

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: FCB

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: STFL-126451532 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 45268

Closed

Co Tr Num: FCB-0146STF01-05

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Hazel Delane

Disposition Date: 03/29/2010

Date Submitted: 03/26/2010

Disposition Status: Approved-

Closed

Implementation Date Requested: 09/15/2010

Implementation Date:

State Filing Description:

General Information

Project Name: FCB

Project Number: 0146STF

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Illinois Department of Insurance does not require approval of forms not used in Illinois

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/29/2010

Explanation for Other Group Market Type:

State Status Changed: 03/29/2010

Deemer Date:

Created By: Hazel Delane

Submitted By: Hazel Delane

Corresponding Filing Tracking Number: FCB-0146STF01-05

Filing Description:

Re: State Farm Life Insurance Company

NAIC No.: 176-69108 FEIN No.: 37-0533090

Individual Life Insurance Forms Filing
 Forms Description

SERFF Tracking Number: STFL-126451532 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
Company Tracking Number: FCB-0146STF01-05
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: FCB
Project Name/Number: FCB/0146STF
10220-04-----Accelerated Death Benefit for Long-Term Care Rider
1001565 b -----Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider
1002483 -----Binding Receipt
1001699-----Long-Term Care Insurance – Outline of Coverage
1002567-----Long Term Care Insurance Potential Rate Increase Disclosure Form
10141----- Children’s Term Life Insurance Benefit Rider]
10251----- Guaranteed Insurability Option Benefit Rider

Dear Sir or Madam:

Milliman is submitting the above-referenced forms filing for the Department’s review and approval on behalf the State Farm Life Insurance Company (“the Company”). A letter from the Company authorizing Milliman to conduct this filing is included with this submission.

The forms are being filed on a general use basis and will be marketed in the individual life market exclusively by the Company’s licensed agents. The forms, as applicable, will be marketed on an illustrated basis.

The forms will be marketed on an individual basis to the general public. The forms will be used with the following previously approved policy form ICC07 08030 (Flexible Premium Adjustable Life Insurance Policy), approved 10/17//2007 via Interstate Compact, refer to SERFF Tracking Number STFL-125309485.

The Company’s state of domicile is Illinois. Illinois Department of Insurance does not require approval of forms not used in Illinois.

The forms contain no unusual or controversial features or language that deviate from normal insurance industry standards. Please note that portions of the forms filed with this submission are bracketed as variable, and may change as described in the attached actuarial memorandum and in the Statement of Variability.

Form 10220-04, Accelerated Death Benefit for Long-Term Care Rider:

Form 10220-04 is an individual long term care insurance rider that provides accelerated payments from the life policy’s death benefit to pay for qualified long-term care services incurred by the insured person. The rider is an optional rider and will be sold and issued with the aforementioned universal life policy. The monthly charge for this rider is deducted on a monthly basis. The issue ages for the form are 20 -65 years inclusive. The form is new and does not replace any previously approved forms.

Form 1001565 b, Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider:

Form 1001565 b is the supplemental application form that will be used to apply for benefit rider form 10220-04. Form

SERFF Tracking Number: STFL-126451532 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
Company Tracking Number: FCB-0146STF01-05
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: FCB
Project Name/Number: FCB/0146STF

1001565 b will be used in connection with the approved base policy's application form 1000704 AR.1, Application for Individual Life Insurance, (approved on 03/02/2010; refer to SERFF Tracking Number STFL-126423717 and State Tracking Number 45046. The form is new and does not replace any previously approved forms.

Form 1002483, Binding Receipt:

Form 1002483 is the binding receipt form to be used with the individual life application form 1000704 AR.1 which was approved by your Department on 03/02/2010 (as stated above for form 1001565 b). Form 1002483 is being filed to replace form 1000510 which was approved by your Department on 4/11/2008; refer to SERFF Tracking Number STFL-125593146. Form 1002483 will be used with the Company's existing approved life application forms filed with the Department. Form 1002483 will be provided upon receipt of payment in connection with the application.

Form 1001699, Long-Term Care Insurance – Outline of Coverage:

Form 1001699 is the outline of coverage for rider form 10220-04. The outline of coverage form will be provided to the applicant prior to application. The form is new and does not replace any previously approved forms.

Form 1002567 - Long Term Care Insurance Potential Rate Increase Disclosure Form:

Form 1002567 is the required disclosure that will be used with form 10220-04. The disclosure form will be given to the applicant at time of application. The form is new and does not replace any previously approved forms.

Form 10141, Children's Term Life Insurance Benefit Rider:

Form 10141 provides a term life insurance benefit on each Eligible Child of the Insured until the earlier of the Eligible Child's 25th birthday or the policy anniversary when the Insured is age 65. The insured must be 16-55 on the effective date of this benefit. On the effective date, the Eligible Children must be under age 18. The 2001 CSO Mortality Table is used in determining the cash values for the paid-up benefit and is shown on page 4 of the policy. The rider will be used with the aforementioned base life policy form 08030. Form 10141 is being filed to replace 08141 which was approved by your Department on 10/17/2007; refer to SERFF Tracking Number STFL-125309485.

Form 10251, Guaranteed Insurability Option Benefit Rider:

Form 10251 provides a guaranteed insurability option benefit which provides option dates on which an increase to a universal life policy can be purchased on the insured without evidence of insurability. Option dates are the policy anniversaries when the Insured is age 17, 22, 25, 28, 31, 34, 37, 40, 43, 46, and 49. Issue ages are 0-37. The rider will be used with the aforementioned base life policy form 08030. Form 10251 is being filed to replace form 08251 which was approved by your Department on 10/17/2007; refer to SERFF Tracking Number STFL-125309485.

Form 1002488, Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care Insurance:

Form 1002488 is the replacement notice that will be used with form 10220-04. Form 1002488 will be provided to the

SERFF Tracking Number: STFL-126451532 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
Company Tracking Number: FCB-0146STF01-05
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: FCB
Project Name/Number: FCB/0146STF

applicant at time of application if the applicant is replacing a long-term care policy or another policy that accelerates benefits for long-term care. This form is being submitted on an informational basis. The form is new and does not replace any previously approved forms.

Also, enclosed are sample copies of the following documents which are being submitted on an informational basis:

1. Schedule of Benefits: Enclosed is a sample Schedule of Benefits page that will be use to reflect the benefit coverage information and Guaranteed Maximum Monthly Cost of Insurance Rates applicable to the insured person for benefits provided under rider form 10220-04. The Schedule of Benefits page will be included in the base life policy.

2. Policy Summary - Statement of Policy Cost and Benefit Information: The Company intends to include the state's requirements for the policy summary in its illustration for the product. The Company may issue a policy summary with the state's requirements for the product included; a sample of the policy summary is attached for your reference.

The following items are also enclosed:

1. Actuarial Memorandums and Rates; and
2. Readability Certification.

The required filing fee for this filing is being paid via EFT with this filing submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

We appreciate your time and consideration with regard to this filing. Should you have any questions regarding this filing, or require any additional information, please direct all correspondence and questions to my attention. My direct telephone number is 312/499-5728.

Sincerely,

Hazel J. Delane
Compliance Consultant
Milliman

Company and Contact

Filing Contact Information

Hazel Delane, Compliance Consultant hazel.delane@milliman.com

<i>SERFF Tracking Number:</i>	<i>STFL-126451532</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45268</i>
<i>Company Tracking Number:</i>	<i>FCB-0146STF01-05</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
<i>Product Name:</i>	<i>FCB</i>		
<i>Project Name/Number:</i>	<i>FCB/0146STF</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/29/2010	03/29/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Health - Actuarial Justification	Hazel Delane	03/27/2010	03/27/2010
Form	Long-Term Care Insurance - Outline of Coverage	Hazel Delane	03/26/2010	03/26/2010
Supporting Document	Outline of Coverage	Hazel Delane	03/26/2010	03/26/2010
Supporting Document	SERFF Filing Description (revised)	Hazel Delane	03/26/2010	03/26/2010

SERFF Tracking Number: STFL-126451532 *State:* Arkansas
Filing Company: State Farm Life Insurance Company *State Tracking Number:* 45268
Company Tracking Number: FCB-0146STF01-05
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: FCB
Project Name/Number: FCB/0146STF

Disposition

Disposition Date: 03/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Health - Actuarial Justification		No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document (revised)	Outline of Coverage		Yes
Supporting Document	Outline of Coverage	Replaced	Yes
Supporting Document	Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Readability Certification		Yes
Supporting Document	Miscellaneous Forms - Information Only		Yes
Supporting Document	SERFF Filing Description (revised)		Yes
Form	Accelerated Death Benefit for Long-Term Care Rider		Yes
Form	Binding Receipt		Yes
Form	Long-Term Care Insurance Potential Rate Increase Disclosure Form		Yes
Form	Children's Term Life Insurance Benefit Rider		Yes
Form	Guaranteed Insurability Option Benefit Rider		Yes
Form	Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider		Yes
Form (revised)	Long-Term Care Insurance - Outline of Coverage		Yes
Form	Long-Term Care Insurance - Outline of Coverage	Replaced	Yes
Rate	Current Cost of Insurance Rates_Rider Series 10220_01-14-2010_sumb		Yes

SERFF Tracking Number: STFL-126451532 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
Company Tracking Number: FCB-0146STF01-05
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: FCB
Project Name/Number: FCB/0146STF

Amendment Letter

Submitted Date: 03/27/2010

Comments:

We inadvertently omitted to include the Actuarial Memorandum for form 10141. We hereby attached for your review.

If you have any questions, please let us know.

Thank you,

Hazel

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

Actuarial Memorandum_Rider Series 10220_RS_01-14-10 subm.pdf

Exhibit I - Incidental Benefit Demonstration_Rider Series 10220_FINAL 1-14-10 subm.pdf

10141 UL CTR Actuarial Memorandum 3-8-10.pdf

10141 UL CTR Act Mem Appendix A_3-8-10.pdf

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

Amendment Letter

Submitted Date: 03/26/2010

Comments:

Please replace form 1001699, Long-Term Care Insurance - Outline of Coverage, with the revised attached one. The form is being replaced to fix a typographical error. Also, we have revised the SERFF Filing Description to reflect form 1001699 as a form to be reviewed for approval.

If you have any questions, please let us know.

Thank you,

Hazel

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
1001699	Outline of Coverage	Long-Term Care Insurance - Outline of Coverage	Initial					1001699_Long-Term Care Insurance - Outline of Coverage_03-15-10_AR-GenWest_subm.pdf

Supporting Document Schedule Item Changes:

Satisfied -Name: Outline of Coverage

Comment:

1001699_Long-Term Care Insurance - Outline of Coverage_03-15-10 _AR-GenWest_subm.pdf

User Added -Name: SERFF Filing Description (revised)

Comment:

AR_SERFF FILING DESCRIPTION_03-26-2010.pdf

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

Form Schedule

Lead Form Number: 10220-04

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	10020-04	Policy/Cont	Accelerated Death ract/Fratern al Term Care Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	10220-04_Accelerat ed Death Benefit for Long-Term Care Rider_03-12- 10 subm AR.pdf
	1002483	Other	Binding Receipt	Initial		52.000	1002483_Bin diing Receipt_03- 10-10 subm.pdf
	1002567	Other	Long-Term Care Insurance Potential Rate Increase Disclosure Form	Initial		0.000	1002567_Lon g-Term Care Insurance Potential Rate Increase Disclosure_03 -12-10 subm AR.pdf
	10141	Policy/Cont	Children's Term Life ract/Fratern Insurance Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme	Initial		59.000	10141_Childr ens Term Life Insurance Benefit Rider_02-04- 10 subm g.pdf

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

10251	Policy/Cont Guaranteed ract/Fratern Insurability Option al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	10251_Guara nteed Insurability Option Benefit Rider_02-04- 10 subm g.pdf
1001565 b	Certificate Supplemental Amendmen Application for t, Insert Accelerated Death Page, Benefit for Long- Endorseme Term Care Rider nt or Rider	Initial	50.000	1001565 b_Supplemen tal Application for Accelerated Death Benefit for Long-Term Care Rider_03-12- 10 subm AR.pdf
1001699	Outline of Long-Term Care Coverage Insurance - Outline of Coverage	Initial		1001699_Lon g-Term Care Insurance - Outline of Coverage_03- 15-10_AR- GenWest_sub m.pdf

ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER

This Rider provides a Monthly Benefit when the Insured is a Chronically Ill Individual and receiving Qualified Long-Term Care Services. Rider benefits will reduce the Policy's Proceeds and Cash Surrender Value.

Taxation. This Rider is intended to qualify as a federally tax-qualified long-term care insurance contract under Section 7702B(b) of the Code, as amended. Benefits provided by this Rider may be taxable as income. You should consult Your attorney or tax advisor to assess the impact this Rider may have on You.

Notice to Owner: The benefits provided by this Rider may not cover all costs associated with long-term care. You are advised to review carefully all limitations of this Rider.

Caution: This Rider is issued based upon the responses to questions on the Application. A copy of the Application was included in Your Policy. If the answers are incorrect or untrue, We have the right to deny benefits or rescind the Policy and this Rider subject to the Incontestability provision. The best time to clear up any questions is now before a claim arises. If, for any reason, any of the answers is incorrect or untrue, contact Us at the address shown on page 1 of the Policy.

Renewability. This Rider is guaranteed renewable. This means that We may not, on Our own, cancel or reduce coverage provided by this Rider, subject to the Termination of Rider provision in this Rider. You have the right, subject to the terms of Your Policy, to continue this Rider as long as Your Policy is in force. The terms of Your Rider will not change, unless required by law. However, We may change the Monthly Charge for this Rider per \$1,000 after this Rider has been in force for 12 months.

30-Day Right to Examine this Rider. This Rider may be returned within 30 days of its receipt. Return may be made to State Farm Life Insurance Company or one of Our authorized agents. If returned, this Rider will be void from the Effective Date of this Rider. Any Monthly Charge deducted for this Rider will be credited to the Account Value within 10 days after the receipt of Your Request.

General. This Rider is part of the Policy. It is based on the Application and the deduction of the Monthly Charge for this Rider. Only certain Policy provisions are a part of this Rider. They are "Definitions" as modified below, "The Contract," "Assignment," "Error in Age or Sex," "Ownership," "Death Benefit Option," "Change in Basic Amount" as modified below, "Reinstatement" as modified below, "Monthly Deduction," and "Payment of Benefits." The Grace Period of the Policy is deleted and replaced with the Grace Period provision provided in this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not increase the Cash Value or Loan Value of this Policy.

CONTENTS

	PAGE
Definitions	2
Benefits	5
Eligibility for the Payment of Benefits.	Monthly Benefit.
Change in Basic Amount Modification.	Waiver of Monthly Deduction for Accelerated Death Benefit.
Death Benefit Option.	
Maximum Monthly Benefit.	
Effect of Rider Benefit Payments	7
Policy Reductions.	
Limitations and Exclusions	7
Claim	8
Notice of Claim.	Time Payment of Claims.
Claim Forms.	Payment of Claims.
Proofs of Loss.	Physical Examination.
Authorization for Medical Records.	Appealing a Claim Determination.
General	9
Grace Period.	Termination of Benefits.
Incontestability.	Termination of this Rider.
Monthly Charge for this Rider.	Termination of the Policy.
Changes to Pages 3 and 4.	Extended Benefits Upon Lapse of Policy and Rider.
Legal Actions.	Conformity with the Code.
Reinstatement Due to Cognitive Impairment or Functional Incapacity.	Effective Date of this Rider.

