

SERFF Tracking Number: TAPK-126695800 State: Arkansas  
Filing Company: Family Life Insurance Company State Tracking Number: 46068  
Company Tracking Number:  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: Accidental Death Policy  
Project Name/Number: /

## Filing at a Glance

Company: Family Life Insurance Company  
Product Name: Accidental Death Policy  
TOI: H02I Individual Health - Accident Only

SERFF Tr Num: TAPK-126695800 State: Arkansas  
SERFF Status: Closed-Approved-  
Closed State Tr Num: 46068

Sub-TOI: H02I.000 Health - Accident Only  
Filing Type: Form

Co Tr Num: State Status: Approved-Closed  
Reviewer(s): Rosalind Minor  
Author: Suzanne Heasley Disposition Date: 07/16/2010  
Date Submitted: 06/27/2010 Disposition Status: Approved-  
Closed

Implementation Date Requested:  
State Filing Description:

Implementation Date:

## General Information

Project Name:  
Project Number:  
Requested Filing Mode:  
Explanation for Combination/Other:  
Submission Type:  
Overall Rate Impact:  
Filing Status Changed: 07/16/2010

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: 07/16/2010  
Created By: Suzanne Heasley  
Corresponding Filing Tracking Number:

Deemer Date:  
Submitted By: Suzanne Heasley  
Filing Description:  
See attached submission letter

## Company and Contact

### Filing Contact Information

Suzanne Heasley,  
2325 Havard Oak Drive  
Plano, TX 75074

Uheas@aol.com  
972-398-3733 [Phone]  
972-398-3733 [FAX]

### Filing Company Information

*SERFF Tracking Number:* TAPK-126695800      *State:* Arkansas  
*Filing Company:* Family Life Insurance Company      *State Tracking Number:* 46068  
*Company Tracking Number:*  
*TOI:* H021 Individual Health - Accident Only      *Sub-TOI:* H021.000 Health - Accident Only  
*Product Name:* Accidental Death Policy  
*Project Name/Number:* /

(This filing was made by a third party - tallenpark)

Family Life Insurance Company	CoCode: 63053	State of Domicile: Texas
10700 Northwest Freeway	Group Code:	Company Type:
Houston, TX 77092	Group Name:	State ID Number:
(800) 925-6000 ext. [Phone]	FEIN Number: 91-0550883	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$250.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$250.00	06/27/2010	37590628

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/16/2010	07/16/2010

*SERFF Tracking Number:* TAPK-126695800      *State:* Arkansas  
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*Product Name:* Accidental Death Policy  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 07/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorization	Approved-Closed	Yes
Supporting Document	Submission letter	Approved-Closed	Yes
Form	Accidental Death Policy	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Accident Rider	Approved-Closed	Yes
Form	Waiver of Premium Rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/16/2010	FL-ADB-09-AR	Policy/Cont	Accidental Death ract/Fratern Policy al Certificate	Initial			FLADB09 policy AR.pdf
Approved-Closed 07/16/2010	FL-ADBA-10/09-AR	Application/	Application Enrollment Form	Initial			FLADB09 application 1009 AR.pdf
Approved-Closed 07/16/2010	FL-ADB09-OC-AR	Outline of	Outline of Coverage Coverage	Initial			FLADB09 OC AR.pdf
Approved-Closed 07/16/2010	FL-RADB2-09	Policy/Cont	Accident Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			FL- RADB209.pdf
Approved-Closed 07/16/2010	WP (FL-ADB) 09	Policy/Cont	Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			WP(FL- ADB)09.pdf

# **FAMILY LIFE INSURANCE COMPANY**

A Legal Reserve Old Line Stock Company

Home Office: [Houston, Texas]

[Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092]

[(800) 877-7705]

## **ACCIDENTAL DEATH BENEFIT POLICY**

### **IMPORTANT NOTICE**

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at 10700 Northwest Freeway, Houston, TX 77092 within 10 days if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

### **INSURING CLAUSE**

In consideration for payment of premiums, the Company hereby insures the persons shown on the application (a copy of which is attached hereto) and named in the Policy Schedule against specified losses as hereinafter defined, subject to all provisions of this Policy, including but not limited to, the benefits, Effective Date and exclusions hereafter set forth.

### **NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY**

If the Owner is not satisfied with this Policy for any reason, it may be returned to the Company at its address above, or to the Agent through whom it was purchased, within 10 days after receipt, and the Company will refund all premiums paid. In this event, this Policy shall be void from inception, and the Owner and the Company shall both be restored to the same position as if no Policy has been issued.

