

SERFF Tracking Number: AAMC-127668720 State: Arkansas  
Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 49930  
Company Tracking Number:  
TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Accidental Death and Dismemberment - PS02-9428  
Project Name/Number: /

## Filing at a Glance

Company: Pioneer Security Life Insurance Company

Product Name: Accidental Death and Dismemberment - PS02-9428 SERFF Tr Num: AAMC-127668720 State: Arkansas

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved State Tr Num: 49930

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: Dismemberment State Status: Approved-Closed

Filing Type: Form

Author: Traci Baty

Date Submitted: 09/30/2011

Reviewer(s): Donna Lambert

Disposition Date: 10/20/2011

Disposition Status: Approved

Implementation Date: 11/21/2011

Implementation Date Requested: On Approval

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:

Deemer Date:

Submitted By: Traci Baty

Filing Description:

Cover Letter under Supporting Documentation.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed in Texas, our State of Domicile.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 10/20/2011

State Status Changed: 10/20/2011

Created By: Traci Baty

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

Clara Keel, Product Filing Manager and  
Assistant Secretary

ckeel@aatx.com

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 Product Name: Accidental Death and Dismemberment - PS02-9428

Project Name/Number: /  
 425 Austin Avenue 254-297-2794 [Phone]  
 Waco, TX 76701 254-297-2138 [FAX]

**Filing Company Information**

Pioneer Security Life Insurance Company CoCode: 67946 State of Domicile: Texas  
 425 Group Code: 315 Company Type: LAH  
 Waco, TX 76701 Group Name: State ID Number:  
 (254) 297-2777 ext. [Phone] FEIN Number: 75-1083342

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer Security Life Insurance Company	\$100.00	09/30/2011	52344789

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/20/2011	10/20/2011

### 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	Donna Lambert	10/05/2011	10/05/2011	Carolyn Fleischhauer	10/19/2011	10/19/2011

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*Product Name:* Accidental Death and Dismemberment - PS02-9428  
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## **Disposition**

Disposition Date: 10/20/2011

Implementation Date: 11/21/2011

Status: Approved

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	Approved	Yes
<b>Supporting Document</b>	Application	Approved	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved	No
<b>Supporting Document</b>	Outline of Coverage	Approved	Yes
<b>Supporting Document</b>	Cover Letter	Approved	Yes
<b>Supporting Document</b>	Policyholder Notice	Approved	Yes
<b>Supporting Document</b>	Statement of Variability	Approved	Yes
<b>Form (revised)</b>	Accidental Death and Dismemberment Policy	Approved	Yes
<b>Form</b>	Accidental Death and Dismemberment Policy	Replaced	Yes
<b>Form (revised)</b>	Application	Approved	Yes
<b>Form</b>	Application	Replaced	Yes

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Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/05/2011  
Submitted Date 10/05/2011  
Respond By Date 11/07/2011

Dear Clara Keel,

This will acknowledge receipt of the captioned filing.

Please attach the Outline of Coverage to the form schedule tab for approval.

### Objection 1

- Accidental Death and Dismemberment Policy, Form No. PS02-9428 (Form)

Comment: Please respond the the following deficiencies:

1. RR 18 Sec. 7K requires "limited benefit" to be in the title of this policy.
2. Bulletin 15-2009 requires certain information in the policy.
3. John Doe information needs to be in brackets to denote variability. If the information in the Benefits Description will change, it should also be bracketed. You may also want to consider placing the officers' signatures and titles, company address and phone number, and any other similar information that may change in brackets so the form does not have to be refiled due to revisions to those items. Attach a statement of variability to the supporting documents tab.

### Objection 2

- Application, Form No. PS9433 (Form)

Comment: Please add the fraud warning required by ACA 23-66-501.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

(Just as a matter of information, Mr. Musgrove has not worked for the Department for several years. The Deputy Commissioner of this office is Mr. Dan Honey.)

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Dismemberment      Dismemberment  
*Product Name:* Accidental Death and Dismemberment - PS02-9428  
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I will be happy to continue my review of this submission upon receipt of your response. Please feel free to contact me if you have questions.

