

SERFF Tracking Number: WDM-126489386 State: Arkansas
Filing Company: Woodmen of the World Life Insurance Society State Tracking Number: 44777
Company Tracking Number: FAMILY TERM DISABILITY WAIVER RIDER 8066 2-10
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Disability Waiver Rider 8066 2-10
Project Name/Number: /

Filing at a Glance

Company: Woodmen of the World Life Insurance Society

Product Name: Disability Waiver Rider 8066 2-10 SERFF Tr Num: WDM-126489386 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved-Closed State Tr Num: 44777

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life Co Tr Num: FAMILY TERM DISABILITY WAIVER RIDER 8066 2-10 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
Author: Lee Ann Anderson Disposition Date: 02/16/2010
Date Submitted: 02/04/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Filed with interstate compact

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/16/2010

Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 02/16/2010

Deemer Date:
Submitted By: Lee Ann Anderson
Filing Description:

Created By: Lee Ann Anderson
Corresponding Filing Tracking Number:

Re: Fraternal Form Filing – Individual Life
Form 8066 2-10 – Disability Waiver of Premium Rider

We are submitting Form 8066 2-10 for filing and/or approval. This form is new and will replace previously approved

SERFF Tracking Number: WDMM-126489386 State: Arkansas
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Company Tracking Number: FAMILY TERM DISABILITY WAIVER RIDER 8066 2-10
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Disability Waiver of Premium Rider Form 8066 10-08 which was approved by your department on March 20, 2009 (SERFF Tracking #WDMM-126080567, State Tracking #41873).

This form will be available on an optional basis with Term Life Insurance Certificate Form 8063 10-08 AR which was approved by your department on December 22, 2008 (SERFF Tracking #WDMM-125925677, State Tracking #41050). The premiums for this form are unisex.

Disability Waiver of Premium Rider Form 8066 2-10 will be available for new and inforce issues for the same ages as Certificate Form 8063 10-08 AR (ages 18-50). If Other Insured Rider Form 8064 10-08 (approved in the same filing as Certificate Form 8063 10-08 AR) is issued with the certificate, Disability Waiver of Premium Rider Form 8066 2-10 is not available for just the primary insured or just the other insured – if applied for, both the primary insured and the other insured will need to meet the underwriting requirements for this rider and if issued, both will be covered. If either the primary insured or the other insured don't meet the underwriting requirements for Disability Waiver of Premium Rider Form 8066 2-10, it will not be available for either of them.

Application Form 8040 10/08, which was approved by your Department on December 10, 2008 (SERFF Tracking #WDMM-125928, State Tracking #41049) will be used to apply for this rider.

An actuarial memorandum has been included providing further information regarding the enclosed form. A readability certification has also been enclosed.

The enclosed form is submitted in final print and is subject to only minor modification in paper stock, ink, border, company logo, and adaptation to electronic media and computer printing.

Company and Contact

Filing Contact Information

Lee Ann Anderson, Senior Compliance Analyst landerson@woodmen.org
1700 FARNAM STREET 402-661-6206 [Phone]
OMAHA, NE 68102 402-449-7732 [FAX]

Filing Company Information

Woodmen of the World Life Insurance Society CoCode: 57320 State of Domicile: Nebraska
1700 FARNAM STREET Group Code: Company Type:
OMAHA, NE 68102 Group Name: State ID Number:
(402) 271-7279 ext. [Phone] FEIN Number: 47-0339250

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 x 1 rider = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Woodmen of the World Life Insurance Society	\$50.00	02/04/2010	33994847

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/16/2010	02/16/2010

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Disposition

Disposition Date: 02/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: 8066 2-10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FORM 8066 2-10	Policy/Cont Disability Waiver of ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.900	8066 2-10.pdf

DISABILITY WAIVER OF PREMIUM RIDER

EFFECTIVE DATE [July 1, 2009]

CERTIFICATE NUMBER [123456789]

PRIMARY INSURED [JOHN X WOODMEN]

[OTHER INSURED] [JANE L WOODMEN]

RATING CLASS [STANDARD]

EXPIRY DATE [July 1, 2039]

The above information relates to this rider only.

This is a rider to the above numbered certificate. It shall be attached to and become a part of it. All terms are the same except those changed by this rider.

BENEFIT

TOTAL DISABILITY BEFORE AGE 60

If total disability of a covered insured starts before the anniversary following the disabled insured's 60th birthday, we will waive all premiums that become due for this certificate and any riders for as long as the total disability continues, up to the anniversary following the disabled insured's 95th birthday or termination of this certificate.

TOTAL DISABILITY AFTER AGE 60

If total disability of a covered insured starts on or after the anniversary following the disabled insured's 60th birthday, we will waive all premiums that become due for this certificate and any riders for as long as total disability continues, but only to the anniversary following the disabled insured's 65th birthday.

