

SERFF Tracking Number: ULCC-126552367 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 45227
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ULL-WL-1109
Project Name/Number: /

Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: ULL-WL-1109

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: ULCC-126552367 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45227

Co Tr Num:

State Status: Approved-Closed

Authors: Karen Whitham, Carla
Wallace

Reviewer(s): Linda Bird

Disposition Date: 04/26/2010

Date Submitted: 03/22/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/26/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/26/2010

Created By: Carla Wallace

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Carla Wallace

Filing Description:

Attached for your review and approval is the Whole Life Insurance Policy, form ULL-WL-1109. This is a new form, and will be marketed through licensed agents. It will be marketed with an illustration. A Variable Memorandum explaining how this policy form may be modified to accommodate the products being marketed has been attached.

The below riders can be offered with any approved life policy.

SERFF Tracking Number: ULCC-126552367 State: Arkansas
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ULLR-AD-1109 Accidental Death
ULLR-ADBTI-1109 Accelerated Death Benefit for Terminal Illness
ULLR-CTR-1109 Children's Term Life Rider

Should you have any questions or require any further information, please do not hesitate to contact me.

Thank you,

Carla Wallace, MA
Senior Compliance Analyst
The Union Labor Life Insurance Company
8403 Colesville Road
Silver Spring, Maryland 20910
202-962-2901
cwallace@ullico.com

Company and Contact

Filing Contact Information

Carla Wallace, Compliance Analyst cwallace@ullico.com
8403 Colesville Rd 202-962-2901 [Phone]
Silver Spring, MD 20910

Filing Company Information

The Union Labor Life Insurance Company CoCode: 69744 State of Domicile: Maryland
8403 Colesville Road Group Code: 781 Company Type: Life and Health
Silver Spring, MD 20910 Group Name: State ID Number:
(202) 682-0900 ext. [Phone] FEIN Number: 13-1423090

Filing Fees

Fee Required? Yes
Fee Amount: \$500.00
Retaliatory? No
Fee Explanation: 4 forms @ \$125.00 = \$500.00
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Labor Life Insurance Company	\$500.00	03/22/2010	35059571

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 Product Name: ULL-WL-1109
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/26/2010	04/26/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/23/2010	03/23/2010	Carla Wallace	04/26/2010	04/26/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection Letter Dated 03/23/2010	Note To Filer	Linda Bird	04/23/2010	04/23/2010

SERFF Tracking Number: *ULCC-126552367* *State:* *Arkansas*
Filing Company: *The Union Labor Life Insurance Company* *State Tracking Number:* *45227*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *ULL-WL-1109*
Project Name/Number: */*
Life

Disposition

Disposition Date: 04/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ULCC-126552367 State: Arkansas
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ULL-WL-1109
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Variable Memorandum		Yes
Form	Whole Life Policy		Yes
Form	Child Term Life Rider		Yes
Form	Accidental Death Rider		Yes
Form (revised)	Accelerated Death Benefit For Terminal Illness		Yes
Form	Accidental Death Benefit For Terminal Illness	Replaced	Yes

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ULL-WL-1109
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/23/2010
Submitted Date 03/23/2010
Respond By Date 04/23/2010

Dear Carla Wallace,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accidental Death Benefit For Terminal Illness, ULLR-ADBTI-1109 (Form)

Comment: The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ULL-WL-1109
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/26/2010
Submitted Date 04/26/2010

Dear Linda Bird,

Comments:

Good Afternoon,

The ULLR-ADBTI-1109 discription has been changed to Accelerated Death Benefit for Terminal Illness. I apologize for the previous filing mistake.

Response 1

Comments: Attached for your review and approval is the Whole Life Insurance Policy, form ULL-WL-1109. This is a new form, and will be marketed through direct mail. This policy will not be filled with a illustration. A Variable Memorandum explaining how this policy form may be modified to accommodate the products being marketed has been attached.

The below riders can be offered with any approved life policy.

ULLR-AD-1109 Accidental Death
ULLR-ADBTI-1109 Accelerated Death Benefit for Terminal Illness
ULLR-CTR-1109 Children's Term Life Rider
ULLR-LDWP-1109 Labor Dispute Waiver of Premium Rider
ULLR-OT-0210 Organ Transplant Benefit Rider

Related Objection 1

Applies To:

- Accidental Death Benefit For Terminal Illness, ULLR-ADBTI-1109 (Form)

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

Changed Items:

SERFF Tracking Number: ULCC-126552367 State: Arkansas
 Filing Company: The Union Labor Life Insurance Company State Tracking Number: 45227
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ULL-WL-1109
 Project Name/Number: /

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accelerated Death Benefit For Terminal Illness	ULLR-ADBTI-1109		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.800	ULLR-ADBTI-1109.pdf
Previous Version							
Accidental Death Benefit For Terminal Illness	ULLR-ADBTI-1109		Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.800	ULLR-ADBTI-1109.pdf

No Rate/Rule Schedule items changed.

Should you have any questions or require any further information, please do not hesitate to contact me.

Sincerely,
 Carla Wallace, Karen Whitham

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Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: ULL-WL-1109
Project Name/Number: /

Note To Filer

Created By:

Linda Bird on 04/23/2010 09:23 AM

Last Edited By:

Linda Bird

Submitted On:

04/23/2010 09:23 AM

Subject:

Objection Letter Dated 03/23/2010

Comments:

It has come to our attention that you have not responded to our 3/23/10 objection letter regarding this filing.

Please advise the Department if the company would like to withdraw the filing or if additional time is needed to comply?

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 Product Name: ULL-WL-1109
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ULL-WL-1109	Policy/Cont Whole Life Policy ract/Fratern al Certificate	Initial		55.200	ULL-WL-1109.pdf
	ULLR-CTR-1109	Policy/Cont Child Term Life Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.900	ULLR-CTR-1109.pdf
	ULLR-AD-1109	Policy/Cont Accidental Death ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.600	ULLR-AD-1109.pdf
	ULLR-ADBTI-1109	Policy/Cont Accelerated Death ract/Fratern Benefit For Terminal al Illness Certificate: Amendmen t, Insert Page, Endorseme	Initial		50.800	ULLR-ADBTI-1109.pdf

SERFF Tracking Number: *ULCC-126552367* *State:* *Arkansas*
Filing Company: *The Union Labor Life Insurance Company* *State Tracking Number:* *45227*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *ULL-WL-1109* *Life*
Project Name/Number: /
nt or Rider

The Union Labor Life Insurance Company

(“We, Us, Our, the Company”)

[Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910

Home Office: 1625 Eye Street NW, Washington, DC 20006]

POLICY NUMBER: [12345]

POLICY OWNER (“OWNER”): [John Doe]

INSURED: [John Doe]

We agree to pay the proceeds to Your Beneficiary on the death of the Insured provided coverage is in force and subject to all terms of this policy.

