

SERFF Tracking Number: LLNS-127086298 State: Arkansas
Filing Company: Illinois Mutual Life Insurance Company State Tracking Number: 48449
Company Tracking Number: CRITICAL ILLNESS LIFE RIDERS
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Critical Illness Life Riders
Project Name/Number: Critical Illness Life Riders/Critical Illness Life Riders

Filing at a Glance

Company: Illinois Mutual Life Insurance Company

Product Name: Critical Illness Life Riders

SERFF Tr Num: LLNS-127086298 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 48449

Sub-TOI: L08.000 Life - Other

Co Tr Num: CRITICAL ILLNESS State Status: Approved-Closed
LIFE RIDERS

Filing Type: Form

Reviewer(s): Linda Bird

Author: Jennifer Roseboom

Disposition Date: 04/13/2011

Date Submitted: 04/08/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Critical Illness Life Riders

Status of Filing in Domicile: Pending

Project Number: Critical Illness Life Riders

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/13/2011

State Status Changed: 04/13/2011

Deemer Date:

Created By: Jennifer Roseboom

Submitted By: Jennifer Roseboom

Corresponding Filing Tracking Number:

Filing Description:

Ref: Illinois Mutual Life Insurance Company

NAIC #64580; FEIN 37-0344290

RE: Form 5622 Critical Illness Rider to Traditional Life Policy

Form 5625 Critical Illness Rider to Universal Life Policy

Dear Reviewer:

Enclosed is a Critical Illness Rider to Traditional Life Insurance Policy Form 5622 which will be used with following

SERFF Tracking Number: LLNS-127086298 State: Arkansas
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approved life policies forms:

Renewable to Age 95 Term life insurance policy, 614(AR) 10/19/2006

Whole life insurance policy, 617(AR) 08/13/2007

Enclosed is a Critical Illness Rider to Universal Life Policy Form 5625 which will be used with Form 618(AR) Flexible Premium Life Insurance Policy which was approved by your department on 08/28/2007.

These rider forms provide for a lump sum benefit payment for the first diagnosis of the following critical illnesses: Cancer, Heart Attack, Kidney Failure, Stroke and Major Organ Transplant. The benefits provided are the same for each rider with the only differences being in how the cost of the rider is applied in a universal life policy as that is different from a traditional life policy.

These rider forms will be illustrated. These riders will be marketed through licensed agents.

We look forward to you approval of these rider forms.

Scott Reed
Secretary and Legal Counsel
1-800-437-7355 Ext. 431
sdreed@illinoismutual.com

Company and Contact

Filing Contact Information

Jennifer Roseboom, Sr. Legal Assistant jmroseboom@illinoismutual.com
300 SW Adams ST 800-437-7355 [Phone] 436 [Ext]
Peoria, IL 61634 309-674-2076 [FAX]

Filing Company Information

Illinois Mutual Life Insurance Company	CoCode: 64580	State of Domicile: Illinois
300 SW Adams Street	Group Code: -99	Company Type:
Peoria, IL 61634	Group Name:	State ID Number:
(309) 674-8255 ext. [Phone]	FEIN Number: 37-0344290	

Filing Fees

Fee Required? No
Retaliatory? No

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Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Illinois Mutual Life Insurance Company	\$100.00	04/08/2011	46420814

SERFF Tracking Number: LLNS-127086298 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/13/2011	04/13/2011

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Disposition

Disposition Date: 04/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Illinois Mutual Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Critical Illness Rider to Traditional Life Insurance Polciy		Yes
Form	Critical Illness Rider to Universal Life Insurance		Yes
Rate	actuarial memo		No
Rate	actuarial memo		No

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	5622	Certificate	Critical Illness Rider Amendmen to Traditional Life t, Insert Insurance Polciy Page, Endorseme nt or Rider	Initial		50.200	5622.pdf
	5625	Certificate	Critical Illness Rider Amendmen to Universal Life t, Insert Insurance Page, Endorseme nt or Rider	Initial		50.800	5625.pdf

**CRITICAL ILLNESS RIDER TO
TRADITIONAL LIFE POLICY**

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of an added premium that is included in the Policy's total premium and of the applications for this Rider and the Policy. This Rider amends the Policy by adding the following:

RENEWAL PROVISION

This Rider is Guaranteed Renewable until the Expiry Date shown in the Policy Schedule. Premiums are subject to change by Class. You may renew this Rider by paying the current premium rate for like policies written or renewed by us until the Expiry Date, subject to the Rider's Termination Provision.

We reserve the right to increase premium rates on all or classes of like policies and riders. The Rider premium will never exceed the guaranteed premium shown in the Policy Schedule. The increase will take effect on the first renewal date that follows the date the change in the table of rates if it is on, or falls after a Rider anniversary. We will mail you a written notice of the increase and send it to your last address shown on our records. This notice will be sent at least 30 days prior to the effective date of the increase. We may not change your rating classification.

