

SERFF Tracking Number: LHLI-126587152 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45440
Company Tracking Number: GTDMP10 CP
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Group Term Life Insurance
Project Name/Number: /

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Group Term Life Insurance SERFF Tr Num: LHLI-126587152 State: Arkansas
TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 45440
Closed

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: GTDMP10 CP State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life
Filing Type: Form

Reviewer(s): Linda Bird
Disposition Date: 04/20/2010
Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally
Roudebush, Rodney Hartwig
Date Submitted: 04/15/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

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

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This filing was submitted to Illinois, our domicile state on April 12, 2010 via SERFF. It has not been certified nor approved as of today's date.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/20/2010

Market Type: Group
Group Market Size: Large
Group Market Type: Discretionary
Explanation for Other Group Market Type:
State Status Changed: 04/16/2010
Created By: Cathy Patterson
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Cathy Patterson
Filing Description:
please see cover letter

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 Product Name: Group Term Life Insurance
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Company and Contact

Filing Contact Information

Cathy Patterson, cathy.patterson@londen-insurance.com
 4343 E Camelback Rd 800-433-8181 [Phone]
 Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois
 4343 East Camelback Road Group Code: Company Type: Life and Health
 Phoenix, AZ 85018 Group Name: State ID Number:
 (800) 433-8181 ext. [Phone] FEIN Number: 04-2314290

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: 3 Forms X \$50.00 = \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$150.00	04/15/2010	35700716

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/20/2010	04/20/2010
Approved-Closed	Linda Bird	04/16/2010	04/16/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Enrollment Form Group Term Life Insurance with ADB	Cathy Patterson	04/19/2010	04/19/2010
Supporting Document	Cover Letter	Cathy Patterson	04/19/2010	04/19/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to reopen filing	Note To Filer	Linda Bird	04/19/2010	04/19/2010

SERFF Tracking Number: LHLI-126587152 *State:* Arkansas
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Disposition

Disposition Date: 04/20/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has made corrections to enrollment form.

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-126587152 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document (revised)	Cover Letter		Yes
Supporting Document	Cover Letter	Replaced	Yes
Supporting Document	Actuarial Memorandum		No
Form	Group 10 Year Level Term Life Insurance Policy with ADB		Yes
Form	Group 10 Year Level Term Life Insurance Certificate with ADB		Yes
Form (revised)	Enrollment Form Group Term Life Insurance with ADB		Yes
Form	Enrollment Form Group Term Life Insurance with ADB	Replaced	Yes

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Disposition

Disposition Date: 04/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: Group Term Life Insurance
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Amendment Letter

Submitted Date: 04/19/2010

Comments:

Dear Ms. Bird:

We had a slight change to our enrollment form after this had already been approved. I have uploaded the revised one, along with a new cover letter. Thank you so much for re-opening this for me.

Cathy Patterson

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
GTDMENR10-AR	Application/Enrollment Form	Enrollment Form Group Term Life Insurance with ADB	Initial				40.000	GTDMENR10-AR.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment: cover letter attached.

Cover Letter AR revised 04192010.pdf

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Note To Filer

Created By:

Linda Bird on 04/19/2010 08:32 AM

Last Edited By:

Linda Bird

Submitted On:

04/19/2010 08:32 AM

Subject:

Request to reopen filing

Comments:

Filing has been reopened in order for correction to be made in form number GTDMENR10-AR.

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Form Schedule

Lead Form Number: GTDMP10

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GTDMP10	Policy/Contract/Fraternal Certificate	Group 10 Year Level Term Life Insurance Policy with ADB	Initial		40.000	GTDMP10.pdf
	GTDMC10-AL	Certificate	Group 10 Year Level Term Life Insurance Certificate with ADB	Initial		40.000	GTDMC10-AR.pdf
	GTDMENR10-AR	Application/Enrollment Form	Enrollment Group Term Life Insurance with ADB	Initial		40.000	GTDMENR10-AR.pdf

Lincoln Heritage Life Insurance Company
An Illinois Stock Company

Principal Office
4343 East Camelback Road
Phoenix, AZ 85018
{Toll Free: 1-800-438-7180}

{Administrative Office}

READ YOUR POLICY CAREFULLY. This is a legal contract between You and Lincoln Heritage Life Insurance Company. This Policy is issued to You in consideration of the Application and payment of premiums. We will pay the Death Benefit shown on the Certificate Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while the Policy and Certificate were in force. Our payments are subject to the terms of the Certificate of Coverage issued to the Certificateholder. A copy of the Application Form is attached to and made a part of this Policy.