This policy is a legal contract between the Owner and Us.

[A policy fee of [\$50 per year] will be added to the basic premium rate to reflect the cost of issuing this policy, establishing required records, sending premium notices, and other related expenses.]

[THIRTY (30)] DAY RIGHT TO EXAMINE POLICY

You have [thirty] days after You receive this policy to decide if it meets Your needs. If it does not, return it to Our Administrative Office or to the agent from whom You bought it. We will cancel the policy from the Policy Date and give You a full premium refund.

Please Read This Policy Carefully

[Officer Signature]
[Officer Title]

[Officer Signature]
[Officer Title]

WHOLE LIFE INSURANCE

Insurance Payable on the Death of the Insured.
Premiums Payable until the Death of the Insured.
Participating

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SCHEDULE

Policy Number: [12345]

Policy Owner (“Owner”): [John Doe]

Insured: [John Doe]

Department of Insurance: [Maryland Insurance Administration, 525 St. Paul Place, Baltimore, Maryland, 21202-2272]
Telephone Number: [1-800-492-6116]

Issue Age: [35]
Sex: [Male]
Face Amount: [\$25,000]
Policy Date: [January 1, 2009]
Policy Class: [Standard Non-Tobacco]
Issue Date: [January 1, 2009]

DESCRIPTION OF BENEFITS AND PREMIUMS

BENEFIT	[Annual Premium]	[Semi-annual Premium]	[Quarterly Premium]	[Monthly Premium]	Term Period
Basic Policy [Accelerated Death Benefit	[\$363.00]	[\$181.50]	[\$90.75]	[\$30.25]	Age 100]

Dividends are not guaranteed. We do not anticipate paying dividends.

TABLE OF GUARANTEED VALUES

Policy Number: [12345]

The values in the table will apply at the end of each policy year as shown, assuming all premiums have been paid to the end of that policy year. Any amounts owed on the Policy will decrease the values for Paid-Up Life Insurance and Extended Insurance.

At End of Policy Year	Cash Value	Paid-Up Life Insurance	Extended Insurance For Face Amount	
			Years	Days
[1]	\$0	\$0	0	0
2	\$0	\$0	0	0
3	\$125	\$775	3	310
4	\$350	\$2,050	8	339
5	\$575	\$3,225	12	292
6	\$800	\$4,300	15	171
7	\$1,050	\$5,400	17	236
8	\$1,300	\$6,425	19	86
9	\$1,550	\$7,350	20	121
10	\$1,825	\$8,300	21	109
11	\$2,100	\$9,150	22	6
12	\$2,400	\$10,050	22	257
13	\$2,675	\$10,775	23	15
14	\$3,000	\$11,600	23	173
15	\$3,300	\$12,250	23	218
16	\$3,625	\$12,925	23	260
17	\$3,975	\$13,625	23	299
18	\$4,325	\$14,250	23	297
19	\$4,675	\$14,825	23	259
20	\$5,050	\$15,400	23	226
Age 55	\$5,050	\$15,400	23	226
Age 60	\$7,025	\$17,850	22	147
Age 65	\$9,175	\$19,700	20	187
Age 70	\$11,450	\$21,100	18	89
Age 100	\$25,000	\$25,000	n/a	n/a

For all policy years, cash values are equal to the amount calculated by the standard nonforfeiture method. Upon request, we will provide values for policy years not shown.

Policy values are based on the 2001 CSO Select and Ultimate ALB (sex-distinct and smoker-distinct) mortality table and the nonforfeiture interest rate shown below. Net single premiums are based on the 2001 CSO Ultimate ALB (sex-distinct and smoker-distinct) mortality table and the nonforfeiture interest rate shown below.

Nonforfeiture Interest Rate: 5%

Loan Interest Rate: [8%]

DEFINITIONS

Administrative Office

The address as shown on the cover.

Attained Age

The Insured's current age based on the Insured's last birthday.

Beneficiary

The person designated by You to receive the proceeds payable on the death of the Insured.

Cash Surrender Value

The amount of money that You would receive as a refund if You canceled the coverage and returned the policy. It is equal to:

1. The basic policy Cash Value; plus
2. The Cash Value provided by riders; minus
3. Any amounts owed on the policy.

Extended Insurance

Insurance bought at the date of an unpaid premium if the policy has Cash Surrender Value. It is Paid-Up term insurance.

Face Amount

The amount, as shown on the Schedule, payable on the death of the Insured.

Issue Age

The Insured's age as of his or her last birthday on the Policy Date.

Issue Date

The date on which this policy was issued by Us.

Lapse

Termination of the policy, without value, due to non-payment of renewal premiums or loan interest.

Loan Value

The maximum amount You may borrow. It is the amount which, with interest, will equal the Cash Surrender Value on the next policy anniversary or the next premium due date, if sooner.

Paid-Up Insurance

Insurance bought at the date of an unpaid premium if the policy has a Cash Surrender Value. It is of the same type and for the same duration as the original policy. The amount of insurance purchased with this option will be smaller than the Face Amount of the policy.

Payee

A person, designated by the Beneficiary, who is entitled to receive payment under the Payment Options section.

Payment Option

The option to provide for payment of proceeds in other than a lump sum.

You and Your

The Owner of this policy.

We, Our, and Us

The Union Labor Life Insurance Company.

Written Request

A request in writing, signed by You, dated, and submitted to Our Administrative Office. The request must be of a form and content acceptable to Us.

PAYMENT OF PROCEEDS**Death Benefit**

We will pay the amount owed to the Beneficiary when due proof is filed with Our Administrative Office that the death of the Insured occurred while this policy was in force. Payment is subject to the terms and conditions of this policy. We request that this policy be returned to Us at the time of settlement.

Please refer to the Policy Values section for the amount payable on the death of the Insured if this policy is in force as Paid-Up or Extended Insurance.

If the policy is in force, but not as Paid-Up or Extended Insurance, the amount payable on the death of the Insured equals:

1. The Face Amount shown in the Schedule; plus
2. Any additional amounts payable provided by riders which have been added to this policy; plus
3. Any refund of premium paid beyond the policy month of the death of the Insured; minus
4. Any outstanding amounts owed on a policy loan or the amount of any unpaid premium if the death occurs during the grace period.

