

SERFF Tracking Number: KCLF-127176278 State: Arkansas
Filing Company: Kansas City Life Insurance Company State Tracking Number: 48840
Company Tracking Number: PJ140(2)
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.003 Long Term
Product Name: Group Long Term Disability Insurance
Project Name/Number: Amended Policy page/PJ140(2)

Filing at a Glance

Company: Kansas City Life Insurance Company

Product Name: Group Long Term Disability Insurance SERFF Tr Num: KCLF-127176278 State: Arkansas

TOI: H11G Group Health - Disability Income SERFF Status: Closed-Approved-Closed State Tr Num: 48840

Sub-TOI: H11G.003 Long Term Co Tr Num: PJ140(2) State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Dieter Foster-Redmond Disposition Date: 06/06/2011
Date Submitted: 05/20/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Amended Policy page

Project Number: PJ140(2)

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 06/06/2011

State Status Changed: 06/06/2011

Created By: Dieter Foster-Redmond

Corresponding Filing Tracking Number: PJ140(2)

Filing Description:

During the course of an internal review of filed forms it was discovered that an error was made. We have corrected the information in the "Business Protection Benefit" provision of the policy. No other information was changed. The correction has been highlighted in the policy.

The policy was approved on 05/06/2009.

Company and Contact

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Dieter Foster-Redmond

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Filing Contact Information

Dietter Foster-Redmond, Compliance Analyst III dfoster-redmond@kclife.com
 3520 Broadway 816-753-7299 [Phone] 8852 [Ext]
 Kansas City, MO 64111 816-753-3018 [FAX]

Filing Company Information

Kansas City Life Insurance Company CoCode: 65129 State of Domicile: Missouri
 P O Box 219139 Group Code: 588 Company Type: Life
 Kansas City, MO 64121-9139 Group Name: State ID Number:
 (800) 821-5529 ext. [Phone] FEIN Number: 44-0308260

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kansas City Life Insurance Company	\$50.00	05/20/2011	47849226

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/06/2011	06/06/2011

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Disposition

Disposition Date: 06/06/2011

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Long Term Disability Income Insurance	Approved-Closed	Yes

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Form Schedule

Lead Form Number: PJ140

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/06/2011	PJ140	Policy/Contract	Group Long Term Disability Income Insurance Certificate	Revised	Replaced Form #: PJ140 Previous Filing #: 42268	0.000	PJ140-basic with new Business Protection language (2).pdf



**KANSAS CITY LIFE
INSURANCE COMPANY**

GROUP LONG TERM DISABILITY INSURANCE POLICY
NON-PARTICIPATING

POLICYHOLDER:

POLICY NUMBER:

POLICY EFFECTIVE DATE:

POLICY ANNIVERSARY DATE: [A date established and agreed to by the Policyholder and Us]

GOVERNING JURISDICTION:

Kansas City Life Insurance Company (referred to as Kansas City Life) will provide benefits under this policy. Kansas City Life makes this promise subject to all of this policy's provisions.

The Policyholder should read this policy carefully and contact Kansas City Life promptly with any questions. This policy is delivered in and is governed by the Laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. This entire policy consists of:

1. all policy provisions and any amendments and/or attachments issued;
2. the Certificate of Coverage; and
3. the Policyholder's signed application[.]; and
4. the Employers' signed participation agreements; and]
5. the Insured Persons' signed Enrollment Forms.]

This policy may be changed in whole or in part. Only an officer [or registrar] of Kansas City Life can approve a change. The approval must be in writing and endorsed on or attached to this policy. No other person, including an agent, may change this policy or waive any part of it.

Signed for Kansas City Life Insurance Company, a stock company, at its Home Office, 3520 Broadway, PO Box 219425, Kansas City, MO 64121-9425.

Secretary

President, CEO and Chairman

KANSAS CITY LIFE INSURANCE COMPANY
3520 Broadway, Kansas City, MO 64111
816-753-7000

POLICY TABLE OF CONTENTS

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POLICYHOLDER PROVISIONS

INCONTESTABILITY

The validity of the policy shall not be contested after the policy has been in effect for two years except in situations when:

1. premium has not been paid; or
2. for fraudulent misrepresentations.

[DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES INCLUDED][PARTICIPATING EMPLOYERS]:

NAME	LOCATION (CITY AND STATE)
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[None]

[XYZ Company]	[City, State]
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ELIGIBLE CLASS(ES):

[All Employees] in Active Employment in the United States with the Employer.