RIGHT TO CANCEL. You may cancel this Policy by delivering, mailing or faxing a written notice to Our Administrative Office and by returning this Policy or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Policy. Written notice and return of the Policy or Contract by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Policy from its date of issue and return all payments made within ten days after We receive notice of cancellation and the returned Policy. We will return all payments made to the Certificateholder.


Secretary


President

**TERM GROUP LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR LENGTH OF CERTIFICATE TERM
NON-PARTICIPATING
NON-RENEWABLE**

POLICY CONTENTS

	Pages
Read Your Policy Carefully	1
Right to Cancel	1
Policy Contents	2
Policy Schedule Page	3
Definitions	4
General Provisions	5
Payment of Premiums	6
Grace Period	6
Reinstatement	7
Death Benefit	7
Accidental Death Benefit	7
Continuation of Coverage	8
Notice of Conversion	8
Death Pending Conversion	8
Application – Attached	

LINCOLN HERITAGE LIFE INSURANCE COMPANY
PRINCIPAL OFFICE: PHOENIX, ARIZONA

Policy Schedule Page

Term Group Life Insurance

Group Policyholder	{Financial Institution}
Policy Number	{XXXXXXXX}
Policy Date	{May 1, 2010}
Plan	Group Term Life With Accidental Death Benefit
Eligible Persons	{Credit Card Holders}

DEFINITIONS

In this Policy:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means age of the Insured on last birthday.

“Application” means the form used to apply for the Group Policy as completed by the Group policyholder

“Certificate Date” means the effective date of coverage under the Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the individual insured under the Certificate of Coverage. The Certificateholder controls all rights and benefits under the Certificate.

“Enrollment Form” means the form used to apply for the Certificate as completed by the Certificateholder.

“Exclusion” means a risk We do not assume and is not covered.

“Insured” means the person on whose life coverage is based. The Insured is also the Certificateholder.

“Lapse” is the termination of the Certificate due to nonpayment of Certificate Premiums,

“Policy Date” means the effective date of coverage under this Policy and the date from which Policy anniversaries are determined.

“Reinstatement” means restoring coverage after the Certificate has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the entity insured under the Group Policy. The Group Policyholder is shown on the Policy schedule page.

GENERAL PROVISIONS

ENTIRE CONTRACT - The entire Contract consists of:

1. this Policy, attached riders, if any: and
2. the attached Application of the Group Policyholder and

All statements made in the Application and Enrollment Forms will be considered representations and not warranties. No statement made by the Certificateholder relating to insurability shall be used in contesting the validity of insurance unless it is contained in the Enrollment Form and a copy has been furnished to the Certificateholder, the Beneficiary or a personal representative.

ELIGIBILITY – From time to time all new members eligible for insurance and desiring the same shall be added to the group or class that were originally insured.

INSURABILITY – We reserve the right to require the Certificateholder to furnish evidence of insurability satisfactory to Us as a condition to part or all of the coverage under the Certificate of Coverage. The need for evidence of insurability will be based upon the answers to all medical questions on the Enrollment Form. This evidence can include but will not be limited to a request for the Certificateholder's medical records.

INDIVIDUAL CERTIFICATES – We will issue for delivery to each Certificateholder an individual Certificate of Coverage. The Certificate of Coverage will outline the insurance protection to which the Certificateholder is entitled and the Beneficiary to whom benefits are payable. The Certificate of Coverage will also outline the rights of the Certificateholder upon the termination of this Group policy, termination of the group's eligibility for coverage and death pending conversion of the Certificate of Coverage.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Policy will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Policy.