Sincerely,  
Donna Lambert

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Project Name/Number: /

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/19/2011  
Submitted Date 10/19/2011

Dear Donna Lambert,

### Comments:

This information is submitted in response to objection letter dated 10/05/2011.

### Response 1

Comments: 1. Reference to "limited benefit" has been included in the title on the face page of this accidental death and dismemberment policy to comply with the requirements of RR 18 Sec. 17K.

2. The certain information, required in accordance with Bulletin 15-2009, is provided to the policyholder by a separate form, Form PS8035, attached to this Accidental Death and Dismemberment policy.

3. The requested Statement of Variability and bracketed specifications page are attached under the Supporting Documentation tab.

### Related Objection 1

Applies To:

- Accidental Death and Dismemberment Policy, Form No. PS02-9428 (Form)

Comment:

Please respond the the following deficiencies:

1. RR 18 Sec. 7K requires "limited benefit" to be in the title of this policy.
2. Bulletin 15-2009 requires certain information in the policy.
3. John Doe information needs to be in brackets to denote variability. If the information in the Benefits Description will change, it should also be bracketed. You may also want to consider placing the officers' signatures and titles, company address and phone number, and any other similar information that may change in brackets so the form does not have to be refiled due to revisions to those items. Attach a statement of variability to the supporting documents tab.

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**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Policyholder Notice

Comment: The attached policyholder notice is attached to the policy in accordance with Bulletin 15-2009.

Satisfied -Name: Statement of Variability

Comment: A SOV and bracketed specifications page are attached.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accidental Death and Dismemberment Policy	Form No. PS02-AR-9428		Policy/Contract/Fraternal Certificate	Revised	Form No. PS02-9428	59.000	AR PS02-AR-9428 Accidental Death and Dismemberment Policy.pdf

**Previous Version**

Accidental Death and Dismemberment Policy	Form No. PS02-9428		Policy/Contract/Fraternal Certificate	Initial		59.000	STD PS02-9428 Accidental Death and Dismemberment Policy.pdf
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No Rate/Rule Schedule items changed.

**Response 2**

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 Product Name: Accidental Death and Dismemberment - PS02-9428  
 Project Name/Number: /

Comments: The Accidental Death and Dismemberment application has been revised by including the fraud warning in accordance with the requirements of ACA 23-66-501.

**Related Objection 1**

Applies To:

- Application, Form No. PS9433 (Form)

Comment:

Please add the fraud warning required by ACA 23-66-501.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application	Form No. PS9433-AR		Application/Enrollment Form	Revised	Form No. PS9433	0.000	DC PS02-DC-9428 Accidental Death and Dismemberment Policy.pdf

**Previous Version**

Application	Form No. PS9433		Application/Enrollment Form	Initial		0.000	STD PS9433 Application.pdf
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No Rate/Rule Schedule items changed.

If you have questions, please contact me at 1-800-736-7311, extension 3220.

Sincerely,

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**Traci Baty**

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/20/2011	Form No. PS02-AR- 9428	Policy/Cont ract/Fratern al	Accidental Death and Dismemberment Policy Certificate	Revised	Replaced Form #: Form No. PS02-AR- 9428 Previous Filing #: Form No. PS02-9428	59.000	AR PS02-AR- 9428 Accidental Death and Dismemberm ent Policy.pdf
Approved 10/20/2011	Form No. PS9433-AR	Application/ Enrollment Form	Application	Revised	Replaced Form #: Form No. PS9433- AR Previous Filing #: Form No. PS9433	0.000	DC PS02-DC- 9428 Accidental Death and Dismemberm ent Policy.pdf

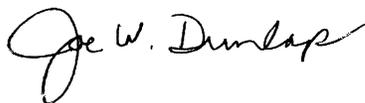
**Pioneer Security Life  
Insurance Company**

P.O. Box 2550 / Waco, Texas 76702-2550 / (254) 297-2778

We will pay the Accidental Death Benefit Amount to the Beneficiary if you die as a result of an accident while this Policy is in force. Payment will be made when we receive proof of your accidental death and will be subject to the terms of this Policy. We will pay you the benefit stated in the Schedule of Benefits for Accidental Dismemberment, upon receipt of due proof that you sustained any one of the losses specified.

