

SERFF Tracking Number: CMLX-G127120451 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number: 48459  
Company Tracking Number: AR001670100004  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: LIAS01GR11  
Project Name/Number: LIAS01GR11/AR001670100004

## Filing at a Glance

Company: Companion Life Insurance Company

Product Name: LIAS01GR11

SERFF Tr Num: CMLX-  
G127120451

State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-  
Closed

State Tr Num: 48459

Sub-TOI: L04G.500 Other

Co Tr Num: AR001670100004

State Status: Approved-Closed

Filing Type: Form

Author: SPI CompanionLife

Reviewer(s): Linda Bird

Date Submitted: 04/11/2011

Disposition Date: 04/14/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: 04/11/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: LIAS01GR11

Status of Filing in Domicile: Pending

Project Number: AR001670100004

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 04/14/2011

State Status Changed: 04/14/2011

Deemer Date:

Created By: SPI CompanionLife

Submitted By: SPI CompanionLife

Corresponding Filing Tracking Number:

Filing Description:

Enclosed herewith for your consideration is Companion Life Insurance Company's Association Group Term Life Insurance forms.

The Association Group Term Life Insurance Policy is the master policy which will be issued to associations located outside your state. The forms are being submitted on an "ABC" basis and were initially created for issue to a Missouri association. Once these forms are approved, the association will use them as part of their benefit package.

The association will provide a minimal amount of life insurance to all members with the opportunity for the members to

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purchase an additional amount of insurance.

The forms are new and will not replace any forms that have been previously approved in your state. They will be used to market group term life insurance coverage to association members and will be marketed through a network of independent licensed agents. These forms will be effective upon your approval.

The forms were submitted to our domiciliary state, South Carolina, on April 8, 2011.

## Company and Contact

### Filing Contact Information

Vivian Frederic, Contracts Compliance Specialist  
 7909 Parklane Rd  
 Columbia, SC 29223-5666  
 vivian.frederic@companiongroup.com  
 803-735-1251 [Phone] 46777 [Ext]  
 800-836-5433 [FAX]

### Filing Company Information

Companion Life Insurance Company  
 7909 Parklane Rd, Suite 200  
 Columbia, SC 29223-5666  
 (803) 735-1251 ext. [Phone]  
 -----  
 CoCode: 77828 State of Domicile: South Carolina  
 Group Code: 661 Company Type:  
 Group Name: Companion Life Insurance Company State ID Number:  
 FEIN Number: 57-0523959

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

| COMPANY                          | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|----------------------------------|---------|----------------|---------------|
| Companion Life Insurance Company | \$50.00 | 04/11/2011     | 46449998      |
| Companion Life Insurance Company | \$50.00 | 04/11/2011     | 46457032      |

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## Correspondence Summary

### Dispositions

| Status          | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 04/14/2011 | 04/14/2011     |

### 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 | Linda Bird | 04/14/2011 | 04/14/2011     | SPI CompanionLife | 04/14/2011 | 04/14/2011     |
| Pending Industry Response | Linda Bird | 04/12/2011 | 04/12/2011     | SPI CompanionLife | 04/12/2011 | 04/12/2011     |

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## **Disposition**

Disposition Date: 04/14/2011

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              |                      | Yes           |
| Supporting Document | Application                       |                      | No            |
| Supporting Document | Notice                            |                      | Yes           |
| Form                | Association Term Life Certificate |                      | Yes           |
| Form                | Enrollment Form                   |                      | Yes           |

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/14/2011  
Submitted Date 04/14/2011  
Respond By Date 05/16/2011

Dear Vivian Frederic,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/14/2011  
Submitted Date 04/14/2011

Dear Linda Bird,

### Comments:

Thank you for your review of our filing.

### Response 1

Comments: Attached is the notice required by Arkansas Code 23-79-138 and Bulletin 15-2009.

This filing meets the provisions of Regulation 19s10B as well as all applicable requirements of the Arkansas Insurance Department.

### Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue. Please review your issue procedures and assure us that you are in compliance.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Notice

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or need additional information, please let us know.

Sincerely,

SPI CompanionLife

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 04/12/2011  
Submitted Date 04/12/2011  
Respond By Date 05/12/2011

Dear Vivian Frederic,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,  
Linda Bird

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/12/2011  
Submitted Date 04/12/2011

Dear Linda Bird,

### Comments:

Thank you for your letter.