### **RENEWAL PROVISION**

This Policy is guaranteed renewable to the anniversary following the Insured's 70<sup>th</sup> birthday by the timely payment of premiums. It must be paid on or before its due date or within the 31 days that follow. When an Insured's coverage terminates at such age, coverage for other Covered Person's, if any, shall continue under this Policy. The payment of a premium will not continue this Policy in force beyond the next premium due date.

IN WITNESS whereof FAMILY LIFE INSURANCE COMPANY has caused this contract to be executed at its Home Office in [Houston, Texas], as of the Effective Date shown.



Secretary



President

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**POLICY SCHEDULE**

Owner:

Insured:

Age:

Spouse:

Effective Date:

Premium:

- Annual
- Semi-Annual
- Quarterly
- Monthly

Reinstatement Interest Rate: 6%

[Waiver of Premium Rider]

Policy Fee: [\$25.00]

Policy Number:

Sex:

Monthly Income Benefit Amount:

Number of Months Payable: [60; 120]

Lump Sum Settlement Amount:

Expiry Date:

Annual Premium:

## SECTION I - DEFINITIONS

In this Policy:

"We," "Us", "Our" and "the Company" mean Family Life Insurance Company.

"You", "Your" and "Insured" mean the primary Insured covered under this Policy.

"Covered Person" means the Insured and his or her spouse covered under this Policy.

"Owner" means the person who has the right to change the Beneficiary and to exercise all rights under this Policy. The Owner may be someone other than the Insured and is shown on the Policy Schedule.

"Effective Date" means the date on which coverage under this Policy begins. The Effective Date is shown on the Policy Schedule.

"Injury" means accidental bodily Injury which is the direct cause of loss, independent of disease. The Injury must be sustained after the Effective Date of this Policy and while this Policy is in force. "Injury" includes all injuries as a result of one accident. Loss resulting from: (a) sickness or disease, except pyogenic infections incurred through an accidental cut or wound; or (b) medical or surgical treatment of a sickness or disease is not considered as resulting from Injury.

"Written Request" means any form provided by Us for the particular request.

"Policy Schedule" means page 3 of this Policy.

## SECTION II - PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY

**Premiums** - To keep this Policy in force, premiums must be paid on or before the due date. All premiums must be paid at Our Administrative Office or to an Agent or cashier authorized by us. We will issue a receipt on request. The initial premium is due on or before the Effective Date. Subsequent premiums are payable while You are living and within the Grace Period, but not beyond the Expiry Date. If any premium remains unpaid after the Grace Period, this Policy will lapse. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The frequency of premium payment may be changed on any policy anniversary to any other frequency shown on Page 3.

**Grace Period** - We will allow a period of 31 days after the premium due date for payment of each premium after the first. During the Grace Period, no interest will be charged on the premium due. If You die during the Grace Period before the premium is paid, the portion of the premium required to provide insurance from the premium due date to the date of Your death will be deducted from the proceeds of this Policy.

**Effective Date** - The Effective Date will be used to determine the premium due dates, policy anniversaries and policy years. The Effective Date is shown on Page 3.

**Reinstatement of a Lapsed Policy** - If this Policy lapses, it may be reinstated subject to the following conditions:

1. An application for reinstatement must be completed by You and the Owner within 5 years of the date of lapse and before the Expiry Date.
2. Proof at Your own expense of continued insurability by Our standards must be given.
3. You must pay all premiums due at the rate of interest specified in the Policy Schedule at the time of reinstatement.
4. The reinstated Policy will be incontestable after it has been in force during Your lifetime for two years from the date of reinstatement. Any contest to the reinstated policy will be based on fraudulent misstatements made in the application for reinstatement.

### SECTION III - BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

In addition, upon the death of the Covered Person, We will pay in a lump sum no later than 30 days after We receive proof of the Covered Person's Death, any premiums paid under this Policy for any period beyond the end of the policy month in which the Covered Person's death occurred.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while this Policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

### SECTION IV - EXCLUSIONS

Benefits will not be paid under this Policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;
- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

### SECTION V - TERMINATION

This Policy will continue in force to the first to occur of the following: (a) the anniversary following the Insured's 70th birthday; (b) the end of any grace period during which the required premium has not been paid; or (c) the date the Owner requests that this Policy be terminated.

In the event of death of the Insured, the spouse if a Covered Person shall automatically become the Insured.

Coverage under this Policy for the spouse will terminate on the first to occur of the following: (a) the anniversary following the spouse's 70<sup>th</sup> birthday; (b) the end of the term during which the spouse becomes divorced or legally separated from the Insured; or (c) the date this Policy terminates.

The spouse shall be eligible for a conversion policy at attained age and without evidence of insurability, then in use by the Company which most closely approximates the coverage provided by this Policy. Written request for conversion and payment of the first premium must be made within 31 days after termination of insurance under this Policy.