We will pay interest on the amount due from the date of death of the Insured to the date of payment. Interest shall accrue at the rate applicable to the policy for funds left on deposit with Us.

We will pay interest as described above, plus additional interest at a rate of 10% annually, until the date the claim is paid beginning 31 calendar days from the latest of:

1. The date We receive due proof of death; or
2. The date We receive sufficient information to determine Our liability, the extent of the liability, and appropriate Payee legally entitled to the proceeds; or
3. The date legal impediments to payment that depend on the action of parties other than Us are resolved and sufficient evidence of resolution is provided to Us. Legal impediments to payment include, but are not limited to, the following:
 - (a) The establishment of guardianships and conservatorships;
 - (b) The appointment and qualification of trustees, executors and administrators; and
 - (c) The submission of information required to satisfy state and federal reporting requirements.

Cash Surrender

This policy may be surrendered for its Cash Surrender Value at any time. We must receive, at Our Administrative Office, Your Written Request and this policy. Surrender will be effective on the date the policy is terminated by Us. Our liability will be limited to the Cash Surrender Value.

If the policy is surrendered within 30 days following a policy anniversary, the Cash Surrender Value will not be less than the value at the anniversary date.

We have the right to defer making payment for up to 6 months from the date We receive Your Written Request. If We defer payment for thirty days or more, interest will be paid from the date of surrender to the date of payment. The rate of interest will be the greater of 3% per year or the rate required by law.

PREMIUMS**Payment of Premiums**

You will find the Policy Date, premium amount and premium period in the Schedule. The first premium is payable on or before the Policy Date. All premiums after the first must be paid in advance. Premiums are payable annually, or at other authorized premium frequencies. We will determine the amount of each such premium.

Premiums must be paid to Our Administrative Office or to an agent who is authorized to receive such payment for Us. A receipt will be issued if requested.

If any check, draft, or other such instrument that You use to pay premiums is not paid when presented for payment in due course of business, the premium will be considered unpaid.

Grace Period

There is no grace period for the first premium. For each premium after the first, if You do not pay a premium on or before its due date, We will keep this policy in force for 31 days beyond the due date. This is the grace period. If You do not pay the premium by the end of the grace period, this policy will then Lapse unless it has a Cash Surrender Value. If it has a Cash Surrender Value, it may be kept in force as set out in the Automatic Premium Loans provision or the Policy Values section.

Reinstatement

You may not reinstate this policy if You have surrendered it for its Cash Surrender Value.

You may reinstate this policy if it has Lapsed or is in force as Paid-Up or Extended Insurance within 5 years after the first unpaid premium was due if You:

1. Submit proof of insurability, satisfactory to Us, on the Insured; and
2. Pay all overdue premiums with compound interest; and
3. Pay all amounts owed on the policy, as of the date of the first unpaid premium, with compound interest. See the Loans section for the amounts owed.

The rate of interest applicable to overdue premiums and amounts owed on policy loans is compounded daily at an annual rate of 6%. Interest will be calculated from the due date of the unpaid premium to the date of reinstatement.

The election to reinstate this policy must be made by Written Request. The Written Request, and the payment of all amounts owed in 2. and 3. above, must be received at Our Administrative Office. The reinstatement will be effective on the date We approve the Written Request.

LOANS

Policy Loans

You may obtain a loan from Us whenever this policy has a Cash Surrender Value. This policy shall be the sole security of the loan. Extended Insurance has no Loan Value. You may borrow all or a part of the Loan Value. We will notify You of the initial rate of interest at the time the loan is made.

On each policy anniversary, We will set the interest rate for new and existing loans for that policy year. We will give You written notice of any change in the rate at least 30 days prior to the change. The interest is compounded daily and will not exceed the annual Loan Interest Rate shown on the Table of Guaranteed Values.

Loan interest is due on each policy anniversary and will be added to the amount of the loan. The amount of the loan and the accrued interest are the amounts owed on the policy.

The policy will Lapse on the later on the following:

1. The date on which amounts owed on the policy exceed the Loan Value; or
2. 31 days after We have mailed notice of the Lapse to You and to any assignee at the last address We have on record.

You may repay all or part of the amounts owed on the policy at any time, subject to a minimum payment amount We may set.

We may defer making the loan for up to 6 months unless it is to be used to pay premiums or amounts owed to Us.

Automatic Premium Loans

You must request this provision in order for it to be in effect. If You did not request it in the application, You may start it at any time by Written Request. You may cancel it at any time by Written Request. The change will be effective as of the date the Written Request was signed, subject to any action taken by Us before it was received.

While this provision is in effect, if the Cash Surrender Value is sufficient, We will automatically make a loan at the end of the grace period to pay any unpaid premium. This loan will cover the amount owed for the billing period last paid.

If the Cash Surrender Value is insufficient to pay the unpaid premium, We will change the premium frequency, if possible, so that a smaller premium is due. If We cannot change the premium frequency, or if once changed, the Cash Surrender Value is still insufficient to pay the premium, no loan will be made and the Policy Values section will apply.

Any loan created as a result of this provision is subject to the terms and conditions of the Policy Loans provision.

POLICY VALUES

Table of Guaranteed Values

The Table of Guaranteed Values shows the Cash Value, Paid-Up Insurance and Extended Insurance as of the end of the policy year indicated.

The values are based on the assumption that all premiums have been paid for the number of years shown. They do not reflect amounts provided by riders or amounts owed on this policy. The values at any other time during the policy year will be adjusted for any premium paid and time elapsed during the year. Values for any policy year not shown in the table will be provided upon request.

Cash Value

The Cash Value at the end of a policy year shown in the Table of Guaranteed Values assumes all due premiums have been paid. The Cash Value at the end of a policy year that is not shown in the Table is equal to the net level premium reserve, on the basis described in the Basis of Calculation provision for the calculation of Cash Value.

The Cash Value within 60 days after the due date of an unpaid premium will not be less than the Cash Value at the due date.

At any time, You may surrender this policy for its Cash Surrender Value. Within 90 days following the due date of a premium that is not paid, You may change this policy into Paid-Up or Extended Insurance. If, at the end of the grace period, the premium is unpaid and an Automatic Premium Loan is not made to pay it, this policy will be automatically changed to Extended Insurance. However, if You have elected Paid-Up Insurance or if Extended Insurance is not available, We will change this policy to Paid-Up Insurance. If an Automatic Premium Loan is made, You still have two months after the end of the grace period to change this policy to Paid-Up or Extended Insurance.

