Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: ULLR-OT-0210 and ULLR-LDWP-1109	SERFF Tr Num: ULCC-126645703	State: Arkansas
TOI: L07I Individual Life - Whole	SERFF Status: Closed-Approved-Closed	State Tr Num: 45776
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: ULLR-OT-0210 AND ULLR-LDWP-1109	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Karen Whitham, Kevin Ross, Carla Wallace	Disposition Date: 05/26/2010
	Date Submitted: 05/25/2010	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 05/26/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/26/2010
Deemer Date:	Created By: Karen Whitham
Submitted By: Karen Whitham	Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval are the following individual life insurance riders:

ULLR-OT-0210 Organ Transplant Benefit Rider
ULLR-LDWP-1109 Labor Dispute Waiver of Premium Benefit Rider

Rider ULLR-OT-0210 provides a benefit of $2,000 if an insured receives a covered organ transplant. This is not an accelerated death benefit product as the organ transplant benefit is separate from, and does not affect, the death benefit of the policy.

Rider ULLR-LDWP-1109 provides for a waiver of premium for the policy to which this rider is attached if the insured participates in a lawful strike authorized by his labor union, or is locked out of his place of employment as a result of a labor dispute between his labor union and employer.

These are new forms and do not replace any existing forms. They may be attached to approved individual life insurance policies, including ULL-WL-1109 (approved by the Department on April 26, 2010 under SERFF Tracking Number ULCC-126552367); and may be marketed with approved individual life insurance applications, including ULL-LIF-1109 (approved by the Department on March 10, 2010 under SERFF Tracking Number ULCC-126529868).

These products will be marketed by direct mail response; no agents will be involved.

A Variable Memorandum for each rider is attached.

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

Company and Contact

Filing Contact Information

Karen Whitham, kwhitham@ullico.com
8403 Colesville Road 202-682-4683 [Phone]
Silver Spring, MD 20910 202-682-4682 [FAX]

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 Heallth
Silver Spring, MD 20910	Group Name:	State ID Number:
(202) 682-0900 ext. [Phone]	FEIN Number: 13-1423090	

Filing Fees

SERFF Tracking Number:	*ULCC-126645703*	*State:*	*Arkansas*
Filing Company:	*The Union Labor Life Insurance Company*	*State Tracking Number:*	*45776*
Company Tracking Number:	*ULLR-OT-0210 AND ULLR-LDWP-1109*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*ULLR-OT-0210 and ULLR-LDWP-1109*		
Project Name/Number:	*/*		

Fee Required?	Yes
Fee Amount:	$250.00
Retaliatory?	Yes
Fee Explanation:	2 forms @ $125/form (Maryland)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Labor Life Insurance Company	$250.00	05/25/2010	36811085

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/26/2010	05/26/2010

Disposition

Disposition Date: 05/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ULCC-126645703*	*State:*	*Arkansas*
Filing Company:	*The Union Labor Life Insurance Company*	*State Tracking Number:*	*45776*
Company Tracking Number:	*ULLR-OT-0210 AND ULLR-LDWP-1109*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*ULLR-OT-0210 and ULLR-LDWP-1109*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Variable Memoranda		Yes
Form	Organ Transplant Benefit Rider		Yes
Form	Labor Dispute Waiver of Premium Benefit Rider		Yes

Form Schedule

Lead Form Number: ULLR-OT-0210

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ULLR-OT-0210	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Organ Transplant Benefit Rider	Initial		51.500	ULLR-OT-0210.pdf
	ULLR-LDWP-1109	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Labor Dispute Waiver of Premium Benefit Rider	Initial		52.700	ULLR-LDWP-1109.pdf

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]

ORGAN TRANSPLANT BENEFIT RIDER

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

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
This benefit may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. If this benefit qualifies for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to insurance benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive insurance benefits excludable from income under federal law.

In addition, receipt of this benefit 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.

Benefit
The Owner is eligible to receive an Organ Transplant Benefit of $2000 if the Insured experiences a Qualifying Event. 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 this benefit. 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 Organ Transplant Benefit will be made immediately upon Our receipt of due written proof of eligibility.

The benefit will be subject to a processing charge of $150. After the processing charge is applied, the Company will then pay the balance to the Owner.

This benefit is subject to the following payment procedures:

1. The Company must receive proof from your physician and surgeon of the occurrence of a Qualifying Event. The physician and surgeon must be someone other than your spouse, parent, child, sibling, aunt or uncle, or any person living with you. A Qualifying Event is defined as one of the following:
   a. Heart transplant,
   b. Lung transplant, or
   c. Liver transplant;

2. The Qualifying Event must occur while this rider is in effect and We must receive your request for the benefit while this rider is in effect; and

3. The Owner may elect this benefit only once.

The Organ Transplant 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.

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.