### SECTION VI - GENERAL PROVISIONS

**ENTIRE CONTRACT; CHANGES.** This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. Statements in the application will, in the absence of fraud, be deemed representations and not warranties. No change in this Policy shall be valid until approved by an executive officer of ours and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

**INCONTESTABILITY.** We cannot contest this Policy, except for non-payment of premiums, after it has been in force during the  
FL-ADB-09-AR

Insured's lifetime for 2 years from either the Effective Date, or if reinstated, the date of reinstatement.

**PHYSICAL EXAMINATION AND AUTOPSY.** We may, at Our own expense, have the Covered Person examined as often as reasonably necessary while a claim is pending and may have an autopsy made unless prohibited by law.

**OWNER OF THIS POLICY.** You are the Owner of this Policy unless a different Owner is stated on the Policy Schedule. If a different Owner is stated, such designation will remain in effect until the Owner changes it. If the Owner dies before You, the ownership rights belong to his or her estate. During Your lifetime, only the Owner will be entitled to the rights granted by this Policy.

**CHANGE OF BENEFICIARY.** The Owner may change the Beneficiary by filing a written notice with Us. A change of Beneficiary will not be effective until We record it at Our Administrative Office. When recorded, even if You are not then living, the change will take effect on the date the notice was signed. Any proceeds paid before We record a change of Beneficiary will not be subject to change. An irrevocable Beneficiary may not be changed without that Beneficiary's written request.

**LEGAL ACTION.** No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of ten years after the time written proof of loss is required to be furnished.

**MISSTATEMENT OF AGE OR SEX.** If a Covered Person's age or sex has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age or sex.

If, because of misstatement of a Covered Person's age, We accept any premium which falls due on a date when, according to the correct age, coverage under this Policy would not have been issued or the coverage under this Policy for such Covered Person would have ceased, then Our liability shall be limited to the refund, upon request, of all premiums paid for the period not covered by this Policy.

**CONFORMITY WITH STATE STATUTES.** Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state to which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

**NONPARTICIPATION.** This Policy shall not participate in Our surplus.

**ASSIGNMENT.** An assignment of this Policy will not be binding on Us unless it is in writing and filed with Us at Our Administrative Office. We will not be responsible for the legal effect of any assignment.

**GENDER.** Pronouns of masculine gender apply in this Policy to persons of either sex unless the context indicates otherwise.

## SECTION VII - SETTLEMENT OPTIONS

### GENERAL POLICY SETTLEMENT PROVISIONS

**CHOOSING AN OPTIONAL METHOD OF SETTLEMENT.** At any time before the Covered Person's death, an optional method of Policy settlement may be chosen. If the Covered Person dies and an option has not yet been chosen, then the payee may choose an option. We must receive Written Notice informing Us of the option chosen. If the payee is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

**PAYEE.** The Beneficiary is the payee of the Policy proceeds at the Covered Person's death; any contingent Beneficiary is the contingent payee. If the Beneficiary is revocable, then the payee is also revocable. The interest of any Beneficiary who dies before the Covered Person will terminate at his death. If the interest of all designated Beneficiaries has terminated, all proceeds will be paid to the Owner of this Policy. If the Owner is not living at that time, all proceeds will be paid to the Owner's estate. If any Beneficiary dies within 15 days of Your death, We will pay the proceeds as though that Beneficiary died before You.

**FREQUENCY OF PAYMENTS.** If Option 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

**FIRST PAYMENT.** Depending on the frequency of payments specified, the first payment under Option 2 is payable 1 year, 6 months, 3 months or 1 month from the date of the Covered Person's death. The first payment under any other option is payable on the date of the Covered Person's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will

pay the larger amount as the benefit under the option. We will furnish this amount upon request.

**DEATH OF PAYEE.** At the payee's death, We will pay the amounts below in one sum to the payee's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 2, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 3, 4 or 5, the commuted value of the amount payable at the payee's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the payee's death.

**PROTECTION AGAINST CREDITORS.** Unless provided otherwise at the time an option is chosen, the payee may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

**SETTLEMENT AGREEMENT.** In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

**ADDITIONAL INTEREST EARNINGS.** We may pay interest earnings beyond those guaranteed in Options 2 and 3. If We do, We will determine the amount of the additional interest earnings and how they are paid.

**OPTIONAL METHODS OF POLICY SETTLEMENT**

**OPTION 1 - LUMP SUM SETTLEMENT.** We will pay the Lump Sum Settlement Amount to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person.

**OPTION 2 - INTEREST PAYMENTS.** We will hold the Policy proceeds as principal and pay the interest to the payee. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. At the death of the payee, We will make payment as stated in "Death of Payee."

**OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD.** We will pay the Policy proceeds in equal installments to the payee for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 of Lump Sum Settlement Amount applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the payee dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Payee."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$ 67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

**OPTION 4 - LIFE ANNUITY.** We will pay equal monthly installments to the payee for as long as he lives. The amount of each installment for each \$1, 000 of Lump Sum Settlement Amount applied under this option is shown in the table below. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Monthly Life Annuity		Age* of Payee	Monthly Life Annuity	
	Male	Female		Male	Female
16 and			51	\$4.15	\$3.89
under	\$2.92	\$2.85	52	4.22	3.95
17	2.94	2.87	53	4.30	4.01
18	2.95	2.88	54	4.38	4.08
19	2.97	2.90	55	4.46	4.15
20	2.99	2.91	56	4.55	4.23
21	3.00	2.93	57	4.65	4.31
22	3.02	2.94	58	4.75	4.40
23	3.04	2.96	59	4.86	4.49
24	3.06	2.97	60	4.98	4.59
25	3.08	2.99	61	5.10	4.69
26	3.10	3.01	62	5.23	4.80
27	3.13	3.03	63	5.37	4.92
28	3.15	3.05	64	5.52	5.04
29	3.17	3.07	65	5.69	5.18
30	3.20	3.09	66	5.86	5.32
31	3.23	3.12	67	6.04	5.47
32	3.26	3.14	68	6.24	5.64
33	3.28	3.17	69	6.45	5.82
34	3.32	3.19	70	6.67	6.01
35	3.35	3.22	71	6.90	6.21
36	3.38	3.25	72	7.16	6.44
37	3.42	3.28	73	7.43	6.68
38	3.46	3.31	74	7.71	6.94
39	3.50	3.34	75	8.02	7.22
40	3.54	3.38	76	8.35	7.52
41	3.58	3.41	77	8.70	7.85
42	3.63	3.45	78	9.08	8.21
43	3.67	3.49	79	9.48	8.60
44	3.72	3.53	80	9.91	9.02
45	3.78	3.57	81	10.37	9.47
46	3.83	3.62	82	10.86	9.96
47	3.89	3.67	83	11.38	10.50
48	3.95	3.72	84	11.94	11.07
49	4.01	3.77	85	12.54	11.69
50	4.08	3.83			

\*Use the payee's age on the date of the Covered Person's death.

**OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN.** We will pay equal monthly installments to the payee for as long as he lives with a period certain of 10 years. If the payee dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Payee." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 of Lump Sum Settlement Amount applied under this option. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain		Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.11	\$3.87
17	2.93	2.87	52	4.18	3.93
18	2.95	2.88	53	4.25	3.99
19	2.97	2.89	54	4.33	4.06
20	2.98	2.91	55	4.41	4.13
21	3.00	2.92	56	4.49	4.20
22	3.02	2.94	57	4.58	4.28
23	3.04	2.96	58	4.68	4.36
24	3.06	2.97	59	4.78	4.45
25	3.08	2.99	60	4.88	4.54
26	3.10	3.01	61	4.99	4.63
27	3.12	3.03	62	5.10	4.73
28	3.15	3.05	63	5.23	4.84
29	3.17	3.07	64	5.35	4.95
30	3.20	3.09	65	5.48	5.07
31	3.22	3.11	66	5.62	5.20
32	3.25	3.14	67	5.77	5.33
33	3.28	3.16	68	5.92	5.47
34	3.31	3.19	69	6.07	5.62
35	3.34	3.22	70	6.23	5.78
36	3.38	3.24	71	6.39	5.94
37	3.41	3.27	72	6.56	6.11
38	3.45	3.30	73	6.73	6.29
39	3.49	3.34	74	6.90	6.48
40	3.53	3.37	75	7.08	6.67
41	3.57	3.41	76	7.25	6.86
42	3.62	3.44	77	7.43	7.06
43	3.66	3.48	78	7.61	7.26
44	3.71	3.52	79	7.78	7.46
45	3.76	3.57	80	7.95	7.66
46	3.81	3.61	81	8.11	7.86
47	3.87	3.66	82	8.27	8.05
48	3.92	3.71	83	8.42	8.23
49	3.98	3.76	84	8.56	8.40
50	4.05	3.81	85	8.69	8.55

\*Use the payee's age on the date of the Covered Person's death.