This Policy is a legal contract between you and the Company. We have issued this Policy in return for the application and the payment of the premium.

The benefits, conditions and provisions set forth on this page and the following pages are a part of the contract.



Secretary



President

**CANCELLATION DURING FIRST 30 DAYS**

**If you decide not to keep this Policy, return it within 30 days after you receive it. It may be returned to us or to the agent who sold the Policy. The Policy will be as though it had never been issued. We will return the premium paid for it.**

**THIS IS A LIMITED BENEFIT POLICY AND IT DOES NOT PAY BENEFITS  
IN EVENT OF SICKNESS.**

**ACCIDENTAL DEATH AND DISMEMBERMENT POLICY**

**ONE YEAR - NONRENEWABLE**

**NONPARTICIPATING**

***READ YOUR POLICY CAREFULLY***

**TABLE OF CONTENTS**

	Page
Accidental Death Benefit .....	4
Beneficiary and Payment of Claims .....	5
Benefit for Accidental Dismemberment .....	4
Change of Beneficiary .....	5
Claim Forms .....	5
Contract .....	4
Date of Issue .....	3
Exclusions .....	4
Notice of Loss .....	4
Proof of Loss .....	5
Schedule of Benefits for Accidental Dismemberment .....	4
Time of Payment of Claims .....	5

**DEFINITIONS**

**In this Policy:**

**The Company, We, Our, or Us** means Pioneer Security Life Insurance Company.

**You or Your** refers to the Owner of this Policy, as shown in the application.

**Home Office** means Pioneer Security Life Insurance Company, located in Waco, Texas.

<u>BENEFIT DESCRIPTION</u>	<u>ANNUAL PREMIUM</u>
ACCIDENTAL DEATH AND DISMEMBERMENT POLICY	\$2.50 FOR 1 YEAR
TOTAL ANNUAL PREMIUM	\$2.50
ISSUED METHOD OF PAYMENT - ANNUAL	\$2.50

INSURED: JOHN DOE

ACCIDENTAL DEATH BENEFIT AMOUNT: \$5,000

AGE: 35

POLICY NUMBER: 123456

DATE OF ISSUE: OCTOBER 1, 2011

EXPIRY DATE: OCTOBER 1, 2012

## ACCIDENTAL DEATH BENEFIT

We will pay the Accidental Death Benefit Amount shown on Page 3 of this Policy to the Beneficiary upon receipt of due proof that:

- 1) your death was a direct result of bodily injuries caused by an accident;
- 2) death resulted independently of all other causes;
- 3) death occurred within 90 days after the date of the accident; and
- 4) both the accident and resulting death took place while this Policy was in force.

## BENEFIT FOR ACCIDENTAL DISMEMBERMENT

We will pay you the benefit stated in the following schedule upon receipt of due proof that you have sustained any one of the losses specified, solely as a result of external, physical, violent and accidental means. Any loss must occur within 90 days of the accident causing the loss to be payable.

### SCHEDULE OF BENEFITS FOR ACCIDENTAL DISMEMBERMENT

The following schedule is based on the Accidental Death Benefit Amount as shown on Page 3.

<b>Loss:</b>	<b>Benefit:</b>
Both hands	Accidental Death Benefit Amount
Both feet	Accidental Death Benefit Amount
Sight of both eyes	Accidental Death Benefit Amount
One hand and one foot	Accidental Death Benefit Amount
One hand and sight of one eye	Accidental Death Benefit Amount
One foot and sight of one eye	Accidental Death Benefit Amount
One hand	One-half (1/2) Accidental Death Benefit Amount
One foot	One-half (1/2) Accidental Death Benefit Amount
Sight of one eye	One-half (1/2) Accidental Death Benefit Amount

#### Definitions for the above losses:

- a) Loss of hand means cut off through or above the wrist.
- b) Loss of foot means cut off through or above the ankle.
- c) Loss of sight means blindness which cannot be corrected to at least 20/200 vision.