DEFINITIONS

Activities of Daily Living. The following are activities of daily living:

- (1) Bathing - washing oneself by sponge bath or in a tub or shower, including the task of getting into and out of the tub or shower.
- (2) Continence - the ability to maintain control of bowel and bladder function; or, when unable to do so, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- (3) Dressing - putting on and taking off all items of clothing and necessary braces, fasteners, or artificial limbs.
- (4) Eating - feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- (5) Toileting - getting to and from, off and on, the toilet, and performing associated personal hygiene.
- (6) Transferring - moving in and out of a bed, chair, or wheelchair.

Adult Day Care. A program of day services and care provided in a community group setting outside the home that includes:

- (1) Care of 6 or more individuals; and
- (2) Social and health-related services provided to support frail, impaired elderly, or other disabled adults by providing Maintenance, Personal, or Custodial Services.

DEFINITIONS (CONTINUED)

Adult Day Care Facility. A facility that is licensed by the jurisdiction in which the services are provided, if a license is offered or available, to provide Adult Day Care. An Adult Day Care Facility provides Adult Day Care for only part of a day. If licensing is not required or available, Adult Day Care Facility means a facility that provides Adult Day Care and satisfies all of the following requirements:

- (1) A staff of at least 2, to include one licensed registered, licensed practical, or licensed vocational nurse, operating under the structure and limitations of their license;
- (2) Operates at least 5 days a week for at least 6 hours a day;
- (3) Maintains daily records for all patients of the care and services provided; and
- (4) Has established procedures for obtaining appropriate aid in the event of a medical emergency.

Alternate Care Facility. A facility in which Maintenance, Personal, or Custodial Services are provided and satisfies all of the following requirements:

- (1) Licensed to operate as an Alternate Care Facility by the appropriate licensing agency in the state where the Insured is receiving care, if a license is offered or available;
- (2) Provides 24-hour per day care services sufficient to support the needs of a Chronically Ill Individual;
- (3) Has at least 1 trained staff member on duty at all times;
- (4) Provides 3 meals per day, accommodating special dietary needs;
- (5) Has formal arrangements for services with a physician or nurse to provide medical care in case of an emergency; and
- (6) Has appropriate procedures and methods for the administration and handling of drugs and other prescribed treatments.

An Alternate Care Facility does not mean a hospital, clinic, boarding home, or a place that operates primarily for the treatment of alcoholism or drug addiction, individual residences, or independent living units. However, with appropriate licensure, it may be a freestanding facility or a distinct part of a facility such as a ward, wing, unit, or swing-bed of a hospital or institution, or part of a life-care community. An Alternate Care Facility may be referred to as an assisted living facility, a residential care facility, a personal care home or facility, a designated dementia or Hospice facility or unit, or other similar terms.

Benefit Period. The number of days starting on the date all Eligibility for the Payment of Benefits requirements are first met to the next Deduction Date. Thereafter, the number of days starting the date after a Deduction Date to the next Deduction Date. The Benefit Period ends when an Eligibility for the Payment of Benefits requirement is not met.

Chronically Ill Individual. Certification by a Licensed Health Care Practitioner that the Insured:

- (1) is unable to perform at least 2 Activities of Daily Living without Substantial Assistance, for a period of at least 90 days due to a loss of functional capacity; or
- (2) requires Substantial Supervision to protect the Insured's health and safety due to a severe Cognitive Impairment.

Cognitive Impairment. Certified by a Licensed Health Care Practitioner that the Insured has a loss or deterioration in intellectual capacity, or judgment, which requires Substantial Supervision to protect the Insured, and is measurable by clinical evidence and standardized tests that reliably evaluate:

- (1) Short and long-term memory;
- (2) Orientation as to person (the Insured knows who he or she is), place (the Insured knows where he or she is), and time (the Insured knows day, date, and year);
- (3) Deductive or abstract reasoning; and
- (4) Judgment as it relates to safety awareness.

Elimination Period. Ninety consecutive days during which the Insured is a Chronically Ill Individual and receiving Qualified Long-Term Care Services. Benefits will not accrue during, and this Rider will not provide benefits for, the Elimination Period.

DEFINITIONS (CONTINUED)

Family Member. Your or the Insured's spouse and anyone who is related to You, the Insured, Your spouse, or the Insured's spouse, as a: parent, grandparent, child or grandchild, brother or sister, aunt or uncle, first cousin, nephew or niece; including adopted, in-law, and step relatives.

Functional Incapacity. The inability to perform at least 2 Activities of Daily Living without Substantial Assistance.

Home Health Care Agency. An entity which provides home health care or hospice services that:

- (1) Has an agreement as a provider of Home Health Care Services or hospice care and is certified under the Medicare program; or
- (2) Is licensed or certified to operate as a Home Health Care Agency, or equivalent, or hospice by the appropriate licensing agency in the state where the Insured receives care, if a license or certificate is offered or available; or
- (3) Obtains a license, certification, or other approval by the state as a personal care or similarly titled agency, and follows all requirements to obtain and retain this license, certification, or approval; or
- (4) Participates as an approved provider in the state Medicaid program.

For purposes of this Rider, a Home Health Care Agency includes an independently state licensed physical, occupational, respiratory, or speech therapist; or a registered, licensed practical, or licensed vocational nurse, operating under the structure and limitations of their license.

Home Health Care Services. Medical and nonmedical services, provided to ill, disabled or infirm persons in their residences. Such services may include homemaker services, assistance with Activities of Daily Living and respite care services.

Licensed Health Care Practitioner. A physician, as defined in Section 1861(r)(1) of the Social Security Act, a registered professional nurse, licensed social worker or other individual who meets requirements prescribed by the Secretary of the Treasury, operating under the structure and limitations of their license. This person cannot be You, the Insured or a Family Member, must be independent of Us, and cannot be an owner or in control of the operation of a facility or agency from whom the Insured is receiving treatment.

Long-Term Care Facility. A facility in which skilled, intermediate, or custodial nursing care is provided and satisfies all of the following requirements:

- (1) Licensed to operate as a Long-Term Care Facility by the appropriate licensing agency in the state where the Insured is receiving care, if a license is offered or available;
- (2) Provides 24-hour per day care by or under the supervision of a licensed registered, licensed practical, or licensed vocational nurse, operating under the structure and limitations of their license; and
- (3) Maintains daily records for all residents of the care and services provided.

A Long-Term Care Facility does not mean a hospital, clinic, boarding home, or a place that operates primarily for the treatment of alcoholism or drug addiction, individual residences, or independent living units. However, with appropriate licensure, it may be a freestanding facility or a distinct part of a facility such as a ward, wing, unit, or swing-bed of a hospital or institution, or part of a life-care community.

Maintenance, Personal, or Custodial Services. Any care for which the primary purpose is to provide non-skilled Substantial Assistance or Substantial Supervision.

DEFINITIONS (CONTINUED)

Plan of Care. A specific, written description of Qualified Long-Term Care Services that the Insured needs, including type of care, frequency, duration, and providers of this care which:

- (1) is initiated by and approved in writing by a Licensed Health Care Practitioner,
- (2) may be confirmed in writing once every 60 days, and
- (3) must be renewed at least once every 12 months.

We may verify that the Plan of Care is appropriate and consistent with generally accepted standards.

Qualified Long-Term Care Services. Necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation and rehabilitative services, and Maintenance, Personal, or Custodial Services which:

- (1) are required by a Chronically Ill Individual;
- (2) are provided pursuant to a Plan of Care; and
- (3) are prescribed by a Licensed Health Care Practitioner.

Substantial Assistance. Presence of another person, within arm's reach of the Insured, who can provide assistance to the Insured while performing Activities of Daily Living.

Substantial Supervision. Supervision, including but not limited to cueing by verbal prompting, gesturing, or other demonstration by another person.

BENEFITS PROVISIONS

Eligibility for the Payment of Benefits. To qualify for the Monthly Benefit payment and Waiver of Monthly Deduction for Accelerated Death Benefit, all of the following requirements must be met:

- (1) The Insured is certified as a Chronically Ill Individual by a Licensed Health Care Practitioner;
- (2) The Elimination Period is satisfied;
- (3) The Insured is receiving Qualified Long-Term Care Services during the Benefit Period from a Home Health Care Agency, Adult Day Care Facility, Alternate Care Facility or Long-Term Care Facility;
- (4) The Policy and this Rider are in force at the time a Request for benefits is received;
- (5) None of the Limitations and Exclusions applies;
- (6) Any assignee of record has agreed in writing for You to receive benefits;
- (7) Any irrevocable Beneficiary has agreed in writing for You to receive benefits; and
- (8) The Insured is alive when We receive the Request for benefits.

If a Request for benefits under this Rider is received during a Grace Period, before We will make a payment, a premium which is large enough to cover any Monthly Deduction plus any increase in the surrender charge from the start of the Grace Period through the Deduction Date on which the Monthly Benefit is paid will be deducted from the first Monthly Benefit and applied to the Policy. If the first Monthly Benefit payment is not sufficient, We must receive an additional payment to cover the difference.

If the Insured had a severe Cognitive Impairment before the Grace Period expired, see the Reinstatement Due to Cognitive Impairment or Functional Incapacity provision for an extension of time to pay the required premium.

Benefits paid under this Rider before We receive due proof of the Insured's death will reduce the Proceeds payable to the Beneficiary.

Change in Basic Amount Modification. If this Rider is in effect, no Basic Amount Increase can be made on or after the Policy Anniversary when the Insured is age 65.

BENEFITS PROVISIONS (CONTINUED)

Death Benefit Option. If Death Benefit Option 1 is in effect, before the Monthly Benefit is determined, Death Benefit Option 1 will be automatically changed to Death Benefit Option 2. The effective date of the Death Benefit Option change will be the first Deduction Date for which the Monthly Benefit is paid. If Death Benefit Option 2 is in effect, no change will be made. No change in Death Benefit Option will be allowed unless this Rider is terminated or the Monthly Benefit payment stops.

Maximum Monthly Benefit. Unless You send Us a Request for a lower amount, the lesser of (1) and (2) will be paid, where:

- (1) is 2% of the sum of the Basic Amount and the Account Value on the date the Monthly Benefit is to start after all Eligibility for the Payment of Benefits requirements have been met. Any subsequent Withdrawal of the Cash Surrender Value will reduce this amount by a factor of the withdrawal amount divided by the sum of the Basic Amount and the Account Value just prior to the Withdrawal.
- (2) is the daily dollar amount in effect under Section 7702B(d) of the Code times the Benefit Period in days for the Deduction Date on which a Monthly Benefit is paid.

The Monthly Benefit cannot be less than the lesser of (2) and the Minimum Monthly Benefit shown on page 3 of this Policy.

Monthly Benefit. The Monthly Benefit will be the Maximum Monthly Benefit unless You choose to receive a smaller amount. The amount paid to You will be the Monthly Benefit less any Required Loan Repayment. The Monthly Benefit cannot exceed the sum of the Basic Amount and the Account Value.

If You choose to receive a smaller amount, You may change that amount no more frequently than once every 3 months.

When We pay a Monthly Benefit, We will send You a statement that describes:

- (1) the benefits paid out under this Rider during the Policy Month,
- (2) an explanation of any changes in the Policy, e.g. Death Benefits or Cash Values, due to payment of benefits under this Rider, and
- (3) the amount of benefits existing or remaining under this Rider.

Waiver of Monthly Deduction Benefit for Accelerated Death Benefit. We will waive the Monthly Deduction for the Policy for each Deduction Date a Monthly Benefit is paid under this Rider. No additional Monthly Deduction will be waived if We are already waiving the Monthly Deduction under the Waiver of Monthly Deduction Benefit Rider. If part of the Monthly Deduction that is being waived is for the cost of insurance on the Basic Amount, any increase in its surrender charges that would occur while the Monthly Deduction is waived will be waived.

EFFECT OF RIDER BENEFIT PAYMENTS PROVISIONS

Policy Reductions. On each Deduction Date for which a Monthly Benefit is paid, the following changes will be made to the Basic Amount, Account Value, and Surrender Charges:

- (1) The Basic Amount is reduced by an amount equal to the Basic Amount on the Deduction Date times the Reduction Ratio;
- (2) The Account Value is reduced by an amount equal to the Account Value on the Deduction Date times the Reduction Ratio; and
- (3) All Surrender Charges on and after the Deduction Date are reduced by an amount equal to the respective Surrender Charge times the Reduction Ratio.

The Required Loan Repayment is the sum of (1) and (2) , where:

- (1) is the Loan and accrued Loan Interest on the Deduction Date times the Reduction Ratio; and
- (2) is any amount required to avoid termination of the Policy.

The Reduction Ratio is equal to (1) divided by (2) , where:

- (1) is the Monthly Benefit; and
- (2) is the sum of the Basic Amount and the Account Value on the Deduction Date.

LIMITATIONS AND EXCLUSIONS PROVISION

The Monthly Benefit will not exceed the Maximum Monthly Benefit.

No Monthly Benefit will be paid for a period more than 12 months prior to the date We receive a Request for benefits under this Rider.

No Monthly Benefit will be paid for any loss that:

- (1) starts before the Effective Date of this Rider;
- (2) results from an attempted suicide, while sane or insane, or intentionally self-inflicted injury;
- (3) results from the Insured's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a Licensed Health Care Practitioner;
- (4) occurs or continues while the Insured is living outside of the United States of America or its territories or possessions;
- (5) results from the Insured's participation in a felony, riot or insurrection, or involvement in an illegal occupation;
- (6) occurs or continues during the Insured's incarceration; or
- (7) results from any act due to war whether or not the Insured is in the military service.

"War" means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

CLAIM PROVISIONS

Notice of Claim. You must notify Us in writing of a claim within 30 days after the end of the Benefit Period for which benefits are claimed or as soon as reasonably possible. The notice given by or on behalf of the Insured must identify You and the Insured. It must be sent to Us at Our Home Office, Bloomington, Illinois 61710, or to Your State Farm agent.

Claim Forms. We will send You a claim form within 15 days after We receive notice of Your claim. If We do not, You can meet the requirement of providing written proof of loss by providing written certification by a Licensed Health Care Practitioner that the Insured is a Chronically Ill Individual.

Proofs of Loss. You must send Us written proof of loss within 90 days after the end of the Benefit Period for which You are claiming benefits. You can meet this requirement by providing written certification by a Licensed Health Care Practitioner that the Insured is a Chronically Ill Individual. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event later than one year from the time proof is otherwise required.

Authorization for Medical Records. Upon Our Request, You and the Insured shall sign any authorization(s) necessary for us to obtain the Insured's medical records; and Your income information including, but not limited to, bank, financial and employment records, income tax and Social Security filings. When there is a loss, You and the Insured shall answer questions under oath when asked by anyone We name, as often as We reasonably ask, and sign copies of the answers.

Time Payment of Claims. If all Eligibility for Payment of Benefits requirements are met, the Monthly Benefit will be paid on a Deduction Date.

Payment of Claims. Benefits will be paid to You. Any benefits unpaid at the Your death may be paid to Your estate.

Physical Examination. At Our own expense, We have the right to have a Licensed Health Care Practitioner examine the Insured or obtain an assessment of the Insured's impairment as often as it may be reasonably necessary while You are receiving benefits.

Appealing a Claim Determination. We will notify You in writing if We deny a claim, or any part of a claim.

If You believe that Our decision is in error, You may appeal, and We will reconsider the claim. To appeal, You must send Us a Request that tells Us the basis of the appeal.

The Request should include the names, addresses and phone numbers of anyone We should contact to learn more about the health of and the care received by the Insured. This would include those physicians, health care professional, and other care providers who treated the Insured, and the facilities from which the Insured received care, treatment, services, equipment or other items. You should submit any additional information that was not previously considered in Our review of the claim.