The Cash Value of Paid-Up or Extended Insurance is equal to the net single premium for the insurance that is in effect based on the Insured's sex and Attained Age. If the policy is being continued as Paid-Up Insurance or Extended Insurance, it may be surrendered for its Cash Surrender Value. The Cash Value of any Paid-Up or Extended Insurance within 30 days after the end of a policy year will not be less than the Cash Value at the end of that year.

Paid-Up Insurance Benefit

If this policy has a Cash Surrender Value, You may stop paying premiums and continue the policy as Paid-Up Insurance. The amount of Paid-Up Insurance will be that amount that will be bought by using the Cash Surrender Value as a net single premium as of the date of the unpaid premium. If You elect Paid-Up Insurance, the amount of insurance bought at such time will not exceed the Face Amount of the policy.

The Paid-Up Insurance will be payable on the death of the Insured. It will have Loan Value and may be surrendered for its Cash Surrender Value.

At any time, We will tell You the amounts of Paid-Up Insurance that are not shown in the Table of Guaranteed Values.

Extended Insurance Benefit

Extended Insurance is not available if the Policy Class is shown as Rated in the Schedule.

Extended Insurance is Paid-Up term insurance payable on the Insured's death during the term. The amount of Extended Insurance will be equal to the Face Amount less any amounts owed on the policy. The insurance will commence on the due date of the unpaid premium. It will continue for a period that will be determined by using the Cash Surrender Value of this policy as a net single premium.

Basis of Calculation

Policy values and reserves are determined on the basis shown on the Table of Guaranteed Values. Our calculations are based on the assumption that premiums are paid at the beginning of the policy year, the death benefit is payable at the date of death, and the Nonforfeiture Interest Rate shown on the Table of Guaranteed Values is used.

We have filed a detailed statement of the method used to compute the values in this policy with the Interstate Insurance Product Regulation Commission. The cash values and paid-up nonforfeiture benefit benefits available under the policy are not less than the minimum values and benefits required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, model #808.

GENERAL PROVISIONS

Assignment

An assignment is a transfer of all or some of the policy rights and privileges to someone else. If You assign this policy, Your rights, and the rights of anyone who is to receive payment, are subject to the terms of that assignment. If the Beneficiary appointment in effect is irrevocable, the written consent of such a Beneficiary is required. A change of Owner is an absolute assignment.

No assignment will take effect unless We receive the Written Request. When received, the assignment will take effect as of the date it was signed unless otherwise specified by the Owner, subject to payment or other action taken by Us before it was received. We are not responsible for the validity or effect of any assignment.

Beneficiary

While the Insured is living, You may appoint one or more Beneficiaries and may revoke an appointment unless You made it irrevocable. If You have reserved the right to change the Beneficiary, You may do so by Written Request. You must revoke any previous appointments and designate the new person or persons to be Beneficiary.

No appointment or change in appointment will take effect unless We receive the Written Request. When received, the Written Request will take effect as of the date it was signed unless otherwise specified by the Owner, subject to payment or other action taken by Us before it was received.

The Beneficiary of this policy shall be as stated in the application unless later changed. We will pay the amount due at the death of the Insured under the Beneficiary appointment in effect at the date of death. If more than one Beneficiary has been appointed and one or more of them dies, the proceeds will be paid to the surviving Beneficiaries equally, unless otherwise designated. If no Beneficiary is alive at the death of the Insured, or if none has been appointed, We will pay the proceeds to You or to Your estate.

Currency

All amounts payable under this policy shall be paid in United States currency.

Entire Contract

The entire contract is made up of

1. This policy, which includes the Schedule,
2. The attached application, including any supplementary applications, and
3. Any riders or endorsements.

All statements made in an application are, in the absence of fraud, deemed to be representations and not warranties. We will not use any statement to avoid this policy or to deny a claim unless it is contained in a written application that is made a part of this policy.

Only an officer of the Company may modify this policy or waive any of Our rights or requirements. Any change in this policy must:

1. Be in writing; and
2. Bear the signature of at least one officer.

An agent is not an officer of the Company

Incontestability

We will not contest this policy after it has been in force during the Insured's lifetime for two years from its Issue Date, except for the following:

1. Failure to pay premiums;
2. Any benefit provided by an optional rider; or
3. Fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based shall be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated policy, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

Misstatement of Age or Sex

If the Insured's date of birth or sex has been misstated, the amounts payable under the policy will be the amounts that the premiums paid would have purchased for the correct date of birth and sex.

Participating

This is a participating policy. Each year this policy is eligible to share in the surplus, if any, of our participating business. Any dividends will be credited on each policy anniversary. No dividend will be credited on the first policy anniversary unless the first premium payment due in the second policy year has been paid. No dividend will be credited if this policy is in force as Extended Insurance.

Divided Options. Any dividends payable under this policy may be paid or applied under one of the following options.

1. *Cash.* Dividends will be paid to you in cash.

2. *Reduced Premiums.* Dividends will be used to pay or reduce any premium then due provided any amount of that premium remaining due is paid by the end of the grace period. If the dividend is larger than the premium due, the excess will be paid to you in cash.
3. *Paid-Up Additions.* Dividends will be used as a net single premium to buy participating paid-up insurance. The premium rate will be for the insured's attained age. This insurance is payable at the time of the insured's death

Change of Dividend Option. You may change the dividend option you elected in your application by sending a written request on a form satisfactory to us. The new option will be effective on a form satisfactory to us. The new option will be effective on the next policy anniversary.

Automatic Dividend Option. If you do not select any of the above options, we will apply all dividends to buy paid-up additions.

Withdrawal. You may surrender any paid-up additions for their then current value at any time while the insured is alive.

Policy Termination: The cash value of any Paid-Up Additions will be paid to the Owner upon termination of the policy.

Dividends at Death. If the insured dies, we will pay a pro rata portion of any dividends payable for the part of the policy year during which the insured was alive. This dividend will be included in the policy proceeds.

Our Consent

If Our consent is required, it must be given in writing. It must bear the signature of an officer of the Company.

Owner

The Owner of this policy is as stated in the application unless later changed. While the Insured is living, as Owner, You may exercise all rights and privileges granted by this policy, subject to the terms of any Beneficiary appointment or assignment. All rights as Owner expire at the death of the Insured.

These are Your principal rights as Owner:

1. To appoint or change Beneficiaries; and
2. To receive amounts payable prior to the death of the Insured; and
3. To assign this policy.

