverage under the policy to an individual policy, if required by state law. Such information must be provided at least thirty-one (31) days in advance of the effective date of termination.  
[State Variations]

**3.03 Will dividends be paid?**

We do not anticipate that there will be any dividends. However, we will determine once a year if any dividends are payable on this policy. This determination will be made no later than the end of the second policy year and annually thereafter.  
[State Variations]

**3.04 When does this policy become incontestable?**

This policy is incontestable from the policy effective date. We cannot contest coverage except for non-payment of premiums.

The statements contained in the policyholder's application are considered representations and not warranties.  
[State Variations]

**3.05 CERTIFICATE MADE A PART OF THE POLICY**

The remainder of the policy consists of the certificate issued to each insured. Amendments, if any, changing the provisions of the certificate are also made a part of the policy.  
[State Variations]

*CUNA Mutual Insurance Society*

Home Office: 2000 Heritage Way Waverly, IA 60577 Phone: 1.800.798.6600	Administrative Office: 5910 Mineral Point Road Madison, WI 53701-0391 Phone: 1.800.356.2644
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You are insured under the Group Term Life Insurance Policy issued to [ABC Credit Union], as the policyholder and participating organization. This certificate is issued to you based on your eligibility for coverage under the group policy ("policy") and in exchange for timely payment of premiums by the policyholder. We agree to pay the death proceeds and to provide the benefits described in the policy if all its terms and conditions are met. This certificate replaces any and all certificates, which may have been previously issued to you under the policy.

**READ YOUR CERTIFICATE CAREFULLY.** This certificate describes the terms and benefits of the policy. The policy is the controlling contract and is held by the group policyholder shown above. IT IS IMPORTANT THAT YOU READ YOUR CERTIFICATE. You can obtain a copy of the policy by contacting the administrative office at the address and telephone number above.

**CERTIFICATE SCHEDULE**

**ELIGIBLE CLASS 1:** [Members with a total savings account balance of at least \$500, but less than \$1,000 as of the date of death.]

**Basic Amount of Insurance:** [\$500]

<u>Age At Death</u>	<u>Coverage Schedule</u>
Age 6 months through [Age 54].....	[100%]
Age [55 through Age 59].....	[75%]
Age [60 through Age 64].....	[50%]
Age [65 through Age 69].....	[25%]

**Coverage Expiration Date:** The first day of the month on or following your [70<sup>th</sup>] birthday.

**ELIGIBLE CLASS 2:** [Members with a total savings account balance of at least \$1,000, but less than \$5,000 as of the date of death.]

**Basic Amount of Insurance:** [\$1,000]

<u>Age At Death</u>	<u>Coverage Schedule</u>
Age 6 months through [Age 54].....	[100%]
Age [55 through Age 59].....	[75%]
Age [60 through Age 64].....	[50%]
Age [65 through Age 69].....	[25%]

**Coverage Expiration Date:** The first day of the month on or following your [70<sup>th</sup>] birthday.

**ELIGIBLE CLASS 3:** [Members with a total savings account balance of at least \$5,000, but less than \$10,000 as of the date of death.]

**Basic Amount of Insurance:** [\$5,000]

<u>Age At Death</u>	<u>Coverage Schedule</u>
Age 6 months through [Age 54].....	[100%]
Age [55 through Age 59].....	[75%]
Age [60 through Age 64].....	[50%]
Age [65 through Age 69].....	[25%]

**Coverage Expiration Date:** The first day of the month on or following your [70<sup>th</sup>] birthday.

**ELIGIBLE CLASS 4:** [Members with a total savings account balance of \$10,000 or more as of the date of death.]

**Basic Amount of Insurance:** [\$10,000]

<u>Age At Death</u>	<u>Coverage Schedule</u>
Age 6 months through [Age 54].....	[100%]
Age [55 through Age 59].....	[75%]
Age [60 through Age 64].....	[50%]
Age [65 through Age 69].....	[25%]

**Coverage Expiration Date:** The first day of the month on or following your [70<sup>th</sup>] birthday.

**TABLE OF CONTENTS**

Certificate Schedule.....	Cover Page	Payment of Proceeds.....	Section 4
Definitions.....	Section 1	Beneficiary.....	Section 5
Coverage Provided.....	Section 2	General Provisions.....	Section 6
Conversion Privilege.....	Section 3		

Signed for CUNA Mutual Insurance Society on the effective date.

  
 President

**GROUP TERM LIFE INSURANCE CERTIFICATE**  
Convertible

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**SECTION 1.****DEFINITIONS**

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**1.01 What are the most commonly used terms and what do they mean?**

**age:** The age the insured turned at his or her last birthday.

**beneficiary:** The person(s) who will receive the death proceeds.

**coverage amount:** The basic amount of insurance multiplied by the applicable coverage schedule percentage, as shown on the certificate schedule.

**insured:** A member of the participating organization who is part of the qualifying class of members eligible to be insured under the policy and whose life this certificate insures.

**participating organization:** The organization providing coverage under the policy at no charge to you. The participating organization is also the policyholder.

**policy:** The group policy under which this certificate is issued. The policy is the controlling contract and is held by the policyholder.