We will provide You with a written explanation of the reason for any claim denial and make available information directly related to that denial within 60 days of the date of any written claims appeal. We will immediately pay any additional benefits due as a result of Our reconsideration.

GENERAL PROVISIONS

Grace Period. A Grace Period is 66 days and starts on a Deduction Date as specified below. We will notify You, the person You designate, and any assignee of record at least 31 days prior to the end of the Grace Period, but not earlier than 30 days after the Deduction Date as specified below. Notice will be deemed to have been given as of 5 days after the date of the mailing. The notice will state:

- (1) The Policy will remain in force until the end of the Grace Period;
- (2) The date the Grace Period ends; and
- (3) The Policy will terminate and lapse without value unless the required amount is paid prior to that date.

Prior to the Policy Anniversary when the Insured is age 121, the Grace Period will start on any Deduction Date if the Cash Surrender Value is not enough to cover the Monthly Deduction on that Deduction Date. On and after the Policy Anniversary when the Insured is age 121, the Grace Period will start on any Deduction Date if the Account Value is less than the Loan plus accrued Loan Interest. If the Grace Period ends prior to the Policy Anniversary when the Insured is age 121, the required amount is a premium large enough to provide an increase in the Cash Surrender Value to cover the Monthly Deductions for the Grace Period and any increase in the Surrender Charges. If the Grace Period ends on or after the Policy Anniversary when the Insured is age 121, the required amount must be a payment large enough to cover the Loan plus accrued Loan Interest that is in excess of the Account Value at the end of the Grace Period.

Incontestability. We will not contest this Rider or deny an otherwise valid Request for benefits if this Rider has been in force during the Insured's lifetime for less than 6 months from the Effective Date of this Rider, unless You or the Insured misrepresented a fact in the Application which was material to the acceptance of coverage.

We will not contest this Rider or deny an otherwise valid Request for benefits after this Rider has been in force during the Insured's lifetime for at least 6 months but less than 2 years from the Effective Date of this Rider, unless You or the Insured misrepresented a fact in the Application which was material to the acceptance of coverage and which pertains to a condition for which benefits are sought.

After this Rider has been in force during the Insured's lifetime for 2 years from the Effective Date of this Rider, We will not contest this Rider, unless You or the Insured knowingly and intentionally misrepresented a relevant fact related to the Insured's health.

If We rescind this Rider after paying Rider benefits, We will not require You to repay those benefits.

This Incontestability provision does not apply to the Basic Plan.

GENERAL PROVISIONS (CONTINUED)

Monthly Charge for this Rider. The Monthly Charge for this Rider is calculated each Policy Month prior to the Policy Anniversary when the Insured is age 121. The Monthly Charge for this Rider is determined separately for the Initial Basic Amount and each Basic Amount Increase. The Monthly Charge for this Rider is the Monthly Charge for this Rider per \$1000 times the difference between (1) and (2), where:

- (1) is the amount of insurance attributable to the Initial Basic Amount of Insurance or Basic Amount Increase, as applicable, on the Deduction Date at the start of the Policy Month divided by the Insurance Discount Factor shown on page 3; and
- (2) is the Account Value attributable to the Initial Basic Amount or Basic Amount Increase, as applicable, on the Deduction Date at the start of the Policy Month after the deduction of part of the Monthly Deduction that does not include the Cost of Insurance and the Monthly Charge for this Rider or the Monthly Charge for any Waiver of Monthly Deduction Benefit Rider.

Until the Account Value exceeds the Initial Basic Amount, the Account Value is part of the Initial Basic Amount. Once the Account Value exceeds that amount, if there have been any Basic Amount Increases, the excess will be part of the Basic Amount Increases in the order in which the Basic Amount Increases occurred.

The Maximum Monthly Charges for this Rider per \$1000 are shown on page 4 of the Policy. The actual Monthly Charges for this Rider per \$1000 may be lower than those shown on page 4. The actual Monthly Charge for this Rider per \$1000 is based on the Insured's age, sex, and Class of Risk for this Rider on the Effective Date of this Rider and the Effective Date of any Basic Amount Increase. The Monthly Charges for this Rider per \$1000 can be adjusted for projected changes in morbidity, incidence rates, mortality, continuation rates, investment earnings, expenses, and persistency.

The Monthly Charges for this Rider per \$1000 will not change during the first 12 months after the Effective Date of this Rider. The Monthly Charges for this Rider per \$1000 can be changed no more often than once in every calendar year afterwards with at least 6 months between changes. We will notify You in writing at least 60 days prior to any change in the Monthly Charge for this Rider per \$1000. Any Monthly Charge for this Rider per \$1000 cannot exceed the Maximum Monthly Charges for this Rider per \$1000 shown on page 4 of Your Policy.

Changes to Policy Pages 3 and 4. If this Rider results in a change in the Basic Amount, We will send You revised pages 3 and 4 only if You Request them. You may Request revised pages 3 and 4 no more frequently than annually.

Legal Actions. No action at law or in equity may be brought to recover on this Rider prior to the expiration of 60 days after written Proof of Loss has been furnished in accordance with the requirements of this Rider. No such action may be brought after the expiration of 3 years after the time written Proof of Loss is required to be furnished.

GENERAL PROVISIONS (CONTINUED)

Reinstatement Due to Cognitive Impairment or Functional Incapacity. If, while this Rider is in force, the Policy is terminated at the end of the Grace Period, You may Request to reinstate the Policy with this Rider within 5 months after lapse. You must give Us proof that is satisfactory to Us within 5 months after lapse that the Insured suffered a Cognitive Impairment or Functional Incapacity prior to the end of the Grace Period. You must pay premiums:

- (1) to pay the Policy's Monthly Deductions for Deduction Dates occurring after the Policy lapsed, and
- (2) to keep the Policy in force for 2 months beyond the date We approve reinstatement.

Reinstatement will take effect retroactive to the date the Policy lapsed if We approve Your Request for Reinstatement Due to Cognitive Impairment or Functional Incapacity and You pay all required premiums.

Termination of Benefits. The Monthly Benefit will stop on the earliest of the following:

- (1) The date the Insured no longer is certified as a Chronically Ill Individual;
- (2) The date the Insured is no longer receiving Qualified Long-Term Care Services as specified in the Plan of Care;
- (3) The date You elect to stop receiving the Monthly Benefit;
- (4) The date the Policy or this Rider terminates; or
- (5) The date of Insured's death.

Termination of This Rider. This Rider will terminate on the earliest of:

- (1) The date the Policy terminates;
- (2) The date the entire Death Benefit has been paid;
- (3) The Policy is terminated by surrender or lapse;
- (4) The date of Insured's death; or
- (5) The date We receive Your Request.

This Rider will terminate on the date We receive Your Request or later date if You request it. We will revise pages 3 and 4 of this Policy to show this change.

Termination due to Policy lapse will not affect any claim if this Policy is reinstated under the Reinstatement Due to Cognitive Impairment or Functional Incapacity provision.

Termination of the Policy. This Policy will terminate when the amount of insurance on the Insured is reduced to zero by the Policy Reductions provision of this Rider.

Extended Benefits Upon Lapse of Policy and Rider. If the Policy and this Rider terminate due to lapse while the Insured is confined in a Long-Term Care Facility, the Insured may continue to be eligible for benefits under this Rider while confined until the earliest of the following:

- (1) The date the Insured's continuous confinement in the Long-Term Care Facility ceases;
- (2) The date the maximum benefit payable under this Rider is exhausted; or
- (3) The date the Insured ceases to meet the requirements of the Eligibility for Payment of Benefits provision in this Rider.

Benefits may be payable provided the Insured's confinement in the Long-Term Care Facility began when the rider was in force and continues without interruption after the Policy and this Rider terminate.

This Extension of Benefits is subject to:

- (1) The Elimination Period;
- (2) The Eligibility for the Payment of Benefits provision;
- (3) All other provisions of this Rider.

If the Insured's benefits are continued under this provision, the Death Benefit payable under the Policy will not be paid.

GENERAL PROVISIONS (CONTINUED)

Conformity with the Code. If, on the Effective Date of this Rider, this Rider does not comply with the requirements of the Code, it will be treated as if it had been changed to comply with those requirements. Because this Rider is guaranteed renewable, We will inform You in writing of any such required change in the provisions of this Rider. You will be given the choice of accepting the change, or retaining this Rider without the change.

Effective Date of this Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

Kim M. Brunner
Secretary

Edward Bruner Jr.
President

SAMPLE



State Farm Life Insurance Company

Home Office, Bloomington, IL 61710

Binding Receipt

State Farm Life Insurance Company (the Company) has received payment in connection with the application for life insurance on Proposed Insured 1 and any others named in the application. This Receipt is void if a check or other form of payment you provided is not honored or is declined by your financial institution.

If the application is for a change on a Universal Life Policy, then payment may be in the form of collection of a deduction as of the Application Date, as applicable. "Change" includes an increase in Basic Amount or the addition of an Additional Insured's Level Term Rider, a Children's Term Rider, a Waiver of Monthly Deduction Benefit Rider, or a Accelerated Death Benefit for Long-Term Care Rider. If the application is approved and the Application Date is a deduction date, the required deduction will be made as of that date. If the application is approved and the Application Date is not the deduction date, the required deduction will be prorated from the Application Date to the next deduction date. There must be enough policy cash surrender value to make the required deduction.

As of the Application Date, life insurance and any additional benefits will be payable according to the terms of the application and the policy applied for, subject to the requirements and limitations of this Receipt. No death benefit, or benefit under a Accelerated Death Benefit for Long-Term Care Rider if applied for, is provided by this Receipt unless death or chronic illness results from an accident that occurs or an illness that first manifests itself after the Application Date. No total disability benefit, if applied for, is provided by this Receipt unless total disability results from an accident that occurs or an illness that first manifests itself after the Application Date. THE TOTAL INSURANCE BENEFIT FOR A PROPOSED INSURED AGE 15 DAYS OR OVER AT DEATH UNDER THIS OR ANY OTHER IN-FORCE RECEIPTS AND PENDING APPLICATIONS WILL NOT EXCEED \$1,000,000. IF THAT PROPOSED INSURED IS UNDER THE AGE OF 15 DAYS AT DEATH, THE TOTAL INSURANCE BENEFIT WILL NOT EXCEED \$3,000. If, (1) the total insurance amount for a Proposed Insured under this or any other in-force receipts and pending applications exceeds the maximum stated above, (2) we approve the application with the policy date the same as the Application Date, and (3) you accept the policy, a credit will be provided to you based on the insurance amount in excess of the maximum stated above for the period from the Application Date to the date the application is approved.

If the application is for (a) an addition of a rider or benefit to an existing policy other than a Universal Life Policy or (b) replacing existing life insurance with State Farm Life Insurance Company, then any benefit otherwise payable under this Receipt will be reduced by any benefit payable for the same proposed insured under the State Farm Life Insurance Company life insurance policies listed on the application as being replaced.

Coverage under this Receipt will end when the first of the following occurs: (a) The application is approved; (b) Notice of disapproval of the application is given; (c) 60 days have expired starting with the Application Date.

The Company reserves the right to disapprove the application by (a) offering to issue a policy other than as applied for, or (b) declining to issue a policy. If the application is disapproved, the notice of disapproval will be given to Proposed Insured 1 or to the Applicant, if other than the Proposed Insured 1. The notice will be given either (a) in person to, or (b) by mailing it to the last known address of Proposed Insured 1 or the Applicant. If mailed, coverage will end upon mailing of that notice.

The payment will be refunded if (a) the life insurance and/or any additional benefits offered are not accepted, or (b) the Company declines to approve the life insurance and/or any additional benefits, or (c) the 60-day period has expired. There is no coverage under this Receipt if the application contains any material misrepresentation.

NO AGENT OR COMPANY REPRESENTATIVE MAY WAIVE OR CHANGE THE ANSWER TO ANY QUESTION IN THE APPLICATION OR CHANGE THE TERMS OF THIS RECEIPT.

Payment Received (if applicable): \$ [\$500.00]

SAMPLE

Proposed Insured 1's Name (please print) [John Doe]

Application Date [October 15, 2010] Signature of Agent X [Mark Smith]



State Farm Life Insurance Company
Home Office, Bloomington, IL 61710

Long-Term Care Insurance
Potential Rate Increase Disclosure
for Accelerated Death Benefit for Long-Term Care Rider

1. **The cost for this Rider is set forth in your illustration.** This cost will remain in effect until an increase is approved by the department of insurance in the state where your policy is issued.
2. **The Guaranteed Maximum Monthly Charges for this Rider coverage will be shown on page 4 of your Policy.**
3. **Rate Schedule Adjustments:**
Any adjustments or changes to the Monthly Charges for this Rider per \$1000 will be effective on the next Deduction Date of the Policy following the adjustment or change. The Monthly Charges for this Rider per \$1000 will not change during the first 12 months after the effective date of this Rider. Thereafter, the Monthly Charges for this Rider per \$1000 will not be changed more often than once in every calendar year with at least 6 months between changes. We will notify you in writing at least 60 days prior to any change in the Monthly Charges for this Rider per \$1000.
4. **Potential Rate Revisions:**
This Rider is Guaranteed Renewable. This means that the Monthly Charges for this Rider per \$1000 may be increased in the future. The Monthly Charges for this Rider per \$1000 can NOT be increased due to your increasing age or declining health, but your rate schedule may increase based on the experience of all owners with a rider similar to yours.
If you receive an increase in the Monthly Charges for this Rider per \$1000 in the future, we will give you at least 60 days written notice, and you will be able to exercise at least one of the following options:
 - a. Increase the Planned Premium and continue the Policy and rider coverage in force as is.
 - b. Terminate the Accelerated Death Benefit for Long-Term Care Rider from the Policy.
 - c. Reduce the Basic Amount of the Policy (subject to the Policy minimum limits in place at that time).

SAMPLE

[*Jane A. Doe*]

Signature of Owner

[October 15, 2010]

(Date)

One Copy to be retained by Owner and a second signed copy to be returned with your application.

CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER

General. This Rider is part of this Policy. It is based on the Application for this Rider and a deduction of the Monthly Charges for this Rider. The Monthly Charges for this Rider are shown per \$1000 on page 4 of this Policy. Only certain policy provisions are a part of this Rider. They are "Definitions," "The Contract," "Annual Dividends," "Assignment," "Ownership," "Death Benefit Option," "Grace Period," "Reinstatement," and "Monthly Deduction." "Ownership" is modified by "Ownership Modification." "Each Eligible Child" is used in place of "Insured" in the Reinstatement provision when it applies to this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not increase the Cash Value or Loan Value of this Policy.

Children's Term Life Insurance Benefit. The amount of the Benefit is shown under the heading Insurance Amount on page 3 of this Policy. This amount will be paid when due proof is received that an Eligible Child died before this Rider terminated, after that Eligible Child was 15 days old, and before insurance on an Eligible Child terminated.

Ownership Modification. If the Insured is the Owner, each Eligible Child under age 25 will become Joint Owners of this Rider when the Insured dies.

Eligible Child Defined. A child of the Insured, any stepchild of the Insured, or legally adopted child of the Insured and named on the Application who is under age 18 on the Effective Date of this Rider. After the Effective Date of this Rider, any newborn child of the Insured will be an Eligible Child. After the Effective Date of this Rider, any stepchild of the Insured will be an Eligible Child if the child is under age 18 on the date the Eligible Child becomes the Insured's stepchild. After the Effective Date of this Rider, any legally adopted child of the Insured will be an Eligible Child if the child is under age 18 on the effective date of the child's adoption.