No change in Owner designation will take effect unless We receive the notification. When received, the notification will take effect as of the date it was signed unless otherwise specified by the Owner, subject to payment or other action taken by Us before it was received.

Place of Payment

All amounts payable by Us will be payable at Our Administrative Office.

Policy Date

The Policy Date is shown in the Schedule. It is the date this policy goes into effect.

Policy years, months, and anniversaries are measured from the Policy Date. The first day of each policy year is the policy anniversary.

Suicide Exclusion

We will not pay the Face Amount if the Insured commits suicide (while sane or insane) within two years from the Issue Date of this policy. Instead, We will be liable only for the amount of the premium paid.

Termination of Policy

This policy will terminate as of the earliest date:

1. The policy Lapses;
2. The Insured's death;
3. The policy is surrendered
4. The full Face Amount is paid as a claim under any accelerated benefit rider attached to this policy; or
5. The Insured reaches the Attained Age of 100.

PAYMENT OPTIONS

Description of Options

Proceeds will be paid as a lump sum unless otherwise specified. As described below, We will offer other payment options, which make periodic payments of the proceeds. Your payments will never be less than the guarantees provided below.

OPTION 1: PAYMENTS OF A FIXED AMOUNT

To have the proceeds paid in equal amounts at 1-, 3-, 6- or 12-month intervals. The amount of each payment will be as stated in the election of this option. The payments will be made until the proceeds are exhausted. We will pay interest at a rate of no less than 2 ½% per year.

OPTION 2: PAYMENTS FOR A FIXED PERIOD

To have the proceeds paid in equal amounts at 1-, 3-, 6- or 12-month intervals for a fixed number of years, not to exceed 30 years. The amount of each payment will be determined with interest at a rate of no less than 2 ½ % per year.

OPTION 3: LIFE INCOME

To have the proceeds paid in equal amounts each month, in advance, during the Payee's lifetime. The following plans may be chosen:

1. Life: payments ceasing on death of the Payee; or
2. Life with 10 Years Certain: payments for a minimum guaranteed period of 10 years.

The amount of the payments will be based on the Payee's age and sex. Age will be determined from the nearest birthday at the due date of the first payment. Guaranteed payments are shown in the sample that

applies to OPTION 3: LIFE INCOME. The payments were determined using the Annuity 2000 Table and an effective annual interest rate of 2 ½%.

OPTION 4: JOINT LIFE INCOME

To have the proceeds paid in equal amounts each month, in advance, for as long as one of the Payees is alive. The following plans may be chosen:

1. Life: payments ceasing on death of the final living Payee; or
2. Life with 10 Years Certain: payments for a minimum guaranteed period of 10 years.

The amount of the payments will be based on the age and sex of each of the two Payees. Age will be determined from the nearest birthday at the due date of the first payment. Guaranteed payments are shown in the sample that applies to OPTION 4: JOINT LIFE INCOME. The rates were determined using the Annuity 2000 Table and an effective annual interest rate of 2 ½%.

Annuity Benefits

The benefits under OPTION 3: LIFE INCOME or OPTION 4: JOINT LIFE INCOME, at the time of their commencement, will not be less than those that would be provided by the application of the proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by Us at the time to the same class of annuitants.

Payment Dates

The interest periods and payment dates of the options will be calculated from the date on which the proceeds become payable.

Choosing an Option

You may choose, change or revoke an option, by Written Request, at any time while the Insured is living. However, if the Beneficiary appointment in effect is irrevocable, the written consent of such a Beneficiary is required.

If an option is not in effect at the death of the Insured or if payment is to be made in a lump sum, the Beneficiary may choose an option. The choice must be made within one year after the proceeds are payable and before any payment has been made.

An option may not be chosen if either of the following conditions exist:

1. The amount to be applied under the option is less than \$1,000.
2. Any periodic payment under the option would be less than \$20.

Age and Survival of Payee

We have the right to require proof of age of the Payee before payments begin. If payment depends on the survival of the Payee, from time to time We may require satisfactory proof that the Payee is alive.

Death of Payee

If the Payee, or the last surviving Payee, dies before all the guaranteed payments have been made, We will make a lump sum payment to the estate of the last surviving Payee.

The lump sum payment will equal:

1. The balance of any proceeds, with accrued interest, remaining unpaid under OPTION 1: PAYMENTS OF A FIXED AMOUNT; or
2. The commuted value of any guaranteed payments remaining unpaid under OPTION 2: PAYMENTS FOR A FIXED PERIOD, OPTION 3: LIFE INCOME, or OPTION 4: JOINT LIFE INCOME.

Commutation is the payment of a lump sum equal to the present value of any remaining payments. Commuted values are calculated at an interest rate of 2 ½ % per year.

TABLE OF PAYMENTS
(Based on \$1,000 net proceeds)

OPTION 3: LIFE INCOME

Male Payee – Monthly Life Income

Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain
40	\$3.24	\$3.24	65	\$5.40	\$5.21	75	\$7.73	\$6.82
45	\$3.49	\$3.47	66	\$5.57	\$5.35	76	\$8.06	\$7.00
50	\$3.79	\$3.76	67	\$5.76	\$5.50	77	\$8.41	\$7.18
55	\$4.18	\$4.13	68	\$5.95	\$5.65	78	\$8.78	\$7.36
			69	\$6.16	\$5.80	79	\$9.18	\$7.53
60	\$4.69	\$4.61	70	\$6.38	\$5.97	80	\$9.61	\$7.70
61	\$4.82	\$4.72	71	\$6.62	\$6.13	85	\$12.24	\$8.46
62	\$4.95	\$4.83	72	\$6.87	\$6.30	90	\$15.82	\$8.98
63	\$5.09	\$4.95	73	\$7.14	\$6.47	94	\$19.54	\$9.23
64	\$5.24	\$5.08	74	\$7.42	\$6.65	95	\$20.63	\$9.27

Female Payee – Monthly Life Income

Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain	Age	Monthly Payment Life Only	Monthly Payment Life with 10 Years Certain
40	\$3.08	\$3.08	65	\$4.90	\$4.81	75	\$6.94	\$6.41
45	\$3.28	\$3.28	66	\$5.05	\$4.93	76	\$7.24	\$6.61
50	\$3.54	\$3.53	67	\$5.20	\$5.07	77	\$7.57	\$6.81
55	\$3.87	\$3.85	68	\$5.36	\$5.21	78	\$7.93	\$7.01
			69	\$5.54	\$5.36	79	\$8.31	\$7.22
60	\$4.31	\$4.26	70	\$5.73	\$5.51	80	\$8.73	\$7.42
61	\$4.41	\$4.36	71	\$5.94	\$5.68	85	\$11.40	\$8.32
62	\$4.52	\$4.46	72	\$6.16	\$5.85	90	\$15.19	\$8.92
63	\$4.64	\$4.57	73	\$6.40	\$6.03	94	\$18.95	\$9.20
64	\$4.77	\$4.68	74	\$6.66	\$6.22	95	\$19.99	\$9.25