DEFINITIONS

As used in this Rider, the terms listed below will have the meanings as defined. Defined terms, when used in this Rider, will appear with initial capitalization other than defined pronouns. The plural use of a term will share the same meaning as the singular.

We, Our, Company or Us refers to Illinois Mutual Life Insurance Company.

You or Your refers to the Insured.

Age means the attained age as of your last birthday.

Class means a group of persons insured individually under this Rider form who have a common bond such as, but not limited to: age, sex, tobacco use or state of issue.

Clinical Diagnosis means a clinical identification of Cancer on history, laboratory study and symptoms. We will pay benefits for a Clinical Diagnosis only if:

1. a pathological diagnosis cannot be made because it is medically inappropriate or life threatening; and
2. there is medical evidence to support such diagnosis; and
3. a Physician is treating You for Cancer or has prescribed palliative care.

Covered Event means Cancer, Heart Attack, Kidney Failure, Stroke, and Major Organ Transplant as each is defined in this Rider.

Critical Illness means only the illnesses listed in the Policy Schedule and defined within this Rider. See the Benefit Payment Conditions Provision for definitions, exclusions and limitations.

Date of Issue means the date that this Rider becomes effective.

DEFINITIONS (cont.)

Diagnosed means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine) and supported by documentation of all appropriate and defined studies:

1. based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
2. meeting any diagnostic requirements stated in this Rider for the particular Critical Illness being Diagnosed.

Immediate Family Member means a person who is related to the Insured by marriage, blood, or legal adoption.

Incurs or Incurred means an event, incident, or diagnosis that:

1. initially occurs on or after the Date of Issue of this Rider; and
2. initially occurs while this Rider is in force; and
3. is diagnosed during the life of the insured; and
4. is not specifically excluded by any definitions or exclusions in this Rider.

Insured means the person named as "Insured" in the Policy Schedule.

Manifests or Manifested means a condition or symptom that would cause an ordinary prudent person to seek medical advice, care, or treatment.

Month means a calendar month.

Pathological Diagnosis means a report of microscopic examination of fixed tissues (histopathology) or preparations of blood or bone marrow. Diagnosis must be made by a Physician who is board certified in Pathology and conform to the standards of the American Board of Pathology.

Physician means a person who:

1. is a doctor or practitioner who is duly licensed by the proper authority and who is practicing within the scope of his license; and
2. practices within the scope of his or her license and specialty in the United States; and
3. is not the Insured; and
4. is not the Insured's Immediate Family Member; and
5. does not customarily reside in the same household as the Insured.

Waiting Period means the number of days shown in the Policy Schedule following the Date of Issue or a reinstatement effective date.

CRITICAL ILLNESS BENEFITS

We will pay the Critical Illness Benefit stated in the Policy Schedule if a Critical Illness is Manifested and Diagnosed after the Waiting Period subject to the Benefit Payment Conditions Section of this Rider.

In no event will more than one Critical Illness Benefit be paid. This Rider will terminate when a Critical Illness Benefit is paid.

BENEFIT PAYMENT CONDITIONS

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests as stated in this Rider; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured is effective under this Rider; and
- (c) the Critical Illness is Diagnosed, or the diagnosis is confirmed, within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation; and
- (e) the Critical Illness diagnosis is made during the lifetime of the insured.

BENEFIT PAYMENT CONDITIONS (cont.)

CANCER, for the purposes of this Rider, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The Cancer benefit also covers the following cancers: leukemia (except as noted below), lymphoma, multiple myeloma, and sarcoma. Cancer must be positively Diagnosed with histopathological confirmation. A Clinical Diagnosis will be accepted only if:

- (a) a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; and
- (b) there is medical evidence to support the diagnosis; and
- (c) a Physician is treating you for Cancer or has prescribed palliative care.

The following tumors are excluded:

- Chronic lymphocytic leukemia that has not progressed to at least Rai Stage I or Binet Stage B;
- All tumors that are histologically described as noncancerous, benign, premalignant, noninvasive, borderline malignant, low malignant potential, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer that is histologically classified as Gleason score 6 or lower, or TNM classification T1N0M0 or lower; and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

HEART ATTACK, for the purposes of this Rider, means death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

1. typical clinical symptoms, for example, central chest pain; and
2. diagnostic increase of specific cardiac markers; and
3. new electrocardiographic changes of infarction.

Heart Attack that occurred during or within 24 hours after a cardiac or coronary artery procedure is excluded.

KIDNEY FAILURE, for the purposes of this Rider, means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

STROKE, for the purposes of this Rider, means death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied:

1. clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
2. clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
3. permanent neurologic deficit measured 30 days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

MAJOR ORGAN TRANSPLANT, for the purposes of this Rider, means human to human organ transplant from a donor to the Insured of bone marrow solely for treatment of Cancer or bone marrow failure, or transplant of an entire kidney, liver, heart, lung, or pancreas.