Paid-up Rider. If the Insured dies while this Rider is in force, even if such death results from suicide while sane or self-destruction while insane, or if the amount of the insurance on the Insured is reduced to zero, the Rider benefit becomes paid-up. The Paid-up Rider has cash values. When paid up, a table of cash values will be given, if requested. The cash values are at least as large as those required by law where this Rider is delivered. The cash value is the net level reserve for the paid-up term life insurance. The age last birthday and sex of each Eligible Child is used for calculating such reserve. The mortality table and interest rate that We use for this Paid-up Rider is shown on page 4 of this Policy. It is assumed that claims are paid immediately. Cash values will not decrease during the 31 days after a Policy Anniversary. There is no loan value. No dividends will be paid on the Paid-up Rider. The paid-up Rider may be surrendered at any time by Request. All coverage ceases when We receive the Request. We will promptly pay the cash value in one sum. We may defer payment of any cash value for up to 6 months from the date We receive Your Request.

Beneficiary. When an Eligible Child dies, We will make payment to You, if then living. Otherwise, We will make payment to the child's estate. The payment will be in one sum. If more than one Owner is living at that time, We will make payment in equal shares. This provision may be changed by Request.

Purchase Option. On an Eligible Child's eighteenth birthday, You may purchase a new policy on that child by Request. No evidence of insurability is required. We must receive that Request before that child dies and no later than 31 days after that child's eighteenth birthday. If that child dies within the 31-day period and before the new policy becomes effective, the Benefit will be paid as though the new policy were effective. The Effective Date of the new policy on that child will be the day after the end of the 31-day period. The new policy will be subject to the following conditions at the time of the purchase:

- (1) It must be a plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than five times the amount then provided by this Rider.
- (3) The premium will be based on that child's attained age, sex, and standard class of risk then available.
- (4) All limitations of this Rider will be part of the new policy.

CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER (CONTINUED)

- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the time period specified for the new policy but start on the Effective Date of this Rider.

Conversion. When the insurance on an Eligible Child terminates on that child's twenty-fifth birthday or on the Policy Anniversary shown under the heading Benefit Period Ends on page 3 of this Policy, such child may convert such insurance to a new policy by Request. No evidence of insurability is required. We must receive that Request before that child dies and no later than 31 days after the insurance terminates. If that child dies within the 31-day period and before the conversion becomes effective, the Benefit will be paid as though the insurance had not terminated. The Effective Date of the new policy on that child will be the day after the end of the 31-day period. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than five times the amount then provided by this Rider.
- (3) The premium will be based on that child's attained age, sex, and standard class of risk then available.
- (4) All limitations of this Rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the time period specified for the new policy but start on the Effective Date of this Rider.

Termination. This Rider will terminate on the Policy Anniversary shown under the heading Benefit Period Ends on page 3 of this Policy. We will terminate this Rider before that date when this Policy is terminated by surrender or lapse or when We receive Your Request.

Insurance on an Eligible Child terminates on the earliest of:

- (1) the date this Rider terminates,
- (2) the date the child is age 25, or
- (3) the date the child is no longer the Insured's stepchild.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change.

Incontestability. We will not contest this Rider after it has been in force during the lifetime of each Eligible Child for 2 years from the Effective Date of this Rider. We will not contest any reinstatement of this Rider after it has been in force during the lifetime of each Eligible Child for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Effective Date of this Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Bruner*]
Secretary

[*Edward B. Rust Jr.*]
President

SAMPLE

GUARANTEED INSURABILITY OPTION BENEFIT RIDER

General. This Rider is part of this Policy. It is based on the Application and the deduction of the Monthly Charges for this Rider. The Monthly Charges per \$1000 are shown on page 4 of this Policy. Only certain policy provisions are a part of this Rider. They are "Definitions," "The Contract," "Assignment," "Error in Age or Sex," "Ownership," "Death Benefit Option," "Grace Period," "Reinstatement," "Monthly Deduction," and "Payment of Benefits." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not increase the Cash Value or Loan Value of this Policy.

Guaranteed Insurability Option Benefit. Option Years for this Benefit are shown on page 3 of this Policy. An Option Date is the Policy Anniversary in an Option Year. On each Option Date before termination, We may either issue a new policy on the Insured or increase the Basic Amount.

If You choose to buy a new policy on the Insured, We must receive an Application and the first premium for the new policy within the 60-day period that ends on the Option Date. No evidence of insurability is required. The new policy will become effective on the Option Date. The new policy will be subject to the following conditions on the Option Date:

- (1) It must be a plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the initial amount for this Rider as shown on page 3 of this Policy.
- (3) The premium will be based on the Insured's attained age, sex, and standard class of risk then available.
- (4) All limitations of this Policy will be part of the new policy. Any limitations that We place on all such plans then available will be part of the new policy.
- (5) Except for nonpayment of premiums, We will not contest the new policy after this Rider has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider.
- (6) If the Insured is not then totally disabled, a waiver of premium benefit will be included in the new policy only if the waiver of monthly deduction benefit rider is part of this Policy. However, if the Insured is then totally disabled, a waiver of premium benefit will not be included in the new policy unless it is a Whole Life Basic Plan and the waiver of monthly deduction benefit rider is part of this Policy. If included on the new policy, premiums on such Whole Life Basic Plan will be waived while the Insured's total disability continues.

If You choose to increase the Basic Amount, We must receive an Application for the Basic Amount Increase within the 60-day period that ends on the Option Date. **No evidence of insurability is required unless a Rider other than a children's term life insurance benefit rider, an additional insured's level term life insurance benefit rider, and/or a waiver of monthly deduction benefit rider is part of this Policy.** Evidence of insurability is not required, the Basic Amount Increase will become effective on the Option Date. If any other Rider is part of this Policy other than those listed previously, evidence of insurability satisfactory to Us must be furnished on the Insured for the Basic Amount Increase to become effective. If the evidence of insurability is satisfactory, the Basic Amount Increase will be effective on the Option Date. The Basic Amount Increase will be subject to the following conditions on the Option Date:

- (1) The amount of Basic Amount Increase must be at least \$25,000 but can be no more than the amount for this Rider shown under the heading Insurance Amount on page 3 of this Policy.
- (2) The monthly cost of insurance rates for the Basic Amount Increase will be based on the Insured's attained age, sex, and standard class of risk then available.
- (3) All limitations that apply to this Policy on this Effective Date of this Rider will apply to the Basic Amount Increase. Any limitations that We place on such policies then being issued will apply to the Basic Amount Increase.
- (4) We will not contest the Basic Amount Increase after this Rider has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider unless evidence of insurability is required. If evidence of insurability is required, the Basic Amount Increase will be contestable for 2 years from the Effective Date of the Basic Amount Increase.

GUARANTEED INSURABILITY OPTION BENEFIT RIDER (CONTINUED)

- (5) If the waiver of monthly deduction benefit is then a part of this Policy and a Monthly Deduction is then being waived, the Monthly Deduction for the Basic Amount Increase will be waived while the Insured's total disability continues.

There is a 90-day period of term life insurance on the Insured. It starts when a Named Event occurs. A Named Event is:

- (1) the Insured's marriage or legally-sanctioned civil union or domestic partnership,
- (2) a live birth of a child of the Insured, or
- (3) the effective date of a legal adoption of a child by the Insured.

The term life insurance provided is equal to the initial amount of this Rider. If a multiple birth occurs, this amount is multiplied by the number of live children born at that time. The amount will be paid when due proof is received that a Named Event occurred and the Insured died within the 90-day period and before this Rider terminated. The amount will be paid as part of the Proceeds.

Advance of Option Date. When such term insurance is in effect, the next available Option Date may be advanced to the day after the end of the 90-day period. The amount of the insurance for a new policy or the amount of the Basic Amount Increase, if applicable, can be no more than the amount of term insurance then provided. If either a new policy or a Basic Amount Increase becomes effective, the Option Date that is advanced will be canceled. To advance the Option Date, We must receive due proof that a Named Event occurred.

Termination. This Rider will terminate on the Policy Anniversary shown under the heading Benefit Period Ends shown on page 3 of this Policy. We will terminate this Rider before that date when this Policy is terminated by surrender or lapse, when the amount of insurance on the Insured is reduced to zero, or when We receive Your Request.

You may terminate this Rider by Request. This Rider will terminate the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change.

Incontestability. We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider. We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the Monthly Charges for this Rider that were deducted.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward B. Rust Jr.*]
President

SAMPLE



Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider

(Questions are for Proposed Insured 1)

NOTE: Any monthly benefit paid under this Rider will reduce the total death benefit payable under the Policy. The Monthly Benefit is determined at the time of claim and will not exceed the lesser of 2% of the death benefit or the amount determined by application of the per diem limit in effect under the Internal Revenue Code.

Rider Benefits may be taxable. You should consult your personal tax advisor. This Rider is not approved for Medicaid asset protection under state Long-Term Care Partnership Programs.

SECTION ONE If any question in Section One is answered "Yes," Proposed Insured 1 is ineligible for this Rider and this Supplemental Application should not be submitted.

- | | Yes | No |
|---|---------------------------|--------------------------------------|
| 1. Due to any present or past mental or physical disability, is any person or institution currently authorized to act on your behalf? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 2. Are you bedridden at home or confined in a hospital, nursing home, or long term care facility? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 3. For any "Yes" answers to the questions below, check all that apply: | | |
| a. Do you use a: <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> motorized cart <input type="checkbox"/> quad (4-prong) cane | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| b. Do you use any medical appliance such as: <input type="checkbox"/> catheter <input type="checkbox"/> oxygen equipment <input type="checkbox"/> dialysis machine | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| c. Do you require help or supervision, or are you limited in any way in performing the following daily activities: | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| <input type="checkbox"/> bathing <input type="checkbox"/> mobility <input type="checkbox"/> managing medications | | |
| <input type="checkbox"/> dressing <input type="checkbox"/> toileting <input type="checkbox"/> eating | | |
| d. Have you ever been diagnosed as having or have you received medical advice or treatment for: | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| <input type="checkbox"/> Alzheimer's disease <input type="checkbox"/> multiple sclerosis <input type="checkbox"/> ALS (Lou Gehrig's disease) | | |
| <input type="checkbox"/> dementia <input type="checkbox"/> muscular dystrophy <input type="checkbox"/> Huntington's disease | | |
| <input type="checkbox"/> recurrent memory loss <input type="checkbox"/> Parkinson's disease | | |
| 4. Are you receiving any type of disability benefits? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |

SECTION TWO Explain any "Yes" answers.

- | | Yes | No |
|---|---------------------------|--------------------------------------|
| 5. Within the past 12 months have you been hospitalized; or have you had, been scheduled for, or discussed with a medical practitioner the possible need for surgery? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 6. Do you have any family history (parent or grandparent) of Alzheimer's disease diagnosed prior to age 70? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 7. Have you ever taken or been recommended to take a cognitive screening test? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 8. Have you received Medicare benefits prior to age 65? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |

Explanations (include appropriate question number and date of occurrence):

If space below is insufficient, use additional sheets which will be part of this Supplemental Application. Sheets must be signed & dated by Proposed Insured 1 and/or Applicant, and witnessed by Agent.

SECTION THREE Other Insurance

- Yes No
9. Do you now have in force or are you applying for any traditional long-term care, nursing home, or home health care policy, rider, or certificate (including a health care service contract or a health maintenance organization contract)? []
10. Other than above, did you have a traditional long-term care policy, rider, or certificate in force during the last 12 months? []
11. Are you covered by Medicaid? []
12. If the answer to question 9 is “**Yes**”, do you intend to replace that policy, rider, or certificate with this policy? []

Agent: If yes, and the other coverage is in force, complete the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care Insurance.

List details below for any “**Yes**” answers in questions 9, 10 and 11:

Name and address of company(ies)	Lapsed	When? (mm-dd-yyyy)	Applied For	In Force	Policy Number, Type and Amount of Benefits
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

13. **Agent: List any other health insurance policies you have sold to the applicant:**

a. List policies sold that are still in force. (If none, indicate none.)

b. List policies sold in the last (5) years that are no longer in force. (If none, indicate none.)

SECTION FOUR Protection Against Unintended Lapse

THIS SECTION IS TO BE COMPLETED BY PROPOSED INSURED 1 OR THE APPLICANT, IF OTHER THAN PROPOSED INSURED 1. YOU HAVE THE RIGHT TO DESIGNATE A THIRD PARTY TO RECEIVE NOTICE OF OUR INTENT TO TERMINATE THE POLICY FOR NONPAYMENT OF PREMIUM.

I understand that I have the right to designate others to receive notice of lapse or termination of the life insurance policy with an accelerated death benefit for long term care rider for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

I elect **NOT** to designate another person to receive such notice.

I designate Proposed Insured 1 to receive notice prior to cancellation of the policy for nonpayment of premium.

I designate the following person or entity, other than Proposed Insured 1, to receive notice prior to cancellation of the policy for nonpayment of premium.

Full Name

Address

City	State	ZIP	Telephone Number
------	-------	-----	------------------

To add, remove, or change the person designated, please contact your State Farm® agent.

SECTION FIVE Supplemental Agreements

Proposed Insured 1 or Applicant, if other than Proposed Insured 1, states that information in the Supplemental Application and any medical history is true and complete.

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind the Policy or this Rider.

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 is guilty of a crime and may be subject to fines and confinement in prison.

I certify that I have received the Outline of Coverage, Long-Term Care Insurance Potential Rate Increase Disclosure, and Replacement Notice (if applicable).

Date Signed [October 15, 2010] Signature of Proposed Insured 1 [John J. Doe]
(month/day/year)

at [Bloomington, MD]
(City) (State)

SAMPLE

Signature of Agent as Witness to all Signatures [Mark Smith]

Signature of Applicant [Jane A. Doe]

Not required unless applicant is other than the Proposed Insured 1.



State Farm Life Insurance Company
Home Office, Bloomington, IL 61710
(970) 395-5330

Retain this form for your Records

Long-Term Care Insurance - Outline of Coverage

Accelerated Death Benefit for Long-Term Care Rider

Rider Series 10220

Notice to Buyer: This rider may not cover all of the costs associated with long-term care incurred by you during the period of coverage. You are advised to review carefully all policy limitations.

Caution: This rider is issued based upon the responses to questions on the application. A copy of the application was included in your policy. If the answers are incorrect or untrue, the Company has the right to deny benefits or rescind this policy and rider subject to the incontestability provision. The best time to clear up any questions is now before a claim arises. If, for any reason, any of the answers are incorrect or untrue, contact us at the address shown on page 1 of this policy.

1. This rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the accelerated death benefit for long-term care rider. You should compare this outline of coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy and rider contain governing contractual provisions. This means that the policy and rider set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **read your policy carefully**.
3. **FEDERAL TAX CONSEQUENCES.** This rider is intended to qualify as a federally tax-qualified long-term care insurance contract under Internal Revenue Code of 1986, as amended. Benefits provided by this rider may be taxable as income. You should consult your attorney or tax advisor to assess the impact this rider may have on you.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.** **RENEWABILITY:** THIS RIDER IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue this rider as long as you pay your premiums on time. We cannot change any of the terms of your policy on our own, unless required by law, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.
WAIVER OF MONTHLY DEDUCTION BENEFIT: We will waive the monthly deduction for this policy on each deduction date a monthly benefit is paid under this rider.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE MONTHLY CHARGES.** Any rate change will be made only when We change the rates on a rate class basis on the same form as this Rider that are delivered in the same state as this Rider. We will give the Owner at least 60 days advance written notice before any rate change. However, the rates will never exceed the Guaranteed Maximum Cost of of Insurance Rates.
6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND MONTHLY CHARGE CREDITED.** This rider may be returned within 30 days of its receipt. Return may be made to State Farm Life Insurance Company or one of our authorized agents. If returned, this rider will be void from the effective date. Any monthly charge deducted for this rider will be credited to the account value of the Policy.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us. Neither State Farm Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE.** Policies or riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This rider provides coverage in the form of a monthly benefit, subject to rider limitations or conditions on eligibility for benefits.