**FAMILY LIFE INSURANCE COMPANY**

A Legal Reserve Old Line Stock Company

[Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092]

[(800) 877-7705]

**ACCIDENTAL DEATH BENEFIT POLICY**

**Family Life Insurance Company**  
 [10700 Northwest Freeway, Houston, Texas 77092]

ACCIDENTAL DEATH BENEFIT APPLICATION

<b>Company Use Only</b>
Pol. No.:
Pol. Date:
Approved:
Other:

1. Proposed Insured	Social Security Number: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
_____ Last Name                      First                      M.I.	_____ Month                      Day                      Year                      Age	
2. Owner if other than Insured	Social Security Number: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
_____ Last Name                      First                      M.I.	_____ Month                      Day                      Year                      Age	
3. Spouse of Insured	Social Security Number: _____	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
_____ Last Name                      First                      M.I.	_____ Month                      Day                      Year                      Age	
4. Residence Address		
_____ Street	_____ City	_____ State                      Zip

4a. Employer of Insured	Type of Business
_____ 4b. Occupation of Insured	Describe Duties
_____ 5a. Employer of Spouse	Type of Business
_____ 5b. Occupation of Spouse	Describe Duties

6a. PRIMARY BENEFICIARY OF INSURED/RELATION	6b. PRIMARY BENEFICIARY OF SPOUSE/RELATION
_____ 6c. CONTINGENT BENEFICIARY OF INSURED/RELATION	6d. CONTINGENT BENEFICIARY OF SPOUSE/RELATION
_____ 6e. CONTINGENT BENEFICIARY OF SPOUSE/RELATION	_____ 6f. CONTINGENT BENEFICIARY OF SPOUSE/RELATION

7. BENEFITS APPLIED FOR:     60 MONTH     120 MONTH                      WAIVER OF PREMIUM     YES     NO

8. ACCIDENTAL DEATH BENEFIT POLICY		PREMIUM
INSURED – Monthly Benefit    \$ _____	9a. Premium Mode	Insured                      \$ _____
Rider _____	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual	
Gross Monthly Income            \$ _____	<input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly	Spouse                      \$ _____
SPOUSE – Monthly Benefit    \$ _____	9b. Premium Mode	Policy Fee                      \$ _____
Rider _____	<input type="checkbox"/> Bank Draft <input type="checkbox"/> Payroll Ded.	Rider                      \$ _____
Gross Monthly Income            \$ _____	<input type="checkbox"/> Direct Bill	Total                      \$ _____

10. Is any proposed insured currently in the hospital or receiving medical treatment or disability payments?     Yes     No    If yes, give name of person(s) and details: \_\_\_\_\_

11. Is the purchase of this insurance policy to replace or duplicate other insurance?     Yes     No    If yes, state name of Company and amount: \_\_\_\_\_

**Note: If replacing – complete proper form**

12a. In the past two years, has any person proposed for insurance had his/her driver's license suspended or revoked, or been convicted of driving while intoxicated?     Yes     No    If yes, give name or names as they appear on your driver's license, driver's license number and state of issue. \_\_\_\_\_

12b. In the past five years, has any person proposed for insurance received treatment or medical advice because of use of alcohol or drugs?     Yes     No    If yes, give name \_\_\_\_\_

12c. Is any person proposed for insurance blind, bedridden, confined to a wheelchair, unable to walk without a cane or crutch, or in the past five years, has any person proposed for insurance had a Epileptic Seizure, Stroke, Parkinson's disease, or Alzheimer's disease?     Yes     No    If yes, give name \_\_\_\_\_

13. I/we understand that the Accidental Death Benefit Policy will not cover loss resulting from suicide whether sane or insane; or intentional self-inflicted injury whether sane or insane; any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared; commission of, or attempt to commit, an assault or a felony; active participation in a riot or insurrection; the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician; the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes; mountaineering, parachuting, hang-gliding, sail-gliding, or bungee-jumping; practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race or speedway; travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or from bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental injury.

I, the proposed insured(s) understand that the policy(s) issuance is based on all statements and answers indicated above, which are complete and true to the best of my knowledge and belief. I further understand that the rider(s) is effective until the effective date specified in the rider(s) and that the rider(s) applied for will not pay benefits for any claims which occur prior to the effective date stated in the rider(s).

**Authorization:** I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the MIB, Inc. or other organization, institution or person that has any record of me or any member of my family or of my health or health of a member of my family, to give to the Family Life Insurance Company or its Reinsurers any and all information it requests with respect to such record or knowledge. I acknowledge receipt of the Notice of Information Practices and the MIB, Inc. Disclosure Notice.

**WARNING: 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.**

A photographic copy of this authorization shall be as valid as the original.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City State

Group Number

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Proposed Insured/Telephone Number Signature of Proposed Spouse

I, the agent hereby certify that I have truly and accurately recorded on this application the information by the Applicant.

X \_\_\_\_\_ ( ) \_\_\_\_\_  
Signature of Licensed Agent Agent No. Agent Telephone No.