OPTION 4: JOINT LIFE INCOME

Male and Female Payee – Monthly Life Income

Age of Male Payee on Date of Settlement	Monthly Payment Life Only				Monthly Payment Life with 10 Years Certain			
	Age of Female Payee on Date of Settlement				Age of Female on Date of Settlement			
	60	65	70	75	60	65	70	75
60	\$3.83	\$4.05	\$4.25	\$4.41	\$3.77	\$3.98	\$4.27	\$4.31
65	\$3.98	\$4.28	\$4.58	\$4.84	\$3.91	\$4.20	\$4.48	\$4.72
70	\$4.09	\$4.48	\$4.90	\$5.31	\$4.02	\$4.38	\$4.77	\$5.15
75	\$4.18	\$4.63	\$5.17	\$5.76	\$4.09	\$4.52	\$5.02	\$5.55

Rates not shown will be calculated on the same basis as the above and will be provided upon request.

The Union Labor Life Insurance Company

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| Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910

Home Office: 1625 Eye Street NW, Washington, DC 20006 |

WHOLE LIFE INSURANCE

Insurance Payable on the Death of the Insured.
Premiums Payable until the Death of the Insured.
Participating

The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910

Home Office: 1625 Eye Street NW, Washington, DC 20006

CHILDREN'S TERM LIFE INSURANCE BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is issued in consideration of:

1. application for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider.

The following benefit is added to the policy:

CHILDREN'S TERM LIFE INSURANCE BENEFIT

We will pay a Children's Term Life Insurance Benefit, as shown on the Schedule, when We receive due proof that an Insured Child died while his or her coverage under this rider was in force.

Payment will be made to the Owner if living at the time of the Insured Child's death. Otherwise, payment will be made to the Owner's estate.

For purposes of this rider, Insured Child means the Insured's unmarried child, including an adopted child, who is over 14 days and under age 25.

Newborn or Adopted Children

If a child is born to, or adopted by, the Insured while this rider is already in effect, such newborn or newly adopted child will automatically be an Insured Child upon attaining 14 days of age. No extra premium is charged if at least one Insured Child is already covered.

Effective Date of Coverage

Before this coverage takes effect:

1. We must receive the application for the rider; and
2. the Owner must pay any required premium while the Insured Child is alive.

The Effective Date of coverage for the rider will be the date shown on the policy Schedule.

Conversion Privilege

An Insured Child's coverage under this rider may be converted to an individual whole life insurance policy on any form currently issued by Us at the time conversion is requested, without disability, accidental death, accidental death and disability, waiver of premium, or other supplementary benefits, when coverage under this rider terminates because:

1. the child is no longer an Insured Child; or
2. the policy to which this rider is attached terminates.

The amount of life insurance to be converted may not be less than, nor exceed, two times the Face Amount in force for the Insured Child at the time of conversion. Written application and initial premium payment must be made within 31 days from the date coverage for the Insured Child under this rider ends. Evidence of Insurability is not required.

The converted policy is effective when We receive the first premium. The new premium is based on the Insured Child's age at the time of the conversion.

We will not pay a claim for an Insured Child under both this rider and another individual policy received through exercise of this conversion right.

Incontestability

We will not contest this rider after it has been in force during the Insured Child's lifetime for two years from its date of issue, except for the following:

1. failure to pay premiums; or
2. fraud in the procurement of the rider, when permitted by applicable law in the state where the rider is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated policy, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

No Cash Value or Loan Value

This rider does not provide cash values or loan values.

Reinstatement

If the policy under which this rider is attached lapses, and is reinstated, this rider may be reinstated.

Effect of the Insured's Death on Coverage

Coverage for an Insured Child under this rider will terminate on the date of the Insured's death. Upon termination, We will return all unearned identifiable charges. Such charges will be returned to the Owner if living. Otherwise, return of unearned identifiable charges will be made to the Owner's estate.

Termination of Rider

The benefit provided by this rider will end on the earliest of the following dates:

1. the date the policy to which it is attached ends;
2. the date the 31 day Grace Period ends, if the Owner fails to pay any premium when due;
3. the Insured's attainment of age 70, at which time no further premium will be due. If a premium for this rider should be accepted after this rider ends, Our only liability will be to return such premium;
4. the date specified in a written request for termination from the Owner; or
5. unless specified otherwise in this rider, upon the death of the last surviving additional Insured.

Benefits of this rider are subject to all terms and limitations of the policy to which it is attached. This rider does not waive, alter or extend any provisions or conditions of the policy except to the extent shown above.



SECRETARY



PRESIDENT

The Union Labor Life Insurance Company
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ACCIDENTAL DEATH BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is issued in consideration of the Insured's:

1. application for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider.

This rider only applies to the Insured.

The following benefit is added to the policy:

ACCIDENTAL DEATH BENEFIT

Benefit

Upon receipt of due proof of death that the Insured died an Accidental Death, while insured under the policy, We will pay the amount of benefit shown on the policy Schedule.

The benefit will be paid to the Owner's Beneficiary. The Owner is shown on the policy Schedule.

Definition

Accidental Death means death which:

1. is a direct result of an accident, independent of disease, bodily or mental illness, infirmity, or any other cause;
2. occurred within 180 days after such injury; and
3. occurred while this rider is in force.

Exclusions

We will not pay a benefit under this rider if the Insured's death occurs during or results from:

1. active participation in a riot, insurrection, or terrorist activity;
2. committing or attempting to commit a felony;
3. any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
4. the voluntary intake or use by any means of:
 - a. any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - b. poison, gas or fumes, unless a direct result of an occupational accident.
5. disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
6. intoxication as defined by the jurisdiction where the accident occurred;
7. travel in or descent from an aircraft, if the Insured acted in a capacity other than as a passenger;
8. an infection not occurring as a direct result or consequence of an accidental bodily injury; or

9. participation in an illegal occupation or activity.

Cost of Benefit

The premium for this rider is shown on the policy Schedule. The premium for this rider is payable at the same time and in the same manner as the premium for the base policy.