## EXCLUSIONS

This Policy does not cover loss due to:

- 1) suicide or intentionally self-inflicted injury;
- 2) sickness, disease, medical treatment or surgery;
- 3) voluntary taking of drugs, unless taken as prescribed by a doctor;
- 4) injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
- 5) committing or attempting to commit a felony or assault;
- 6) taking part in a riot or insurrection; or
- 7) war or any act of war, or any injury sustained while serving in the military forces engaged in war whether declared or undeclared.

## GENERAL PROVISIONS

**CONTRACT.** This Policy is a legal contract between you and the Company. This Policy and the application constitute the entire contract. Any change or waiver of the terms of this Policy must be in writing and signed by one of our Officers to be effective.

**NOTICE OF LOSS.** Written notice of loss must be given within 20 days or as soon as reasonably possible.

## GENERAL PROVISIONS (Continued)

**PROOF OF LOSS.** Written proof of loss must be given within 90 days after the date of the loss or as soon as reasonably possible.

**CLAIM FORMS.** When we receive notice of claim, we will send any required claim forms within 15 days. If such forms are not furnished within 15 days, proof of loss requirements will be met by sending us written proof of the occurrence, character and extent of the loss.

**TIME OF PAYMENT OF CLAIMS.** We will pay for any loss covered by this Policy as soon as we receive due written proof of such loss.

**EXAMINATION, AUTOPSY.** We have the right, at our expense, to have an examination made as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

**LEGAL ACTIONS.** No legal action may be brought on this Policy within 60 days after proof of loss. No legal action may be brought on this Policy more than 3 years after proof of loss was required.

**BENEFICIARY AND PAYMENT OF CLAIMS.** All benefits except those for loss of life will be paid to you. Benefits for loss of life will be paid to the Beneficiary designated by you in the application. If no Beneficiary designation is effective, payment will be made to your estate. At our option, if no Beneficiary designation is effective, or if the designated Beneficiary is not competent to give a valid release, we may pay up to \$1,000 to any relative by blood or marriage who appears equitably entitled. Any payment in good faith will discharge us to the extent of such payment.

**CHANGE OF BENEFICIARY.** The Beneficiary may be changed at any time during your lifetime. The change will take effect as of the date it was signed, even if you die before we receive it. If we made payment before receiving the request, the change will not be effective. If there is an irrevocable Beneficiary, you must get the irrevocable Beneficiary's consent to change the Beneficiary.

**NONPARTICIPATING.** This is a nonparticipating Policy. This means the Policy does not share in our profits or surplus.

**Pioneer Security Life Insurance Company**  
P.O. Box 2550 / Waco, Texas 76702-2550 / (254) 297-2778

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**ACCIDENTAL DEATH AND DISMEMBERMENT POLICY**

**ONE YEAR - NONRENEWABLE**

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Secretary



President

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**TABLE OF CONTENTS**

	Page
Accidental Death Benefit .....	4
Beneficiary and Payment of Claims .....	5
Benefit for Accidental Dismemberment .....	4
Change of Beneficiary .....	5
Claim Forms .....	5
Conformity with State Statutes and Regulations .....	4
Contract .....	5
Date of Issue .....	3
Exclusions .....	4
Notice of Claim .....	5
Proof of Loss .....	5
Schedule of Benefits for Accidental Dismemberment .....	4
Time of Payment of Claims .....	5

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ACCIDENTAL DEATH AND DISMEMBERMENT POLICY	\$2.50 FOR 1 YEAR
TOTAL ANNUAL PREMIUM	\$2.50
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INSURED: JOHN DOE

ACCIDENTAL DEATH BENEFIT AMOUNT: \$5,000

AGE: 35

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## BENEFIT FOR ACCIDENTAL DISMEMBERMENT

We will pay you the benefit stated in the following schedule upon receipt of due proof that you have sustained any one of the losses specified, solely as a result of external, physical, violent and accidental means. Any loss must occur within 90 days of the accident causing the loss to be payable.