**BANK DRAFT AUTHORIZATION  
AUTHORIZATION TO HONOR CHECKS DRAWN BY FAMILY LIFE INSURANCE COMPANY**

To: \_\_\_\_\_  
Your Bank's Address: \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of Family Life Insurance Company of Houston, Texas, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually received such notice I agree that you shall be fully protected in honoring such check. I further agree that if any such checks be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

X \_\_\_\_\_  
Date Your signature Exactly as it appears on Bank Records Account No.  
FL-ADBA-10/09-AR

**Notice Information Practices, Including the Fair Credit Reporting Act Notice and MIB, Inc. Notice**

Thank you for your application. It is the major source of information about you which we use in evaluating your application and reviewing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address below. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency. We usually will not disclose information about you without your prior written authorization. However, in certain situations we may disclose some of this information about you to third parties having a business interest in an insurance transaction involving you, or having a contract with us to perform part of our insurance function. This could include disclosures to persons or organizations that will use the information for sales purposes, unless you indicate to us that you do not want the information disclosed for this purpose. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon request to our Home Office at the address below.

**MIB, Inc. Notice**

While the information regarding your insurability is treated as confidential, Family Life or its reinsurers may make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange Bureau on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, the Medical Information Bureau, upon request from that member company, will supply the information in its file. Upon written request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information offices is 50 Braintree Hill Park, Suite 400, Braintree, MA, 02184-8734, Telephone (866) 692-6901. We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance or to whom a claim for benefits may be submitted.

To obtain further information contact: Family Life Insurance Company [10700 Northwest Freeway, Houston, Texas 77092]

# FAMILY LIFE INSURANCE COMPANY

[10700 Northwest Freeway]

[Houston, Texas 77092]

## ACCIDENTAL DEATH BENEFIT POLICY

### POLICY FORM FL-ADB-09-AR

#### REQUIRED OUTLINE OF COVERAGE

##### PARAGRAPH 1

**Read your Policy Carefully.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

##### PARAGRAPH 2

The policy is designed to provide you with coverage for death resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

##### PARAGRAPH 3

##### BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

In addition, upon the death of the Covered Person, We will pay in a lump sum no later than 30 days after We receive proof of the Covered Person's Death, any premiums paid under this Policy for any period beyond the end of the policy month in which the Covered Person's death occurred.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while the policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

##### PARAGRAPH 4

##### EXCLUSIONS AND LIMITATIONS

Benefits will not be paid under the policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;

- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

**PARAGRAPH 5** **RENEWABILITY**

The policy is Guaranteed Renewable to the policy anniversary following the Insured's 70<sup>th</sup> birthday.

**PARAGRAPH 6** **PREMIUM**

Your premium for the policy is \$\_\_\_\_\_ annually. If your premium is not annual, it is \$\_\_\_\_\_for\_\_\_\_\_ months. The Policy provides a 31-day grace period during which period the Policy will remain in force. Premiums are subject to change.

# FAMILY LIFE INSURANCE COMPANY

[10700 Northwest Freeway • Houston, TX • 77092]

[800-877-7705]

## ACCIDENTAL DEATH BENEFIT RIDER

This Rider is attached to and made a part of a policy issued by Family Life Insurance Company. It is subject to all of the provisions of the policy which are not in conflict with the provisions of this Rider.

We have issued this Rider in consideration of: (a) the Application, a copy of which is included in and made a part of the policy; and (b) payment of the first premium for this Rider shown in the Policy Schedule.

### BENEFIT

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the beneficiary upon receipt of due proof of the accidental death of the Insured. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the number of months shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, we will determine the amount of the additional interest and how it is to be paid.

If the Beneficiary requests, in writing, We will pay the Lump Sum Settlement Amount to the beneficiary upon receipt of due proof of the accidental death of the Insured. Accidental death of the Insured must: (a) result from injury, directly and independently of all other causes; (b) occur within 90 days after the date of the injury; (c) result from injury which occurs while this Rider is in full force and effect; and (d) result from injury which occurs prior to the anniversary nearest the 70th birthday of the Insured.

### EXCEPTIONS

**Not Covered.** Benefits will not be paid under this Rider when the death of the Insured results from: a) suicide whether sane or insane; b) intentional self-inflicted Injury whether sane or insane; c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared; d) commission of, or attempt to commit, an assault or a felony; e) active participation in a riot or insurrection; f) the voluntary taking of any intoxicant or controlled substance unless prescribed by a physician; g) the voluntary inhalation,

absorption, taking or administration of any poison, gas or fumes; h) mountaineering, parachuting, or hang-gliding; i) participation in any sport or hazardous activity for wage, compensation, or profit, or racing any type vehicle in any organized event; j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

### TERMINATION

This Rider will continue in force to the earliest of the following: (a) the anniversary following the 70th birthday of the Insured; (b) the end of the Grace Period for any premium due for this rider; (c) the termination, maturity, surrender or exchange of the Policy to which this Rider is attached; or (d) the premium due date that first follows our receipt of

Your Written request for termination of this Rider (along with Policy for endorsement).