The following are excluded:

- Transplant of any other organs, parts of organs, tissues or cells.

The need for a Major Organ Transplant must be diagnosed after the Waiting Period. The Insured must undergo the Major Organ Transplant.

BENEFIT PAYMENT CONDITIONS (cont.)

DIAGNOSTIC REQUIREMENTS FOR ALL CRITICAL ILLNESSES

We reserve the right to conduct a physical examination of the Insured and/or to review any Critical Illness Diagnosed by a Physician of our choosing. This Physician must:

- (a) have specialty training and board certification in the field of medicine specific to the Critical Illness being Diagnosed; and
- (b) must follow all routinely accepted procedures and protocols in the diagnosis of the Critical Illness.

EXCLUSIONS

We will not pay benefits for a loss caused by, contributed to, or resulting from:

- (a) any act of war, declared or undeclared; or
- (b) active duty in the armed forces, National Guard, or any reserve unit; or
- (c) engaging in a felony; or participating in any riot or civil insurrection; or
- (d) any intentionally self-inflicted injury or suicide or suicide attempt; or
- (e) being addicted to drugs or suffering from alcoholism; or
- (f) being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or
- (g) any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- (h) any illness, loss, or condition specifically excluded from the definition of any Critical Illness.

BENEFICIARY PROVISION

The beneficiary shall be as shown in the application for this Rider. The owner may change a beneficiary at any time by sending a written request to us unless an irrevocable beneficiary has been named.

A change of beneficiary will not take effect until it is recorded by us. When the change is so recorded, it will take effect as of the date that the written request was signed, whether or not you are living when the change is recorded. We will not be liable for any proceeds paid prior to such recording.

RIDER PREMIUM

The premium for this Rider is shown on the Policy Schedule. The Rider premium will be included in the total premium charged for the Policy and any other optional policy riders. Upon termination of this Rider no further premiums will be charged for this Rider.

RIDER EFFECTIVE DATE

The effective date of this Rider is the same as the Policy Date of Issue unless a different date has been given to this Rider as stated in the Policy Schedule.

REINSTATEMENT

If the Policy to which this Rider is attached is reinstated in accordance with the Reinstatement provision of the Policy then this Rider will also be reinstated. After reinstatement, we will not pay benefits for any Critical Illness that Incurs or Manifests, whichever is applicable, as stated in this Rider, or is Diagnosed before the end of the Waiting Period after the reinstatement effective date. In all other respects your rights and our rights will stay the same.

TERMINATION PROVISION

This Rider will terminate on the earliest of:

- (1) the date the Grace Period ends where any Policy or Rider Premium is not paid before the Grace Period ends; or
- (2) the date that the Critical Illness Benefit Amount is paid; or
- (3) the date when the Policy to which this Rider is converted to another Policy; or
- (4) the Expiry Date shown on the Policy Schedule; or
- (5) the date the Policy is surrendered or terminates for any reason; or
- (6) the date the Owner requests termination.

GENERAL PROVISIONS

1. **Time Limit on Certain Defenses:** After this Rider has been in force for 2 years, no statements, except fraudulent ones, made by you in the application for such Rider shall be used to void the Rider. They shall not be used to deny a claim that starts after the Rider has been in force for 2 years.
2. **Notice of Claim:** Written notice of a claim must be given to us within 60 days after a loss starts or as soon as reasonably possible but in no event later than 180 days from the Date of the Covered Event. Such notice may be given to our Home Office or to any of our authorized agents. Such notice should include your name.
3. **Claim Forms:** Upon receipt of notice of claim, we will send you the forms for filing proof of loss. If these forms are not furnished within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the claim within the time stated below for Proofs of Loss.
4. **Proofs of Loss:** Written proof of loss which is satisfactory to us must be furnished within 90 days after the date of the loss.

If it was not reasonably possible for you to give such proof within the time required, we shall not reduce your claim for such reason if the proof is filed as soon as reasonably possible. Such proof must be given no later than one year from the time specified above unless lack of legal capacity prevents it.

5. **Time of Payment of Claims:** Benefits for loss covered by this Rider will be paid as soon as we receive proper written proof.
6. **Payment of Claims:** Benefits will be paid to you. Any benefits that are unpaid at your death will be paid either to the beneficiary or to your estate if no beneficiary is named. If this Rider is not owned by you, benefits will be paid to the Owner.
7. **Physical Examination:** We shall have the right at our expense to have you examined as often as is reasonably necessary while a claim is pending.
8. **Legal Actions:** No legal action may be taken to recover on this Rider within 60 days after written proof of loss has been given as required by this Rider. No legal action may be taken after 3 years from the time written proof of loss is required to be given.
9. **Misstatement of Age or Gender:** If your age or gender has been misstated, the benefits of this Rider will be such as the premium paid would have purchased at the correct age or gender. If your age has been misstated and, according to your correct age, this Rider would not have taken effect or would have ceased before the acceptance of such premium(s), we will be liable only for the refund upon your request, of the premiums paid for the period not covered.
10. **Unpaid Premium:** When a claim is paid, any premium then due and unpaid may be deducted by us from the claim payment.