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### EXCLUSIONS

This Policy does not cover loss due to:

- 1) suicide or intentionally self-inflicted injury;
- 2) sickness, disease, medical treatment or surgery;
- 3) voluntary taking of drugs, unless taken as prescribed by a doctor;
- 4) injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
- 5) committing or attempting to commit a felony or assault;
- 6) taking part in a riot or insurrection; or
- 7) war or any act of war, or any injury sustained while serving in the military forces engaged in war whether declared or undeclared.

### GENERAL PROVISIONS

**CONFORMITY WITH STATE STATUTES AND REGULATIONS.** Any provision of this Policy which conflicts with the valid insurance laws or regulations of the state of residence of the Insured, at the time that the application for this Policy is approved for issue by the Company at its Home Office, will be deemed to be amended or deleted to the extent necessary for the provisions of this Policy to be in conformity with such conflicting laws and regulations.

## GENERAL PROVISIONS (Continued)

**CONTRACT.** This Policy is a legal contract between you and the Company. This Policy and the application constitute the entire contract. Any change or waiver of the terms of this Policy must be in writing and signed by one of our Officers to be effective.

**NOTICE OF CLAIM.** Written notice of claim must be given within 20 days after the occurrence of any loss covered by the Policy or as soon as reasonably possible. Notice given by or on behalf of the Insured or the Beneficiary to the Company address of 425 Austin Avenue, Waco, Texas 76701 or to an authorized agent of the insurer, with information sufficient to identify the Insured, shall be deemed notice to the insurer.

**PROOF OF LOSS.** Written proof of loss must be given within 90 days after the date of the loss or as soon as reasonably possible.

**CLAIM FORMS.** When we receive notice of claim, we will send any required claim forms within 15 days. If such forms are not furnished within 15 days after giving notice of claim, proof of loss requirements will be met by sending us written proof of the occurrence, character and extent of the loss.

**TIME OF PAYMENT OF CLAIMS.** We will pay for any loss covered by this Policy as soon as we receive due written proof of such loss.

**EXAMINATION, AUTOPSY.** We have the right, at our expense, to have an examination made as often as reasonably necessary while a claim is pending. We may also have an autopsy made, unless prohibited by law.

**LEGAL ACTIONS.** No legal action may be brought on this Policy within 60 days after proof of loss. No legal action may be brought on this Policy more than 3 years after proof of loss was required.

**BENEFICIARY AND PAYMENT OF CLAIMS.** All benefits except those for loss of life will be paid to you. Benefits for loss of life will be paid to the Beneficiary designated by you in the application. If no Beneficiary designation is effective, payment will be made to your estate. At our option, if no Beneficiary designation is effective, or if the designated Beneficiary is not competent to give a valid release, we may pay up to \$1,000 to any relative by blood or marriage who appears equitably entitled. Any payment in good faith will discharge us to the extent of such payment.

**CHANGE OF BENEFICIARY.** The Beneficiary may be changed at any time during your lifetime. The change will take effect as of the date it was signed, even if you die before we receive it. If we made payment before receiving the request, the change will not be effective. If there is an irrevocable Beneficiary, you must get the irrevocable Beneficiary's consent to change the Beneficiary.

**NONPARTICIPATING.** This is a nonparticipating Policy. This means the Policy does not share in our profits or surplus.

**Pioneer Security Life Insurance Company**  
**P.O. Box 2550 / Waco, Texas 76702-2550 / (254) 297-2778**

**ACCIDENTAL DEATH AND DISMEMBERMENT POLICY**

**ONE YEAR - NONRENEWABLE**

**NONPARTICIPATING**

***READ YOUR POLICY CAREFULLY***

SERFF Tracking Number: AAMC-127668720 State: Arkansas  
 Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 49930  
 Company Tracking Number:  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Dismemberment  
 Product Name: Accidental Death and Dismemberment - PS02-9428  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved	10/20/2011
<b>Comments:</b>		
<b>Attachment:</b> AR PS02-9428 Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved	10/20/2011
<b>Comments:</b> Application under Form Schedule.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved	10/20/2011
<b>Comments:</b>		
<b>Attachment:</b> STD PS02-9428 Actuarial Memorandum.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Outline of Coverage	Approved	10/20/2011
<b>Comments:</b>		
<b>Attachment:</b> STD PS9456 Outline of Coverage.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter	Approved	10/20/2011
<b>Comments:</b>		

SERFF Tracking Number: AAMC-127668720 State: Arkansas  
 Filing Company: Pioneer Security Life Insurance Company State Tracking Number: 49930  
 Company Tracking Number:  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: Accidental Death and Dismemberment - PS02-9428  
 Project Name/Number: /

Cover Letter attached.