Premiums are not payable for this Rider after it terminates. Should any such premium be paid, Our only liability will be to return the amount paid to the Insured.

**GENERAL**

**Examination and Autopsy.** Unless prohibited by law, We shall have the right and opportunity: (a) to examine the body of the Insured; or (b) to make an autopsy on the body of the Insured. Any such examination or autopsy will: (a) be made by a physician of Our choice; and (b) be at Our expense.

**Incontestability.** This Rider is subject to the policy

Incontestability provision. The period of time specified in that provision will start on the effective date of this Rider.

**Nonforfeiture.** Nonforfeiture benefits are not provided by this Rider. The benefits provided by this rider will not be included in any Nonforfeiture benefits provided by the policy.

**PREMIUMS**

The annual premiums for this Rider remain level for the duration of this Rider and are indicated on the

Policy Schedule.

\* \* \* \* \*

Signed at the Home Office of the Company and effective on the same day as the policy; unless a later signing and effective date is shown here:



[Mary Lou Rainey], Secretary



[Dan George], President

# FAMILY LIFE INSURANCE COMPANY

[10700 Northwest Freeway • Houston, TX • 77092]

[800-877-7705]

## WAIVER OF PREMIUM RIDER

This Rider is attached to and made a part of a policy issued by Family Life Insurance Company. It is subject to all of the provisions of the policy which are not in conflict with the provisions of this Rider.

We have issued this Rider in consideration of: (1) the Application, a copy of which is included in and made a part of the contract; and (2) payment of the first premium for this Rider shown in the Policy Schedule.

## BENEFITS

We will waive the payment of premiums, as due, for the policy and for any included Rider upon receipt of due proof of the Total Disability of the Insured.

Total Disability of the Insured must begin: (a) while this Rider is in full force and effect; and (b) prior

to the anniversary following the 60th birthday of the Insured. During the continued Total Disability of the Insured, premiums will be waived to the end of the premium period shown in the policy Schedule, for the policy and any included Rider.

## DEFINITIONS

Total Disability shall mean: (a) the complete inability of the Insured, caused by illness or injury, to perform, for a continuous period of not less than 4 months, the substantial and material duties of any gainful occupation for which the Insured is, or becomes, reasonably fitted by education, training or

experience; (b) the total and permanent loss of the sight of both eyes; or (c) the loss, by actual and continued severance at or above the wrist or ankle joint, of (1) both hands; (2) both feet; or (3) one hand and one foot.

## EXCEPTIONS

Premiums will not be waived when the Total Disability of the Insured is a result of: (a) intentional, self-inflicted injury; or (b) service in the armed

forces of any country or international authority at war, whether such war is declared or not.

## PREMIUMS

**Payment of Due Premiums.** Any premium that is due prior to Our receipt of notice of claim must be paid. Upon receipt of due proof of the Total Disability of the Insured, we will refund all premiums due and paid after the date of Total Disability.

When the Total Disability of the Insured begins during the Grace Period of a due premium, We will not waive premiums until after a pro-rata premium is paid. The pro-rata premium will be that portion of a monthly premium required for the period from the

due date of the past due premium to the date of such Total Disability.

**Premium Mode.** We will not change the mode of premium payment, during any period for which premiums are waived, from that in effect at the start of such period.

**Benefits and Values.** The benefits and values, if any, of the policy and any included Rider will be the same as if the premiums waived had been paid in cash.

**PREMIUMS FOR THIS RIDER**

The annual premiums for this Rider remain level for the duration of the Rider and are indicated on the Policy Schedule.

**CLAIMS**

**Notice.** In the event of the Total Disability of the Insured, we must receive notice of claim: (a) while the Insured is alive; and (b) while the Insured remains Totally Disabled. Notice of claim may be delivered or mailed to our Home Office.

We may require proof of the continuance of Total Disability at reasonable times. When Total Disability has continued, without interruption, for two years, we will not require proof more often than once each year. As a part of any proof, we may require that the Insured be examined by a physician of our choice at our expense. If any required proof is not received, we will not waive any further payment of premium, and premiums will then be payable as due.

**Proof of Claim.** We must receive due proof of the Total Disability of the Insured as soon as is reasonably possible. Except in the absence of legal capacity, completed proof of Total Disability must be received not later than one year after the recovery of the Insured.