GENERAL PROVISIONS (cont.)

- 11. Conformity With State Statutes:** Any provision of this Rider which, on its Date of Issue, is in conflict on that date with the statutes of the state in which you reside is hereby amended to conform to the minimum requirements of such statutes.
- 12. Extension of Time Limits:** If any time limit in this Rider for taking legal action is less than that allowed by the law of the state in which you reside on the Date of Issue, such time limit is extended to the minimum period allowed by such law.
- 13. Authorization:** We may require you to give proper authorization to obtain needed information to determine what benefits, if any, are payable under this Rider.

This Rider is signed by our President and Secretary in Peoria, Illinois. This Rider is dated and takes effect on the date as shown in the Policy Schedule.



Secretary



President

**CRITICAL ILLNESS RIDER TO
UNIVERSAL LIFE POLICY**

This Rider and its terms as herein contained form a part of the Policy to which it is attached. All terms of the Policy which do not conflict with the terms of this Rider shall apply to this Rider.

DEFINITIONS

As used in this Rider, the terms listed below will have the meanings as defined. Defined terms, when used in this Rider, will appear with initial capitalization other than defined pronouns. The plural use of a term will share the same meaning as the singular.

We, Our, Company or Us refers to Illinois Mutual Life Insurance Company.

You or Your refers to the Insured.

Age means the attained age as of your last birthday.

Class means a group of persons insured individually under this rider form who have a common bond such as, but not limited to: age, sex, tobacco use or state of issue.

Clinical Diagnosis means a clinical identification of Cancer on history, laboratory study and symptoms. We will pay benefits for a Clinical Diagnosis only if:

1. a pathological diagnosis cannot be made because it is medically inappropriate or life threatening; and
2. there is medical evidence to support such diagnosis; and
3. a Physician is treating You for Cancer or has prescribed palliative care.

Covered Event means Cancer, Heart Attack, Kidney Failure, Stroke, and Major Organ Transplant as each is defined in this Rider.

Critical Illness means only the illnesses listed in the Policy Schedule and defined within this Rider. See the Benefit Payment Conditions Provision for definitions, exclusions and limitations.

Date of Issue means the date that this Rider becomes effective.

Diagnosed means a definitive diagnosis made by a Physician (where applicable, specializing in a particular area of medicine) and supported by documentation of all appropriate and defined studies:

1. based upon the use of diagnostic evaluations, clinical and/or laboratory investigations, tests and observations; and
2. meeting any diagnostic requirements stated in this Rider for the particular Critical Illness being Diagnosed.

Immediate Family Member means a person who is related to the Insured by marriage, blood, or legal adoption.

Incurs or Incurred means an event, incident, or diagnosis that:

1. initially occurs on or after the Date of Issue of this Rider; and
2. initially occurs while this Rider is in force; and
3. is diagnosed during the life of the insured; and
4. is not specifically excluded by any definitions or exclusions in this Rider.

DEFINITIONS (cont.)

Insured means the person named as “Insured” in the Policy Schedule.

Manifests or Manifested means a condition or symptom that would cause an ordinary prudent person to seek medical advice, care, or treatment.

Month means a calendar month.

Pathological Diagnosis means a report of microscopic examination of fixed tissues (histopathology) or preparations of blood or bone marrow. Diagnosis must be made by a Physician who is board certified in Pathology and conform to the standards of the American Board of Pathology.

Physician means a person who:

1. is a doctor or practitioner who is duly licensed by the proper authority and who is practicing within the scope of his license; and
2. practices within the scope of his or her license and specialty in the United States; and
3. is not the Insured; and
4. is not the Insured’s Immediate Family Member; and
5. does not customarily reside in the same household as the Insured.

Waiting Period means the number of days shown in the Policy Schedule following the Date of Issue or a reinstatement effective date.

CRITICAL ILLNESS BENEFITS

We will pay the Critical Illness Benefit stated in the Policy Schedule if of a Critical Illness is Manifested and Diagnosed after the Waiting Period subject to the Benefit Payment Conditions Section of this Rider.

In no event will more than one Critical Illness Benefit be paid. This Rider will terminate when a Critical Illness Benefit is paid.