Employee must be an Employee of the Employer and in an eligible class.

Temporary and seasonal workers are excluded from coverage.

[All persons who meet the membership eligibility criteria of the Policyholder].

[All persons in Active Employment [in the United States] with the Employer.]

[Persons who are not legal residents or citizens of the United States are not eligible for coverage.]

MINIMUM HOURS REQUIREMENT:

[30 hours per week]

WAITING PERIOD:

For persons in an eligible class on or before the policy effective date: [None]

[A continuous period of [1-365 days] of Active Employment.]

[End of the month in which the Employee completes a continuous period of [1-365 days] of Active Employment.]

For persons entering an eligible class after the policy effective date:

[A continuous period of [1-365 days] of Active Employment.]

[End of the month in which the Employee [completes a continuous period of [1-365 days]][begin] of Active Employment.]

COST OF INSURANCE

The initial premium for the policy is based on the initial rate(s) shown below.

[[Monthly] [Quarterly] rate of [x%] of [Monthly Covered Payroll] [Monthly Benefit]]

[[Monthly] [Quarterly] rate of [\$xx.xx] [per \$100 of [Monthly Benefit] [Monthly Covered Payroll]]

[[Monthly] [Quarterly] cost of [\$xxxx.xx] [per Insured Person]]

(Step Rates)

[Age]	[Monthly][Quarterly] rate per \$100 of [Monthly Benefit] [Monthly Covered Payroll]
Less than age 25	xx.xx
25-29	xx.xx
30-34	xx.xx
35-39	xx.xx
40-44	xx.xx

45-49	xx.xx
50-54	xx.xx
55-59	xx.xx
60-64	xx.xx
65-69	xx.xx
70 and over	xx.xx]

[**MONTHLY COVERED PAYROLL** means the total amount of Monthly Earnings for which Employees are insured under the policy.]

INITIAL RATE GUARANTEE AND RATE CHANGES

A change in premium rates will not take effect before [MM/DD/YYYY] (Rate Guarantee Period).

However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to those reasons shown below:

1. a change occurs in this policy design;
2. the number of Insureds changes by [10%-25%] or more; or
3. a new Law or a change in any existing Law is enacted which applies to this policy.

We will notify the Policyholder in writing at least [30-60] days before a premium rate is changed. A change may take effect on an earlier date when both the Policyholder and We agree.

WHEN PREMIUM IS DUE

Premium Due Dates: [MM/DD/YYYY] and the [first day] of each [calendar month] thereafter.

The Policyholder must send all premiums to Us on or before their respective due date. The premium must be paid in United States dollars.

PREMIUM INCREASES OR DECREASES

Premium increases or decreases which take effect during a policy month are adjusted and due on the next premium due date following the change. Changes will not be pro-rated daily.

Premium charges for new Insured Persons or for increases in insurance amounts will begin on the premium due date which coincides with or next follows the date of the addition or the change. Premium charges for terminated persons will end, and decreases for insurance amounts will begin, on the premium due date which coincides with or next follows the termination or the change in amount. This method of charging premium will neither commence any insurance after the date it would otherwise begin nor extend any insurance coverage beyond the date it would otherwise terminate pursuant to the applicable effective date or termination provisions of the policy.

If premiums are paid on other than a monthly basis, premiums for increases and decreases will result in a monthly pro-rated adjustment on the next premium due date.

We will only adjust premium for the current policy year and the prior policy year. In the case of fraud, premium adjustments will be made for all policy years.

WAIVER OF PREMIUM

We do not require premium payment while the Insured Person is receiving Long Term Disability payments under this policy.

(Standard)

[INFORMATION REQUIRED FROM THE POLICYHOLDER

The Policyholder must provide Us with the following on a regular basis:

1. information about persons:
 - a. who are eligible to become insured; and

[b.] [who Enroll for coverage [and their initial amount of coverage];]

c. whose amounts of coverage change; and

d. whose coverage ends;

- 2. occupational and salary information and any other information that may be required to manage a claim; and
- 3. any other information that may be reasonably required.

Policyholder records that have a bearing, in Our opinion, on this policy will be available for review by Us at any reasonable time as determined by Us.]

(Alternative)

[INFORMATION REQUIRED FROM THE POLICYHOLDER

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under this policy, information about Insured Persons, and any other information that may be reasonably required.