Waived premiums will be treated as premiums paid and will not be deducted from the death benefit. All values, refunds and amounts under the certificate and any riders will be the same while premiums are waived as they would have been if the covered insured had paid the premiums.

This benefit has no loan or cash values.

DEFINITIONS

COVERED INSURED

Any reference to a "covered insured" in this rider means the primary insured and the other insured (if any) shown on the Certificate Information Page for this certificate.

TOTAL DISABILITY

Total disability means disability which:

1. Results from bodily injury or disease; and
2. Starts while this rider is in force; and
3. Has been continuous for at least six months; and

4. Either:

- a. Prevents the covered insured from doing any work for pay or profit. During the first two years of disability, work means the regular occupation of the covered insured. After two years it means any work for which the covered insured is or becomes reasonably fitted by education, training or experience; or
- b. Includes the loss of the sight of both eyes, or the use of both hands, of both feet, or of one hand and one foot.

RISKS NOT ASSUMED

We will not assume the risk for total disability that results from:

1. Intentional self-inflicted injury while sane or insane; or
2. War or any act due to war. The term "war" includes declared or undeclared war.

PROOF OF TOTAL DISABILITY

No premium will be waived unless due proof of total disability is received at our Home Office:

1. While the covered insured is living, and still disabled; and
2. While the certificate and other insured rider (if any) are in force; but
3. No later than one year after the expiry date of this rider.

If you fail to give proof within this time because it is not reasonably possible, we will not reduce or deny your claim. In any event, you must give proof of total disability as soon as it is reasonably possible to do so and you must give this proof within one year after the time limit unless you are legally incapacitated to do so.

PROOF OF CONTINUED TOTAL DISABILITY

We may require proof, at your expense, that total disability has continued without break. This will not be more frequently than once every 30 days during the first two years of disability, and no more than once a year after that. We may require, at our expense, an examination of the covered insured by a physician of our choice. If the required proof is not given, or if the covered insured is no longer totally disabled, no further premiums will be waived.

PREMIUMS

Until we approve a claim for the waiver of premium benefit, payment of premiums when due are required to avoid a lapse of insurance before we approve the claim for the waiver of premium benefit. If we approve a claim for the waiver of premium benefit, we will refund the premiums paid after the first of the benefit month on or following the date the covered insured's total disability began. However, any premium that became due more than one year before the date proof of total disability was received by our Home Office will not be refunded.

If total disability begins during the grace period of a premium in default, payment of the overdue premium is required to avoid a lapse of insurance before we approve the claim for the waiver of premium benefit.

You must resume payment of premiums that become due for this certificate and any riders after the earlier of either:

1. Recovery from total disability; or
2. Failure to give due proof of continued total disability when required.

INCONTESTABILITY

This rider will be incontestable after it has been in force during the lifetime of the covered insured for two years from the rider effective date, excluding any period when the covered insured is totally disabled, except for fraud in the procurement of this rider, when permitted by applicable law in the state where the certificate is delivered or issued for delivery. If this rider is reinstated and proof of insurability is required, it will again become contestable. Any contest will be limited to written statements made to gain reinstatement. This rider will be incontestable after it has been in force while the covered insured is alive for two years from the reinstatement date.

APPLICABLE PROVISIONS

All of the terms of the certificate apply to this rider.

TERMINATION

This rider will be in effect as long as it has not expired and the certificate is in force. The rider will terminate on the expiry date. However, if the covered insured is totally disabled on the expiry date, benefits will continue as provided in the BENEFIT section of this rider. At any time before the expiry date, this rider will terminate when one of the following occurs:

1. We receive your signed request to terminate this rider or the certificate.
2. The certificate terminates.
3. The certificate expires.
4. The certificate lapses because the grace period ends without payment of the required premium.

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY

[Pamela Hernandez]

Secretary

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Rule 19 Certification.pdf

8066 2-10 Readability Cert with score.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: Not applicable

Comments:

WOODMEN OF THE WORLD LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102

CERTIFICATION

I certify that to the best of my knowledge and belief the form(s) in this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

Date

Vice President & Chief Actuary

Form(s):
FORM 8066 2-10

**WOODMEN OF THE WORLD/OMAHA WOODMEN LIFE INSURANCE SOCIETY
1700 Farnam Street, Omaha, Nebraska 68102-2007**

FLESCH CERTIFICATION

<u>Form Number(s)</u>	<u>Description</u>	<u>Flesch Score</u>
8066 2-10	Disability Waiver of Premium Rider	52.9

I certify that this Flesch Index number is accurate in accordance with the published rules of application of the test.

Randall P. Rotschafer
Vice President and Chief Actuary