BENEFIT PAYMENT CONDITIONS

The payment of benefits for a Critical Illness stated in the Policy Schedule is subject to the following conditions:

- (a) the Critical Illness initially Incurs and/or Manifests as stated in this Rider; and
- (b) the Critical Illness is initially Diagnosed while the coverage on an Insured is effective under this Rider; and
- (c) the Critical Illness is Diagnosed, or the diagnosis is confirmed, within the United States or its territories; and
- (d) the benefit payment is not excluded by any general or specific exclusion or limitation; and
- (e) the Critical Illness diagnosis is made during the lifetime of the insured

CANCER, for the purposes of this Rider, means a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. The Cancer benefit also covers the following cancers: leukemia (except as noted below), lymphoma, multiple myeloma, and sarcoma. Cancer must be positively Diagnosed with histopathological confirmation. A Clinical Diagnosis will be accepted only if:

- (a) a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening; and
- (b) there is medical evidence to support the diagnosis; and
- (c) a Physician is treating you for Cancer or has prescribed palliative care.

The following tumors are excluded:

- Chronic lymphocytic leukemia that has not progressed to at least Rai Stage I or Binet Stage B;
- All tumors that are histologically described as noncancerous, benign, premalignant, noninvasive, borderline malignant, low malignant potential, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer that is histologically classified as Gleason score 6 or lower, or TNM classification T1N0M0 or lower; and

BENEFIT PAYMENT CONDITIONS (cont.)

- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower.

HEART ATTACK, for the purposes of this Rider, means death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

1. typical clinical symptoms, for example, central chest pain; and
2. diagnostic increase of specific cardiac markers; and
3. new electrocardiographic changes of infarction.

Heart Attack that occurred during or within 24 hours after a cardiac or coronary artery procedure is excluded.

KIDNEY FAILURE, for the purposes of this Rider, means chronic irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

STROKE, for the purposes of this Rider, means death of brain tissue due to an acute cerebrovascular event. All of the following criteria for stroke must be satisfied:

1. clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
2. clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
3. permanent neurologic deficit measured 30 days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

Symptoms due to transient ischemic attack, migraine, hypoxia, traumatic injury to brain tissue or blood vessels, and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

MAJOR ORGAN TRANSPLANT, for the purposes of this Rider, means human to human organ transplant from a donor to the Insured of bone marrow solely for treatment of Cancer or bone marrow failure, or transplant of an entire kidney, liver, heart, lung, or pancreas.

The following are excluded:

- Transplant of any other organs, parts of organs, tissues or cells.

The need for a Major Organ Transplant must be diagnosed after the Waiting Period. The Insured must undergo the Major Organ Transplant.

DIAGNOSTIC REQUIREMENTS FOR ALL CRITICAL ILLNESSES

We reserve the right to conduct a physical examination of the Insured and/or to review any Critical Illness Diagnosed by a Physician of our choosing. This Physician must:

- (a) have specialty training and board certification in the field of medicine specific to the Critical Illness being Diagnosed; and
- (b) must follow all routinely accepted procedures and protocols in the diagnosis of the Critical Illness.

EXCLUSIONS

We will not pay benefits for a loss caused by, contributed to, or resulting from:

- (a) any act of war, declared or undeclared; or
- (b) active duty in the armed forces, National Guard, or any reserve unit; or
- (c) engaging in a felony; or participating in any riot or civil insurrection; or
- (d) any intentionally self-inflicted injury or suicide or suicide attempt; or
- (e) being addicted to drugs or suffering from alcoholism; or
- (f) being under the influence of alcohol (including the operation of a motor vehicle with a blood alcohol concentration in excess of the legal limit of the state in which the accident occurs) or a controlled substance unless legally prescribed and used in the manner consistent with that prescription; or

EXCLUSIONS (cont.)

- (g) any benefits for conditions diagnosed outside of the United States unless the Diagnosis can be confirmed in the United States; or
- (h) any illness, loss, or condition specifically excluded from the definition of any Critical Illness.

BENEFICIARY PROVISION

The beneficiary shall be as shown in the application for this Rider. The owner may change a beneficiary at any time by sending a written request to us unless an irrevocable beneficiary has been named.

A change of beneficiary will not take effect until it is recorded by us. When the change is so recorded, it will take effect as of the date that the written request was signed, whether or not you are living when the change is recorded. We will not be liable for any proceeds paid prior to such recording.

COST OF THIS BENEFIT

The current monthly cost for this Benefit will be shown in the Policy Schedule. The monthly cost for this Benefit will be part of the Monthly Deduction for the Policy. Upon the termination date of this Rider no further Monthly Deductions will be taken for this Rider.

The monthly cost for this Benefit may be adjusted by us from time to time. Adjustments will be on a Class basis and will be based upon our estimates for future cost factors, such as morbidity, investment income, expenses and the length of time the Benefit stays in force. Any adjustments will be made on a uniform basis. However, the rate during any Rider year may never exceed the rate shown for that year in the Table of Guaranteed Monthly Cost of Insurance Rates.

RIDER EFFECTIVE DATE

The effective date of this Rider is the same as the Policy Date of Issue unless a different date has been given to this Rider as stated in the Policy Schedule.