Policyholder [and Employer] records that have a bearing, in Our opinion, on this policy will be available for review by Us at any reasonable time as determined by Us.]

INFORMATION PROVIDED BY US

We will furnish the Policyholder with a Certificate of Coverage which outlines the benefits under this policy. The [Policyholder][Employer] will distribute a Certificate of Coverage to each Insured Person.

(Standard)

[AMENDING OR CANCELING THE POLICY

This policy can be canceled:

- 1. by Us; or
- 2. by the Policyholder.

We may amend or cancel this policy if:

- 1. [there is less than [5%-100%] participation of those eligible persons who pay all or part of their premium for the policy;]
[there is less than 100% participation of those eligible persons working for a Policyholder with 3 to 5 eligible persons];
- 2. the participation requirement is not met for a Policyholder with 6 to 9 eligible persons who pay a part of their premium for the policy:

<u>Eligible Persons</u>	<u>Participation Requirement</u>
6	5 enrolled
7	6 enrolled
8	6 enrolled
9	7 enrolled]

- 3. there is less than 100% participation of those eligible persons for a Policyholder paid plan;
- 4. the Policyholder does not promptly provide Us with information that is reasonably required;
- 5. the Policyholder fails to perform any of its obligations that relate to this policy;
- 6. fewer than [2-10] persons are insured under the policy;
- 7. the premium is not paid in accordance with the provisions of this policy;
- 8. the Policyholder does not promptly report to Us the names of any persons who are added or deleted from the eligible class(es);
- 9. We determine that there is a significant change, in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale, or reorganization of the Policyholder and/or its persons ; or
- 10. the Policyholder fails to pay any portion of the premium within the [31-60] day Grace Period.

We reserve the right to review and terminate all class(es) covered under the policy if any class(es) cease(s) to be covered.

If We amend or cancel this policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [30-60] days prior to the amendment date or cancellation date. The Policyholder may cancel this policy if the amendments are unacceptable.

If any portion of the premium is not paid during the Grace Period, the policy will terminate automatically at the end of the Grace Period. The Policyholder is liable for premium for coverage during the Grace Period. The Policyholder must pay Us all premium due for the full period the policy is in force.

The Policyholder may cancel this policy by written notice delivered to Us at least [30-60] days prior to the cancellation date. When both the Policyholder and We agree, this policy can be canceled on an earlier date. If the Policyholder or We cancel this policy, coverage will end at 12:00 midnight Standard Time at the Policyholder's address on the last day of coverage.

If this policy is canceled, the cancellation will not affect a Payable Claim.]

(Alternative)

[CANCELING THE POLICY [OR AN EMPLOYER'S PLAN OF COVERAGE UNDER THE POLICY]

This policy [or an Employer's plan of coverage under the policy] can be canceled:

1. by Us; or
2. by the Policyholder.

We may cancel this policy [or an Employer's plan of coverage under the policy] on any premium due date after the first policy Anniversary Date by giving at least [30-60] days advance written notice of termination to the Policyholder.

If fewer than [10-500] persons are insured under the policy [or an Employer's plan of coverage under the policy], We may cancel this policy [or an Employer's plan of coverage under the policy] at any time by giving at least [30-60] days advance written notice of termination to the Policyholder.

We reserve the right to review and terminate all class(es) covered under the policy if any class(es) cease(s) to be covered.

If any portion of the premium is not paid during the [31-60] day Grace Period, the policy will terminate automatically at the end of the Grace Period. The Policyholder is liable for premium for coverage during the Grace Period. The Policyholder must pay Us all premium due for the full period the policy is in force.

The Policyholder may cancel this policy [or an Employer's plan of coverage under the policy] by written notice delivered to Us at least [30-60] days prior to the cancellation date. When both the Policyholder and We agree, this policy [or an Employer's plan of coverage under the policy] can be canceled on an earlier date. If the Policyholder or We cancel this policy [or an Employer's plan of coverage under the policy], coverage will end at 12:00 midnight Standard Time at the Policyholder's address on the last day of coverage.

If this policy [or an Employer's plan of coverage under the policy] is canceled, the cancellation will not affect a Payable Claim.]

(Alternative)

[AMENDING OR CANCELING THE POLICY [OR AN EMPLOYER'S PLAN OF COVERAGE UNDER THE POLICY]

This policy [or an Employer's plan of coverage under the policy] can be canceled:

1. by Us; or
2. by the Policyholder.