CONTROL – The Insured is the Certificateholder. The Certificateholder may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary.

ASSIGNMENT – The Certificateholder may assign the Certificate of Coverage to any person other than You. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit the Certificateholder's rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

INCONTESTABILITY – The details relating to contestability are explained in the Certificate of Coverage issued to the Certificateholders. The details relating to contestability after reinstatement are explained Certificate of Coverage issued to the Certificateholders.

CHANGE OF BENEFICIARY - The Beneficiary or Beneficiaries are named in the Enrollment Form. If the Certificateholder has reserved the right to change the Beneficiary, the Certificateholder may change the Beneficiary by filing a written request with Us. If the Certificateholder has not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required before a change can be made. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive the Certificateholder's request.

Only Beneficiaries who survive the Insured will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured We will pay the proceeds to the Certificateholder's estate.

MISSTATEMENT OF AGE OR SEX – If the Certificateholder’s age or sex has been misstated, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued the Certificate of Coverage, Our liability shall be limited to the return of all the premiums that were paid.

STATEMENT OF CONFLICT – The provisions of this Group Policy summarize the coverages described in detail in the Certificate of Coverage issued to the Certificateholder. If there is a conflict between this Policy and the Certificate of Coverage, the provisions of the Certificate of Coverage will prevail. If any of the provisions of this Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the Certificate Date, Our liability will be limited to an amount equal to the premiums paid for the Certificate of Coverage. For Certificates of Coverage issued to residents of the States of Colorado, Missouri or North Dakota, the above shall read “one year” rather than “two years”.

PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUM – To keep the Certificate of Coverage in force each premium must be paid in advance by the Certificateholder. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown in the Certificate Schedule Page. The Certificateholder may change the mode of payment on any Certificate of Coverage on any Certificate anniversary by giving written notice to Us at Our Administrative Office. A change in the mode of payment will be subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

GRACE PERIOD - A period of 31 days, without interest, will be allowed for the payment of any premium, after the first, during which period the Certificate of Coverage shall be continued in force. If the Insured should die during this grace period, the unpaid premium will be deducted from any amount payable under the Certificate of Coverage. If a premium is not paid before the end of the grace period, the Certificate of Coverage will Lapse. We will send a notice to the Certificateholder and any Assignee of record fifteen (15) days prior to the lapse of the Certificate of Coverage. This notice will include the amount of premium due to continue the Certificate of Coverage in force.

REINSTATEMENT - The Certificate of Coverage may be reinstated within five (5) years from the date of default of premium. We will require:

1. the Certificateholder’s written request to reinstate the Certificate of Coverage; and
2. evidence of insurability satisfactory to Us; and
3. payment of all overdue premiums with interest compounded at the rate of 6% per year;

Our determination of the Certificateholder’s continued insurability and the payment of all overdue premiums with interest must occur during the Certificateholder’s lifetime.

DEATH BENEFIT

We will pay the Death Benefit set forth in the Certificate of Coverage Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the death of the Insured occurred while this Policy and the Certificate of Coverage were in force. Payment will be made to the Beneficiary listed on the Enrollment form, unless We have been notified of a change of Beneficiary. The Death Benefit will be paid as detailed in the death benefit provision of the Certificate of Coverage.

ACCIDENTAL DEATH BENEFIT

We agree to pay the benefit amount shown on the Certificate of Coverage Schedule Page to the Beneficiary upon receipt of due proof of the accidental death of the Certificateholder. Such proof must show that death occurred within the time limit defined and as a result of a covered accident as defined in the Certificate of Coverage. Payment of the death benefit will be subject to the terms and conditions of the Certificate of Coverage and will be paid in one lump sum. We shall have the right and opportunity, at Our expense, to examine the body and unless prohibited by law, to request an autopsy be performed.