REINSTATEMENT

If the Policy to which this Rider is attached is reinstated in accordance with the Reinstatement provision of the Policy then this Rider will also be reinstated. After reinstatement, we will not pay benefits for any Critical Illness that Incurs or Manifests, whichever is applicable, as stated in this Rider, or is Diagnosed before the end of the Waiting Period after the reinstatement effective date. In all other respects your rights and our rights will stay the same.

TERMINATION PROVISION

This Rider will terminate on the earliest of:

- (1) when the Policy Grace Period expires if sufficient money has not been paid to us to cover the monthly cost of this Rider; or
- (2) the date that the Critical Illness Benefit Amount is paid; or
- (3) the Expiry Date shown on the Policy Schedule; or
- (4) the date the Policy is surrendered or terminates for any reason; or
- (5) the date the Owner requests termination.

The acceptance of money by us after termination shall not make us liable for benefits hereunder or act as a waiver of such termination. Any such money will be refunded.

GENERAL PROVISIONS

- 1. Time Limit on Certain Defenses:** After this Rider has been in force for 2 years, no statements, except fraudulent ones, made by you in the application for such Rider shall be used to void the Rider. They shall not be used to deny a claim that starts after the Rider has been in force for 2 years.

GENERAL PROVISIONS (cont.)

2. **Notice of Claim:** Written notice of a claim must be given to us within 60 days after a loss starts or as soon as reasonably possible but in no event later than 180 days from the Date of the Covered Event. Such notice may be given to our Home Office or to any of our authorized agents. Such notice should include your name.
3. **Claim Forms:** Upon receipt of notice of claim, we will send you the forms for filing proof of loss. If these forms are not furnished within 15 days, you will meet the proof of loss requirements by giving us a written statement of the nature and extent of the claim within the time stated below for Proofs of Loss.
4. **Proofs of Loss:** Written proof of loss which is satisfactory to us must be furnished within 90 days after the date of the loss.

If it was not reasonably possible for you to give such proof within the time required, we shall not reduce your claim for such reason if the proof is filed as soon as reasonably possible. Such proof must be given no later than one year from the time specified above unless lack of legal capacity prevents it.

5. **Time of Payment of Claims:** Benefits for loss covered by this Rider will be paid as soon as we receive proper written proof.
6. **Payment of Claims:** Benefits will be paid to you. Any benefits that are unpaid at your death will be paid either to the beneficiary or to your estate if no beneficiary is named. If this Rider is not owned by you, benefits will be paid to the Owner.
7. **Physical Examination:** We shall have the right at our expense to have you examined as often as is reasonably necessary while a claim is pending.
8. **Legal Actions:** No legal action may be taken to recover on this Rider within 60 days after written proof of loss has been given as required by this Rider. No legal action may be taken after 3 years from the time written proof of loss is required to be given.
9. **Misstatement of Age or Gender:** If your age or gender has been misstated, the Benefit of this Rider will be such as the cost of this Benefit that would have purchased based on the correct age or gender of the insured on the date the Benefit was payable. If your age has been misstated and according to your correct age, this Rider would not have taken effect, we will be liable only for the refund of the cost of this Benefit paid for the period not covered.
10. **Conformity With State Statutes:** Any provision of this Rider which, on its Date of Issue, is in conflict on that date with the statutes of the state in which you reside is hereby amended to conform to the minimum requirements of such statutes.
12. **Extension of Time Limits:** If any time limit in this Rider for taking legal action is less than that allowed by the law of the state in which you reside on the Date of Issue, such time limit is extended to the minimum period allowed by such law.
13. **Authorization:** We may require you to give proper authorization to obtain needed information to determine what benefits, if any, are payable under this Rider.

This Rider is signed by our President and Secretary in Peoria, Illinois. This Rider is dated and takes effect on the date as shown in the Policy Schedule.


Secretary


President

SERFF Tracking Number: LLNS-127086298 State: Arkansas
 Filing Company: Illinois Mutual Life Insurance Company State Tracking Number: 48449
 Company Tracking Number: CRITICAL ILLNESS LIFE RIDERS
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Critical Illness Life Riders
 Project Name/Number: Critical Illness Life Riders/Critical Illness Life Riders

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: %
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Illinois Mutual Life Insurance Company	N/A	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: LLNS-127086298 State: Arkansas
Filing Company: Illinois Mutual Life Insurance Company State Tracking Number: 48449
Company Tracking Number: CRITICAL ILLNESS LIFE RIDERS
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Critical Illness Life Riders
Project Name/Number: Critical Illness Life Riders/Critical Illness Life Riders

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: App105 Approved on 5/05/2010 App105-L Approved on 12/01/2010		
Attachments: App105.pdf App105-L.pdf		



