

<i>SERFF Tracking Number:</i>	<i>FRCS-126988146</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>47725</i>
<i>Company Tracking Number:</i>	<i>5468</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>814-PUA 5-11</i>		
<i>Project Name/Number:</i>	<i>KOFC/150/150</i>		

## Filing at a Glance

Company: Knights of Columbus	SERFF Tr Num: FRCS-126988146	State: Arkansas
Product Name: 814-PUA 5-11	SERFF Status: Closed-Approved-	State Tr Num: 47725
TOI: L071 Individual Life - Whole	Closed	
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: 5468	State Status: Approved-Closed
Filing Type: Form	Author: Exselsa Cartwright	Reviewer(s): Linda Bird
	Date Submitted: 01/17/2011	Disposition Date: 01/21/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: KOFC/150	Status of Filing in Domicile: Pending
Project Number: 150	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted about this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/21/2011
	State Status Changed: 01/21/2011
Deemer Date:	Created By: Exselsa Cartwright
Submitted By: Exselsa Cartwright	Corresponding Filing Tracking Number:
Filing Description:	
We have been retained by Knights of Columbus to file the enclosed form for approval in your state.	

Our fee of \$50.00 has been sent by EFT on this same date.

The Knights of Columbus is a fraternal society.

This rider gives the Owner the right to purchase paid-up additional insurance. The total annual premium payment for

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the year may not exceed fifteen times the annual premium of the Contract. This rider will be subject to evidence of insurability at issue.

The net single premium used in the calculation of the amount of the Paid-Up Insurance will be determined based upon the interest rates and mortality tables used to value paid-up insurance under the Contract to which the rider is attached.

The Issue Age limits of this rider are the same as the issue age limit of the base policy to which it is attached.

The rider may be used with the forms listed in the chart below, and it may be used with other approved contracts:

Form Number / Form Title / Approved

801-AR 1-08 / Whole Life Paid-up at Age 100 Insurance Policy / 08/13/07

822-AR 1-08 / Life Paid-up At Age 65 Life Insurance Contract / 03/03/08

829-AR 1-08 / 20 Year Payment Life Insurance Contract / 02/13/08

807-AR 1-08 / Life Paid-Up at Age 100 with Additional Protection Benefit / 06/04/08

809-AR 3-11 / Individual Whole Life Insurance Contract / 12/09/10

This rider is new and will not replace any currently on file. It may be made a part of the contract at issue as well as intended for use after the date of issue of a contract.

This rider will be illustrated.

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

## Company and Contact

### Filing Contact Information

Exselsa Cartwright, Senior Compliance      [exselsa.cartwright@firstconsulting.com](mailto:exselsa.cartwright@firstconsulting.com)  
Specialist  
1020 Central      800-927-2730 [Phone] 2757 [Ext]  
Suite 201      816-391-2755 [FAX]  
Kansas City, MO 64105

### Filing Company Information

(This filing was made by a third party - FC01)

Knights of Columbus      CoCode: 58033      State of Domicile: Connecticut  
1 Columbus Plaza      Group Code:      Company Type:

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New Haven, CT 06507-3326  
(203) 752-4266 ext. [Phone]  
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Group Name:  
FEIN Number: 06-0416470

State ID Number:

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: The fee in the domicile state is zero. The fee in your state is \$50 per form x 1 rider = \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$50.00	01/17/2011	43837113

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Product Name: 814-PUA 5-11  
Project Name/Number: KOFC/150/150

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/21/2011	01/21/2011

*SERFF Tracking Number:* FRCS-126988146      *State:* Arkansas  
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*Product Name:* 814-PUA 5-11  
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## **Disposition**

Disposition Date: 01/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Supporting Document</b>	Authorization		Yes
<b>Form</b>	Additional Deposit Paid-Up Insurance Rider		Yes

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## Form Schedule

**Lead Form Number: 814-PUA 5-11**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	814-PUA 5-11	Policy/Contract	Additional Deposit Paid-Up Insurance Rider	Initial		50.000	814-PUA 5-11 Final-dist-ocr.pdf
		Certificate:	Amendment, Insert Page, Endorsement or Rider				

## **KNIGHTS OF COLUMBUS ADDITIONAL DEPOSIT PAID-UP INSURANCE RIDER**

This rider is made part of the Contract to which it is attached. It is subject to the Contract's provisions. The definitions on Page 2 of the Contract apply to this rider.

**ISSUE DATE:** This rider becomes effective as of its Issue Date which is the Issue Date of the Contract unless a later date is shown here:

### **Benefit**

The owner will have the right, as of the effective date of this rider, and as of each subsequent premium due date while this option is in effect, to purchase participating paid-up life insurance. The purchase payment for such insurance will be in addition to the premium then due.