**policyholder:** The entity that holds the policy under which this certificate is issued. The policyholder is the participating organization.

**proof of death:** Proof of death satisfactory to us. Such proof consists of a certified death record of the insured, including the cause of death. Alternatively, a certified court decree reciting a finding of death may be provided.

**we, our, us:** CUNA Mutual Insurance Society.

**written request:** A signed and dated written notice in a form satisfactory to us and received by us at our administrative office.

**you, your, yours:** The insured under the policy.

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**SECTION 2.****COVERAGE PROVIDED**

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**2.01 What is the coverage provided by this certificate?**

This certificate provides term life insurance coverage on your life. It provides death proceeds payable to your beneficiary if you die while this certificate is in-force.

**2.02 When will coverage begin?**

Coverage begins on the date we receive the first premium from the policyholder that is payable for coverage on your life. The date your coverage begins is your effective date of coverage.

**2.03 When will your coverage end?**

Coverage on your life will end automatically on the earliest of:

- a.) the date of your death;
- b.) your coverage expiration date;
- c.) the date the policy lapses due to nonpayment of the required premium;
- d.) the date you are no longer a member of the participating organization;
- e.) the first day of the modal period on or following the date you are no longer a member of a class that qualifies for coverage under the policy;
- f.) the date the policy is amended so as to terminate coverage for a class of members, resulting in termination of your coverage;
- g.) the date the policy is terminated by us or the policyholder; or
- h.) the first day of the modal period following receipt of your request to terminate coverage. Your request for termination must be made in writing to the policyholder.

Termination of membership with the participating organization will not cause your coverage to end under the policy until the premium due date following termination, or the 31st day following termination, if earlier.

If the policy is terminated or is amended, resulting in termination of your coverage, and this certificate has been in-force for at least five (5) years [(three (3) years for residents of Montana, West Virginia and Wyoming)], you have the right to convert your coverage to an individual policy. See Section 3, for a description of your conversion privilege.

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**SECTION 3.****CONVERSION PRIVILEGE**

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**3.01 Can coverage be converted upon termination?**

You may elect to convert your coverage to any individual life insurance policy, other than term life insurance, that we make available for such conversions if:

- a.) your coverage ends due to one of the following reasons:
  - 1.) you are no longer a member of the participating organization; or
  - 2.) you are no longer a member of a class that qualifies for coverage under the policy; or
  - 3.) you reach your coverage expiration date.
- b.) your coverage under this certificate has been in-force for at least five (5) years [(three (3) years for residents of Montana, West Virginia and Wyoming)] and it ends due to one of the following reasons:
  - 1.) amendment of the policy so as to terminate coverage for a class of members, resulting in termination of your coverage; or
  - 2.) termination of the policy by us or the policyholder.

In order to convert your coverage, we must receive your written request for conversion and payment of the first premium within thirty-one (31) days following the effective date of termination. This 31-day period is referred to as the conversion period.

If you are eligible for conversion under item (b)(1) or (b)(2) above, we will notify you in writing of your right to convert at least fifteen (15) days prior to termination of the conversion period. If we fail to notify you at least fifteen (15) days prior to expiration of the conversion period, you will have an additional period to exercise your right to convert. This additional period will expire fifteen (15) days after you are given such notice [(twenty-five (25) days for residents of California)]. In no event will the additional period extend sixty (60) days beyond the original expiration of the conversion period [(ninety (90) days for residents of Massachusetts)]. Such notice will be mailed to you at the last address furnished to us by the policyholder.

If you die during the conversion period, death proceeds will be payable as a claim under this certificate whether or not a written request for the individual policy or the payment of the first premium has been made. The amount payable as death proceeds will be the amount that would have been paid had an individual policy been issued.

**3.02 What amount can be converted?**

If you are eligible for conversion under item (a)(1), (a)(2) or (a)(3) of Section 3.01 above, you may elect to convert any amount that is less than or equal to your coverage amount as of the effective date of termination.

If you are eligible for conversion under item (b)(1) or (b)(2) of Section 3.01 above, then you may elect to convert any amount that is less than or equal to the smaller of the following:

- a.) your coverage amount as of the effective date of termination; or
- b.) \$10,000 [State Variations].

- 3.03 What is the issue date of the new individual policy?** The issue date for the new individual policy will be the date of conversion for your coverage under this certificate.
- 3.04 What basis will be used to determine the premium for the new individual policy?** The premium for the new individual policy will be based on the following factors:
- a.) your age on the date of conversion;
  - b.) your gender; and
  - c.) the premium class for the new individual policy.
- The premium class for the new individual policy will be the same as the premium class for this certificate. If the same premium class is not available, the premium class will be a comparable premium class, as determined by us. The initial premium for the new individual policy will be due as of the date of conversion.
- 3.05 Will evidence of insurability be required for conversion?** Evidence of insurability will not be required for conversion to a new individual policy.
- 3.06 Will the incontestability period start over?** The incontestability period for the new individual policy will be measured from the issue date of this certificate.