300 S.W. Adams Street Peoria, IL 61634

Phone 309.674.8255

www.IllinoisMutual.com

READABILITY CERTIFICATION

RE: Form 5622, Critical Illness Rider to Traditional Life Insurance Policy
Form 5625, Critical Illness Rider to Universal Life Insurance Policy

On behalf of Illinois Mutual Life Insurance Company, I hereby certify that we have carefully analyzed and scored the forms submitted with this certification in accord with the Flesch score analysis readability procedures and we certify that the forms have a Flesch score as follows:

Form 5622	50.2
Form 5625	50.8

ILLINOIS MUTUAL LIFE INSURANCE COMPANY

By: 

Scott Reed,
Secretary and Legal Counsel
Illinois Mutual Life Insurance Company
300 SW Adams ST
Peoria, IL 61634
(800)437-7355, Ext. 431

Dated: March 23, 2011

Application for Insurance

Proposed Insured _____ D.O.B. _____

PART B (All references to "you" mean the Proposed Insured.)

1. Employment Information (For DI, complete questions 1a thru 1l. For Life, complete questions 1a thru 1c.)

- a. Primary occupation _____ b. Years of experience _____
c. Employer's name and address _____
d. Date employed with current employer _____ e. No. of employees _____
f. Describe exact duties of occupation and percentage of time spent in each. _____

g. How many hours are you currently working per week in your primary occupation? _____

h. Are you self-employed or an owner of a corporation or partnership? Yes No
If yes, indicate percentage of ownership and type of business entity. _____

i. Do you work from your home? Yes No If yes, specify number of hours per week. _____

j. Do you intend to change occupation, employer or employment status in the next 6 months? Yes No
If yes, provide details. _____

k. Do you have other employment currently, full or part-time? Yes No
If yes, specify number of hours per week, dates employed and occupational duties performed. _____

l. Did you have other employment within the past 5 years, full or part time? Yes No
If yes, specify number of hours per week, dates employed and occupational duties performed. _____

2. General Information

a. What is your current: (1) Height: _____ feet _____ inches (2) Weight: _____ pounds

b. Have you lost more than 10 pounds in the past 12 months? Yes No
If yes, specify number of pounds lost and reason. _____

c. In the past 10 years, have you consumed alcoholic beverages? Yes No If yes, specify type, amount and frequency, and date of last use. _____

d. In the past 10 years, have you used heroin, cocaine, marijuana, barbiturates or any other controlled substance not prescribed by a physician? Yes No If yes, specify type, frequency and date of last use. _____

e. Have you ever been advised to limit or discontinue the use of alcohol or drugs, or received counseling or treatment because of alcohol or drug use? Yes No If yes, provide dates and details. _____

f. In the past 10 years, have you been convicted of a felony? Yes No If yes, provide dates and details. _____

g. In the past 5 years, have you been charged with driving while intoxicated, had more than 3 moving violations, or had your driver's license suspended or revoked? Yes No If yes, provide dates and details. _____

h. In the past 2 years, have you traveled or worked outside the United States for more than 30 days? Yes No
If yes, provide details. _____

i. In the next 2 years, do you plan to travel or work outside the United States for more than 30 days? Yes No
If yes, provide details. _____

j. Do you engage in personal aviation activity, mountain or rock climbing, motor-powered racing, scuba or sky diving, hang gliding or any other hazardous activity? Yes No If yes, provide details. _____

k. In the past 5 years, have you had any insurance application modified or declined? Yes No If yes, provide details. _____

l. In the past 5 years, have you requested or received any disability benefits? Yes No If yes, provide details. _____

PART C

Home Office Endorsement Only. Question No. _____ corrected to read as follows:

Agreement and Declaration

I represent and agree that all statements and information found in the application are deemed representations and not warranties. I further represent and agree that all statements and answers recorded in this application are true, complete and correctly recorded to the best of my knowledge and belief. I understand that this application and any medical examination which may be required will become a part of any policy issued. I understand that acceptance of any policy issued on this application indicates my agreement to any amendments made by the Company in the "Home Office Endorsement Only" space except changes in the amounts of insurance or premium, classification of risk, and plan of insurance shall require my written acceptance. I understand and agree that no policy issued on this application shall become effective until I have received and accepted it and the first full premium paid. However, if a Receipt has been delivered, then liability of the Company shall be as stated in the Receipt. I have received a MIB Notice, Fair Credit Reporting Act Notice and an Outline of Coverage if applying for disability insurance or critical illness insurance.

I declare that I paid to Illinois Mutual Life Insurance Company the sum of \$ _____ and that I hold a Receipt for same. I agree to the terms of such Receipt.

Authorization: I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, pharmacy benefit manager, insurance company, MIB, Inc. or other organization, institution or person, that has any records or knowledge of me or my health, to give to Illinois Mutual Life Insurance Company, or its reinsurers, any such information.

I have read this Authorization and understand that I may receive a copy upon request. I understand and agree that this Authorization shall be valid for two years from the date signed below.