### **Conditions**

Each exercise of this option will be subject to these rules:

- (1) The amount of each purchase payment must be at least \$25. The amount of the purchase payments paid in the first Contract Year of this rider cannot be greater than the maximum allowed by Order's rules in effect at that time. In any subsequent Contract Year, the amount of purchase payments paid may not be greater than an amount equal to 125% of the sum of all purchase payments paid in the preceding Contract Year.
- (2) The sum of all purchase payments made under this rider may not exceed fifteen times the annual premium of the Contract.
- (3) This option may not be exercised on any premium due date on which premiums are then being waived under a disability rider attached to the Contract. Disability riders do not provide for waiver of the purchase payment of paid-up additions allowed under this rider. Purchase payments may resume when the premiums for the Contract are no longer being waived. The amount of purchase payments made in that year may not be greater than 125% of the purchase payments made in the Contract Year in which disability occurred or, if greater, 125% of the purchase payments made in the Contract Year prior to the Contract Year in which the disability occurred.
- (4) The purchase payment payable on the effective date of this rider must be paid in full on or prior to the delivery of the Contract. If this rider is added after the Contract's Issue Date, the purchase payment payable upon exercise of this option on the effective date of this rider must be paid in full on or prior to the delivery of the rider. The purchase payment payable upon exercise of this option as of a subsequent premium due date must be paid in full within 31 days after that due date.

### **Amount of Paid-Up Life Insurance**

The amount of paid up life insurance bought by each purchase payment will be calculated by dividing the purchase payment by the product of:

- (a) the net single premium at the attained age of the Insured as of the premium due date; and
- (b) a factor of 1.06 for purchase payments paid in the first five Contract Years or 1.035 for purchase payments paid in subsequent Contract Years.

The net single premium will be calculated using the interest rates and mortality tables used to value the paid-up insurance purchased under the Paid-Up dividend option of the Contract.

### **Cash Values**

The guaranteed cash value of any paid-up life insurance purchased under this option will be equal to the net single premium at the attained age of the Insured for the amount of paid-up life insurance purchased under this option calculated using the interest rates and mortality tables used to value the paid-up insurance purchased under the Paid-Up dividend option of the Contract.

**Automatic Premium Loans**

The Automatic Premium Loans provision of the Contract will not be used to make purchase payments under this option.

**Incontestability**

We will not contest the paid-up life insurance purchased under this option after this rider has been in force for two years during the Insured's lifetime.

**Suicide Exclusion**

If the Insured dies by suicide within two years after the Issue Date of this rider, we will only pay the sum of the purchase payments paid under this rider less any indebtedness and less any amounts previously surrendered.

**Termination**

The option to make a purchase payment will terminate when:

- (a) the Contract becomes paid up or is surrendered;
- (b) the Contract lapses, whether or not it is subsequently reinstated;
- (c) the sum of all purchase payments made under this rider equals fifteen times the annual premium of the Contract; or
- (d) the purchase payments made in a Contract Year are less than the minimum annual purchase payments required by the Order, unless premiums for the Contract are then being waived under a disability rider.

The termination of this option will not affect any paid-up life insurance which has been purchased previously under this option.

**In order to answer questions or to obtain information about coverage on this Rider or to obtain assistance in resolving complaints, you may telephone the Knights of Columbus at 800-524-3611.**

Issued at [New Haven, Connecticut].

KNIGHTS OF COLUMBUS



Attest:

By:

[  ]

[  ]

Supreme Secretary

Supreme Knight

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification		
<b>Comments:</b>			
<b>Attachments:</b>			
	AR RDB.pdf		
	AR COC.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Statement of Variability		
<b>Comments:</b>			
<b>Attachment:</b>			
	SOV 814-PUA 5-11-dist-ocr.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Authorization		
<b>Comments:</b>			
<b>Attachment:</b>			
	AUTH-dist ocr.pdf		



# KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

AR-4

## STATE OF ARKANSAS READABILITY CERTIFICATION

**COMPANY NAME:** Knights of Columbus

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
814-PUA 5-11	50

\_\_\_\_\_  
Daniel C. Heffernan  
Associate General Counsel

\_\_\_\_\_  
January 11, 2011  
Date



# KNIGHTS OF COLUMBUS

MAKING A DIFFERENCE FOR LIFE

AR-2

## STATE OF ARKANSAS CERTIFICATION OF COMPLIANCE

**Company Name:** Knights of Columbus  
**Form Title(s):** Additional Deposit Paid-Up Insurance Rider  
**Form Number(s):** 814-PUA 5-11

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

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Daniel C. Heffernan  
Associate General Counsel

January 11, 2011

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Date

**KNIGHTS OF COLUMBUS**

**STATEMENT OF VARIABLE MATERIAL  
Additional Deposit Paid-Up Insurance Rider**

**RIDER FORM 814-PUA 5-11  
January 3, 2011**

The following is an explanation of the variable material in this rider. Variable material is in a box or is bracketed.

<b>Page No.</b>	<b>Bracketed Item</b>	<b>Explanation of Variable Material</b>
1	Issue Date	If the Issue Date of the rider is after the Issue Date of the contract, a date will be inserted into the box. If the Issue Date of the rider is the same Issue Date of the contract, no date will appear.
2	New Haven, Connecticut	The address – City and State could possibly change at some point in time. If so, the Department will be notified immediately.
2	Names and signatures of the Officers	Officers' names and signatures will change upon retirement, death or resignation from the Company.



**KNIGHTS OF COLUMBUS**  
MAKING A DIFFERENCE FOR LIFE

January 11, 2011

To: The Insurance Commissioner

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

**Knights of Columbus**

By:  \_\_\_\_\_

Title: Associate General Counsel