

SERFF Tracking Number: LBLI-126558606 State: Arkansas
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 45296
Company Tracking Number: LBL-GCHILD-0310
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LBL-GCHILD-0310
Project Name/Number: Grandchild Rider/

Filing at a Glance

Company: Liberty Bankers Life Insurance Company

Product Name: LBL-GCHILD-0310

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: LBLI-126558606

SERFF Status: Closed-Approved-
Closed

Co Tr Num: LBL-GCHILD-0310

Author: Chad Leiding

Date Submitted: 03/30/2010

State: Arkansas

State Tr Num: 45296

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/31/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Grandchild Rider

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/31/2010

Deemer Date:

Submitted By: Chad Leiding

Filing Description:

RE: Liberty Bankers Life Insurance Company

NAIC# 68543 FEIN# 25-1093277

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/31/2010

Created By: Chad Leiding

Corresponding Filing Tracking Number:

LBL-GCHILD-0310 Level Term Insurance Grandchildren's Rider

LBL-SUPP-APP-0310 Supplemental Application

To whom it may concern:

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The above listed forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms. These forms have been submitted for review and approval to our domiciliary state concurrent with this filing.

Grandchild Rider

LBL-GCHILD-0310 is a standard \$7,500 convertible level term insurance grandchildren's rider. Benefits are payable to age 25. This term coverage is convertible to twice the face amount without evidence of insurability within 90 days following the death of the principle insured. During the lifetime of the principal insured, the term coverage is convertible to five time the amount when the insured grandchild reaches age 25 or the year he/she gets married, if sooner. The Annual premium is \$13.40; the monthly premium is \$1.20.

This rider will be used with previously filed/approved whole and term life insurance policy forms:

- LBL-WL-POL-0407
- LBL Term20-0607
- LBL Term20-RPU-0607
- LBL TERM70/20-RPU-0110
- LBL MWL (0806)
- LBL SIWL (0806)
- LBL-LPL-1009

Supplemental Application

LBL-SUPP-APP-0310 is a new supplemental application that will be used for this rider in conjunction previously approved applications:

- LBL-WL-APP (0307), Approved on 6/14/07
- LBL-SIM-APP-0408, Approved on 4/18/08
- LBL-HS-APP-1008, Approved on 3/13/09

This supplemental application can also be used to apply for our previously filed/approved Child Rider policy form LBL-CHILD-0408.

To the best of our knowledge, this filing is complete, does not contain any unusual that may differ from industry standards and is intended to comply with the insurance laws of your jurisdiction.

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Company and Contact

Filing Contact Information

Chad Leiding, V.P Compliance chad.leiding@libertybankerslife.com
 1800 Valley View Lane 469-522-4332 [Phone]
 Suite 300 469-522-4380 [FAX]
 Dallas, TX 75234

Filing Company Information

Liberty Bankers Life Insurance Company CoCode: 68543 State of Domicile: Oklahoma
 1800 Valley View Lane Group Code: 3436 Company Type: LAH
 Suite 300 Group Name: State ID Number:
 Dallas, TX 75234 FEIN Number: 25-1093227
 (469) 522-4332 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$25/ fomr in OK
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Bankers Life Insurance Company	\$50.00	03/30/2010	35257136

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/31/2010	03/31/2010

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Disposition

Disposition Date: 03/31/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *LBLI-126558606* State: *Arkansas*
 Filing Company: *Liberty Bankers Life Insurance Company* State Tracking Number: *45296*
 Company Tracking Number: *LBL-GCHILD-0310*
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
 Product Name: *LBL-GCHILD-0310*
 Project Name/Number: *Grandchild Rider/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Grandchild Rider		Yes
Form	Supplemental application		Yes

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Form Schedule

Lead Form Number: LBL-GCHILD-0310

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LBL-GCHILD-0310	Policy/Cont Grandchild Rider ract/Fraternal Certificate	Initial		61.700	LBL-GCHILD-0310 - Grandchild Rider - Generic.pdf
	LBL-SUPP-APP-0310	Application/ Supplemental Enrollment application Form	Initial		52.700	LBL-SUPP-APP-0310- Supplement Application.pdf

GRANDCHILDREN'S BENEFIT RIDER

(Level Term Insurance to Age 25, Convertible)

\$7,500 Benefit

Effective date if issued after the policy effective date: _____

The Effective Date of this Agreement is the Date of Policy if attached when the Policy was issued. If added later, the Effective Date of this Agreement is shown above.

The consideration for this Agreement is the application and payment of the Initial Premium. A like sum is payable on each Due Date until this Agreement ends.

We will pay the Sum Insured to your Grandchild's Beneficiary immediately after these conditions are met:

1. We receive due proof of the death of an Insured Grandchild.
2. Death occurs while this Agreement is in force for that Grandchild.

SUM INSURED

The Sum Insured on each Insured Grandchild is \$7,500.

DEFINITIONS

Wherever used in this Agreement:

"Insured Grandchild" – means each grandchild of yours (including each Grand-stepchild and Great-Grandchild) who, unless excluded in this Agreement:

1. Is named on the application for this Agreement and has not reached their 18th birthday on the Agreement Effective Date; or
2. Is born to your child after the Agreement Effective Date and subsequently underwritten and added to this agreement.

No Grandchild will be insured until 15 days old. In no case will the insurance on an Insured Grandchild continue after the next Policy anniversary following the child's 25th birthday.

