

SERFF Tracking Number: CUNA-126501169 State: Arkansas  
Filing Company: CUNA Mutual Insurance Society State Tracking Number: 44857  
Company Tracking Number: 2010-APDA-END  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Advance Premium Deposit Account Endorsement  
Project Name/Number: Fixed Premium Life Products/

## Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: Advance Premium Deposit

Account Endorsement

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: CUNA-126501169 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44857

Co Tr Num: 2010-APDA-END

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Kari Hamrick, Kathy  
Strauser, Carma Bouska, Kimberly  
Steggall

Disposition Date: 02/18/2010

Date Submitted: 02/16/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Fixed Premium Life Products

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/18/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 02/15/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/18/2010

Created By: Kimberly Steggall

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carma Bouska

Filing Description:

The form of this filing is submitted for your review and approval. It is a new form 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.

The Advance Premium Deposit Account Endorsement form 2010-APDA-END is a contractual agreement available at no cost. It allows for prepayment of premiums and will be available with any of our currently approved and future approved

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 fixed premium life products.

This form was written to be readable and easily understood by insureds and achieved a flesch score of 59.

Thank you for your time in reviewing 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: \$20.00  
 Retaliatory? No  
 Fee Explanation: \$20 per endorsement  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$20.00	02/16/2010	34229982

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/18/2010	02/18/2010

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## Disposition

Disposition Date: 02/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Form</b>	Advance Premium Deposit Account Endorsement		Yes

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## Form Schedule

### Lead Form Number: 2010-APDA-END

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2010-APDA-END	Policy/Contract/Fraternal Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		59.000	2010-APDA-END.pdf

**ADVANCE PREMIUM DEPOSIT ACCOUNT  
ENDORSEMENT**

**(Please Print)**

Policy No.: \_\_\_\_\_ Effective Date: \_\_\_\_\_

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

Name of Owner (if other than the Insured): \_\_\_\_\_

Name of Payor (if other than the Owner): \_\_\_\_\_

Funds in excess of the required or stipulated premium on this policy have been received by CUNA Mutual Insurance Society ("we", "our", "us). As requested by the payor, the excess amount received for this policy has been placed into the Advance Premium Deposit Account ("Account") where it will earn interest. The current rate of interest paid by us is not guaranteed, but will never be less 2.0%. The Account is owned by the payor. Interest earned on the Account will be reported as required to the Internal Revenue Service as income to the payor.

The maximum amount that may be placed in the Account is the amount required to pay the remaining annual premiums held at the minimum guaranteed rate of interest of 2.0%.

We will automatically transfer the required amount from the Account to apply as premium to this policy. Withdrawals may be made from the Account by written request of the payor. We reserve the right to postpone payment of withdrawals for up to six (6) months from the date we receive the request. We will pay interest on withdrawals that are postponed for more than thirty (30) days, if required by state law. Interest, if any, will be calculated at the rate and for the time period required by state law.

When no further premiums are to be paid from the Account, any amount remaining in the Account will be returned to the payor. Any amount remaining in the Account at the insured's death will be paid to the payor, if the insured is not also the payor, otherwise to the beneficiary.

There is no charge for this Advance Premium Deposit Account Endorsement.

CUNA Mutual Insurance Society



President

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Rule 19 & 49 Cert.pdf

FFF109.pdf

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** NA for this filing.

**Comments:**

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

Insurer: CUNA Mutual Insurance Society

Form Number(s): 2010-APDA-END.

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

February 15, 2010

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>
2010-APDA-END                      Advance Premium Deposit Account Endorsement	59



**Signature of Officer of the Company**

February 15, 2010  
**Date**