**TERMINATION**

This Rider will continue in force to the earliest of: (a) the anniversary following the 60th birthday of the Insured; (b) the end of the Grace Period for any due premium for the Rider, unless the premium qualifies to be waived; (c) the termination, maturity, surrender or exchange of the policy; or (d) the premium due date that first follows our receipt of Your Written request for termination of this Rider (along with Policy for endorsement).

Termination of the Rider will not affect an otherwise valid claim which occurs prior to termination. Premiums are not payable for this Rider after it terminates. Should any such premium be paid, Our only liability will be to return the amount paid to the Owner.

**GENERAL**

**Incontestability.** This Rider is subject to the policy Incontestability provision. The period of time specified in that provision will start on the effective date of this Rider.

**Nonforfeiture.** Nonforfeiture benefits are not provided by this Rider. The benefits provided by this Rider will not be included in any Nonforfeiture benefits provided by the policy.

\* \* \* \* \*

Signed at our Home Office and effective on the same day as the policy; unless a later signing and effective date is shown here:



[Mary Lou Rainey], Secretary



[Dan George], President

SERFF Tracking Number: TAPK-126695800

State: Arkansas

Filing Company: Family Life Insurance Company

State Tracking Number: 46068

Company Tracking Number:

TOI: H02I Individual Health - Accident Only

Sub-TOI: H02I.000 Health - Accident Only

Product Name: Accidental Death Policy

Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Readability certificate AR.pdf	Approved-Closed	07/16/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> Application is submitted under the forms tab	Approved-Closed	07/16/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage <b>Comments:</b> Outline of Coverage is submitted in the forms tab	Approved-Closed	07/16/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachment:</b> E&Lltre709.pdf	Approved-Closed	07/16/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Submission letter <b>Comments:</b> <b>Attachment:</b> Submission letter AR.pdf	Approved-Closed	07/16/2010

## Readability Certification

Insurance Company: Family Life Insurance Company

### Form Number

FL-ADB-09-AR  
FL-ADBA-10/09-AR  
FL-ADB09-OC-AR  
FL-RADB2-09  
WP (FL-ADB) 09

### Description of Form

Accidental Death Policy  
Application  
Outline of Coverage  
Accidental Death Benefit Rider  
Waiver of Premium Rider

I hereby certify that the above referenced form complies with the readability requirements of this State.

*Mary Lou Rainey*

---

Authorized Signature

Mary Lou Rainey

---

Name

Secretary

---

Title

June 25, 2010

---

Date



Deborah Tatro, Vice President

July 24, 2009

Re: Filing Authorization  
T. Allen Park & Associates, Inc.  
9441 LBJ Freeway, Suite 102  
Dallas, TX 75074

Re: Manhattan Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Manhattan Life Insurance Company, Central United Life Insurance Company and Family Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in black ink, appearing to read "Deborah Tatro", is written over a horizontal line.

Deborah Tatro  
Vice President

Manhattan Insurance Group  
Manhattan Life Insurance Company  
Central Life Insurance Company  
Family Life Insurance Company  
10700 Northwest Freeway  
Houston, TX 77092  
Email: dtatro@culins.com

Phone: 713-821-6423  
Toll Free: 800-669-9030 ext. 6423  
Fax: 713-529-6309



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074  
(972) 398-3733 Uheas@aol.com

June 26, 2010

Arkansas Department of Insurance

RE: Family Life Insurance Company NAIC # 63053

FL-ADB-09-AR	Accidental Death Policy
FL-ADBA-10/09-AR	Application
FL-ADB09-OC-AR	Outline of Coverage
FL-RADB2-09	Accidental Death Benefit Rider
WP (FL-ADB) 09	Waiver of Premium Rider

Dear Sir or Madam:

This filing is being submitted on behalf of Family Life Insurance Company. The above referenced forms are submitted for your review and approval. These forms are new and are not intended to replace any previously approved forms.

Form FL-ADB-09-AR is an individual accidental death policy. Form FL-ADBA-10/09-AR is the application. Form FL-ADB09-OC-AR is the outline of coverage. Form FL-RADB2-09 is an accidental death benefit rider. Form WP (FL-ADB) 09 is a waiver of premium rider. When approved, these forms will be used with form AR-Notice, the required notice approved by your office on October 5, 2009.

Similar forms were approved in the Company's domiciliary State of Texas on April 15, 2010.

The readability scores are 52.3 for form FL-ADB-09-AR; 51.6 for form FL-ADBA-10/09-AR, 53.0 for form FL-ADB09-OC-AR, 51.0 for form FL-RADB2-09 and 51.9 for form WP (FL-ADB) 09.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU  
Legal Assistant and Compliance Specialist