"Grandchild's Beneficiary" – means you, if living, otherwise your Spouse, if living, otherwise the next of kin of the deceased Insured Grandchild. You can change this. (See the "Beneficiary" provision of the attached Policy).

"Owner" – (a) During your lifetime, it means the Owner of the Policy; (b) After your death and if your Spouse survives, it means your Spouse; (c) After the death of you both, it means any surviving Insured Grandchild, but only with respect to the term insurance on his or her life.

CONVERSION PRIVILEGE

1. While this Agreement is in force, the insurance on any Insured Grandchild may be exchanged for a permanent life plan in the same amount. No proof of insurability is needed.
2. At the following special times, the new policy amount may be up to five (5) times the Sum Insured in this Agreement:
 - (a) For conversion effective within 31 days after the next Policy Anniversary following the Insured Child's 25th birthday; or
 - (b) Upon written application to us within 31 days after the date of marriage if prior to the Insured Child's 25th birthday.
3. The new policy will be dated with the date of exchange and:
 - (a) The new premiums will be based on the classification used in this Agreement for the Child's attained age. The premium will be at the rates then in use by us.
 - (b) Any extra benefits may be added to the new policy only with our consent.
4. In the event of your death, the insurance on any Grandchild then insured may be converted to any permanent life plan. The new policy amount may not be more than twice (2 times) the amount of insurance provided by this rider. The request must be in writing and within 90 days following your death. Premiums will be charged on the new permanent life plan.

TERMINATION

This rider automatically terminates on the occurrence of the earliest of the following:

1. On the Policy anniversary on or following the Insured's 25th birthday; or
2. Any premium remains unpaid beyond the grace period; or
3. Your written request received by Us at Our Home Office.
4. Your death.

When coverage is scheduled to terminate on a given date, it will terminate at 12:00 midnight at the end of that day. We will return to You any premium payment for this rider received by Us past the termination date.



President



Corporate Secretary



Liberty Bankers Life

Insurance Company

Home Office: 1605 LBJ Freeway, Suite 710, Dallas, Texas 75234
Phone 469-522-4400 FAX 469-522-4401
Administrative Office: P. O. Box, 224 Brownwood, Texas 76804-0224
Toll-Free 800-604-8002 FAX 512-263-6981

GRANDCHILDREN'S BENEFIT RIDER
(Level Term Insurance to Age 25)

- COVERAGE - \$7,500
- ANNUAL PREMIUM PER GRANDCHILD - \$13.40
- MONTHLY PREMIUM PER GRANDCHILD - \$1.20

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

See general information tab.

READABILITY CERTIFICATION

COMPANY NAME Liberty Bankers Life Insurance Company NAIC CO# 68543

FORM NUMBER

FLESCH SCORE

LBL-GCHILD-0310

61.7

LBL-SUPP-APP-0310

* 52.7

* scored with policy



Signature of Insurance Company Officer

Vice President Compliance
Typed Name and Title

March 25, 2010
Date

1. Supplement to Application on :			Check Appropriate Rider	
Proposed Insured:	Application Date:	Policy # (When adding existing rider)	Child Rider # of units <input type="checkbox"/>	Grandchild Rider \$7,500 <input type="checkbox"/>
Address	City	State	Zip Code	

2. Children/Grandchild Proposed for Insurance (Please Print)

Name all natural-born children, stepchildren and legally adopted children or grandchildren for grandchild rider of Primary Proposed Insured who have not attained age 18. Insurance will not be provided on newborn children less than 15 days of age or grandchildren if grandchild riders applied for.

Full Name of Proposed Insured Child/Grandchild	Age Last Birthday	Sex	Date of Birth	Relationship to Proposed Insured	Height	Weight
A.						
B.						
C.						
D.						
E.						
F.						
G.						

3. Health Information

- Has any Proposed Insured Child/Grandchild ever had, been diagnosed or treated for cancer, diabetes, heart or circulatory disorder, mental or nervous disorder, mental retardation, cerebral palsy, muscular dystrophy, spina bifida, cystic fibrosis, un-operated heart defects, epilepsy, asthma, disorders of the muscles or bones, anemia or other disorders of the blood, bladder, kidneys, liver or lungs?..... Yes No
- Has any Proposed Insured Child/Grandchild ever had, been diagnosed or treated by a member of the medical profession for an Immune Deficiency Disorder, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV) ?..... Yes No
- Has any Proposed Insured Child/Grandchild ever used or received treatment, advice or counseling from a physician or other practitioner relating to the usage of alcohol, heroin, cocaine, narcotics, hallucinogens, tranquilizers, barbiturates, amphetamines, or other similar drugs except as prescribed by a physician?..... Yes No

Please provide details to any "Yes" answer to Question 1-3 (Attach another sheet if necessary):

Proposed Insured Child/Grandchild	Condition & Treatment	Date	Name & Address of Physician or Hospital

Beneficiary Designation:

Any proceeds payable under this rider will be paid to the Owner, if living. Otherwise, per the beneficiary provision of the rider.

I declare and represent that the foregoing statements and answers have been correctly recorded and that they are full, complete and true to the best of my knowledge and belief and shall constitute a part of the application
Dated at (City)_____ (State)_____ this (Day)_____ of (Month)_____, Year_____

Signature of Grandparent/Parent Guardian _____

Signature of Agent:_____ Agent Number:_____