9. **BENEFITS PROVIDED BY THIS RIDER.** This rider provides a monthly benefit when the Insured is chronically ill and receiving qualified long-term care services. Rider benefits will reduce the policy's death proceeds and cash surrender value. When the eligibility requirements for payment of benefits are met, we will pay you a monthly benefit.

MAXIMUM MONTHLY BENEFIT. Unless you send us a request for a lower amount, the lesser of:

1. 2% of the sum of the basic amount and the account value on the deduction after we receive your request for the monthly benefit and all qualifications for benefits have been met; and
2. the daily dollar amount in effect under Section 7702B(d) of the Code times the benefit period for the deduction date on which a monthly benefit is paid.

ELIGIBILITY FOR PAYMENT OF BENEFITS. To qualify for the monthly benefit payment, all of the following requirements must be met:

1. the Insured is certified chronically ill by a licensed health care practitioner,
2. the elimination period is satisfied,
3. the Insured is receiving qualified long-term care services,
4. this policy and this rider are in force at the time a request for benefit is received,
5. none of the limitations and exclusions apply,
6. any assignee of record has agreed in writing for you to receive benefits,
7. any irrevocable beneficiary has agreed in writing for you to receive benefits, and
8. the Insured is alive when we receive the request for benefits.

DEFINITION OF TERMS:

Activities of Daily Living: The activities of daily living are:

1. Bathing. Washing oneself by sponge bath or in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence. The ability to maintain control of bowel and bladder function; or, when unable to do so, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing. Putting on and taking off all items of clothing and necessary braces, fasteners, or artificial limbs.
4. Eating. Feeding oneself by getting food into your body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. Toileting. Getting to and from, off and on, the toilet, and performing associated personal hygiene.
6. Transferring. Moving into or out of a bed, chair, or wheelchair.

Chronically Ill Individual. Certification by a licensed health care practitioner that the Insured:

1. is unable to perform at least 2 activities of daily living without substantial assistance, for a period of a least 90 days due to a loss of functional capacity; or
2. requires substantial supervision to protect the Insured's health and safety due to a severe cognitive impairment.

Cognitive Impairment. Certified by a licensed health care practitioner that the Insured has a loss or deterioration in intellectual capacity, or judgment, which requires substantial supervision to protect the Insured, and is measurable by clinical evidence and standardized tests that reliably evaluate:

1. short and long-term memory,
2. orientation as to person (the Insured knows who he or she is), place (the Insured knows where he or she is), and time (the Insured knows day, date, and year),
3. deductive or abstract reasoning, and
4. judgment as it relates to safety awareness.

Elimination Period. Ninety consecutive days during which the Insured is a Chronically Ill Individual and receiving qualified long-term care services.

10. LIMITATIONS AND EXCLUSIONS. No Monthly Benefit will be paid for any loss that:

1. starts before the effective date of this rider;
2. results from an attempted suicide, while sane or insane, or intentionally self-inflicted injury;
3. results from the Insured's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a licensed health care practitioner;
4. occurs while the Insured is living outside of the United States of America or its territories or possessions;
5. results from the Insured's participation in a felony, riot or insurrection, or involvement in an illegal occupation;
6. occurs or continues during the Insured's incarceration;
7. results from any act due to war whether or not the Insured is in the military service. War means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of the policy or this rider may be adjusted. Increases or decreases to the basic amount, loans, and withdrawals will change the monthly benefit provided by this rider. This rider does not include an inflation protection benefit.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Your rider provides benefits, subject to all provisions of the rider, for Alzheimer's disease or senile dementia, which are determined by clinical tests that reliably measure and produce clinical evidence.
13. **RIDER CHARGES:** The Monthly Charge for this Rider will be deducted from the account value of the policy on each deduction date.
14. **ADDITIONAL FEATURES.** Medical underwriting is used for this rider.
15. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT STATE FARM LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER.**

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Current Cost of Insurance Rates_Rider Series 10220_01-14-2010_sumb	10020-04	New		Current Cost of Insurance Rates_Rider Series 10220_01-14-2010_sumb.pdf

STATE FARM LIFE INSURANCE COMPANY

Current Cost of Insurance Rates
Rider Series 10220

STATE FARM LIFE INSURANCE COMPANY
BLOOMINGTON, ILLINOIS

Issue Age	Male	Female	Unisex
18	0.0180	0.0232	0.0203
19	0.0192	0.0248	0.0217
20	0.0204	0.0265	0.0231
21	0.0216	0.0281	0.0245
22	0.0229	0.0298	0.0259
23	0.0241	0.0314	0.0273
24	0.0253	0.0331	0.0287
25	0.0265	0.0347	0.0301
26	0.0287	0.0377	0.0326
27	0.0308	0.0407	0.0352
28	0.0330	0.0438	0.0377
29	0.0351	0.0468	0.0402
30	0.0373	0.0498	0.0428
31	0.0394	0.0528	0.0453
32	0.0416	0.0558	0.0478
33	0.0437	0.0589	0.0503
34	0.0459	0.0619	0.0529
35	0.0480	0.0649	0.0554
36	0.0519	0.0709	0.0602
37	0.0559	0.0768	0.0651
38	0.0598	0.0828	0.0699
39	0.0638	0.0887	0.0747
40	0.0677	0.0947	0.0796
41	0.0716	0.1006	0.0844
42	0.0756	0.1066	0.0892
43	0.0795	0.1125	0.0940
44	0.0835	0.1185	0.0989
45	0.0874	0.1244	0.1037
46	0.0952	0.1388	0.1144
47	0.1030	0.1533	0.1251
48	0.1107	0.1677	0.1358
49	0.1185	0.1822	0.1465
50	0.1263	0.1966	0.1573
51	0.1341	0.2110	0.1680
52	0.1419	0.2255	0.1787
53	0.1496	0.2399	0.1894
54	0.1574	0.2544	0.2001
55	0.1652	0.2688	0.2108
56	0.1835	0.3005	0.2350
57	0.2018	0.3322	0.2592
58	0.2201	0.3640	0.2834
59	0.2384	0.3957	0.3076
60	0.2567	0.4274	0.3318
61	0.2749	0.4591	0.3560
62	0.2932	0.4908	0.3802
63	0.3115	0.5226	0.4044
64	0.3298	0.5543	0.4286
65	0.3481	0.5860	0.4528

STATE FARM LIFE INSURANCE COMPANY

Maximum Cost of Insurance Rates
Rider Series 10220

STATE FARM LIFE INSURANCE COMPANY
BLOOMINGTON, ILLINOIS

Issue Age	Male	Female	Unisex
18	0.0270	0.0348	0.0305
19	0.0288	0.0372	0.0326
20	0.0306	0.0398	0.0347
21	0.0324	0.0422	0.0368
22	0.0344	0.0447	0.0389
23	0.0362	0.0471	0.0410
24	0.0380	0.0497	0.0431
25	0.0398	0.0521	0.0452
26	0.0431	0.0566	0.0489
27	0.0462	0.0611	0.0528
28	0.0495	0.0657	0.0566
29	0.0527	0.0702	0.0603
30	0.0560	0.0747	0.0642
31	0.0591	0.0792	0.0680
32	0.0624	0.0837	0.0717
33	0.0656	0.0884	0.0755
34	0.0689	0.0929	0.0794
35	0.0720	0.0974	0.0831
36	0.0779	0.1064	0.0903
37	0.0839	0.1152	0.0977
38	0.0897	0.1242	0.1049
39	0.0957	0.1331	0.1121
40	0.1016	0.1421	0.1194
41	0.1074	0.1509	0.1266
42	0.1134	0.1599	0.1338
43	0.1193	0.1688	0.1410
44	0.1253	0.1778	0.1484
45	0.1311	0.1866	0.1556
46	0.1428	0.2082	0.1716
47	0.1545	0.2300	0.1877
48	0.1661	0.2516	0.2037
49	0.1778	0.2733	0.2198
50	0.1895	0.2949	0.2360
51	0.2012	0.3165	0.2520
52	0.2129	0.3383	0.2681
53	0.2244	0.3599	0.2841
54	0.2361	0.3816	0.3002
55	0.2478	0.4032	0.3162
56	0.2753	0.4508	0.3525
57	0.3027	0.4983	0.3888
58	0.3302	0.5460	0.4251
59	0.3576	0.5936	0.4614
60	0.3851	0.6411	0.4977
61	0.4124	0.6887	0.5340
62	0.4398	0.7362	0.5703
63	0.4673	0.7839	0.6066
64	0.4947	0.8315	0.6429
65	0.5222	0.8790	0.6792

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
 Readability Certification_AR_03-18-10 subm.pdf

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:
Attachment:
 1001565 b_Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider_03-12-10 subm AR.pdf

Item Status: **Status Date:**

Satisfied - Item: Outline of Coverage
Comments:
Attachment:
 1001699_Long-Term Care Insurance - Outline of Coverage_03-15-10 _AR-GenWest_subm.pdf

Item Status: **Status Date:**

Satisfied - Item: Authorization Letter
Comments:
Attachment:
 State Farm_Authorization Letter_3-12-10.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

SERFF Tracking Number: STFL-126451532 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
Company Tracking Number: FCB-0146STF01-05
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: FCB
Project Name/Number: FCB/0146STF

Comments:

Attachment:

Statement of Variability_G_02-11-10 subm.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Readability Certification

Comments:

Attachment:

Readability Certification_G_02-19-2010 subm w-sg.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Miscellaneous Forms - Information
Only

Comments:

Attachments:

ICC07 08030_Schedule of Benefits pages_Sample_subm.pdf

1002488_Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care
Insurance_03-10-10 subm AR.pdf

UL Policy Summary with ADB_CTR_GIO_Sample_02-24-10 subm.pdf

Item Status:

**Status
Date:**

Satisfied - Item: SERFF Filing Description (revised)

Comments:

Attachment:

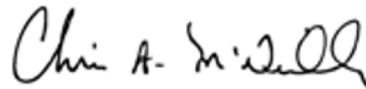
AR_SERFF FILING DESCRIPTION_03-26-2010.pdf

STATE FARM LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the attached forms listed below have achieved the minimum Flesch Reading Ease Score required by your state.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESCH SCORE</u>
Accelerated Death Benefit for Long-Term Care Rider	10220-04	50
Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider	1001565 b	50
Binding Receipt	1002483	52
Children's Term Life Insurance Benefit Rider	10141	59
Guaranteed Insurability Option Benefit Rider	10251	52



Signature: _____

Chris A. McNeilly
Assistant Secretary

Date: March 18, 2010



Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider

(Questions are for Proposed Insured 1)

NOTE: Any monthly benefit paid under this Rider will reduce the total death benefit payable under the Policy. The Monthly Benefit is determined at the time of claim and will not exceed the lesser of 2% of the death benefit or the amount determined by application of the per diem limit in effect under the Internal Revenue Code.

Rider Benefits may be taxable. You should consult your personal tax advisor. This Rider is not approved for Medicaid asset protection under state Long-Term Care Partnership Programs.

SECTION ONE If any question in Section One is answered "Yes," Proposed Insured 1 is ineligible for this Rider and this Supplemental Application should not be submitted.

- | | Yes | No |
|---|---------------------------|--------------------------------------|
| 1. Due to any present or past mental or physical disability, is any person or institution currently authorized to act on your behalf? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 2. Are you bedridden at home or confined in a hospital, nursing home, or long term care facility? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 3. For any "Yes" answers to the questions below, check all that apply: | | |
| a. Do you use a: <input type="checkbox"/> walker <input type="checkbox"/> wheelchair <input type="checkbox"/> motorized cart <input type="checkbox"/> quad (4-prong) cane | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| b. Do you use any medical appliance such as: <input type="checkbox"/> catheter <input type="checkbox"/> oxygen equipment <input type="checkbox"/> dialysis machine | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| c. Do you require help or supervision, or are you limited in any way in performing the following daily activities: | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| <input type="checkbox"/> bathing <input type="checkbox"/> mobility <input type="checkbox"/> managing medications | | |
| <input type="checkbox"/> dressing <input type="checkbox"/> toileting <input type="checkbox"/> eating | | |
| d. Have you ever been diagnosed as having or have you received medical advice or treatment for: | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| <input type="checkbox"/> Alzheimer's disease <input type="checkbox"/> multiple sclerosis <input type="checkbox"/> ALS (Lou Gehrig's disease) | | |
| <input type="checkbox"/> dementia <input type="checkbox"/> muscular dystrophy <input type="checkbox"/> Huntington's disease | | |
| <input type="checkbox"/> recurrent memory loss <input type="checkbox"/> Parkinson's disease | | |
| 4. Are you receiving any type of disability benefits? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |

SECTION TWO Explain any "Yes" answers.

- | | Yes | No |
|---|---------------------------|--------------------------------------|
| 5. Within the past 12 months have you been hospitalized; or have you had, been scheduled for, or discussed with a medical practitioner the possible need for surgery? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 6. Do you have any family history (parent or grandparent) of Alzheimer's disease diagnosed prior to age 70? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 7. Have you ever taken or been recommended to take a cognitive screening test? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |
| 8. Have you received Medicare benefits prior to age 65? | [<input type="radio"/>] | [<input checked="" type="radio"/>] |

Explanations (include appropriate question number and date of occurrence):

If space below is insufficient, use additional sheets which will be part of this Supplemental Application. Sheets must be signed & dated by Proposed Insured 1 and/or Applicant, and witnessed by Agent.

SECTION THREE Other Insurance

- Yes No
9. Do you now have in force or are you applying for any traditional long-term care, nursing home, or home health care policy, rider, or certificate (including a health care service contract or a health maintenance organization contract)? []
10. Other than above, did you have a traditional long-term care policy, rider, or certificate in force during the last 12 months? []
11. Are you covered by Medicaid? []
12. If the answer to question 9 is “**Yes**”, do you intend to replace that policy, rider, or certificate with this policy? []

Agent: If yes, and the other coverage is in force, complete the Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care Insurance.

List details below for any “**Yes**” answers in questions 9, 10 and 11:

Name and address of company(ies)	Lapsed	When? (mm-dd-yyyy)	Applied For	In Force	Policy Number, Type and Amount of Benefits
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

13. **Agent: List any other health insurance policies you have sold to the applicant:**

a. List policies sold that are still in force. (If none, indicate none.)

b. List policies sold in the last (5) years that are no longer in force. (If none, indicate none.)

SECTION FOUR Protection Against Unintended Lapse

THIS SECTION IS TO BE COMPLETED BY PROPOSED INSURED 1 OR THE APPLICANT, IF OTHER THAN PROPOSED INSURED 1. YOU HAVE THE RIGHT TO DESIGNATE A THIRD PARTY TO RECEIVE NOTICE OF OUR INTENT TO TERMINATE THE POLICY FOR NONPAYMENT OF PREMIUM.

I understand that I have the right to designate others to receive notice of lapse or termination of the life insurance policy with an accelerated death benefit for long term care rider for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

I elect **NOT** to designate another person to receive such notice.

I designate Proposed Insured 1 to receive notice prior to cancellation of the policy for nonpayment of premium.

I designate the following person or entity, other than Proposed Insured 1, to receive notice prior to cancellation of the policy for nonpayment of premium.