**Attachment:**

AR PS02-9428 Cover Letter.pdf

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Policyholder Notice	Approved	10/20/2011
<b>Comments:</b>			
The attached policyholder notice is attached to the policy in accordance with Bulletin 15-2009.			
<b>Attachment:</b>			
Form PS8035.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Statement of Variability	Approved	10/20/2011
<b>Comments:</b>			
A SOV and bracketed specifications page are attached.			
<b>Attachments:</b>			
AR IA02-9428 SOV.pdf			
AR Bracketed Benefit Description Page 3.pdf			

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PIONEER SECURITY LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Accidental Death and Dismemberment Policy, Form Number PS02-9428, has achieved a Flesch Reading Ease Score of 59 and complies with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.



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Signature

Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary

September 30, 2011

PIONEER SECURITY LIFE INSURANCE COMPANY  
P.O. BOX 2550, WACO, TEXAS 76702-2550

**ACCIDENTAL DEATH and DISMEMBERMENT PROTECTION COVERAGE  
REQUIRED OUTLINE OF COVERAGE**

For Policy Form PS02-9428

- (1) **Read Your Policy Carefully** — This outline 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!**
- (2) **Accidental Death and Dismemberment Coverage** — Policies of this category provide coverage for loss resulting from accidental bodily injuries as described in this outline. The accident must occur while this policy is in force. The loss must occur within 90 days from the date the injuries were sustained. Payments will only be made to covered persons, and some accidents may not be covered. The major benefits and limitations of your policy are listed below. Coverage is not provided for hospital, medical surgical, or major-medical expenses.

Amount of Principal Sum: \_\_\_\_\_

- (3) The following is a brief description of the benefits of your policy:

We will pay the Principal Sum for the following losses resulting from accidental bodily injury.

1. Loss of Life;
2. Loss of Both Hands;
3. Loss of Both Feet;
4. Loss of the Sight of Both Eyes;
5. Loss of One Hand and One Foot;
6. Loss of One Hand and the Sight of One Eye; or
7. Loss of One Foot and the Sight of One Eye.

We will pay one-half the Principal Sum for the following losses resulting from accidental bodily injury.

1. Loss of One Hand;
2. Loss of One Foot; or
3. Loss of the Sight of One Eye.

The Principal Sum is the maximum amount payable as the result of any one accident.

- (4) The policy does not cover loss due to:

1. Suicide or intentionally self-inflicted injury;
2. Sickness, disease, medical treatment or surgery;
3. Voluntary taking of drugs, unless taken as prescribed by a doctor;
4. Injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
5. Committing or attempting to commit a felony or assault;
6. Taking part in a riot or insurrection; or
7. War or any act of war, or any injury sustained while serving in the military forces engaged in war, whether declared or undeclared.

- (5) The Premium for this policy is \$ \_\_\_\_\_ every \_\_\_\_\_. There is a 31 day grace period. If this premium is not paid on or before the date it is due, it may be paid during the following 31 days.

If you are not satisfied with the policy you may return it within 30 days of its receipt for a full refund.

RETAIN THIS FOR YOUR RECORDS.

PIONEER SECURITY LIFE INSURANCE COMPANY  
P.O. BOX 2550, WACO, TEXAS 76702-2550

**ACCIDENTAL DEATH and DISMEMBERMENT PROTECTION COVERAGE  
REQUIRED OUTLINE OF COVERAGE**

For Policy Form PS02-9428

- (1) Read Your Policy Carefully — This outline 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!**
- (2) Accidental Death and Dismemberment Coverage — Policies of this category provide coverage for loss resulting from accidental bodily injuries as described in this outline. The accident must occur while this policy is in force. The loss must occur within 90 days from the date the injuries were sustained. Payments will only be made to covered persons, and some accidents may not be covered. The major benefits and limitations of your policy are listed below. Coverage is not provided for hospital, medical surgical, or major-medical expenses.