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## **SECTION 4.**

## **PAYMENT OF PROCEEDS**

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- 4.01 How are the death proceeds calculated?** The amount payable to the beneficiary will be determined as of the date of your death. It is equal to the coverage amount in effect as of the date of death.
- We will pay interest on death proceeds if required by state law. Interest, if any, will be calculated at the rate and for the time period required by state law.
- 4.02 How and when will the death proceeds be paid?** Death proceeds become payable to the beneficiary when we receive proof of death of the insured. The proceeds will be paid in a single lump sum.

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## **SECTION 5:**

## **BENEFICIARY**

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- 5.01 Who is the beneficiary?** Unless later changed, the beneficiary is the person(s) (or entity) you designate at the time your certificate is issued. If no beneficiary is designated, or there is no beneficiary living at the time of your death, the death proceeds will be paid to your spouse or legal partner, if living, otherwise to your estate.

The term “legal partner” means the person with whom you have entered into a legally-sanctioned domestic partnership, civil union or same-sex marriage that grants you the same rights, responsibilities, and obligations as married couples of the opposite sex, in accordance with applicable state laws. We will not recognize a legal partner relationship in any state that does not legally recognize such relationship.

**5.02 Can the beneficiary be changed?**

You can change the beneficiary by request. A request for change of beneficiary must be made in writing to the policyholder and will not be effective until it is recorded by the policyholder. After it has been recorded, it will take effect as of the date you signed the request, unless you specify otherwise. We are not liable for any payment made or other action taken before the request is recorded by the policyholder.

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**SECTION 6.**

**GENERAL PROVISIONS**

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**6.01 What does the entire contract consist of?**

The policy, any attached rider(s), amendment(s) and/or endorsement(s), and a copy of the policyholder's attached application make up the entire contract. The policy is the controlling contract and is held by the policyholder. All of the terms and provisions of the policy apply to your certificate.

No one except a company officer can change or give up any of the rights or requirements in this certificate. Any change must be in writing.

**6.02 What if your age or gender has been misstated?**

If your age or gender is misstated, we will adjust the amount payable. This adjustment will be based on what the premium would have purchased had the misstatement not occurred.

**6.03 Are there any limitations on the coverage you are allowed to have?**

You may not be insured under more than one (1) certificate per participating organization. Upon discovery of multiple certificates per participating organization, we will consider you to be covered under the certificate which provides the greatest amount of coverage and all other certificates will be void.

In addition, we reserve the right to limit the total coverage amount under multiple certificates with the same form number according to our underwriting rules then in effect. If your total coverage amount exceeds this limit, the excess amount will be void.

**6.04 Who should you contact regarding your coverage?**

If you have general questions about your coverage or eligibility for coverage, you may contact the participating organization shown on the first page of this certificate.

If you have questions regarding the provisions of your certificate or the claims process, you may contact us at our administrative office, as shown on the first and last pages of this certificate.

**CUNA MUTUAL INSURANCE SOCIETY**

Home Office:	Administrative Office:
2000 Heritage Way	5910 Mineral Point Road
Waverly, IA 60577	Madison, WI 53701-0391
Phone: 1.800.798.6600	Phone: 1.800.937.2644

CUNA Mutual Insurance Society

Home Office:  
2000 Heritage Way  
Waverly, IA 60577

Administrative Office:  
5910 Mineral Point Road  
Madison, WI 53701-0391

## APPLICATION FOR MEMBER GROUP TERM LIFE INSURANCE

### PARTICIPATING ORGANIZATION

Full Legal Name (Required): ABC Credit Union		Type of Business (Required): Credit Union	
Physical Address (Required): 123 Main Street, Anytown, US 12345			
Mailing Address (Only if different than physical address):			
Billing Address (Only if different than physical address):			
Contract Number (Required): 12345678	Tax ID Number (Required): 987-76-5432	Internet Website Address (Optional):	
Administration Contact Person Name (Required): John Doe	E-mail Address (Required): john.doe@abccreditunion.com	Phone Number. (Required): 987-654-3210	