Full Name

Address

City	State	ZIP	Telephone Number
------	-------	-----	------------------

To add, remove, or change the person designated, please contact your State Farm® agent.

SECTION FIVE Supplemental Agreements

Proposed Insured 1 or Applicant, if other than Proposed Insured 1, states that information in the Supplemental Application and any medical history is true and complete.

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind the Policy or this Rider.

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 is guilty of a crime and may be subject to fines and confinement in prison.

I certify that I have received the Outline of Coverage, Long-Term Care Insurance Potential Rate Increase Disclosure, and Replacement Notice (if applicable).

Date Signed [October 15, 2010] Signature of Proposed Insured 1 [John J. Doe]
(month/day/year)

at [Bloomington, MD]
(City) (State)

SAMPLE

Signature of Agent as Witness to all Signatures [Mark Smith]

Signature of Applicant [Jane A. Doe]

Not required unless applicant is other than the Proposed Insured 1.



State Farm Life Insurance Company
Home Office, Bloomington, IL 61710
(970) 395-5330

Retain this form for your Records

Long-Term Care Insurance - Outline of Coverage

Accelerated Death Benefit for Long-Term Care Rider

Rider Series 10220

Notice to Buyer: This rider may not cover all of the costs associated with long-term care incurred by you during the period of coverage. You are advised to review carefully all policy limitations.

Caution: This rider is issued based upon the responses to questions on the application. A copy of the application was included in your policy. If the answers are incorrect or untrue, the Company has the right to deny benefits or rescind this policy and rider subject to the incontestability provision. The best time to clear up any questions is now before a claim arises. If, for any reason, any of the answers are incorrect or untrue, contact us at the address shown on page 1 of this policy.

1. This rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the accelerated death benefit for long-term care rider. You should compare this outline of coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy and rider contain governing contractual provisions. This means that the policy and rider set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **read your policy carefully**.
3. **FEDERAL TAX CONSEQUENCES.** This rider is intended to qualify as a federally tax-qualified long-term care insurance contract under Internal Revenue Code of 1986, as amended. Benefits provided by this rider may be taxable as income. You should consult your attorney or tax advisor to assess the impact this rider may have on you.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.** **RENEWABILITY:** THIS RIDER IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue this rider as long as you pay your premiums on time. We cannot change any of the terms of your policy on our own, unless required by law, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.
WAIVER OF MONTHLY DEDUCTION BENEFIT: We will waive the monthly deduction for this policy on each deduction date a monthly benefit is paid under this rider.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE MONTHLY CHARGES.** Any rate change will be made only when We change the rates on a rate class basis on the same form as this Rider that are delivered in the same state as this Rider. We will give the Owner at least 60 days advance written notice before any rate change. However, the rates will never exceed the Guaranteed Maximum Cost of of Insurance Rates.
6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND MONTHLY CHARGE CREDITED.** This rider may be returned within 30 days of its receipt. Return may be made to State Farm Life Insurance Company or one of our authorized agents. If returned, this rider will be void from the effective date. Any monthly charge deducted for this rider will be credited to the account value of the Policy.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us. Neither State Farm Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE.** Policies or riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This rider provides coverage in the form of a monthly benefit, subject to rider limitations or conditions on eligibility for benefits.

9. **BENEFITS PROVIDED BY THIS RIDER.** This rider provides a monthly benefit when the Insured is chronically ill and receiving qualified long-term care services. Rider benefits will reduce the policy's death proceeds and cash surrender value. When the eligibility requirements for payment of benefits are met, we will pay you a monthly benefit.

MAXIMUM MONTHLY BENEFIT. Unless you send us a request for a lower amount, the lesser of:

1. 2% of the sum of the basic amount and the account value on the deduction after we receive your request for the monthly benefit and all qualifications for benefits have been met; and
2. the daily dollar amount in effect under Section 7702B(d) of the Code times the benefit period for the deduction date on which a monthly benefit is paid.

ELIGIBILITY FOR PAYMENT OF BENEFITS. To qualify for the monthly benefit payment, all of the following requirements must be met:

1. the Insured is certified chronically ill by a licensed health care practitioner,
2. the elimination period is satisfied,
3. the Insured is receiving qualified long-term care services,
4. this policy and this rider are in force at the time a request for benefit is received,
5. none of the limitations and exclusions apply,
6. any assignee of record has agreed in writing for you to receive benefits,
7. any irrevocable beneficiary has agreed in writing for you to receive benefits, and
8. the Insured is alive when we receive the request for benefits.

DEFINITION OF TERMS:

Activities of Daily Living: The activities of daily living are:

1. Bathing. Washing oneself by sponge bath or in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence. The ability to maintain control of bowel and bladder function; or, when unable to do so, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing. Putting on and taking off all items of clothing and necessary braces, fasteners, or artificial limbs.
4. Eating. Feeding oneself by getting food into your body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. Toileting. Getting to and from, off and on, the toilet, and performing associated personal hygiene.
6. Transferring. Moving into or out of a bed, chair, or wheelchair.

Chronically Ill Individual. Certification by a licensed health care practitioner that the Insured:

1. is unable to perform at least 2 activities of daily living without substantial assistance, for a period of a least 90 days due to a loss of functional capacity; or
2. requires substantial supervision to protect the Insured's health and safety due to a severe cognitive impairment.

Cognitive Impairment. Certified by a licensed health care practitioner that the Insured has a loss or deterioration in intellectual capacity, or judgment, which requires substantial supervision to protect the Insured, and is measurable by clinical evidence and standardized tests that reliably evaluate:

1. short and long-term memory,
2. orientation as to person (the Insured knows who he or she is), place (the Insured knows where he or she is), and time (the Insured knows day, date, and year),
3. deductive or abstract reasoning, and
4. judgment as it relates to safety awareness.

Elimination Period. Ninety consecutive days during which the Insured is a Chronically Ill Individual and receiving qualified long-term care services.

10. LIMITATIONS AND EXCLUSIONS. No Monthly Benefit will be paid for any loss that:

1. starts before the effective date of this rider;
2. results from an attempted suicide, while sane or insane, or intentionally self-inflicted injury;
3. results from the Insured's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a licensed health care practitioner;
4. occurs while the Insured is living outside of the United States of America or its territories or possessions;
5. results from the Insured's participation in a felony, riot or insurrection, or involvement in an illegal occupation;
6. occurs or continues during the Insured's incarceration;
7. results from any act due to war whether or not the Insured is in the military service. War means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of the policy or this rider may be adjusted. Increases or decreases to the basic amount, loans, and withdrawals will change the monthly benefit provided by this rider. This rider does not include an inflation protection benefit.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Your rider provides benefits, subject to all provisions of the rider, for Alzheimer's disease or senile dementia, which are determined by clinical tests that reliably measure and produce clinical evidence.
13. **RIDER CHARGES:** The Monthly Charge for this Rider will be deducted from the account value of the policy on each deduction date.
14. **ADDITIONAL FEATURES.** Medical underwriting is used for this rider.
15. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT STATE FARM LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER.**

State Farm®

Home Office, Bloomington, Illinois 61710



March 12, 2010

Hazel J. Delane
Compliance Consultant
Two Conway Park
150 Field Drive, Suite 180
Lake Forest IL 60045

Corporate Headquarters
One State Farm Plaza
Bloomington IL 61710-0001

RE: State Insurance Filings

Dear Ms. Delane:

This letter will serve as authorization from State Farm Life Insurance Company and State Farm Life & Accident Assurance Company for employees of Milliman, Inc. to file policy forms and respond to inquiries on our behalf with state insurance departments and jurisdictions where State Farm Life Insurance Company and State Farm Life & Accident Assurance Company is authorized to do business.

Sincerely,

A handwritten signature in black ink that reads 'Chris A. McNeilly'.

Chris A. McNeilly
Assistant Secretary

State Farm Life Insurance Company
STATEMENT OF VARIABILITY FOR FORM SERIES 10220

The variable data in the subject form is denoted by variable brackets.

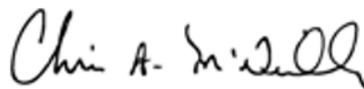
FORM NUMBER	FORM DESCRIPTION	SECTION/PAGE	VARIABLE TEXT
10220	Accelerated Death Benefit for Long-Term Care Rider	Page 12	Variable text for Officer Signatures: The actual signatures of the company's President and Secretary of the company will be inserted for this variable text.
1001565 a	Supplemental Application for Accelerated Benefit for Long-Term Care Rider	N/A	There is no variable text for this form. The fill-in information and signatures of the agent, proposed insured, and applicant will be completed by the actual agent, proposed insured and applicant, respectively.
1002483	Binding Receipt	N/A	There is no variable text for this form. The fill-in information and signature of the agent will be completed by the actual agent.

STATE FARM LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the attached forms listed below have achieved the minimum Flesch Reading Ease Score required by your state.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESCH SCORE</u>
Accelerated Death Benefit for Long-Term Care Rider	10220	50
Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider	1001565 a	50
Binding Receipt	1002483	52



Signature:

Chris A. McNeilly
Assistant Secretary

Date: February 19, 2010

P O L I C Y I D E N T I F I C A T I O N

Insured [JOHN J DOE] Age [35]
 [(Male)]
 Policy Number LF-[0000-0000] Initial Basic Amount [\$50,000]
 Policy Date [November 15, 2010]
 Issue Date [November 15, 2010]
 Owner [JANE A DOE]

S C H E D U L E O F B E N E F I T S

Universal Life Basic Plan:

Death Benefit Option [1] (Basic Amount includes the Account Value)
 Basic Amount: [\$50,000]
 Class of Risk: [Standard Male Non-Tobacco]
 Basic Amount Minimum[until the Policy Anniversary when the Insured is age 55: \$50,000
 Basic Amount Minimum on and after the Policy Anniversary when the Insured is age
 55]: [\$25,000]
 Minimum Amount of Increase: [\$25,000]
 Minimum Amount of Decrease: [\$10,000]
 Minimum Withdrawal: [\$500]

Riders:

Form	Description	Insurance Amount	Benefit Period Ends	Monthly Charge Deductible
10220	Accelerated Death Benefit for Long-Term Care (Class of Risk-[Male Non-Tobacco]) (Issue Age [35]) Minimum Monthly Benefit: [\$450]		[In 2096	To 2096]

S C H E D U L E O F P R E M I U M S

Initial Premium: [\$585.00]
 Planned Premium: [\$585.00]
 Payment Period: [Annual]
 Beginning: [November 15, 2010]
 Total Premiums
 For Policy Year
 [\$585.00]

I N T E R E S T R A T E S

Guaranteed Interest Rate: 4%
 Insurance Discount Factor: 1.0032727

Continued on Next Page

S C H E D U L E O F S U R R E N D E R C H A R G E S

Beginning Policy Year	Policy Month	Surrender Charge	Beginning Policy Year	Policy Month	Surrender Charge
[1	1	\$ 16.00	2	8	\$320.00]
[1	2	32.00	2	9	336.00]
[1	3	48.00	2	10	352.00]
[1	4	64.00	2	11	368.00]
[1	5	80.00	2	12	384.00]
[1	6	96.00	3	1	384.00]
[1	7	112.00	4	1	384.00]
[1	8	128.00	5	1	384.00]
[1	9	144.00	6	1	384.00]
[1	10	160.00	7	1	345.60]
[1	11	176.00	8	1	307.20]
[1	12	192.00	9	1	268.80]
[2	1	208.00	10	1	230.40]
[2	2	224.00	11	1	192.00]
[2	3	240.00	12	1	153.60]
[2	4	256.00	13	1	115.20]
[2	5	272.00	14	1	76.80]
[2	6	288.00	15	1	38.40]
[2	7	304.00	16	1	0.00]

Additional surrender charges will apply for each increase in Basic Amount for 15 years starting on the effective date of the increase.

Continued on Next Page

C O S T O F I N S U R A N C E R A T E S A N D M O N T H L Y C H A R G E S

Continued from Page 4

Maximum Monthly Cost of Insurance Rates
Per \$1000

(Class of Risk-[Standard Male Non-Tobacco])

Age	Rate	Age	Rate	Age	Rate	Age	Rate	Age	Rate
[35	0.0934	51	0.3148	67	1.6339	83	8.6135	99	36.4325]
[36	0.0976	52	0.3475	68	1.7796	84	9.5913	100	39.0835]
[37	0.1034	53	0.3851	69	1.9435	85	10.6935	101	41.5109]
[38	0.1109	54	0.4329	70	2.1352	86	11.9242	102	44.1763]
[39	0.1176	55	0.4865	71	2.3686	87	13.2765	103	47.1103]
[40	0.1268	56	0.5419	72	2.6423	88	14.7403	104	50.3318]
[41	0.1376	57	0.5956	73	2.9318	89	16.3061	105	53.8699]
[42	0.1510	58	0.6494	74	3.2440	90	17.8976	106	57.8027]
[43	0.1668	59	0.7125	75	3.5855	91	19.4964	107	62.1940]
[44	0.1844	60	0.7890	76	3.9724	92	21.2072	108	67.1272]
[45	0.2036	61	0.8825	77	4.4247	93	23.0525	109	72.7010]
[46	0.2228	62	0.9914	78	4.9534	94	25.0443	110	79.0454]
[47	0.2387	63	1.1105	79	5.5501	95	27.0677	111-120	83.3333]
[48	0.2512	64	1.2349	80	6.2211	96	29.0947	121 & over	0.0000]
[49	0.2671	65	1.3645	81	6.9572	97	31.3129]		
[50	0.2880	66	1.4961	82	7.7445	98	33.7487]		

The Maximum Monthly Cost of Insurance Rates are based on the Insured's age last birthday at the start of the Policy Year, sex, and tobacco use as shown above. The Commissioners 2001 [Nonsmoker] Standard Ordinary Age Last Birthday Mortality Table applies. Modifications are made if the Class of Risk is other than Standard.

Maximum Monthly Charges per \$1000 for
Accelerated Death Benefit for Long-Term Care

(Class of Risk-[Male Non-Tobacco])
(Issue Age [35])

[0.0720]

The Maximum Monthly Cost of Insurance Rates are based on the Insured's issue age, sex, and tobacco use as shown above.



Save this Notice! It may be important to you in the future.

Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care Insurance

According to your application, you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with an individual long-term care insurance policy and rider to be issued by State Farm Life Insurance Company. Your new policy and rider provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy and rider. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy and rider.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

Statement to Applicant by Agent:

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

1. Health conditions that you may presently have (preexisting condition), may not be immediately or fully covered under the new policy and rider. This could result in denial or delay in payment of benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new preexisting conditions or probationary periods. The insurer will waive any time periods applicable to preexisting conditions or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy and rider had never been in force. After the application has been completed and before you sign it, read it carefully to be certain that all information has been properly recorded.

[*Mark Smith*]

[Mark Smith]

(Signature of Agent)

(Printed Name of Agent)

The above "Notice to Applicant" was delivered to me on:

SAMPLE

[*Jane A. Doe*]

[October 15, 2010]

(Applicant's Signature)

(Date)

One copy to be retained by the Applicant, and a second signed copy to be returned with the application.

STATE FARM LIFE INSURANCE COMPANY / HOME OFFICE: BLOOMINGTON, ILLINOIS 61710
STATEMENT OF POLICY COST AND BENEFIT INFORMATION

BASE PLAN 08030:

FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE BENEFIT PAYABLE ON INSURED'S DEATH.