### Response 1

Comments: Please note the additional filing fee of \$50 was submitted yesterday.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions or need additional information, please let us know.

Sincerely,

SPI CompanionLife

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## Form Schedule

### Lead Form Number: GRC-634-ASSN

| Schedule Item Status | Form Number      | Form Type                    | Form Name                         | Action  | Action Specific Data | Readability | Attachment   |
|----------------------|------------------|------------------------------|-----------------------------------|---------|----------------------|-------------|--|
|                      | GRC-634-ASSN     | Certificate                  | Association Term Life Certificate | Initial |                      | 44.000      | GTC-634-ASSN - Association Term Life Certificate.PDF |
|                      | GTL-634-ASSN-ENR | Application/ Enrollment Form | Enrollment Form                   | Initial |                      | 41.200      | GTL-634-ASSN-ENR - Enrollment Form.PDF               |



**COMPANION LIFE INSURANCE COMPANY**  
7909 PARKLANE ROAD, SUITE 200, COLUMBIA, SC 29223-5666  
PO Box 100102, Columbia, SC 29202-3102  
(803) 735-1251  
(Herein called Companion Life)

Certifies that it has issued the group insurance policy shown below and, subject to the terms of that policy you, the Insured, are eligible.

This certificate is merely evidence of your insurance under the Policy, and all matters pertaining to such insurance are subject to the terms and conditions of the Policy. This certificate replaces any certificate previously issued to the Member by Companion Life under the Policy.

**SCHEDULE OF BENEFITS**

**Please refer to page 3**

**TOLL FREE INFORMATION AND COMPLAINT NUMBER: [888-886-1796]**

**PLEASE READ YOUR CERTIFICATE CAREFULLY.**

A handwritten signature in black ink, appearing to read 'Trescott N. Hinton, Jr.'.

**Trescott N. Hinton, Jr.**  
President

**TERM LIFE INSURANCE CERTIFICATE**  
Renewal at Option of Companion Life  
(Non-Participating)

## CERTIFICATE GUIDE

| SECTION NUMBER | SECTION NAME                        |
|----------------|-------------------------------------|
|                | Certificate Face Page               |
|                | Certificate Guide                   |
|                | Schedule of Benefits                |
| 1              | Active Dues Paying Member Provision |
| 2              | Definitions                         |
| 3              | Term Life Insurance Benefit         |
| 4              | Dependent Life Insurance Benefit    |
| 5              | Beneficiary and Settlement Options  |
| 6              | Assignment                          |
| 7              | When Individual Insurance Begins    |
| 8              | When Individual Insurance Ends      |
| 9              | Premium Provisions                  |
| 10             | Claim Provisions                    |
| 11             | General Provisions                  |

## SCHEDULE OF BENEFITS

### TERM LIFE INSURANCE:

|                   |           |
|-------------------|-----------|
| Member:           | [\$5,000] |
| Dependent Spouse: | [\$2,000] |
| Dependent Child:  | [\$1,000] |

Each of the amounts of Term Life Insurance shall reduce by 35% at age 65, 50% at age 70, and 70% at age 75.

## **SECTION 1**

### **ACTIVE MEMBER PROVISION**

"Active Dues Paying Member" means a Member of the Association in good standing with the Association and paying normal dues in accordance with the terms of Association Membership.

## SECTION 2

### DEFINITIONS

"Total Disability" or "Totally Disabled" means any disability that:

1. Begins while the Policy is in force as to the Insured.
2. Results from injury or sickness.
3. Prevents the Insured from engaging in any occupation for which he or she is or becomes qualified by education, training, or experience.
4. Requires the Insured to be under the regular care and attendance of a licensed physician.

"Schedule of Benefits" means the description of benefits set forth on Page 3 of this Certificate.

"Insured" means an eligible Member who is insured under the Policy.

"Insured Dependent" means an Insured's eligible spouse and/or child(ren) who are insured under the Policy, if the Policy provides Dependent Life Insurance.

"Physician" means a medical doctor or surgeon licensed to render services in accordance with the laws of the state where such services are rendered. The term "physician" will also include a licensed medical practitioner whose services are required by law to be recognized on the same basis as if they had been performed by a licensed medical doctor. Such practitioner must be acting within the scope of his or her license. Physician does not include the Insured; or a member of the Insured's immediate family (spouse, daughter, son, father, mother, sister, or brother).