### ELIGIBLE CLASS(ES) AND PLAN TYPE

<b>CLASS 1</b>	<p><b>Description:</b> [Members with a total savings account balance of at least \$500, but less than \$1,000 as of the date of death.]</p> <p><b>Basic Amount of Insurance per Eligible Member:</b> \$ <u>5,000</u> Minimum is [\$500] and maximum is [\$50,000].</p> <p><b>Coverage Schedule (Check one):</b></p> <p><input checked="" type="checkbox"/> 100% age 6 months through age 120; expiration at age 121</p> <p><input type="checkbox"/> 100% age 6 months until age 55; 75% @ age 55; 50% @ age 60; 25% at age 65; expiration at age 70</p> <p><input type="checkbox"/> 100% age 6 months until age 65; 65% @ age 65; 40% at age 70; 25% at age 75; expiration at age 121</p> <p><input type="checkbox"/> Other _____</p>
<b>CLASS 2</b>	<p><b>Description:</b> [Members with a total savings account balance of at least \$1,000, but less than \$5,000 as of the date of death.]</p> <p><b>Basic Amount of Insurance per Eligible Member:</b> \$ <u>10,000</u> Minimum is [\$500] and maximum is [\$50,000].</p> <p><b>Coverage Schedule (Check one):</b></p> <p><input checked="" type="checkbox"/> 100% age 6 months through age 120; expiration at age 121</p> <p><input type="checkbox"/> 100% age 6 months until age 55; 75% @ age 55; 50% @ age 60; 25% at age 65; expiration at age 70</p> <p><input type="checkbox"/> 100% age 6 months until age 65; 65% @ age 65; 40% at age 70; 25% at age 75; expiration at age 121</p> <p><input type="checkbox"/> Other _____</p>
<b>CLASS 3</b>	<p><b>Description:</b> [Members with a total savings account balance of at least \$5,000, but less than \$10,000 as of the date of death.]</p> <p><b>Basic Amount of Insurance per Eligible Member:</b> \$ _____ Minimum is [\$500] and maximum is [\$50,000].</p> <p><b>Coverage Schedule (Check one):</b></p> <p><input type="checkbox"/> 100% age 6 months through age 120; expiration at age 121</p> <p><input type="checkbox"/> 100% age 6 months until age 55; 75% @ age 55; 50% @ age 60; 25% at age 65; expiration at age 70</p> <p><input type="checkbox"/> 100% age 6 months until age 65; 65% @ age 65; 40% at age 70; 25% at age 75; expiration at age 121</p> <p><input type="checkbox"/> Other _____</p>
<b>CLASS 4</b>	<p><b>Description:</b> [Members with a total savings account balance of \$10,000 or more as of the date of death.]</p> <p><b>Basic Amount of Insurance per Eligible Member:</b> \$ _____ Minimum is [\$500] and maximum is [\$50,000].</p> <p><b>Coverage Schedule (Check one):</b></p> <p><input type="checkbox"/> 100% age 6 months through age 120; expiration at age 121</p> <p><input type="checkbox"/> 100% age 6 months until age 55; 75% @ age 55; 50% @ age 60; 25% at age 65; expiration at age 70</p> <p><input type="checkbox"/> 100% age 6 months until age 65; 65% @ age 65; 40% at age 70; 25% at age 75; expiration at age 121</p> <p><input type="checkbox"/> Other _____</p>

### POLICY EFFECTIVE DATE AND PREMIUM MODE

The policy will become effective at 12:01 a.m. at the participating organization's physical address on the Effective Date shown below, provided: 1.) The initial premium has been paid to us at our administrative office; and 2.) Application has been accepted by CUNA Mutual Insurance Society.

Policy Effective Date (Month/Day/Year): December 1, 2009 Premium Mode: [Monthly]

## AGREEMENT

### The undersigned participating organization agrees to:

- Maintain complete and accurate record of all eligible members who are insured under the policy.
- Send a Premium Calculation Worksheet to CUNA Mutual Insurance Society (the Company) no later than the [15<sup>th</sup> day of the month] which indicates the number of members eligible to be insured and coverage that premium will be applied to under the policy as of the 1<sup>st</sup> day of the [succeeding month].
- Provide updated required demographic information on insured members, by class, upon renewal or amendment of coverage.
- Cooperate by providing all necessary information to the Company as requested for audit purposes.
- Provide a certificate (supplied by the Company) to each of its members eligible to be insured under the policy upon payment of the initial premium for that member.
- Maintain complete and accurate record of each insured's beneficiary, if one is designated or later changed by an insured.
- Send a completed claim form to the Company in the event of an insured's death.
- Provide sufficient information to the Company to enable the Company to notify each affected insured of their right to convert their coverage, as applicable under the terms of the policy.

### The undersigned participating organization understands that:

- The initial premium is due on the policy effective date, and each premium thereafter is due on the first day of each successive modal period.
- Coverage becomes effective for an eligible member only upon payment of the full modal premium to CUNA Mutual Insurance Society while the eligible member is alive.

## FRAUD WARNING AND SIGNATURE

**[DISTRICT OF COLUMBIA:] [WARNING - It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.]**

**[FLORIDA:] [Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.]**

**[MARYLAND:] [Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]**

**[NEW JERSEY:] [Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.]**

**[PENNSYLVANIA:] [Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]**

**[WASHINGTON:] [It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.]**

### [ADDITIONAL STATE VARIATIONS]

**ALL OTHER STATES: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines, confinement in prison, and denial of insurance benefits, depending on state law.**

Signed at (City & State) Anytown, US on (Month/Day/Year): 10/27/09

Complete Name of Organization (Print) ABC Credit Union

Signed By: John Doe

Title (Print) Vice President

Address: 123 Main Street, Anytown, US 12345

SERFF Tracking Number: CUNA-126355100 State: Arkansas  
Filing Company: CUNA Mutual Insurance Society State Tracking Number: 43972  
Company Tracking Number: B20A-001-2009 ET AL  
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Member Group Term Life  
Project Name/Number: Member Group Term Life - LS Alternative/

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
AR Rule 19 & 49 Cert.pdf		
FFF109.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Application for approval included in this filing.		
<b>Comments:</b>		

**Certificate of Compliance with  
Arkansas Rule and Regulation 19 & 49**

Insurer: CUNA Mutual Insurance Society

Form Number(s): B20a-001-2009; B20c-001-2009; and B20f-001-2009.