ACCIDENTAL DEATH EXCLUSIONS – Death of the Certificateholder must occur as a result of an accidental injury as defined in the Certificate of Coverage. Death of the Certificateholder cannot be a direct result and cannot be caused by any one or more of the exclusions detailed in the Certificate of Coverage. Exclusion is defined as a risk We do not assume and is not covered.

SPECIAL COMMON CARRIER – If the death of the Certificateholder occurs as a result of an accidental injury while traveling on a common carrier, as defined in the Certificate of Coverage, We will pay an amount equal to four times the Accidental Death Benefit as shown in the Certificate of Coverage Schedule Page.

PASSENGER AUTOMOBILE – If the death of the Certificateholder occurs as a result of an injury sustained while riding in a passenger automobile as defined in the Certificate of Coverage, We will pay an amount equal to two times the Accidental Death Benefit as shown in the Certificate of Coverage Schedule Page.

CONTINUATION OF COVERAGE

If coverage under the Certificate of Coverage should terminate due to:

1. termination of membership in the classes eligible for coverage; or
2. termination of any class eligible for coverage; or
3. termination of this Policy ;

the Certificateholder shall be entitled to have issued without evidence of insurability an individual policy under a plan We are then offering for an amount of insurance up to the same face amount as the Certificate. The application for the new policy and payment of the first premium shall be made to Us within thirty-one (31) days after such termination. The individual policy will be issued without disability or other supplementary benefits.

NOTICE OF CONVERSION – Will be sent to the Certificateholder prior to the termination of coverage under this Group Policy. Written notice presented to the Certificateholder, mailed by You to the last known address of the Certificateholder, or mailed by Us to the last known address of the Certificateholder as furnished by You shall constitute notification.

DEATH PENDING CONVERSION – If death of the Certificateholder occurs during the conversion period and before an individual policy is issued and becomes effective; the benefit amount payable under an individual policy shall be payable as a claim under the group Policy. Such benefit is payable whether or not application and payment of the first premium have been made.

**Lincoln Heritage Life Insurance Company
4343 East Camelback Road
Phoenix AZ 85018**

**TERM GROUP LIFE INSURANCE POLICY
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR LENGTH OF CERTIFICATE TERM
NON-PARTICIPATING
NON-RENEWABLE**

Lincoln Heritage Life Insurance Company
An Illinois Stock Company

Principal Office
4343 East Camelback Road
Phoenix, AZ 85018
{Toll Free: 1-800-438-7180}

{Administrative Office}

READ YOUR CERTIFICATE CAREFULLY – This is a legal contract between You and Lincoln Heritage Life Insurance Company. This Certificate is issued to You in consideration of the Enrollment Form and payment of premiums. We will pay the Death Benefit, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while this Certificate was in force. Our payments are subject to the terms of this Certificate. A copy of the Enrollment Form is attached to and made a part of this Certificate.

RIGHT TO CANCEL – You may cancel this Certificate by delivering, mailing or faxing written notice to Our Administrative Office and by returning this Certificate or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Certificate. Written notice and return of this Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Certificate from its date of issue and return all payments made to You within ten days after We receive notice of cancellation and the returned Certificate.


Secretary


President

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**

CERTIFICATE CONTENTS

	Pages
Read Your Certificate Carefully.....	1
Right to Cancel.....	1
Certificate Contents.....	2
Certificate Schedule Page.....	3
Definitions.....	4
General Provisions.....	5
Payment of Premiums.....	6
Grace Period.....	6
Reinstatement.....	6
Death Benefits.....	6
Accidental Death Benefits.....	7
Continuation of Coverage.....	8
Death Pending Conversion.....	8
Enrollment Form - Attached	

**LINCOLN HERITAGE LIFE INSURANCE COMPANY
PRINCIPAL OFFICE: PHOENIX, ARIZONA**

Certificate Schedule Page

Ten Year Level Term Group Life Insurance

Certificateholder: [John Doe]	Certificate Number: [27-0000000000]
Issue Age: [35]	Death Benefit: [\$25,000]
Date of Issue: [March 24, 2010]	Expiration Date: [March 24, 2020]