## SECTION 3

### TERM LIFE INSURANCE BENEFIT

If an Insured dies while insured under the Policy, Companion Life will pay the applicable Life Insurance Benefit shown in the Schedule of Benefits.

#### Part 1

#### CONTINUATION OF BASIC TERM LIFE INSURANCE BENEFIT DURING TOTAL DISABILITY

#### EXTENSION OF BASIC TERM LIFE INSURANCE BENEFIT

In the event of termination of Membership, a death benefit will be paid if the Insured dies while Totally Disabled provided that the disability:

1. began while the person was both insured under the Policy and under age 60; and
2. has been continuous until death; and
3. began within 12 months of the date of death.

#### Part 2

#### RIGHT TO CONVERT

If an Insured is no longer eligible for part or all of the Life Insurance Benefit provided by the Policy, such Insured is entitled to apply to Companion Life for an individual policy of life insurance, without submitting evidence of insurability provided:

1. The policy applied for:
  - A. is a type of individual life policy, other than term or universal life, then being issued by Companion Life; and
  - B. does not include Accidental Death and Dismemberment, Short Term Disability or other Supplemental benefits; and
2. The amount of life insurance applied for under such individual life policy is in accordance with the **Amount To Convert** provision below; and
3. The Insured agrees to pay the premium for such individual life policy. The premium will be based on the following, as of the effective date of such individual life policy;
  - A. Companion Life's usual rate for the amount and type of individual life policy;
  - B. the Insured's attained age; and
4. The Insured applies and pays the first premium for such individual life policy within 31 days following termination or reduction of the Life Insurance Benefit under the Policy. Such individual life policy will become effective on the first day following the end of such 31 day period.

## **AMOUNT TO CONVERT**

This conversion privilege is allowed for the Term Life Insurance that ceases as described in items 1. and 2.

1. The Insured may convert all or part of the amount of Life Insurance Benefit the Insured is no longer eligible for due to;
  - A. reductions resulting from attainment of a specific age, as shown in the Schedule; or
  - B. loss of the individual eligibility.
2. If the Insured has been insured under the Policy for at least 5 years, the lesser of the amounts shown in (i) or (ii) below may be converted if the Insured is no longer eligible due to:
  - A. termination of the Policy; or
  - B. termination of the class of Insureds to which the Insured belongs; or
  - C. reduction of benefits for the class of Insureds to which the Insured is a member:
    - (i) \$10,000, or
    - (ii) All or part of the amount for which the Insured is no longer eligible. This amount will be reduced by the amount of any life insurance for which the Insured becomes eligible to receive under a group policy issued or reinstated by Companion Life or any other insurer during the thirty-one day period immediately following termination of insurance under the Policy.

If the Insured dies during the conversion period the maximum amount of Term Life Insurance which the Insured would have been entitled to have issued shall be payable as a claim under the Policy; whether or not application for the individual policy or the payment of the first premium has been made.

The rights or benefits granted under this provision are in lieu of any other rights or benefits granted under the Policy.

### **Part 3**

#### **SUICIDE EXCLUSION**

With respect to the Life Insurance Benefit, in the event an Insured, while sane or insane (in Missouri while sane), dies from intentionally self-inflicted injuries or any attempts thereat, within two years from the effective date of coverage, Companion Life's liability shall be only to return premiums paid under the Policy as to such Insured.

The Suicide Exclusion will not apply to the Insured who:

1. is an Active Dues Paying Member on the effective date of the Policy; and
2. was insured for Group Life Insurance under the prior carrier's policy on its termination date.

## **SECTION 4**

### **DEPENDENT LIFE INSURANCE BENEFIT**

[DEPENDENT AMOUNT]

#### **PART 1**

##### **DEPENDENT DEFINED**

An eligible dependent is any one of these family members:

1. The Insured's spouse, if not legally separated from the Insured;
2. Each unmarried child (including any stepchild, legally adopted child or foster child) of the Insured who is:
  - A. at least [14] days and under [19] years of age; and
  - B. depends on the Insured for the major part of his or her support.

However, the age limit is raised to under [23] years if the child is in school as a full-time student and financially dependent upon the Insured.

#### **PART 2**

##### **ELIGIBILITY REQUIREMENT FOR DEPENDENT INSURANCE**

An Insured will be eligible for Dependent Insurance on the first day on which he or she:

1. First enters a class that provides Dependent Insurance; and
2. First gains a dependent. This will include gaining a dependent after a time without one.