I hereby certify that to the best of my knowledge and belief, the filing above meets all Applicable Arkansas requirements including the requirements of Rule and Regulations 19 and 49.



\_\_\_\_\_  
Signature of Company Officer

Alastair Shore

Name

Sr. Vice President – Chief Underwriter

Title

November 3, 2009

Date

# CERTIFICATION

This is to certify that the attached Policy Forms comply with the requirements of the Life and Disability Insurance Policy Language Simplification Act. The Flesch reading ease scores for these form(s) are shown below.

<b>Form Number(s) and Title(s):</b>		<b>Flesch Score:</b>
B20a-001-2009	Group Term Life Insurance Policy	50
B20c-001-2009	Group Term Life Insurance Certificate	50
B20f-001-2009	Application for Member Group Term Life Insurance	50



**Signature of Officer of the Company**

October 27, 2009

**Date**

SERFF Tracking Number: CUNA-126355100 State: Arkansas  
 Filing Company: CUNA Mutual Insurance Society State Tracking Number: 43972  
 Company Tracking Number: B20A-001-2009 ET AL  
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Member Group Term Life  
 Project Name/Number: Member Group Term Life - LS Alternative/

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/03/2009	Form	Group Term Life Insurance Policy	02/01/2010	B20a-001-2009.pdf (Superseded)
11/03/2009	Form	Group Term Life Insurance Certificate	02/01/2010	B20c-001-2009.pdf (Superseded)

Home Office: 2000 Heritage Way Waverly, IA 60577 Phone: 1.800.798.6600	Administrative Office: 5910 Mineral Point Road Madison, WI 53701-0391 Phone: 1.800.356.2644
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**GROUP POLICY NUMBER** [12345678]

**POLICYHOLDER** [ABC Credit Union]

**EFFECTIVE DATE** [October 1, 2009]

**PREMIUMS** [Monthly - due on the first day of each month]

**STATE OF DELIVERY** [Iowa]

This group policy ("policy") is a legal contract between the policyholder and CUNA Mutual Insurance Society. It is governed by the laws of the State of Delivery. CUNA Mutual Insurance Society agrees to pay benefits according to the terms and conditions of this policy.

This policy is issued to the policyholder named above based on the policyholder's application and in exchange for timely payment of premiums. The initial premium is due on the effective date. This policy takes effect on the effective date shown above at 12:01 a.m. at the policyholder's main office.

In this policy, CUNA Mutual Insurance Society will be called "we", "our", or "us."

**Signed for CUNA Mutual Insurance Society, on the effective date.**

  
President

  
Secretary

**GROUP TERM LIFE INSURANCE POLICY  
WITH PRE-EXISTING CONDITION LIMITATION**  
Non-contributory coverage. Premiums paid by the policyholder.  
Participating. No dividends anticipated.  
Convertible.

---

**SECTION 1.****PAYMENT OF PREMIUMS**

---

- 1.01 Who pays the premium?** The premium is payable by the policyholder from its own funds without direct charge to the insured.  
[State Variations]
- 1.02 When are premiums due and where are premiums paid?** The premium for all persons insured under the policy must be received by us on or before the date it is due. The initial premium is due us on the policy effective date shown on the policy cover. Successive premiums are due us on the first day of each successive modal period. Premiums must be paid to us at our administrative office.  
[State Variations]
- 1.03 Can the premium be paid after the date it is due?** The policyholder has thirty-one (31) days beyond the due date to pay the premium. The premium must be received by us within this 31-day grace period. This 31-day grace period does not apply to the initial premium payment. The policy will stay in-force during the grace period, unless the policyholder has given us advance written notice that the policy is to be terminated during the grace period. If the policyholder provides us with written notice to terminate coverage during the grace period, coverage will be terminated on the date indicated in such notice. The policyholder is liable to us for any unpaid premium as well as a pro-rata portion of the premium for the time that the policy was in-force during the grace period. No claims that are incurred during the grace period will be paid unless the premium for the grace period is paid.  
[State Variations]
- 1.04 Can the premium rate be changed?** We reserve the right to change the premium rate. We will provide written notice to the last known address of the policyholder at least thirty (30) days prior to the effective date of any rate change. Premium rates cannot be changed more than once per year.
- [For policies issued in Georgia Only]:** We reserve the right to change the premium rate. We will provide written notice to the last known address of the policyholder at least sixty (60) days prior to the effective date of any rate change. Premium rates cannot be changed more than once per year.  
[State Variations]

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**SECTION 2.****ELIGIBILITY AND POLICY RENEWAL**

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- 2.01 Who is eligible to be insured under this policy?** In order to be eligible to be insured under this policy, a person must be:
- a.) a member of the participating organization (named as the policyholder);
  - b.) part of the qualifying class of members, as shown on the application; and
  - c.) within the age parameters identified in the application, but never less than six (6) months of age.
- Evidence of insurability and enrollment by persons eligible for coverage is not required. New members eligible for coverage will be added to the group originally insured upon payment of the premium due for coverage on the life of the new members.  
[State Variations]
- 2.02 Can coverage be renewed?** This policy may be renewed annually upon our consent. Refusal to renew this policy will not deprive the insured or the beneficiary of any claim originating while the policy was in-force.  
[State Variations]

**2.03 Will certificates be provided?**

We will make certificates available to the policyholder for issuance and delivery to each insured. The certificates will describe the essential features of the coverage provided, to whom the benefits are payable and the insured's rights under the policy.  
[State Variations]

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**SECTION 3.**

**GENERAL POLICY PROVISIONS**

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**3.01 Can this policy be changed, amended or terminated?**

We may change or amend this policy from time to time. These changes can be made without the approval of the insured or the beneficiary, as long as the changes do not deprive the insured or the beneficiary of any claim pending under the policy on the date the change takes place. No change or amendment will be valid unless signed by one of our officers. No agent may change, waive, or give up any rights or requirements in this policy.