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2. Loss of Both Hands;
3. Loss of Both Feet;
4. Loss of the Sight of Both Eyes;
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6. Loss of One Hand and the Sight of One Eye; or
7. Loss of One Foot and the Sight of One Eye.

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1. Loss of One Hand;
2. Loss of One Foot; or
3. Loss of the Sight of One Eye.

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1. Suicide or intentionally self-inflicted injury;
2. Sickness, disease, medical treatment or surgery;
3. Voluntary taking of drugs, unless taken as prescribed by a doctor;
4. Injuries sustained other than on regularly scheduled commercial airline flights by a pilot, student pilot, or crew member of an aircraft in a crash or collision of the aircraft;
5. Committing or attempting to commit a felony or assault;
6. Taking part in a riot or insurrection; or
7. War or any act of war, or any injury sustained while serving in the military forces engaged in war, whether declared or undeclared.

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RETAIN THIS FOR YOUR RECORDS.

# Pioneer Security Life Insurance Company

P.O. Box 2550 • Waco, Texas 76702-2550 • 254-297-2778

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September 30, 2011

NAIC No. 67946

Mr. Joe Musgrove  
Policy and Other Form Filings  
State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904  
Attention: Compliance - Life and Health

Re: Form No. PS02-9428 – Accidental Death and Dismemberment Policy  
Form No. PS9433 – Life Insurance Application

Dear Mr. Musgrove:

The above referenced forms are being submitted for your consideration and approval. These forms are new and will not replace any forms previously approved by your Department.

Form No. PS02-9428 is an individual Accidental Death and Dismemberment Policy. The flesch readability score is 59.

Form No. PS9433 is an application to be used when applying for an individual Accidental Death and Dismemberment Policy.

The issue ages for this product are 18-85. The actuarial memorandum for this product is attached.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

The Company is providing, at time of delivery of the policy, the Arkansas Life and Disability Insurance Guaranty Association disclaimer document as provided in Rule and Regulation 49 (Appendix A).

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or [ckeel@aatx.com](mailto:ckeel@aatx.com).

Sincerely,



Clara Keel, FLMI  
Product Filing Manager & Assistant Secretary

CJK:tab  
Enc.



## **NOTICE TO POLICYHOLDER**

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Any questions concerning this policy may be addressed to:

**PIONEER SECURITY LIFE INSURANCE COMPANY  
POLICY SERVICE DEPARTMENT  
POST OFFICE BOX 2550  
WACO, TEXAS 76702-2550  
TELEPHONE: 1-800-736-7311**

If we at Pioneer Security Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT  
CONSUMER SERVICES DIVISION  
1200 WEST THIRD STREET  
LITTLE ROCK, ARKANSAS 72201-1904  
TELEPHONE: (501) 371-2640 OR 1-800-852-5494**

## **Statement of Variability**

Form No. PS02-AR-9428 is an individual non-participating accidental death and dismemberment policy. The “John Doe” information filled in for specimen issue, such as name, age, issue date and maturity date, is bracketed on the enclosed Benefit Description Pages to indicate this information is policyholder specific.

<u>BENEFIT DESCRIPTION</u>	<u>ANNUAL PREMIUM</u>
ACCIDENTAL DEATH AND DISMEMBERMENT POLICY	[\$2.50] FOR 1 YEAR
TOTAL ANNUAL PREMIUM	[\$2.50]
ISSUED METHOD OF PAYMENT - ANNUAL	[\$2.50]

INSURED: [JOHN DOE]

ACCIDENTAL DEATH BENEFIT AMOUNT: [\$5,000]

AGE: [35]

POLICY NUMBER: [123456]

DATE OF ISSUE: [OCTOBER 1, 2011] EXPIRY DATE: [OCTOBER 1, 2012]