NON-TOBACCO COST OF INSURANCE RATES

POLICY YEAR	DEATH BENEFIT BEGINNING OF POLICY YEAR		ACCOUNT VALUE END OF POLICY YEAR		CASH SURRENDER VALUE END OF POLICY YEAR		PLANNED PREMIUM FOR YEAR
	GUARANTEED BASIS	CURRENT BASIS	GUARANTEED BASIS	CURRENT BASIS	GUARANTEED BASIS	CURRENT BASIS	
1	\$50,000	\$50,000	\$ 384.12	\$ 406.77	\$ 192.12	\$ 214.77	\$ 735.00
2	50,000	50,000	778.81	829.07	394.81	445.07	735.00
3	50,000	50,000	1,244.96	1,328.54	860.96	944.54	735.00
4	50,000	50,000	1,723.29	1,846.54	1,339.29	1,462.54	735.00
5	50,000	50,000	2,214.87	2,384.72	1,830.87	2,000.72	735.00
6	50,000	50,000	2,694.35	2,942.70	2,310.35	2,558.70	735.00
7	50,000	50,000	3,184.93	3,520.87	2,839.33	3,175.27	735.00
8	50,000	50,000	3,685.83	4,118.99	3,378.63	3,811.79	735.00
9	50,000	50,000	4,196.22	4,737.04	3,927.42	4,468.24	735.00
10	50,000	50,000	4,715.77	5,378.22	4,485.37	5,147.82	735.00
20	50,000	50,000	10,715.88	13,725.00	10,715.88	13,725.00	683.00
AGE 65	50,000	50,000	17,538.71	26,036.76	17,538.71	26,036.76	683.00

RIDERS WHICH HAVE NO ACCOUNT VALUES:

	DEATH BENEFIT	BENEFIT PERIOD BEGINS	BENEFIT PERIOD ENDS
GUARANTEED INSURABILITY OPTION 10251: PROVIDES THE RIGHT TO OBTAIN \$25,000 ADDITIONAL COVERAGE AT AGES 37, 40, 43, 46 AND 49.	\$0	11-15-2010	11-14-2024
CHILDREN'S TERM 10141: TERM INSURANCE ON EACH CHILD TO EARLIER OF CHILD'S 25TH BIRTHDAY OR BASE INSURED'S AGE 65.	10,000	11-15-2010	11-14-2040

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
CONTINUED FROM PAGE 1

	MAXIMUM MONTHLY BENEFIT AT ISSUE:	ELIMINATION PERIOD
FLEXIBLE CARE BENEFIT RIDER 10220: (ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER)	\$1,000	90 CONSECUTIVE DAYS

ACCELERATED PAYMENTS ARE LIMITED TO THE DEATH BENEFIT. THE MAXIMUM MONTHLY BENEFIT IS 2% OF THE DEATH BENEFIT AT THE TIME OF CLAIM, SUBJECT TO MAXIMUMS IMPOSED BY THE INTERNAL REVENUE CODE. THE SUM OF THE MONTHLY BENEFIT IS LIMITED TO THE DEATH BENEFIT AT THE TIME OF CLAIM. BENEFIT PAYMENTS WILL RESULT IN A DECREASE IN THE BASIC AMOUNT, ACCOUNT VALUE, SURRENDER CHARGES, AND ANY OUTSTANDING LOAN UNDER THE POLICY. BENEFITS PAID MAY INCREASE OR DECREASE DUE TO EXERCISING OTHER RIGHTS UNDER THE POLICY. PROVIDES FOR WAIVER OF MONTHLY DEDUCTION FOR EACH DEDUCTION DATE THAT A MONTHLY BENEFIT IS PAID. BENEFITS TERMINATE UPON THE INSURED'S DEATH OR WHEN THE AMOUNT OF THE DEATH BENEFIT IS PAID IN FULL. BENEFITS WILL NOT ACCRUE AND WILL NOT BE PROVIDED UNTIL A 90 DAY ELIMINATION PERIOD HAS BEEN SATISFIED. PAYMENT OF RIDER BENEFITS WILL REDUCE THE POLICY'S DEATH BENEFIT AND CASH SURRENDER VALUE.

BENEFITS PROVIDED MAY NOT COVER ALL COSTS ASSOCIATED WITH LONG-TERM CARE. BENEFITS WILL BE SUBJECT TO THE FOLLOWING LIMITATIONS AND EXCLUSIONS: (1) THE MONTHLY BENEFIT WILL NOT EXCEED THE MAXIMUM MONTHLY BENEFIT, (2) NO MONTHLY BENEFIT WILL BE PAID FOR A PERIOD MORE THAN 12 MONTHS PRIOR TO THE DATE A REQUEST FOR BENEFITS IS RECEIVED, AND (3) NO MONTHLY BENEFIT WILL BE PAID FOR ANY LOSS THAT STARTS (A) BEFORE THE EFFECTIVE DATE OF THE RIDER; (B) RESULTS FROM AN ATTEMPTED SUICIDE, WHILE SANE OR INSANE, OR INTENTIONALLY SELF-INFLICTED INJURY; (C) RESULTS FROM THE INSURED'S ALCOHOLISM OR ADDICTION TO DRUGS OR NARCOTICS, BUT NOT ADDICTION WHICH RESULTS FROM THE ADMINISTRATION OF THOSE SUBSTANCES IN ACCORDANCE WITH THE ADVICE AND WRITTEN INSTRUCTIONS OF A LICENSED HEALTH CARE PRACTITIONER; (D) OCCURS OR CONTINUES WHILE THE INSURED IS LIVING OUTSIDE OF THE UNITED STATES OF AMERICA OR ITS TERRITORIES OR POSSESSIONS; (E) RESULTS FROM THE INSURED'S PARTICIPATION IN A FELONY, RIOT OR INSURRECTION, OR INVOLVEMENT IN AN ILLEGAL OCCUPATION; (F) OCCURS OR CONTINUES DURING THE INSURED'S INCARCERATION; OR (G) RESULTS FROM ANY ACT DUE TO WAR WHETHER OR NOT THE INSURED IS IN THE MILITARY SERVICE. "WAR" MEANS DECLARED OR UNDECLARED WAR OR CONFLICT INVOLVING THE ARMED FORCES OF ONE OR MORE COUNTRIES, GOVERNMENTS, OR INTERNATIONAL ORGANIZATIONS.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
CONTINUED FROM PAGE 2

THE MONTHLY CHARGES PER \$1000 WILL NOT CHANGE DURING THE FIRST 12 MONTHS AFTER THE EFFECTIVE DATE. THEREAFTER, THE MONTHLY CHARGES PER \$1000 CAN BE CHANGED NO MORE OFTEN THAN ONCE EVERY CALENDAR YEAR WITH AT LEAST 6 MONTHS BETWEEN CHANGES. THE MONTHLY CHARGES PER \$1000 CANNOT EXCEED THE POLICY MAXIMUMS. LONG-TERM CARE INFLATION PROTECTION IS NOT AVAILABLE UNDER THIS RIDER.

THIS POLICY WILL TERMINATE ON DECEMBER 15, 2063, AT THE END OF THE GRACE PERIOD BASED ON THE SCHEDULED PREMIUM PAYMENTS, NO POLICY LOAN, GUARANTEED COST OF INSURANCE RATE, GUARANTEED MONTHLY EXPENSE CHARGE, AND GUARANTEED INTEREST RATES.

COST OF INSURANCE FOR THE BASIC PLAN AND CHARGES FOR ANY RIDERS ARE INCLUDED IN THE VALUES SHOWN ABOVE.

	LIFE INSURANCE SURRENDER COST INDEX AT 5%:		LIFE INSURANCE NET PAYMENT COST INDEX AT 5%:	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
	BASE PLAN 08030			
GUARANTEED BASIS	5.08	5.64	11.87	11.81
CURRENT BASIS	4.37	4.19	12.16	12.09

AN EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

THE SURRENDER COST AND NET PAYMENT INDEXES MAY INCREASE OR DECREASE DEPENDING ON FUTURE CHANGES IN INTEREST AND MORTALITY BUT WILL NEVER BE MORE THAN THOSE SHOWN ON THE GUARANTEED BASIS.

THIS POLICY IS PARTICIPATING, BUT STATE FARM LIFE DOES NOT EXPECT TO PAY DIVIDENDS.

FIGURES SHOWN ON THE CURRENT BASIS USE THE CURRENT INTEREST CREDITED OF 5.00% A YEAR ON THE ACCOUNT VALUE, THE CURRENT MONTHLY COST OF INSURANCE RATES, THE CURRENT MONTHLY EXPENSE CHARGES, AND CURRENT MONTHLY CHARGES FOR ANY ADDITIONAL INSURED'S TERM RIDER. THESE ITEMS CAN BE CHANGED AT ANY TIME SUBJECT TO THE GUARANTEED INTEREST RATE OF 4% A YEAR, MAXIMUM MONTHLY COST OF INSURANCE RATES, MAXIMUM MONTHLY EXPENSE CHARGES, MAXIMUM MONTHLY CHARGE FOR ANY ADDITIONAL INSURED'S TERM RIDER, AND THE AMOUNT OF ANY POLICY LOAN. THE CURRENT INTEREST RATE IS INCREASED BY 0.50% PER YEAR ON THE UNLOANED ACCOUNT VALUE THAT EXCEEDS 10% OF THE BASIC AMOUNT. INTEREST CREDITED ON THE ACCOUNT VALUE UP TO THE AMOUNT OF ANY POLICY

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
CONTINUED FROM PAGE 3

LOAN IS CURRENTLY 6.00% A YEAR. ALL INTEREST RATES ARE EFFECTIVE ANNUAL INTEREST RATES. INTEREST IS CREDITED AFTER DEDUCTIONS FOR THE MONTHLY ISSUE CHARGE, THE MONTHLY EXPENSE CHARGE, MONTHLY COST OF INSURANCE CHARGE, AND MONTHLY CHARGES FOR ANY RIDERS.

THE CASH SURRENDER VALUE SHOWN IS EQUAL TO THE ACCOUNT VALUE LESS ANY APPLICABLE SURRENDER CHARGE. A SURRENDER CHARGE APPLIES DURING THE FIRST 15 POLICY YEARS FOLLOWING ISSUE OR AN INCREASE IN THE BASIC AMOUNT.

EFFECTIVE POLICY LOAN ANNUAL INTEREST RATE IS 8.0% IN POLICY YEARS 1-10, 7.0% IN POLICY YEARS 11-20, AND 6.5% THEREAFTER. LOAN INTEREST IS PAYABLE ON POLICY ANNIVERSARIES FOLLOWING THE LOAN DATE.

THE PREMIUM CHARGE IS 5% OF EACH PREMIUM. DURING EACH OF THE FIRST 24 MONTHS FOLLOWING ISSUE OR AN INCREASE, AN ISSUE CHARGE WILL BE DEDUCTED FROM THE ACCOUNT VALUE. THE ISSUE CHARGE IS \$0.10 PER \$1000 OF THE INITIAL BASIC AMOUNT AND EACH INCREASE, EACH SUBJECT TO A MAXIMUM OF \$50.00 PER MONTH. A MONTHLY EXPENSE CHARGE WILL BE DEDUCTED FROM THE ACCOUNT VALUE ON EACH DEDUCTION DATE. THE CURRENT MONTHLY EXPENSE CHARGE IS \$8.00 PER MONTH. THE MAXIMUM MONTHLY EXPENSE CHARGE IS \$8.00 PER MONTH IN POLICY YEARS 1-5, AND \$10.00 PER MONTH THEREAFTER.

THE DESCRIPTION OF COVERAGE IS GENERAL. A COMPLETE STATEMENT OF COVERAGE IS FOUND ONLY IN THE POLICY.

AGENT: MARK SMITH
124 MAIN ST
BLOOMINGTON, VA 12345
TELEPHONE (309) 555-1234

FOR: JOHN J DOE
POLICY NUMBER LF-0000-0000
PREPARED ON: 11-15-2010

SERFF FILING DESCRIPTION FOR ARKANSAS

Re: **State Farm Life Insurance Company**

NAIC No.: 176-69108

FEIN No.: 37-0533090

Individual Life Insurance Forms Filing

Forms

Description

10220-04

Accelerated Death Benefit for Long-Term Care Rider

1001565 b

Supplemental Application for Accelerated Death Benefit
for Long-Term Care Rider

1002483

Binding Receipt

1001699

Long-Term Care Insurance – Outline of Coverage

1002567

Long Term Care Insurance Potential Rate Increase Disclosure
Form

10141

Children's Term Life Insurance Benefit Rider]

10251

Guaranteed Insurability Option Benefit Rider

Dear Sir or Madam:

Milliman is submitting the above-referenced forms filing for the Department's review and approval on behalf the State Farm Life Insurance Company ("the Company"). A letter from the Company authorizing Milliman to conduct this filing is included with this submission.

The forms are being filed on a general use basis and will be marketed in the individual life market exclusively by the Company's licensed agents. The forms, as applicable, will be marketed on an illustrated basis.

The forms will be marketed on an individual basis to the general public. The forms will be used with the following previously approved policy form ICC07 08030 (Flexible Premium Adjustable Life Insurance Policy), approved 10/17//2007 via Interstate Compact, refer to SERFF Tracking Number STFL-125309485.

The Company's state of domicile is Illinois. Illinois Department of Insurance does not require approval of forms not used in Illinois.

The forms contain no unusual or controversial features or language that deviate from normal insurance industry standards. Please note that portions of the forms filed with this submission are bracketed as variable, and may change as described in the attached actuarial memorandum and in the Statement of Variability.

Form 10220-04, Accelerated Death Benefit for Long-Term Care Rider:

Form 10220-04 is an individual long term care insurance rider that provides accelerated payments from the life policy's death benefit to pay for qualified long-term care services incurred by the insured person. The rider is an optional rider and will be sold and issued with the

aforementioned universal life policy. The monthly charge for this rider is deducted on a monthly basis. The issue ages for the form are 20 -65 years inclusive. The form is new and does not replace any previously approved forms.

Form 1001565 b, Supplemental Application for Accelerated Death Benefit for Long-Term Care Rider:

Form 1001565 b is the supplemental application form that will be used to apply for benefit rider form 10220-04. Form 1001565 b will be used in connection with the approved base policy's application form 1000704 AR.1, Application for Individual Life Insurance, (approved on 03/02/2010; refer to SERFF Tracking Number STFL-126423717 and State Tracking Number 45046. The form is new and does not replace any previously approved forms.

Form 1002483, Binding Receipt:

Form 1002483 is the binding receipt form to be used with the individual life application form 1000704 AR.1 which was approved by your Department on 03/02/2010 (as stated above for form 1001565 b). Form 1002483 is being filed to replace form 1000510 which was approved by your Department on 4/11/2008; refer to SERFF Tracking Number STFL-125593146. Form 1002483 will be used with the Company's existing approved life application forms filed with the Department. Form 1002483 will be provided upon receipt of payment in connection with the application.

Form 1001699, Long-Term Care Insurance – Outline of Coverage:

Form 1001699 is the outline of coverage for rider form 10220-04. The outline of coverage form will be provided to the applicant prior to application. The form is new and does not replace any previously approved forms.

Form 1002567 - Long Term Care Insurance Potential Rate Increase Disclosure Form:

Form 1002567 is the required disclosure that will be used with form 10220-04. The disclosure form will be given to the applicant at time of application. The form is new and does not replace any previously approved forms.

Form 10141, Children's Term Life Insurance Benefit Rider:

Form 10141 provides a term life insurance benefit on each Eligible Child of the Insured until the earlier of the Eligible Child's 25th birthday or the policy anniversary when the Insured is age 65. The insured must be 16-55 on the effective date of this benefit. On the effective date, the Eligible Children must be under age 18. The 2001 CSO Mortality Table is used in determining the cash values for the paid-up benefit and is shown on page 4 of the policy. The rider will be used with the aforementioned base life policy form 08030. Form 10141 is being filed to replace 08141 which was approved by your Department on 10/17/2007; refer to SERFF Tracking Number STFL-125309485.