Accidental Death Benefits

Certificate Year	Accident	Auto	Common Carrier
1	{23,600}	{47,200}	{94,400}
2	{24,800}	{49,600}	{99,200}
3	{26,000}	{52,000}	{104,000}
4	{27,200}	{54,400}	{108,800}
5	{28,400}	{56,800}	{113,600}
6	{29,600}	{59,200}	{118,400}
7	{30,800}	{61,600}	{123,200}
8	{30,800}	{61,600}	{123,200}
9	{30,800}	{61,600}	{123,200}
10	{30,800}	{61,600}	{123,200}

Premiums

	<u>Annual</u>	<u>Semi Annual</u>	<u>Quarterly</u>	<u>Monthly</u>
Premium	{\$316.56}	{\$158.28}	{\$79.14}	{\$26.38}
Certificate Fee	{\$36.00}	{\$18.00}	{\$9.00}	{\$3.00}
Total	{\$352.56}	{\$176.28}	{\$88.14}	{\$29.38}

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**

DEFINITIONS

In this Certificate:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the insured. accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means Age of the Insured on last birthday.

“Certificate Date” means the effective date of coverage under this Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the individual insured under this Certificate of Coverage. The Certificateholder controls all rights and benefits under this Certificate.

“Enrollment Form” means the form used to apply for this Certificate of coverage as completed by You.

“Exclusion” means a risk We do not assume and is not covered by this Certificate.

“Insured” means the person on whose life coverage is based. The Insured is also the Certificateholder.

“Lapse” is the termination of this Certificate of Coverage due to nonpayment of premium.

“Reinstatement” means restoring coverage after this Certificate of Coverage has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the entity insured under this Certificate of Coverage. The Certificateholder is shown on the Certificate Schedule Page.

GENERAL PROVISIONS

ENTIRE CONTRACT – The entire Contract consists of:

1. this Certificate, attached riders, if any; and
2. the attached Enrollment Form.

All statements made in the Enrollment Form will be considered representations and not warranties. No statement made relating to Your insurability shall be used in any contest unless it is contained in the Enrollment Form and a copy has been furnished to You, the Beneficiary or a personal representative.

INSURABILITY – We reserve the right to require You to provide evidence of insurability satisfactory to Us as a condition to part or all of Your coverage under this Certificate. The need for evidence of insurability will be based upon Your answers to all medical questions on the Enrollment form. This evidence can include but will not be limited to a request for Your medical records.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Certificate will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waive any provision of this Certificate.

CONTROL – You may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary. Any change must be requested by You in writing. Such change will be effective as of the date of the request but is subject to any payment made or action taken by Us before We endorse the Certificate.

ASSIGNMENT – You may assign this Certificate. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

INCONTESTABILITY – After this Certificate has been in force for two years or longer during Your lifetime We cannot contest any claim unless premiums were not paid. This two year period starts on the Certificate Date.

If this Certificate is reinstated (explained in the reinstatement section), any claim may be contested for the same period following reinstatement, based on the answers given in the reinstatement application. The same conditions and exceptions, with respect to contestability, will apply after reinstatement as applied after original issuance.

CHANGE OF BENEFICIARY – The Beneficiary or Beneficiaries are named in the Enrollment Form. If You have reserved the right to change the Beneficiary, You may change the Beneficiary by filing a written request with Us. If You have not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required before a change can be made. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

Only Beneficiaries who survive the Insured will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured, We will pay the proceeds of this Certificate to Your estate.

MISSTATEMENT OF AGE OR SEX – If Your age or sex has been misstated on the enrollment form, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued this Certificate, Our liability shall be limited to the return of all the premiums that were paid.