We may amend or cancel this policy [or an Employer's plan of coverage under the policy] if:

1. the Policyholder [or Employer] does not promptly provide Us with information that is reasonably required;
2. the Policyholder fails to perform any of its obligations that relate to this policy;
3. fewer than [10-500] persons are insured under the policy;
4. the premium is not paid in accordance with the provisions of this policy;
5. We determine that there is a significant change, in the size, occupation or age of the eligible class(es); or
6. the Policyholder fails to pay any portion of the premium within the [31-60] day Grace Period.

We reserve the right to review and terminate all class (es) covered under the policy if any class(es) cease(s) to be covered.

If We amend or cancel this policy [or an Employer's plan of coverage under the policy] for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [30-60] days prior to the amendment date or cancellation date. The Policyholder may cancel this policy [or an Employer's plan of coverage under the policy] if the amendments are unacceptable.

If any portion of the premium is not paid during the Grace Period, the policy will terminate automatically at the end of the Grace Period. The Policyholder is liable for premium for coverage during the Grace Period. The Policyholder must pay Us all premium due for the full period the policy is in force.

The Policyholder may cancel this policy [or an Employer's plan of coverage under the policy] by providing written notice to Us at least [30-60] days prior to the cancellation date. When both the Policyholder and We agree, this policy [or an Employer's plan of coverage under the policy] can be canceled on an earlier date. If the Policyholder or We cancel this policy [or an Employer's plan of coverage under the policy], coverage will end at 12:00 midnight Standard Time at the Policyholder's address on the last day of coverage.

If this policy [or an Employer's plan of coverage under the policy] is canceled, the cancellation will not affect a Payable Claim.]

[ASSIGNMENT

The Policyholder may assign the policy, however the Policyholder is required to advise all certificateholders of any assignment in writing, via certified mail. None of the Insured Persons' rights will be affected. Such assignment will not affect Us until We receive written notice at Our home office and give Our written approval.]

[BUSINESS PROTECTION BENEFIT

If an Insured Person is receiving a Monthly Payment under this policy, and the Insured Person is:

1. a sole proprietor of the Employer if the Employer is a sole proprietorship; or
2. a general partner of the Employer if the Employer is a partnership; or
3. a member of a limited liability company if the Employer is a limited liability company,

an additional Monthly Benefit will be paid to the Employer to compensate for business revenue lost as a result of that Insured Person's disability.

The Insured Person's elimination period for the Business Protection Benefit is the greater of:

1. the elimination period for the Long Term Disability policy; or
2. 90 consecutive days.

The amount of the Business Protection Benefit payment is [15% - 100%] of the Monthly Payment the Insured Person is receiving under the Long Term Disability policy; however, the Business Protection Benefit will [not] be reduced by Deductible Sources of Income.

The additional Business Protection Benefit will end on the earliest of:

1. the date the Insured Person is no longer disabled;
2. the date the Insured Person ceases to be a sole proprietor, general partner, or member of a limited liability company; or
3. the date the Business Protection Benefit has been paid for [3-60] months.

(Used when Pre-existing condition limitation provision applies)

[The PRE-EXISTING LIMITATION provision of the Long Term Disability policy applies to this Business Protection Benefit, as of the effective date of the Business Protection Benefit coverage for each Insured Person.]

(Used if evidence of insurability required)

[In order for the Policyholder to receive a Business Protection Benefit for an insured person, that person must submit an Evidence of Insurability form to Us for approval. The Business Protection Benefit coverage for that person will become effective on the later of:

1. the date the Business Protection Benefit has been added to the policy; or

2. the date We approve the Business Protection Benefit coverage for that person.]

[TEMPORARY WORK BENEFIT

We will pay the Employer a one-time benefit of \$1,000 to be used to supplement the cost of a temporary worker when an Insured Person under this policy is disabled and receiving disability benefits from Us.

The Employer qualifies for this Temporary Work Benefit when:

1. an Insured Person is disabled according to the terms of this policy;
2. the Insured Person has satisfied the elimination period for this policy; and
3. the Insured Person's claim is approved and the Insured Person is receiving disability benefits under this policy;

This one-time payment will be made to the Employer no later than 90 days following the date the first disabled Insured Person under the policy receives his or her first Long Term Disability payment under this policy.

The Temporary Work Benefit is only used once during the life of the policy, including any renewals.]

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	06/06/2011
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	06/06/2011
Bypass Reason:	n/a		
Comments:			