Form 10251, Guaranteed Insurability Option Benefit Rider:

Form 10251 provides a guaranteed insurability option benefit which provides option dates on which an increase to a universal life policy can be purchased on the insured without evidence of

insurability. Option dates are the policy anniversaries when the Insured is age 17, 22, 25, 28, 31, 34, 37, 40, 43, 46, and 49. Issue ages are 0-37. The rider will be used with the aforementioned base life policy form 08030. Form 10251 is being filed to replace form 08251 which was approved by your Department on 10/17/2007; refer to SERFF Tracking Number STFL-125309485.

Form 1002488, Notice to Applicant Regarding Replacement of Individual Accident and Sickness or Long-Term Care Insurance:

Form 1002488 is the replacement notice that will be used with form 10220-04. Form 1002488 will be provided to the applicant at time of application if the applicant is replacing a long-term care policy or another policy that accelerates benefits for long-term care. This form is being submitted on an informational basis. The form is new and does not replace any previously approved forms.

Also, enclosed are sample copies of the following documents which are being submitted on an informational basis:

1. **Schedule of Benefits:** Enclosed is a sample Schedule of Benefits page that will be use to reflect the benefit coverage information and Guaranteed Maximum Monthly Cost of Insurance Rates applicable to the insured person for benefits provided under rider form 10220-04. The Schedule of Benefits page will be included in the base life policy.
2. **Policy Summary - Statement of Policy Cost and Benefit Information:** The Company intends to include the state's requirements for the policy summary in its illustration for the product. The Company may issue a policy summary with the state's requirements for the product included; a sample of the policy summary is attached for your reference.

The following items are also enclosed:

1. Actuarial Memorandums and Rates; and
2. Readability Certification.

The required filing fee for this filing is being paid via EFT with this filing submission.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

We appreciate your time and consideration with regard to this filing. Should you have any questions regarding this filing, or require any additional information, please direct all correspondence and questions to my attention. My direct telephone number is 312/499-5728.

Sincerely,

Hazel J. Delane
Compliance Consultant
Milliman

SERFF Tracking Number: STFL-126451532 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45268
 Company Tracking Number: FCB-0146STF01-05
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: FCB
 Project Name/Number: FCB/0146STF

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)
03/26/2010	Form	Long-Term Care Insurance - Outline of Coverage	03/26/2010	1001699_Long-Term Care Insurance - Outline of Coverage_03-12-10 subm AR.pdf (Superceded)
01/12/2010	Supporting Document	Outline of Coverage	03/26/2010	1001699_Long-Term Care Insurance - Outline of Coverage_03-12-10 subm AR.pdf (Superceded)



State Farm Life Insurance Company
Home Office, Bloomington, IL 61710
(970) 395-5330

Retain this form for your Records

Long-Term Care Insurance - Outline of Coverage

Accelerated Death Benefit for Long-Term Care Rider

Rider Series 10220

Notice to Buyer: This rider may not cover all of the costs associated with long-term care incurred by you during the period of coverage. You are advised to review carefully all policy limitations.

Caution: This rider is issued based upon the responses to questions on the application. A copy of the application was included in your policy. If the answers are incorrect or untrue, the Company has the right to deny benefits or rescind this policy and rider subject to the incontestability provision. The best time to clear up any questions is now before a claim arises. If, for any reason, any of the answers are incorrect or untrue, contact us at the address shown on page 1 of this policy.

1. This rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the accelerated death benefit for long-term care rider. You should compare this outline of coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy and rider contain governing contractual provisions. This means that the policy and rider set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **read your policy carefully**.
3. **FEDERAL TAX CONSEQUENCES.** This rider is intended to qualify as a federally tax-qualified long-term care insurance contract under Internal Revenue Code of 1986, as amended. Benefits provided by this rider may be taxable as income. You should consult your attorney or tax advisor to assess the impact this rider may have on you.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.** **RENEWABILITY:** THIS RIDER IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue this rider as long as you pay your premiums on time. We cannot change any of the terms of your policy on our own, unless required by law, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

WAIVER OF MONTHLY DEDUCTION BENEFIT: We will waive the monthly deduction for this policy on each deduction date a monthly benefit is paid under this rider.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE MONTHLY CHARGES.** Any rate change will be made only when We change the rates on a rate class basis on the same form as this Rider that are delivered in the same state as this Rider. We will give the Owner at least 60 days advance written notice before any rate change. However, the rates will never exceed the Guaranteed Maximum Cost of of Insurance Rates.
6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND MONTHLY CHARGE CREDITED.** This rider may be returned within 30 days of its receipt. Return may be made to State Farm Life Insurance Company or one of our authorized agents. If returned, this rider will be void from the effective date. Any monthly charge deducted for this rider will be credited to the account value of the Policy.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us. Neither State Farm Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE.** Policies or riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This rider provides coverage in the form of a monthly benefit, subject to rider limitations or conditions on eligibility for benefits.

9. **BENEFITS PROVIDED BY THIS RIDER.** This rider provides a monthly benefit when the Insured is chronically ill and receiving qualified long-term care services. Rider benefits will reduce the policy's death proceeds and cash surrender value. When the eligibility requirements for payment of benefits are met, we will pay you a monthly benefit.

MAXIMUM MONTHLY BENEFIT. Unless you send us a request for a lower amount, the lesser of:

1. 2% of the sum of the basic amount and the account value on the deduction after we receive your request for the monthly benefit and all qualifications for benefits have been met; and
2. the daily dollar amount in effect under Section 7702B(d) of the Code times the benefit period for the deduction date on which a monthly benefit is paid.

ELIGIBILITY FOR PAYMENT OF BENEFITS. To qualify for the monthly benefit payment, all of the following requirements must be met:

1. the Insured is certified chronically ill by a licensed health care practitioner,
2. the elimination period is satisfied,
3. the Insured is receiving qualified long-term care services,
4. this policy and this rider are in force at the time a request for benefit is received,
5. none of the limitations and exclusions apply,
6. any assignee of record has agreed in writing for you to receive benefits,
7. any irrevocable beneficiary has agreed in writing for you to receive benefits, and
8. the Insured is alive when we receive the request for benefits.

DEFINITION OF TERMS:

Activities of Daily Living: The activities of daily living are:

1. **Bathing.** Washing oneself by sponge bath or in a tub or shower, including the task of getting into and out of the tub or shower.
2. **Continence.** The ability to maintain control of bowel and bladder function; or, when unable to do so, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. **Dressing.** Putting on and taking off all items of clothing and necessary braces, fasteners, or artificial limbs.
4. **Eating.** Feeding oneself by getting food into your body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. **Toileting.** Getting to and from, off and on, the toilet, and performing associated personal hygiene.
6. **Transferring.** Moving into or out of a bed, chair, or wheelchair.

Chronically Ill Individual. Certification by a licensed health care practitioner that the Insured:

1. is unable to perform at least 2 activities of daily living without substantial assistance, for a period of a least 90 days due to a loss of functional capacity; or
2. requires substantial supervision to protect the Insured's health and safety due to a severe cognitive impairment.

Cognitive Impairment. Certified by a licensed health care practitioner that the Insured has a loss or deterioration in intellectual capacity, or judgment, which requires substantial supervision to protect the Insured, and is measurable by clinical evidence and standardized tests that reliably evaluate:

1. short and long-term memory,
2. orientation as to person (the Insured knows who he or she is), place (the Insured knows where he or she is), and time (the Insured knows day, date, and year),
3. deductive or abstract reasoning, and
4. judgment as it relates to safety awareness.

Elimination Period. Ninety consecutive days during which the Insured is a Chronically Ill Individual and receiving qualified long-term care services.

10. LIMITATIONS AND EXCLUSIONS. No Monthly Benefit will be paid for any loss that:

1. starts before the effective date of this rider;
2. results from an attempted suicide, while sane or insane, or intentionally self-inflicted injury;
3. results from the Insured's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a licensed health care practitioner;
4. occurs while the Insured is living outside of the United States of America or its territories or possessions;
5. results from the Insured's participation in a felony, riot or insurrection, or involvement in an illegal occupation;
6. occurs or continues during the Insured's incarceration;
7. results from any act due to war whether or not the Insured is in the military service. War means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of the policy or this rider may be adjusted. Increases or decreases to the basic amount, loans, and withdrawals will change the monthly benefit provided by this rider. This rider does not include an inflation protection benefit.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Your rider provides benefits, subject to all provisions of the rider, for Alzheimer's disease or senile dementia, which are determined by clinical tests that reliably measure and produce clinical evidence.
13. **RIDER CHARGES:** The Monthly Charge for this Rider will be deducted from the account value of the policy on each deduction date.
14. **ADDITIONAL FEATURES.** Medical underwriting is used for this rider.
15. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT STATE FARM LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER.**



State Farm Life Insurance Company
Home Office, Bloomington, IL 61710
(970) 395-5330

Retain this form for your Records

Long-Term Care Insurance - Outline of Coverage

Accelerated Death Benefit for Long-Term Care Rider

Rider Series 10220

Notice to Buyer: This rider may not cover all of the costs associated with long-term care incurred by you during the period of coverage. You are advised to review carefully all policy limitations.

Caution: This rider is issued based upon the responses to questions on the application. A copy of the application was included in your policy. If the answers are incorrect or untrue, the Company has the right to deny benefits or rescind this policy and rider subject to the incontestability provision. The best time to clear up any questions is now before a claim arises. If, for any reason, any of the answers are incorrect or untrue, contact us at the address shown on page 1 of this policy.

1. This rider is attached to an individual life insurance policy.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides a very brief description of the important features of the accelerated death benefit for long-term care rider. You should compare this outline of coverage to outlines of coverage for other policies and riders available to you. This is not an insurance contract, but only a summary of coverage. Only the individual policy and rider contain governing contractual provisions. This means that the policy and rider set forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **read your policy carefully**.
3. **FEDERAL TAX CONSEQUENCES.** This rider is intended to qualify as a federally tax-qualified long-term care insurance contract under Internal Revenue Code of 1986, as amended. Benefits provided by this rider may be taxable as income. You should consult your attorney or tax advisor to assess the impact this rider may have on you.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.** **RENEWABILITY:** THIS RIDER IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy, to continue this rider as long as you pay your premiums on time. We cannot change any of the terms of your policy on our own, unless required by law, except that, in the future, WE MAY INCREASE THE PREMIUM YOU PAY.

WAIVER OF MONTHLY DEDUCTION BENEFIT: We will waive the monthly deduction for this policy on each deduction date a monthly benefit is paid under this rider.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE MONTHLY CHARGES.** Any rate change will be made only when We change the rates on a rate class basis on the same form as this Rider that are delivered in the same state as this Rider. We will give the Owner at least 60 days advance written notice before any rate change. However, the rates will never exceed the Guaranteed Maximum Cost of of Insurance Rates.
6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND MONTHLY CHARGE CREDITED.** This rider may be returned within 30 days of its receipt. Return may be made to State Farm Life Insurance Company or one of our authorized agents. If returned, this rider will be void from the effective date. Any monthly charge deducted for this rider will be credited to the account value of the Policy.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from Us. Neither State Farm Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

8. **LONG-TERM CARE COVERAGE.** Policies or riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home.

This rider provides coverage in the form of a monthly benefit, subject to rider limitations or conditions on eligibility for benefits.

9. **BENEFITS PROVIDED BY THIS RIDER.** This rider provides a monthly benefit when the Insured is chronically ill and receiving qualified long-term care services. Rider benefits will reduce the policy's death proceeds and cash surrender value. When the eligibility requirements for payment of benefits are met, we will pay you a monthly benefit.

MAXIMUM MONTHLY BENEFIT. Unless you send us a request for a lower amount, the lesser of:

1. 2% of the sum of the basic amount and the account value on the deduction after we receive your request for the monthly benefit and all qualifications for benefits have been met; and
2. the daily dollar amount in effect under Section 7702B(d) of the Code times the benefit period for the deduction date on which a monthly benefit is paid.

ELIGIBILITY FOR PAYMENT OF BENEFITS. To qualify for the monthly benefit payment, all of the following requirements must be met:

1. the Insured is certified chronically ill by a licensed health care practitioner,
2. the elimination period is satisfied,
3. the Insured is receiving qualified long-term care services,
4. this policy and this rider are in force at the time a request for benefit is received,
5. none of the limitations and exclusions apply,
6. any assignee of record has agreed in writing for you to receive benefits,
7. any irrevocable beneficiary has agreed in writing for you to receive benefits, and
8. the Insured is alive when we receive the request for benefits.

DEFINITION OF TERMS:

Activities of Daily Living: The activities of daily living are:

1. Bathing. Washing oneself by sponge bath or in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence. The ability to maintain control of bowel and bladder function; or, when unable to do so, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing. Putting on and taking off all items of clothing and necessary braces, fasteners, or artificial limbs.
4. Eating. Feeding oneself by getting food into your body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
5. Toileting. Getting to and from, off and on, the toilet, and performing associated personal hygiene.
6. Transferring. Moving into or out of a bed, chair, or wheelchair.

Chronically Ill Individual. Certification by a licensed health care practitioner that the Insured:

1. is unable to perform at least 2 activities of daily living without substantial assistance, for a period of a least 90 days due to a loss of functional capacity; or
2. requires substantial supervision to protect the Insured's health and safety due to a severe cognitive impairment.

Cognitive Impairment. Certified by a licensed health care practitioner that the Insured has a loss or deterioration in intellectual capacity, or judgment, which requires substantial supervision to protect the Insured, and is measurable by clinical evidence and standardized tests that reliably evaluate:

1. short and long-term memory,
2. orientation as to person (the Insured knows who he or she is), place (the Insured knows where he or she is), and time (the Insured knows day, date, and year),
3. deductive or abstract reasoning, and
4. judgment as it relates to safety awareness.

Elimination Period. Ninety consecutive days during which the Insured is a Chronically Ill Individual and receiving qualified long-term care services.

10. LIMITATIONS AND EXCLUSIONS. No Monthly Benefit will be paid for any loss that:

1. starts before the effective date of this rider;
2. results from an attempted suicide, while sane or insane, or intentionally self-inflicted injury;
3. results from the Insured's alcoholism or addiction to drugs or narcotics; but not addiction which results from the administration of those substances in accordance with the advice and written instructions of a licensed health care practitioner;
4. occurs while the Insured is living outside of the United States of America or its territories or possessions;
5. results from the Insured's participation in a felony, riot or insurrection, or involvement in an illegal occupation;
6. occurs or continues during the Insured's incarceration;
7. results from any act due to war whether or not the Insured is in the military service. War means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

11. **RELATIONSHIP OF COST OF CARE AND BENEFITS.** Because the costs of long-term care services will likely increase over time, you should consider whether and how the benefits of the policy or this rider may be adjusted. Increases or decreases to the basic amount, loans, and withdrawals will change the monthly benefit provided by this rider. This rider does not include an inflation protection benefit.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** Your rider provides benefits, subject to all provisions of the rider, for Alzheimer's disease or senile dementia, which are determined by clinical tests that reliably measure and produce clinical evidence.
13. **RIDER CHARGES:** The Monthly Charge for this Rider will be deducted from the account value of the policy on each deduction date.
14. **ADDITIONAL FEATURES.** Medical underwriting is used for this rider.
15. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT STATE FARM LIFE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER.**