If a premium for this rider should be accepted after this rider terminates, Our only liability will be to return such premium.

Incontestability

We will not contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated rider, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

Autopsy

We have the right and opportunity, at Our expense, to examine the body and to make or request an autopsy unless prohibited by law.

Suicide Exclusion

We will not pay the Face Amount if the Insured commits suicide (while sane or insane) within two years from the Issue Date of the policy. Instead, We will be liable only for the amount of the premium paid.

Reinstatement

If the policy to which this rider is attached lapses, and is reinstated, this rider may be reinstated.

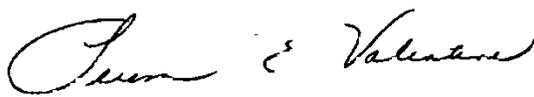
Termination of Rider

The benefit provided by this rider will end on the earliest of the following dates:

1. the date the policy ends;
2. the date the 31 day Grace Period ends, if the Owner fails to pay any premium when due or
3. the Insured's attainment of age 70, at which time no further premium will be due. If a premium for this rider should be accepted after this rider ends, Our only liability will be to return such premium; or
4. the date specified in a written request for termination from the Owner.

Termination of this rider will not prejudice the payment of benefits for any accident that occurred while this rider was in force.

Benefits are subject to all terms and limitations of the policy. This rider does not waive, alter or extend any provisions or conditions of the policy except to the extent shown above.


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ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

This rider is a part of the policy to which it is attached. It is issued in consideration of the Owner's:

1. application for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider.

This rider only applies to the Insured.

The following benefit is added to the policy:

Important Tax and Public Assistance Information

Accelerated life insurance benefits may or may not qualify for favorable tax treatment under the internal revenue code of 1986. If the accelerated life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to accelerated life insurance benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive accelerated life insurance benefits excludable from income under federal law.

In addition, receipt of accelerated life insurance benefits may affect the Owner's, the Owner's spouse's, or the Owner's family's eligibility for public assistance programs such as Medicare assistance (Medicaid), aid to families with dependent children (AFCD), supplementary social security income (SSI), and drug assistance programs. The Owner is advised to consult with a qualified tax advisor and with social service agencies concerning the effect of such a payment.

Effect of Accelerated Death Benefits on Policy Benefits

The policy death benefit, any cash values, and any loan values will be reduced by the percentage of any accelerated death benefit the Owner elects to receive under this Accelerated Death Benefit for Terminal Illness Rider.

The amount of the accelerated death benefit available to the Owner will be reduced by the amount of any outstanding policy loan, but only up to the amount of the outstanding policy loan multiplied by the percentage of the policy death benefit that has been accelerated.

Benefit

The Owner may elect to receive a portion of the life insurance benefit during the Insured's lifetime. The Company will pay an Accelerated Death Benefit if the Owner chooses to use this option. It is paid to the Owner if the Insured experiences a Qualifying Event. If the Owner chooses this option, We must receive written proof of eligibility on a claim form provided by Us. We will provide the required claim form within 15 days of the Owner's request for an acceleration of death benefits. If We do not provide the required claim form within such 15 days, the Owner is considered to have complied with Our claim form requirement if the Owner submits written proof covering the Qualifying Event and the character and extent of the Qualifying Event for which claim is made. Payment of the Accelerated Death Benefit will be made immediately upon Our receipt of due written proof of eligibility.

The Company will, prior to payment of the Accelerated Death Benefit, obtain a signed acknowledgement of agreement for payout of the accelerated death benefit from any assignee or irrevocable beneficiary.

The Owner may elect to receive up to 100% of the available Face Amount. The Face Amount elected is called the Available Proceeds.

The Available Proceeds will be subject to the discount described below. After the discount is applied, the Company will then pay the balance to the Owner. The discount is calculated as follows:

1. an interest rate will be established as of the date of the Owner's application for this benefit. The interest rate will not exceed the greater of the yield for 90 day treasury bills or the maximum statutory adjustable policy loan interest rate in the state in which the policy to which this rider is attached is issued; and
2. the Available Proceeds will be "discounted to its present value" based on a life expectancy of one year by applying this interest rate;
3. the resulting amount will be paid to the Owner in a one-time lump sum. We reserve the right to deduct an additional administration fee of \$150.00. The one-time lump sum will be at least equal to the acceleration percentage multiplied by the difference between the current policy cash value, if any, and outstanding policy loans, if any. The current policy cash value, if any, will include any termination dividend payable on the surrender of the policy.

The present value actuarial discount will not reduce the amount of benefits accelerated by more than 15% of the Face Amount of such benefits.

The acceleration of life insurance benefits, related charges, interest, discounts or liens, if applicable, and the balance of the death benefit of the life insurance contract will constitute full settlement on maturity of the Face Amount of the policy.

This benefit is subject to the following payment procedures:

1. the Insured must be covered for at least \$5,000;
2. the Company must receive a statement from a physician certifying:
 - a. the diagnosis of the Insured's medical condition; and
 - b. that because of the nature and severity of the condition, the Insured is not expected to live more than twelve months. The Company has the right to require, at its own expense, documentation from a second physician which supports the initial diagnosis. The physician or physicians giving the diagnosis must be someone other than the Owner's or the Insured's

- spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Owner or the Insured.
3. the Company, at its expense, has the right to select one or more physicians of its choosing to examine the Insured and obtain any other information deemed necessary in order to verify the Insured's diagnosis.
 4. the Company must receive the Owner's request for payment under this benefit prior to when the policy stops;
 5. the Owner may elect this benefit only once; and
 6. the Owner cannot change the amount elected after the date We pay the benefit.

After the Company pays the Accelerated Death Benefit, the Face Amount is reduced by the amount of Available Proceeds elected. If less than 100% of the available Face Amount is elected, premiums will then be waived for the life insurance benefit for the Insured for the duration of the Term Period.

An Accelerated Death Benefit may be paid only once during the Insured's lifetime. Unless otherwise assigned or designated by the Owner, the benefit will be paid to the Owner or the Owner's estate while the Owner is living. Payment will be made in a single sum. If the Owner is not living when benefits are payable, the benefits will be paid pursuant to the policy. If the Insured dies after the Owner elects to receive Accelerated Death Benefits but before such benefits are received by the Owner, the Owner's election to accelerate benefits will be cancelled and the death benefit paid in accordance with the policy to which this rider is attached.

The Company is not responsible for any effect on the Owner's state or federal taxes, or the Owner's or the Owner's family's loss of eligibility for any state or federal medical programs.