We or the policyholder may terminate the policy. This can be done by providing at least thirty-one (31) days advance written notice of termination to the other party.

The policyholder's coverage under this policy will automatically terminate on the date the policy lapses due to nonpayment of the required premium.  
[State Variations]

**3.02 Who will provide required information regarding this policy?**

The policyholder will provide us with any information which we require regarding insurance under this policy. All of the policyholder's records on this insurance will be open to us at all reasonable times.

If the policy is terminated or is amended, resulting in termination of coverage for an insured, the policyholder must provide us with sufficient information regarding each insured affected by the termination or amendment, to enable us to notify each insured of their right to convert their coverage under the policy to an individual policy, if required by state law. Such information must be provided at least thirty-one (31) days in advance of the effective date of termination.  
[State Variations]

**3.03 Will dividends be paid?**

We do not anticipate that there will be any dividends. However, we will determine once a year if any dividends are payable on this policy. This determination will be made no later than the end of the second policy year and annually thereafter.  
[State Variations]

**3.04 When does this policy become incontestable?**

This policy is incontestable from the policy effective date. We cannot contest coverage except for non-payment of premiums.

The statements contained in the policyholder's application are considered representations and not warranties.  
[State Variations]

**3.05 CERTIFICATE MADE A PART OF THE POLICY**

The remainder of the policy consists of the certificate issued to each insured. Amendments, if any, changing the provisions of the certificate are also made a part of the policy.  
[State Variations]

*CUNA Mutual Insurance Society*

Home Office: 2000 Heritage Way Waverly, IA 60577 Phone: 1.800.798.6600	Administrative Office: 5910 Mineral Point Road Madison, WI 53701-0391 Phone: 1.800.356.2644
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You are insured under the Group Term Life Insurance Policy issued to [ABC Credit Union], as the policyholder and participating organization. This certificate is issued to you based on your eligibility for coverage under the group policy ("policy") and in exchange for timely payment of premiums by the policyholder. We agree to pay the death proceeds and to provide the benefits described in the policy if all its terms and conditions are met. This certificate replaces any and all certificates, which may have been previously issued to you under the policy.

**READ YOUR CERTIFICATE CAREFULLY.** This certificate describes the terms and benefits of the policy. The policy is the controlling contract and is held by the group policyholder shown above. **IT IS IMPORTANT THAT YOU READ YOUR CERTIFICATE.** You can obtain a copy of the policy by contacting the administrative office at the address and telephone number above

**CERTIFICATE SCHEDULE**

<p><b>ELIGIBLE CLASS 1:</b> [Members with a total savings account balance of at least \$500, but less than \$1,000 as of the date of death.]</p> <p><b>Basic Amount of Insurance:</b> [\$500]</p> <table border="0"> <tr> <td><b>Age At Death</b></td> <td><b>Coverage Schedule</b></td> </tr> <tr> <td>Age 6 months through [Age 54].....</td> <td>[100%]</td> </tr> <tr> <td>Age [55 through Age 59].....</td> <td>[75%]</td> </tr> <tr> <td>Age [60 through Age 64].....</td> <td>[50%]</td> </tr> <tr> <td>Age [65 through Age 69].....</td> <td>[25%]</td> </tr> </table> <p><b>Coverage Expiration Date:</b> The first day of the month on or following your [70<sup>th</sup>] birthday.</p>	<b>Age At Death</b>	<b>Coverage Schedule</b>	Age 6 months through [Age 54].....	[100%]	Age [55 through Age 59].....	[75%]	Age [60 through Age 64].....	[50%]	Age [65 through Age 69].....	[25%]	<p><b>ELIGIBLE CLASS 2:</b> [Members with a total savings account balance of at least \$1,000, but less than \$5,000 as of the date of death.]</p> <p><b>Basic Amount of Insurance:</b> [\$1,000]</p> <table border="0"> <tr> <td><b>Age At Death</b></td> <td><b>Coverage Schedule</b></td> </tr> <tr> <td>Age 6 months through [Age 54].....</td> <td>[100%]</td> </tr> <tr> <td>Age [55 through Age 59].....</td> <td>[75%]</td> </tr> <tr> <td>Age [60 through Age 64].....</td> <td>[50%]</td> </tr> <tr> <td>Age [65 through Age 69].....</td> <td>[25%]</td> </tr> </table> <p><b>Coverage Expiration Date:</b> The first day of the month on or following your [70<sup>th</sup>] birthday.</p>	<b>Age At Death</b>	<b>Coverage Schedule</b>	Age 6 months through [Age 54].....	[100%]	Age [55 through Age 59].....	[75%]	Age [60 through Age 64].....	[50%]	Age [65 through Age 69].....	[25%]
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**TABLE OF CONTENTS**

Certificate Schedule.....	Cover Page	Coverage Exclusions.....	Section 4
Definitions.....	Section 1	Payment of Proceeds.....	Section 5
Coverage Provided.....	Section 2	Beneficiary.....	Section 6
Conversion Privilege.....	Section 3	General Provisions.....	Section 7

Signed for CUNA Mutual Insurance Society on the effective date.