STATEMENT OF CONFLICT – This Certificate describes in detail the provisions outlined in the Master Policy. If there is a conflict between this Certificate and the Master Policy, the provisions of this Certificate will prevail. If any of the provisions of the Master Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the certificate Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUM – To keep this Certificate in force each premium must be paid in advance. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown on the Schedule page. You may change the mode of payment for any Certificate on any certificate anniversary by giving written notice to Us. A change in the mode of payment will be subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

GRACE PERIOD – A period of 31 days, without interest, will be allowed for the payment of any premium, after the first, during which period this Certificate shall be continued in force. If death should occur during this grace period, the unpaid premium will be deducted from any amount payable under this Certificate. If a premium is not paid before the end of the grace period, this Certificate will Lapse. We will send a notice to You and to any Assignee of record fifteen (15) days prior to lapse. This notice will include the amount of premium due to continue this Certificate in force.

REINSTATEMENT – This Certificate may be reinstated within five (5) years from the date of premium default. We will require:

1. Your written request to reinstate this Certificate; and
2. evidence of insurability satisfactory to Us; and
3. payment of all overdue premiums with interest compounded at the rate of 6% per year;

Our determination of Your continued insurability and the payment of all overdue premiums with interest must occur during Your lifetime.

DEATH BENEFIT

We will pay the Death Benefit set forth in the Certificate Schedule Page, less any premium due, to the Beneficiary upon receipt of due proof that the death of the Insured occurred while this Certificate was in force. The proceeds payable under this Certificate shall include premiums paid for any period beyond the end of the Certificate month in which the death occurred, unless the refund of premiums is due some other person pursuant to contract provisions. If payment of the proceeds exceeds thirty (30) days from the date of proof of death was furnished, We shall pay interest upon the proceeds, or refunds of premium, at the rate of eight percent (8%) per year. Payment will be made to the Beneficiary listed on the Enrollment form, unless We have been notified of a change of Beneficiary. The Death Benefit will be paid in one lump sum.

ACCIDENTAL DEATH BENEFIT

We agree to pay the benefit amount shown on the schedule page to the beneficiary upon receipt of due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Certificate was in force. Payment shall be paid in one lump sum and shall be in addition to any other amounts payable. We shall have the right and opportunity, at Our expense, to examine the body and, unless prohibited by law, to request the performance of an autopsy.

ACCIDENTAL DEATH EXCLUSIONS – Death cannot be a direct result and cannot be caused by any one or more of the following. These are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane.
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled except: (1) when taken as prescribed by a physician; (2) the accidental ingestion of a poisonous food substance; (3) in the case of gas or fumes, except while conducting one's duties during the course of employment.
- (c) Bodily or mental infirmity, illness, or disease of any kind or by infections (except infections occurring as the result of an accidental bodily injury).
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – If the death of the Insured occurs within ninety (90) days from the date of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public motor bus is being driven or operated by a licensed driver for public hire and is traveling on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, and the death is within ninety (90) days from the date of the accident; We will pay an amount equal to two times the Accidental Death Benefit.

CONTINUATION OF COVERAGE

If coverage under this Certificate should terminate due to:

1. termination of membership in the classes eligible for coverage; or
2. amendment of the group policy so as to terminate any class eligible for coverage; or
3. termination of the group policy;

a notice will be sent to You prior to the termination of coverage. You may be eligible to have an individual life insurance policy issued to You. Nothing contained in this provision shall be construed to continue any insurance beyond the period provided.

If coverage under this Certificate ceases because of termination of membership in the class or classes eligible for coverage, You shall be entitled to have issued to You, without evidence of insurability, an individual policy of life insurance without disability or other supplementary benefits. Application for the individual policy shall be made and the first premium paid to Us within thirty-one (31) days after such termination.

Provided further that:

1. The new Policy shall be, at Your option, on a form of insurance then customarily issued by Us, at the age and in the amount for which it was applied.
2. The new Policy shall be in an amount not in excess of the amount of life insurance being terminated, less the amount of life insurance for which You become eligible under the same or any other group policy within thirty-one (31) days after such termination.
3. Any amount of insurance which shall have matured on or before the date of termination as an endowment payable to You, whether in one sum or in installments or in the form of an annuity, shall not be included in the amount of coverage which is considered to be ceasing because of termination;
4. The premium for the new Policy shall be at Our customary rate applicable to the form and amount of coverage, to the class of risk to which You then belong and to the age attained on the effective date of the new Policy.