The Company will provide the Owner and any irrevocable beneficiary with a statement demonstrating the effect of the acceleration of the payment of death benefits on the death benefit and any cash value, premium, and policy loans (including policy liens). We will provide such statement at the time we provide the Owner with the claim form required to elect acceleration of death benefits.

Any payment made under this rider will have no effect on the coverage on another insured under the policy to which this rider is attached.

Definitions

Accelerated Death Benefit means the advance payment of some or all of the death benefit proceeds payable under a life insurance policy to the Owner during the lifetime of Insured. This rider reduces the death benefit otherwise payable under the policy through a present value payment upon the death benefits. This benefit is payable upon the occurrence of the Qualifying Event with respect to the Insured resulting in the payment of a benefit amount fixed at the time of acceleration.

Qualifying Event means a medical condition that is reasonably expected to result in a drastically limited life span of 12 months or less for the Insured.

Discounted to its present value means determining, on the date of payment, the value of an amount of money the Owner wouldn't otherwise receive or pay out, until some point in the future.

Conversion

Any conversion provision in the policy does not apply to this rider.

Incontestability

We will not contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated rider, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

Reinstatement.

If the Insured's policy lapses, and is reinstated, this rider may be reinstated.

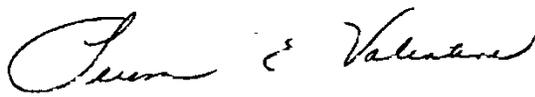
Termination of Rider

The benefit provided by this rider will end on the earliest of the following dates:

1. the date the policy ends;
2. the date of the Insured's death;
3. the date the full Face Amount is paid as a claim under this Accelerated Death for Terminal Illness Rider;
4. the date a nonforfeiture benefit, if any, becomes effective under the policy; or
5. the date We receive written request from the Owner to terminate this rider.

Termination of this rider will not affect the payment of benefits for any Qualifying Event that began while this rider was in effect.

Benefits are subject to all terms and limitations of the policy. This rider does not waive, alter or extend any provisions or conditions of the policy and will not prejudice the payment of benefits for any qualifying event that occurred while in force except to the extent shown above.


SECRETARY


PRESIDENT

SERFF Tracking Number: ULCC-126552367 State: Arkansas
 Filing Company: The Union Labor Life Insurance Company State Tracking Number: 45227
 Company Tracking Number:
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: ULL-WL-1109
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Documents Attached. Attachments: Certification of Readability ULL-WL-1109.pdf Certification of Readability ULLR-CTR-1109.pdf Certification of Readability ULLR-AD-1109.pdf Certification of Readability ULLR-ADBTI-1109.pdf</p>	Item Status:	Status Date:
<p>Bypassed - Item: Application Bypass Reason: Form ULLA-LIF-1109 was approved 03/10/2010 for the State of Arkansas. The Serff number is ULCC126529868. Comments:</p>	Item Status:	Status Date:
<p>Satisfied - Item: Variable Memorandum Comments: Document Attached. Attachment: Statement of Variability ULL-WL-1109.pdf</p>	Item Status:	Status Date:

**CERTIFICATION
OF READABILITY**

Individual Whole Life Policy Form ULL-WL-1109

I certify that the forms submitted with this filing achieved a minimum Flesch Test Reading Score of at least 50.


PRESIDENT

Gary L. Burke
The Union Labor Life Insurance Company

December 15, 2009
Date

**CERTIFICATION
OF READABILITY**

Individual Children's Term Insurance Rider Form ULLR-CTR-1109

I certify that the forms submitted with this filing achieved a minimum Flesch Test Reading Score of at least 50.


PRESIDENT

Gary L. Burke
ULLICO Life Insurance Company

December 15, 2009
Date

**CERTIFICATION
OF READABILITY**

Individual Accidental Death Rider Form ULLR-AD-1109

I certify that the forms submitted with this filing achieved a minimum Flesch Test Reading Score of at least 50.


PRESIDENT

Gary L. Burke
The Union Labor Life Insurance Company

December 15, 2009
Date

**CERTIFICATION
OF READABILITY**

**Individual Accelerated Death Benefit for Terminal Illness Rider
Form ULLR-ADBTI-1109**

I certify that the forms submitted with this filing achieved a minimum Flesch Test Reading Score of at least 50.


PRESIDENT

Gary L. Burke
The Union Labor Life Insurance Company

December 15, 2009
Date

STATEMENT OF VARIABILITY

THE UNION LABOR LIFE INSURANCE COMPANY ULL-WL-1109

Variable data is bracketed. Variable data will never exclude or limit provisions required by the governing jurisdiction.

POLICY COVER

1. The company addresses may be revised to reflect current information.
2. The **Policy Number**, **Policy Owner**, and **Insured** fields will be completed with policy-specific information.
3. The Policy Fee may be included or deleted. If included, the fee may vary from \$25-\$75 per year, depending on the face amount and Insured's age. This item may be moved to the Schedule .
4. The [**Thirty (30)**] **Day Right to Examine Policy** may be changed to reflect a different period of time. In no event will the period of time be less than 10 days.
5. The signatures and titles of two officers may be updated to reflect current information

SCHEDULE

1. The **Policy Number**, **Policy Owner**, **Insured**, **Issue Age**, **Sex**, **Face Amount**, **Policy Date**, **Policy Class**, and **Issue Date** fields will be completed with policy- specific information.
2. The **Department of Insurance** and **Telephone Number** fields will be completed with the appropriate information for the state in which the policy is issued.
3. The **Description of Benefits and Premiums** will be completed with the required premium amounts for the mode selected by the owner, the term period, and any riders purchased by the owner, including the separate premium for optional riders. The policy will be sold only with riders approved for issuance with this product.

TABLE OF GUARANTEED VALUES

1. The **Policy Number** will be completed with the policy-specific number.
2. The **Cash Value**, **Paid-Up Life Insurance**, **Extended Insurance Years** and **Days** will be completed with the policy-specific values.
3. The Loan Interest Rate may vary from 4 – 8%

BACK PAGE

1. The company addresses may be revised to reflect current information.

SERFF Tracking Number: *ULCC-126552367* State: *Arkansas*
 Filing Company: *The Union Labor Life Insurance Company* State Tracking Number: *45227*
 Company Tracking Number:
 TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.101 Fixed/Indeterminate Premium - Single Life*
 Product Name: *ULL-WL-1109*
 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)
03/22/2010	Form	Accidental Death Benefit For Terminal Illness	04/26/2010	ULLR-ADBTI-1109.pdf