President

**GROUP TERM LIFE INSURANCE CERTIFICATE  
WITH PRE-EXISTING CONDITION LIMITATION  
Convertible**

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**SECTION 1.****DEFINITIONS**

---

**1.01 What are the most commonly used terms and what do they mean?**

**age:** The age the insured turned at his or her last birthday.

**beneficiary:** The person(s) who will receive the death proceeds.

**coverage amount:** The basic amount of insurance multiplied by the applicable coverage schedule percentage, as shown on the certificate schedule.

**insured:** A member of the participating organization who is part of the qualifying class of members eligible to be insured under the policy and whose life this certificate insures.

**participating organization:** The organization providing coverage under the policy at no charge to you. The participating organization is also the policyholder.

**policy:** The group policy under which this certificate is issued. The policy is the controlling contract and is held by the policyholder.

**policyholder:** The entity that holds the policy under which this certificate is issued. The policyholder is the participating organization.

**proof of death:** Proof of death satisfactory to us. Such proof consists of a certified death record of the insured, including the cause of death. Alternatively, a certified court decree reciting a finding of death may be provided.

**we, our, us:** CUNA Mutual Insurance Society.

**written request:** A signed and dated written notice in a form satisfactory to us and received by us at our administrative office.

**you, your, yours:** The insured under the policy.

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**SECTION 2.****COVERAGE PROVIDED**

---

**2.01 What is the coverage provided by this certificate?**

This certificate provides term life insurance coverage on your life. It provides death proceeds payable to your beneficiary if you die while this certificate is in-force.

**2.02 When will coverage begin?**

Coverage begins on the date we receive the first premium from the policyholder that is payable for coverage on your life. The date your coverage begins is your effective date of coverage.

**2.03 When will your coverage end?**

Coverage on your life will end automatically on the earliest of:

- a.) the date of your death;
- b.) your coverage expiration date;
- c.) the date the policy lapses due to nonpayment of the required premium;
- d.) the date you are no longer a member of the participating organization;
- e.) the first day of the modal period on or following the date you are no longer a member of a class that qualifies for coverage under the policy;
- f.) the date the policy is amended so as to terminate coverage for a class of members, resulting in termination of your coverage;
- g.) the date the policy is terminated by us or the policyholder; or
- h.) the first day of the modal period following receipt of your request to terminate coverage. Your request for termination must be made in writing to the policyholder.

Termination of membership with the participating organization will not cause your coverage to end under the policy until the premium due date following termination, or the 31st day following termination, if earlier.

If the policy is terminated or is amended, resulting in termination of your coverage, and this certificate has been in-force for at least five (5) years [(three (3) years for residents of Montana)], you have the right to convert your coverage to an individual policy. See Section 3, for a description of your conversion privilege.

---

**SECTION 3.**

---

**CONVERSION PRIVILEGE**

---

**3.01 Can coverage be converted upon termination?**

You may elect to convert your coverage to any individual life insurance policy, other than term life insurance, that we make available for such conversions if:

- a.) your coverage ends due to one of the following reasons:
  - 1.) you are no longer a member of the participating organization; or
  - 2.) you are no longer a member of a class that qualifies for coverage under the policy; or
  - 3.) you reach your coverage expiration date.
- b.) your coverage under this certificate has been in-force for at least five (5) years [(three (3) years for residents of Montana)] and it ends due to one of the following reasons:
  - 1.) amendment of the policy so as to terminate coverage for a class of members, resulting in termination of your coverage; or
  - 2.) termination of the policy by us or the policyholder.

In order to convert your coverage, we must receive your written request for conversion and payment of the first premium within thirty-one (31) days following the effective date of termination. This 31-day period is referred to as the conversion period.

If you are eligible for conversion under item (b)(1) or (b)(2) above, we will notify you in writing of your right to convert at least fifteen (15) days prior to termination of the conversion period. If we fail to notify you at least fifteen (15) days prior to expiration of the conversion period, you will have an additional period to exercise your right to convert. This additional period will expire fifteen (15) days after you are given such notice [(twenty-five (25) days for residents of California)]. In no event will the additional period extend sixty (60) days beyond the original expiration of the conversion period [(ninety (90) days for residents of Massachusetts)]. Such notice will be mailed to you at the last address furnished to us by the policyholder.

If you die during the conversion period, death proceeds will be payable as a claim under this certificate whether or not a written request for the individual policy or the payment of the first premium has been made. The amount payable as death proceeds will be the amount that would have been paid had an individual policy been issued.