#### **PART 3**

##### **REQUIREMENTS FOR DEPENDENT INSURANCE**

1. An Insured must enroll for Dependent Insurance for the coverage to become effective.
2. In the case of a late enrollment:
  - A. evidence of insurability must be given for each of the Insured's then dependents; and
  - B. for the insurance to take effect for a dependent, the Company must approve the evidence of insurability provided for that dependent.
3. Deferral Rule - To effect new coverage on a dependent the following rule will apply:

The new coverage will be deferred for a dependent if he or she is confined in a medical care unit when it is due to take effect. In this case, the new coverage will take effect on the first day that the dependent is free from confinement.

In this Rule, "medical care unit" means:

- A. a licensed general hospital; or
- B. a unit that treats one or more specific ailments; or
- C. any type of convalescent or skilled nursing care facility.

This deferral rule does not apply to a newborn child upon reaching the minimum age if:

- A. on that date the child is hospital confined; and
- B. has been continuously so confined since birth.

#### **PART 4**

##### **EFFECTIVE DATE OF DEPENDENT INSURANCE**

An Insured's Dependent Insurance will take effect on the first day of the Policy Month that coincides with or next follows the date that:

- 1. The Eligibility Requirement is met;
- 2. At least one dependent will become covered.

#### **PART 5**

##### **WHEN A DEPENDENT BECOMES COVERED FOR CHANGES IN A BENEFIT AMOUNT**

The effective date of increases in a benefit amount is subject to the Deferral Rule. The effective date of a benefit decrease is not subject to the Deferral Rule.

A dependent will be covered for a change in the amount of an in force benefit as follows:

**Benefit Change Due to Change in Age.** The change takes effect on the first day of the Policy Month that coincides with or next follows the date of the age change.

#### **PART 6**

##### **WHEN A DEPENDENT BECOMES COVERED FOR A NEWLY ACQUIRED BENEFIT**

Subject to the Deferral Rule, a dependent will first be covered for a newly acquired benefit from the date that:

- 1. The person is an eligible dependent and eligible for the new benefit;
- 2. The Insured has enrolled for Dependent Insurance; and
- 3. The enrollment requirements of the Policy are met for that benefit.

#### **PART 7**

##### **TERMINATION OF DEPENDENT INSURANCE**

Termination of an Employee's Dependent Insurance -

Dependent Insurance of an Insured will terminate on the earliest of:

- 1. The first day of the Policy Month that coincides with or next follows the date of the Insured's death; or

2. The date that the Insurance of an Insured terminates; or
3. The date Dependent Insurance benefits are discontinued under the Policy; or
4. The date the Insured's class changes to one that does not provide Dependent Insurance benefits; or
5. The beginning of the period for which premium is not paid as to the Insured Dependent; or
6. The Premium Due Date immediately prior to the Insured Dependent Child's [19<sup>th</sup>] birthday [23rd birthday, if attending school on a full-time basis)], marriage or entry into the armed forces.
7. The end of the last period for which a premium charge has been paid if the next premium charge is not paid when due.

## **PART 8**

### **LOSS OF DEPENDENT STATUS**

Dependent Insurance will cease for a person on the date that he or she is no longer an eligible dependent.

## **PART 10**

### **DEATH BENEFIT**

Companion Life will pay a death benefit as shown in items 1. or 2. upon receipt of proof of death. It will be paid to the Insured if living at the time of payment; otherwise, it will be paid to the Insured's estate.

1. **Death Benefit While the Dependent is Covered** - When a person who is covered as a dependent dies, Companion Life will pay a death benefit. This benefit will be the amount of Dependent Term Life Insurance in force on that person's life at time of death.
2. **Death Benefit During the Conversion Period** - A death benefit will be paid if a dependent dies:
  - A. within 31 days after all or part of the Dependent Term Life Insurance for the dependent would otherwise have terminated; and
  - B. during the period the dependent would have been entitled to have a conversion policy issued under the terms of the Conversion Privilege.

The death benefit will be the amount of Dependent Term Life Insurance that could have been converted for the dependent.

## **PART 11**

### **CONVERSION PRIVILEGE**

This conversion privilege is allowed for the Dependent Term Life Insurance that ceases as described in items 1. and 2. below. This privilege must be exercised by the Insured Dependent unless legally unable to make a valid contract. In that case, the application must be made by the Insured, if living, otherwise by the legal guardian of the Insured Dependent.