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

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 a nonforfeiture benefit, if any, becomes effective under the policy;
4. the date the Insured attains age 70; or
5. the date a benefit is paid under 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 willl not prejudice the payment of benefits for any qualifying event that occurred while in force except to the extent shown above.

SECRETARY

PRESIDENT

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]

LABOR DISPUTE WAIVER OF PREMIUM 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. enrollment 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:

LABOR DISPUTE WAIVER OF PREMIUM BENEFIT

Benefit.
We will waive premiums for the policy and any attached riders if the Insured is Actively at Work and:

1. participating in a lawful strike authorized by the Insured's labor union; or
2. locked-out of his or her place of employment as a result of a labor dispute between the Insured's labor union and employer.

The premium to be waived for the premium period is:

1. the premium amount shown in the Schedule; plus
2. the cost for additional benefits provided by a rider, if any.

No premium will be waived under both this rider and any Disability Waiver of Premium Benefit that may be provided by rider.

"Actively at Work" means the Insured is performing all the regular duties of his or her occupation at the time the strike or lock-out begins.

When Benefits Begin and End.
This benefit begins on the next premium due date after the 30-day period immediately following the start of the strike or lock-out. We must receive at Our Administrative Office written notice and satisfactory proof to Us of the strike or lock-out. We must receive such notice and proof before benefits begin. This rider must be in force before the date the strike or lock-out begins. The Insured must be a member in good standing. The Insured must also be Actively at Work with the employer at the beginning of the strike. To receive benefits under this rider, satisfactory proof of the status of the strike or lock-out must be given Us when and as often as We may reasonably require, but in no event less than every 30 days.

We will stop providing benefits if proof is not provided as required. We must also be notified as soon as:

1. the strike or lock-out is resolved;
2. when the Insured returns to work or is offered the opportunity to return to work for his or her employer; or

LABOR DISPUTE WAIVER OF PREMIUM BENEFIT RIDER
(continued)

3. when the Insured's employment is terminated.

Benefits end and premiums will again begin on the earliest of the following dates:

1. one year from the date benefits under this Rider began;
2. the next premium due date following the date the strike or lock-out is resolved;
3. the next premium due date following the date the Insured returns to work or is offered the opportunity to return to work for his or her employer; or
4. the next premium due date following the date the Insured's employment is terminated.

Cost of Benefit.
There are no additional monthly costs for the benefit provided by 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; or
2. the date the 31 day Grace Period ends, if the Insured fails to pay any premium when due.

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.

SECRETARY **PRESIDENT**

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Certification of Readability ULLR-LDWP-1109.pdf
Certification of Readability ULLR-OT-0210.pdf
AR Certification Rule 19.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Application form ULLA-LIF-1109, approved on March 10, 2010 (SERFF Tracking Number ULCC-126529868).

Item Status: **Status Date:**

Satisfied - Item: Variable Memoranda

Comments:

Attachments:

Variable Memorandum ULLR-OT-0210.pdf
Variable Memorandum ULLR-LDWP-1109.pdf

CERTIFICATION
OF READABILITY

Individual Labor Dispute Waiver of Premium Benefit Form ULLR-LDWP-1109

I certify that the forms submitted with this filing achieved a Flesch Test Reading Score of 52.7.

Gary L. Burke
PRESIDENT

Gary L. Burke
ULLICO Life Insurance Company

March 24, 2010
Date

CERTIFICATION
OF READABILITY

Individual Organ Transplant Rider Form ULLR-OT-0210

I certify that the forms submitted with this filing achieved a Flesch Test Reading Score of 51.5.

Gary L. Burke
PRESIDENT

Gary L. Burke
ULLICO Life Insurance Company

March 24, 2010
Date

CERTIFICATE OF COMPLIANCE WITH ARKANSAS RULE & REGULATION 19

Insurer: The Union Labor Life Insurance Company

Form Number(s): ULLR-OT-0210 and ULLR-LDWP-1109

I hereby certify that the filing above meets all applicable Arkansas requirements including the applicable requirements of Rule & Regulation 19.

Charles H. MacPhaul
AVP Compliance Life and Health

May 25, 2010
Date

THE UNION LABOR LIFE INSURANCE COMPANY
VARIABLE MEMORANDUM

ORGAN TRANSPLANT BENEFIT RIDER, form ULLR-OT-0210

Variable data is bracketed and may be revised without notice or prior approval. Variable data will never exclude or limit provisions required by the governing jurisdiction.

- The addresses, telephone number, and website of the company are variable and may be changed to reflect any future change in any one or all variable items.

- The signatory officers of the company are variable and may be changed to reflect any future changes in one or both signatures.

THE UNION LABOR LIFE INSURANCE COMPANY
VARIABLE MEMORANDUM

LABOR DISPUTE WAIVER OF PREMIUM BENEFIT RIDER, form ULLR-LDWP-1109

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