**3.02 What amount can be converted?**

If you are eligible for conversion under item (a)(1), (a)(2) or (a)(3) of Section 3.01 above, you may elect to convert any amount that is less than or equal to your coverage amount as of the effective date of termination.

If you are eligible for conversion under item (b)(1) or (b)(2) of Section 3.01 above, the you may elect to convert any amount that is less than or equal to the smaller of the following:

- a.) your coverage amount as of the effective date of termination; or
- b.) \$10,000 [State Variations].

**3.03 What is the issue date of the new individual policy?**

The issue date for the new individual policy will be the date of conversion for your coverage under this certificate.

- 3.04 What basis will be used to determine the premium for the new individual policy?** The premium for the new individual policy will be based on the following factors:
- a.) your age on the date of conversion;
  - b.) your gender; and
  - c.) the premium class for the new individual policy.
- The premium class for the new individual policy will be the same as the premium class for this certificate. If the same premium class is not available, the premium class will be a comparable premium class, as determined by us. The initial premium for the new individual policy will be due as of the date of conversion.
- 3.05 Will evidence of insurability be required for conversion?** Evidence of insurability will not be required for conversion to a new individual policy.
- 3.06 Will the incontestability and suicide exclusion period start over?** The incontestability period and suicide exclusion period for the new individual policy will be measured from the issue date of this certificate.

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**SECTION 4. COVERAGE EXCLUSIONS**

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- 4.01 Is there a pre-existing condition exclusion?** Death as a result of a pre-existing condition within twelve (12) months of your effective date is not covered by the policy.
- A pre-existing condition is an illness or injury for which you received medical advice, consultation or treatment within the 6-month period prior to the effective date shown on your certificate schedule.
- 4.02 Is there a suicide exclusion?** Suicide, while sane or insane, within two (2) years of your effective date is not covered by the policy.
- Certificates issued to residents of [Colorado and Missouri]:** Suicide, while sane or insane, within one (1) year of an insured's effective date is not covered by the policy.

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**SECTION 5. PAYMENT OF PROCEEDS**

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- 5.01 How are the death proceeds calculated?** The amount payable to the beneficiary will be determined as of the date of your death. It is equal to the coverage amount in effect as of the date of death.
- We will pay interest on death proceeds if required by state law. Interest, if any, will be calculated at the rate and for the time period required by state law.
- 5.02 How and when will the death proceeds be paid?** Death proceeds become payable to the beneficiary when we receive proof of death of the insured. The proceeds will be paid in a single lump sum.

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**SECTION 6: BENEFICIARY**

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- 6.01 Who is the beneficiary?** Unless later changed, the beneficiary is the person(s) (or entity) you designate at the time your certificate is issued. If no beneficiary is designated, or there is no beneficiary living at the time of your death, the death proceeds will be paid to your spouse or legal partner, if living, otherwise to your estate.

The term “legal partner” means the person with whom you have entered into a legally-sanctioned domestic partnership, civil union or same-sex marriage that grants you the same rights, responsibilities, and obligations as married couples of the opposite sex, in accordance with applicable state laws. We will not recognize a legal partner relationship in any state that does not legally recognize such relationship.

**6.02 Can the beneficiary be changed?**

You can change the beneficiary by request. A request for change of beneficiary must be made in writing to the policyholder and will not be effective until it is recorded by the policyholder. After it has been recorded, it will take effect as of the date you signed the request, unless you specify otherwise. We are not liable for any payment made or other action taken before the request is recorded by the policyholder.

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**SECTION 7.**

**GENERAL PROVISIONS**

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**7.01 What does the entire contract consist of?**

The policy, any attached rider(s), amendment(s) and/or endorsement(s), and a copy of the policyholder's attached application make up the entire contract. The policy is the controlling contract and is held by the policyholder. All of the terms and provisions of the policy apply to your certificate.

No one except a company officer can change or give up any of the rights or requirements in this certificate. Any change must be in writing.

**7.02 What if your age or gender has been misstated?**

If your age or gender is misstated, we will adjust the amount payable. This adjustment will be based on what the premium would have purchased had the misstatement not occurred.

**7.03 Are there any limitations on the coverage you are allowed to have?**

You may not be insured under more than one (1) certificate per participating organization. Upon discovery of multiple certificates per participating organization, we will consider you to be covered under the certificate which provides the greatest amount of coverage and all other certificates will be void.

In addition, we reserve the right to limit the total coverage amount under multiple certificates with the same form number according to our underwriting rules then in effect. If your total coverage amount exceeds this limit, the excess amount will be void.

**7.04 Who should you contact regarding your coverage?**

If you have general questions about your coverage or eligibility for coverage, you may contact the participating organization shown on the first page of this certificate.

If you have questions regarding the provisions of your certificate or the claims process, you may contact us at our administrative office, as shown on the first and last pages of this certificate.

**CUNA MUTUAL INSURANCE SOCIETY**

Home Office:	Administrative Office:
2000 Heritage Way	5910 Mineral Point Road
Waverly, IA 60577	Madison, WI 53701-0391
Phone: 1.800.798.6600	Phone: 1.800.937.2644