When completed electronically, I verify that the unique identifier used to sign this application is mine and that by clicking the "Submit" button, I am signing the application electronically.

Signed at _____
CITY AND STATE

SIGNATURE OF PROPOSED INSURED
(OR PARENT IF PROPOSED INSURED UNDER AGE 18)

Date _____

SIGNATURE OF OWNER/APPLICANT, IF OTHER THAN PROPOSED INSURED
(If business insurance, show title of person signing for insurance.)

SIGNATURE OF PROPOSED RIDER INSURED

Notice: 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.

Agent's Certification: An Outline of Coverage was given to the Proposed Insured for disability insurance. I, do do not, have knowledge that the insurance applied for will replace any existing disability insurance and/or life insurance.

PRINT WRITING AGENT NAME

WRITING AGENT'S SIGNATURE

Agent's Code # _____

Agent's Phone # _____

Agent's E-mail _____

Is Proposed Insured/Owner related to Agent? Yes No Relationship _____

Does the Proposed Insured prefer to receive future correspondence in Spanish? Yes No

Split Commission Information

For proper recording of split commission business, please complete the following: (Print all names.)

Name _____ Code # _____ % of Commission _____

Name _____ Code # _____ % of Commission _____

Examination Requirements

- Non-Medical Abbreviated Paramedical Exam (Urinalysis required.) Full Paramedical Exam (Urinalysis required.)
- Blood Profile (Informed Consent must be signed.) EKG
- Agent will schedule. Exam completed on ____/____/____ Home Office will schedule.

Application for Life Insurance

PART A

1. Proposed Insured

a. Name _____
LAST FIRST MI MAIDEN/FORMER MARITAL STATUS GENDER

b. Address _____
STREET CITY STATE ZIP CODE

c. Primary Ph. _____ Other Ph. _____ E-mail _____

d. Social Security Number _____ e. Driver's License Number & State _____

f. Date of Birth _____ g. Place of Birth (State/Country) _____ h. Annual Income _____

i. Are you a U.S. Citizen? Yes No
 (1) If no, have you resided in the U.S. for the past 2 years? Yes No
 (1a.) If yes, have you been granted permanent resident (green card) status? Yes No

j. In the past 12 months, have you used any form of tobacco or nicotine-based product? Yes No Never
 If no, date last used _____

k. If proposed insured(s) is under age 1, was his/her birth abnormal or premature? Yes No
 If yes, specify: Weight at birth _____ lbs.

2. Beneficiary Designation

a. Primary _____ Relationship to Proposed Insured _____
 b. Contingent _____ Relationship to Proposed Insured _____

3. Plan Information UL=Universal Life WL=Whole Life T=Term

a. Life Plan _____ Amount \$ _____

Term Plans: 10 Year 15 Year 20 Year 30 Year
ROP Term Plans: 15 Year 20 Year 30 Year
Whole Life Plans: Single Pay 10 Pay 20 Pay To Age 65 To Age 121
UL: Option 1 Option 2 Increase Specified Amount for UL Policy # _____ by amount stated above

b. Optional Benefits/Riders

Accidental Death (UL/WL) \$ _____ Waiver of Premium (WL/T)
 Critical Illness Rider (UL/WL/T) \$ _____ Waiver of Monthly Amount (UL) \$ _____
 Guaranteed Insurability Option/OPI (UL/WL) \$ _____ Waiver of Monthly Deductions (UL)
 Child Insurance Rider (UL/WL/T) \$ _____ Payor Waiver of Premium (WL)
 Term Insurance Rider (UL/WL) \$ _____ 10 Year 15 Year 20 Year
 Other Insured Term Rider (UL/WL) \$ _____ 10 Year 15 Year 20 Year
 Paid Up Additions Rider (WL) Single Premium \$ _____
 Paid Up Insurance Rider (WL) Modal Premium \$ _____
 Other _____

c. Dividend Option (WL) Accumulate at Interest Buy Paid Up Additions Cash Reduce Premium

4. Other Insured Rider or Payor Benefit

a. Name _____
LAST FIRST MI MAIDEN/FORMER MARITAL STATUS GENDER

b. Address _____
STREET CITY STATE ZIP CODE

c. Primary Ph. _____ Other Ph. _____ E-mail _____

d. Social Security Number _____ e. Driver's License Number & State _____

f. Date of Birth _____ g. Place of Birth (State/Country) _____ h. Annual Income _____

i. Are you a U.S. Citizen? Yes No
 (1) If no, have you resided in the U.S. for the past 2 years? Yes No
 (1a.) If yes, have you been granted permanent resident (green card) status? Yes No

j. In the past 12 months, have you used any form of tobacco or nicotine-based product? Yes No Never
 If no, date last used _____

k. Beneficiary Designation
 (1) Primary _____ Relationship to Proposed Insured _____
 (2) Contingent _____ Relationship to Proposed Insured _____