In addition to these conditions and limitations, if coverage under this Certificate ceases because of termination of the group policy or amendment of the group policy so as to terminate any class eligible for coverage the following will apply:

5. You have been covered under the group Policy for five (5) years prior to the termination date
6. The amount of coverage shall not exceed the smaller of the amount of Your terminating coverage, less the amount of coverage for which You become eligible under any Group Policy issued or reinstated by Us or another Insurer within thirty-one (31) days after termination or ten thousand (\$10,000.00) dollars.

DEATH PENDING CONVERSION – If death occurs during this conversion period and before the individual policy becomes effective; the benefit amount payable under the new policy shall be payable as a claim under the group policy. Such benefit is payable whether or not application for the new policy and the payment of the first premium have been made.

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
NON-PARTICIPATING
NON-RENEWABLE**



Lincoln Heritage
LIFE INSURANCE COMPANY

**ENROLLMENT FORM
GROUP TERM LIFE INSURANCE
WITH ACCIDENTAL DEATH BENEFIT**
PLEASE PRINT LEGIBLY

Principal Offices:
4343 East Camelback Road
Phoenix, AZ 85018-2705

Please correct any inaccurate information below

[XXXXXXXXXXXXXXXXXXXXX]

Birth Date: _____ Male: ___ Female: ___

[Name]

Telephone () _____

[Street Address]

[City, State, Zip Code]

Email (optional): _____

1. Customer Tenure: _____

2. Additional ADB Rider Yes No

3. Answer these questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| A. In the past two years, have you been diagnosed or treated by a physician for or taken medication for any of the following conditions: heart disease, stroke, cancer, liver disease, lung disease or kidney disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. In the past two years, have you been diagnosed or treated by a physician for or taken medication for AIDS or tested positive for HIV or any other disease of the immune system? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are you currently employed, or if not, are you healthy enough to be employed? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. In the past five years, have you been treated for alcohol or drug abuse, been incarcerated, or had your driver's license suspended or revoked? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. In the past year, have you smoked or used tobacco in any form? | <input type="checkbox"/> | <input type="checkbox"/> |

Will this coverage replace or change any existing life insurance or annuity you have now? Yes No

If yes, list the company and policy number _____

BENEFICIARY:

The spouse of the Insured Person, if living, otherwise equally to the deceased Insured Person's surviving lawful children (including adopted children and stepchildren); otherwise equally to the Insured's then living parent or parents; otherwise to the estate of the Insured. (if you prefer a beneficiary designation other than described above, please write to us and we will send you the proper form.)

I UNDERSTAND AND AGREE that the statements and answers in this application are complete and true to the best of my knowledge and belief and shall form a part of the contract of insurance. I also understand and agree that the insurance applied for, if issued, shall be subject to such statements and answers and take effect on the effective date stated on the Certificate Schedule Page provided the applicable first premium has been paid. I authorize until further notice the necessary monthly electronic debits from my [Financial Institution credit card / checking account] for this coverage

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.

4. X Sign Your Name: _____
Insured / Certificateholder

Date: / /
Mo. Day Yr

SERFF Tracking Number: LHLI-126587152 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45440
 Company Tracking Number: GTDMP10 CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Group Term Life Insurance
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Flesch score certification and consent to submit rates attached.		
Attachments: CERT OF FLESCHE.pdf ARKANSAS CONSENT TO SUBMIT RATES.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: GTDMENR10-AR is attached to the forms tab. The policy will use application GTDPMAPP, which was approved on January 22, 2009 under SERFF filing LHLI-125979321.		
Attachment: GTPDMAPP.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments: cover letter attached.		
Attachment: Cover Letter AR revised 04192010.pdf		