1. The Insured Dependent may convert all or part of the amount of insurance that ceases due to:
  - A. provisions of the Group Application; or
  - B. loss of eligibility.

However, no conversion is allowed for life insurance which stops solely due to non-payment of contributions.

2. If the Insured Dependent has been insured under the Policy for at least 5 years, the lesser of the amounts shown in (i) or (ii) below may be converted if the Insured Dependent is no longer eligible due to:
  - A. termination of the Policy; or
  - B. amendment of the Policy to terminate the Dependent Term Life Insurance under the Insured's Eligible Class.
    - (i) \$10,000, or
    - (ii) All or part of the amount that ceases. This amount is reduced by any new dependent life insurance for which the Insured becomes eligible under any other group policy issued within 31 days of termination under the Policy.

## **PART 12**

### **TYPE OF CONVERSION POLICY AVAILABLE**

A conversion policy will be one of the kinds of individual life insurance policies, other than term life or universal life insurance, then being issued by the Company. The conversion policy will not include accidental death, disability or other supplementary benefits. It will be issued without evidence of insurability.

## **PART 13**

### **EFFECTING A CONVERSION PRIVILEGE**

A conversion policy will take effect at the end of 31 days after insurance termination. To convert, the person requesting conversion must submit the following to the Company within that 31 day period:

1. Written application.
2. The first premium payment.

## **PART 14**

### **CONVERSION POLICY PREMIUM RATE**

The premiums for the conversion policy will be at:

1. the Company's usual rates for its type and amount;
2. the dependent's class of risk; and
3. the dependent's age last birthday as of its effective date.

## **SECTION 5**

### **BENEFICIARY AND SETTLEMENT OPTIONS**

#### **PART 1**

##### **BENEFICIARY DESIGNATION**

The beneficiary or beneficiaries of an Insured shall be that person or persons indicated on the Insured's enrollment form. This form will be filed with the Policyholder. The beneficiary of an Insured Dependent, if the Policy provides Dependent Life Insurance, shall be the Insured.

#### **PART 2**

##### **CHANGE OF BENEFICIARY**

Unless the Insured has made an irrevocable assignment of benefits, the beneficiary may be changed by sending a written request to the Home Office of Companion Life. When such request is received by Companion Life, the change of beneficiary shall take effect as of the date of execution of the written request, but without prejudice to Companion Life on account of any payment previously made by Companion Life.

#### **PART 3**

##### **CONSENT OF BENEFICIARY**

If the Insured does initially name the spouse as beneficiary, Companion Life will require written consent of the spouse to name or change the beneficiary in community property states.

#### **PART 4**

##### **PREFERENTIAL BENEFICIARY**

If the Insured has died and no beneficiary is living or named, Companion Life may, at its option, pay the benefits to the Insured's estate or to the following surviving relatives of the Insured:

The Insured's:

1. Spouse;
2. Child or children;
3. Parent(s);
4. Brothers and sisters; or
5. Executors or administrators.

Companion Life will not be liable to the extent of any payment so made, unless it receives written notice of a valid claim by some other person before payment is made.

#### **PART 5**

##### **MINOR BENEFICIARY**

If the beneficiary is a minor or, in the opinion of Companion Life, is not able to give valid release for any payment due, Companion Life may, at its option and until claim is made by the duly appointed guardian, pay the benefit to the person or entity who appears to have assumed the care and support of the beneficiary. Benefits in this event will be made in monthly payments of not more than \$50 each.

Companion Life will not be liable to the extent of any payment so made in good faith.

**PART 6**

**MORE THAN ONE BENEFICIARY**

If the Insured has named more than one beneficiary, the applicable amount of insurance shall be paid to the beneficiaries who survive the Insured, in equal shares, unless the Insured has specified a different proportion.

**PART 7**

**NO BENEFICIARY**

If the beneficiary predeceases the Insured or if the Insured does not designate a beneficiary, then the applicable amount of life insurance will be paid to the estate of the Insured.

**PART 8**

**SETTLEMENT OPTIONS**

An Insured may elect or change a settlement option by filing a written request with Companion Life. The settlement options available will be those offered by Companion Life when the option is chosen. If an Insured does not request a settlement option, the beneficiary may do so after the Insured's death.

## **SECTION 6**

### **ASSIGNMENT**

1. The Insured may make an irrevocable assignment of interest under the Policy. The assignment:
  - A. must be made in writing on a form approved by Companion Life;
  - B. must be an absolute assignment that transfers all rights except those of an irrevocably named beneficiary; and
  - C. must not be a collateral assignment.
2. Assignment of interest conveys all rights of ownership. These include the right to change the beneficiary, receive payment of claims and assign the insurance.
3. Companion Life is not responsible for the validity or results of the assignment.

## **SECTION 7**

### **WHEN INDIVIDUAL INSURANCE BEGINS**

To become insured, eligible Members must make written application to Companion Life. Coverage will begin on the Premium Due Date, shown in the Group Application for benefits, following the date Companion Life approves the application. Companion Life may require evidence of insurability before approving the application.

## **SECTION 8**

### **WHEN INDIVIDUAL INSURANCE ENDS**

The insurance will end with respect to an Insured, on the earliest of the following:

1. When the Policy is cancelled;
2. When the insurance is cancelled for the class of insureds to which the Insured belongs;
3. The beginning of the period for which premium is not paid as to the Insured;
4. The date the Insured is no longer an Active dues paying Member in any class or classes insured under the Policy unless (and only with respect to the Basic Term Life Insurance Benefit, if provided by the Policy) the Continuation of Basic Term Life Insurance Benefit During Total Disability applies.

## SECTION 9

### PREMIUM PROVISIONS

**PREMIUM PAYMENT:** Premiums are payable to the Policyholder on or before each premium due date.

**PREMIUM DUE DATE:** The first premium will be due on the Certificate effective date and on the same day of each subsequent month unless the Policyholder and Companion Life agree on some other method of premium payment.

**CHANGES IN PREMIUM RATES:** The monthly premium rates may be changed by Companion Life from time to time if it gives the Policyholder at least 31 days advance written notice. No such change will be made until 12 months after the Policy Effective Date except when the Policyholder requests it.

**INCORRECT PREMIUM PAYMENT:** Premiums paid in error for a person who is not eligible to be insured will be refunded without interest when requested by the Policyholder. These premiums will not be refunded for any period before the last Policy anniversary date.

**GRACE PERIOD:** A grace period of 31 days will be allowed for each premium payment after the first premium. Coverage will stay in effect during that time. If any premium is not paid by the end of the grace period, this certificate will automatically terminate at the end of the grace period.

## SECTION 10

### CLAIM PROVISIONS

**NOTICE OF CLAIM:** Written notice of claim must be given within 30 days after a covered loss begins, or as soon as reasonably possible. The notice may be given to [Companion Life or its administrator at PO Box 100102, Columbia, SC 29202- 3102]. Notice should include information which identifies the Insured or Insured Dependent and the Policy.

**CLAIM FORMS:** When Companion Life receives notice of claim, forms for filing proof of loss will be sent to the claimant. If these forms are not sent within 15 days, the claimant will meet the proof of loss requirements if, within 90 days after the loss began, he or she gives Companion Life written proof of the nature and extent of the loss.

**PAYMENT OF CLAIMS:** Benefits provided by the Policy will be paid to the beneficiary determined in accordance with Section 5 of this Certificate, entitled **BENEFICIARY AND SETTLEMENT OPTIONS**.

**TIME OF CLAIM PAYMENTS:** Claims will be paid not more than 60 days after receipt by Companion Life of written proofs of loss.

**LEGAL ACTIONS:** No legal action may be brought to recover on the Policy before 60 days after written proof of loss has been furnished, as required by the Policy. No such action may be brought after 3 years from the time written proof of loss is required to be furnished.

## SECTION 11

### GENERAL PROVISIONS

**MISSTATEMENT OF AGE:** If an Insured's or Insured Dependent's age has been misstated, benefits payable for such Insured or Insured's Dependent will be what the premium paid would have purchased at the correct age. This benefit will be subject to the applicable Policy maximums.

**MEMBER ELIGIBILITY:** Active dues paying Members of the Policyholder who:

1. are in a class of Membership determined by conditions of Membership, which is agreed upon as eligible by the Policyholder and Companion Life; and
2. have been continuously a Member during the minimum service period, as shown in the Group Application, immediately preceding their individual effective dates of insurance.

**DUAL COVERAGE PRECLUDED:**

No person may be insured under the Policy as:

1. a dependent of more than one Member; or
2. both a Member and a dependent.