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

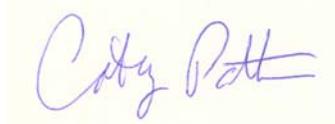
I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

GTDMC10-AL – Group Term Life Insurance Certificate
GTDMP10 – Group Term Life Insurance Master Policy
GTDMENR10-AR – Enrollment Form for Group Term Life Insurance Certificate

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Cathy Patterson, Senior Compliance Associate

April 15, 2010

CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL

The Lincoln Heritage Life Insurance Company of Springfield, Illinois, does hereby consent and agree:

- A) That all premium rates and/or cost bases both maximum and current or projected used in relation to forms numbered GTD<C10-AR, GDTMP10, and GTDMENR10-AR must be filed with the Insurance Commissioner for the State of Arkansas at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

OR

- B) That where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a change of rates it will stay within and will notify the Department at least sixty (60) days prior to any changes in the range of rates. The company must also document the method used to calculate its premiums and range of rates.

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Cathy Patterson, Senior Compliance Associate

Date: April 15, 2010



Lincoln Heritage
LIFE INSURANCE COMPANY

**APPLICATION FOR GROUP
TERM LIFE INSURANCE POLICY**
PLEASE PRINT LEGIBLY

Principal Office:
4343 East Camelback Road
Phoenix, AZ 85018

1. Applicant Information

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Mailing Address: (if different) _____

City: _____

State: _____

Zip Code: _____

Telephone number with Area Code: _____

2. Authorized Signatures

Authorized Representative's Signature: _____

Date: _____

GTPDMAPP

April 19, 2010

Arkansas Insurance Department
Life Policy Review Section
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927

Form: GTDMC10-AR – Group Term Life Insurance Certificate
GTDMP10 – Group Term Life Insurance Master Policy
GTDMENR10-AR – Enrollment Form for Group Term Life Insurance Certificate
\$150.00 Filing Fee
Consent to Submit Rates
Actuarial Memorandum
State of Domicile: Illinois, submitted via SERFF on April 12, 2010

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. We will market these products through telemarketing to individuals who are group members residing in your state. These policies and certificates will have separate rates for males and females.

These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form GTDMC10-AR is a limited pay term life insurance certificate with added accidental death benefits that will be issued to group members. Level premiums are paid by the Certificateholder for 10 years.

Form GTDMP10 is the master policy with added accidental death benefits that will be issued to financial institutions. Form GTPDMAPP is the application form that will be completed when applying for the group policy. GTDMAPP was approved by your state on January 22, 2009 via SERFF filing LHLI-125979321.

An additional amount of accidental death coverage will be offered to the applicant. Should the applicant agree to add this optional coverage, form GTCADRDR will be attached to the Certificate. Form GTCADRDR was filed with your department under SERFF tracking number LHLI-125979321 and was approved on January 22, 2009.

Form GTDMENR10-AR is the enrollment form that will be completed when applying for the certificates of coverage.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at cathy.patterson@londen-insurance.com.

Sincerely,

A handwritten signature in blue ink that reads "Cathy Patten". The signature is written in a cursive style and is set against a light yellow rectangular background.

Cathy Patterson
Senior Compliance Associate
Lincoln Heritage Life Insurance Company

SERFF Tracking Number: LHLI-126587152 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 45440
 Company Tracking Number: GTDMP10 CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Group Term Life Insurance
 Project Name/Number: /

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)
04/15/2010	Form	Enrollment Form Group Term Life Insurance with ADB	04/19/2010	GTDMPENR10-AR.pdf (Superseded)
04/15/2010	Supporting Document	Cover Letter	04/19/2010	Cover Letter AR.pdf (Superseded)

April 15, 2010

Arkansas Insurance Department
Life Policy Review Section
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927

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Sincerely,

A handwritten signature in blue ink that reads "Cathy Patti". The signature is written in a cursive style and is placed on a light yellow rectangular background.

Cathy Patterson
Senior Compliance Associate
Lincoln Heritage Life Insurance Company