**SPENDTHRIFT CLAUSE:** To the extent allowed by law, no benefit of the Policy is subject to the claim or legal process of a creditor of an Insured or a beneficiary.

**RECORDS AND ESSENTIAL DATA:** The Policyholder will keep a record of all Insureds. This record will contain all of the data that is specified by Companion Life.

**ALLOCATION OF AUTHORITY:** Except for those functions which the Policy specifically reserves to the Policyholder, Companion Life has full and exclusive authority to control and manage the Policy, to administer claims and to interpret the Policy and resolve all questions arising in the administration, interpretation and application of the Policy.

Companion Life's authority includes, but is not limited to:

1. The right to resolve all matters when a review has been requested;
2. The right to establish and enforce rules and procedures for the administration of the group policy and any claim under it; and
3. The right to determine:
  - A. eligibility for insurance;
  - B. entitlement to benefits;
  - C. the amount of benefits payable; and
  - D. the sufficiency and the amount of information Companion Life may reasonably require to determine A, B, or C above.

Subject to the review procedures of the group policy, any decision Companion Life makes in the exercise of this authority is conclusive.

**COMPANION LIFE INSURANCE COMPANY**  
**P.O. Box 100102**  
**Columbia, South Carolina 29202-3102**

**ENROLLMENT FORM FOR GROUP TERM LIFE INSURANCE**

**APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last/First/MI

Home Address \_\_\_\_\_  
Street City State Zip

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Sex:     Male  Female                      Date of Birth \_\_\_\_\_

Requested Effective Date (First of the Month only) \_\_\_\_\_

Plan Selected:    • \$5,000    • \$10,000    • \$25,000    • \$50,000                      Initial Premium: \$ \_\_\_\_\_

**DEPENDENT INFORMATION**

| Dependent Name<br>Last/First/MI | Date of Birth<br>Mo/Day/Yr | Relationship | Social Security No. |
|---------------------------------|----------------------------|--------------|---------------------|
|                                 |                            |              |                     |
|                                 |                            |              |                     |
|                                 |                            |              |                     |
|                                 |                            |              |                     |

**BENEFICIARY INFORMATION**

| Beneficiary Name<br>Last/First/MI | Date of Birth<br>Mo/Day/Yr | Relationship to Insured | Social Security No. |
|-----------------------------------|----------------------------|-------------------------|---------------------|
|                                   |                            |                         |                     |

**APPLICANT AUTHORIZATION**

I certify that all answers contained herein are true and complete. I understand that no coverage will become effective under the Certificate until written approval is received from the Insurance Company. I have read any Fraud notice applicable to my state of residence on the reverse side of this application. I AUTHORIZE [ABC ASSOCIATION] TO COLLECT ANY AND ALL PREMIUMS DUE UNDER THE POLICY.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FRAUD WARNING NOTICES: (If the Applicant lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)**

|                             |   |
|-----------------------------|---|
| [Arkansas/Louisiana         | 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.  |
| Colorado                    | It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies. |
| DC                          | It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.  |
| Florida                     | Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.   |
| Kentucky/Ohio               | I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.  |
| Maine                       | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.  |
| New Jersey                  | Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.   |
| New Mexico/<br>Pennsylvania | Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.   |
| Tennessee                   | It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]  |

SERFF Tracking Number: CMLX-G127120451 State: Arkansas  
Filing Company: Companion Life Insurance Company State Tracking Number: 48459  
Company Tracking Number: AR001670100004  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: LIAS01GR11  
Project Name/Number: LIAS01GR11/AR001670100004

## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR - READABILITY CERTIFICATION.PDF

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Notice

**Comments:**

**Attachment:**

Notice.PDF

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Companion Life Insurance Company

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 |
|------------------|-------|
| GRC-634-ASSN     | 44    |
| GTL-634-ASSN-ENR | 41.2  |
|                  |       |
|                  |       |
|                  |       |

Signed:   
Name: Karl Kemmerlin  
Title: Vice President and CFO  
Date: \_\_\_\_\_

NOTICE FOR  
ARKANSAS CERTIFICATEHOLDERS

If you have questions about your certificate or a claim which you have filed, please contact Companion Life Insurance Company or its administrator at:

[Companion Life Insurance Company  
7909 Parklane Road, Suite 200  
Columbia, South Carolina 29223]

Telephone: [1-800-753-0404]

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

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201  
(501) 371-2640 or (800) 852-5494