

SERFF Tracking Number: AMLC-127367874 State: Arkansas  
Filing Company: Liberty National Life Insurance Company State Tracking Number: 49606  
Company Tracking Number: GE65 & GE65C  
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Group Term Life Insurance  
Project Name/Number: Group Term Life Insurance/GE65 & GE65C

## Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Group Term Life Insurance SERFF Tr Num: AMLC-127367874 State: Arkansas  
TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 49606  
Closed

Sub-TOI: L04G.103 Renewable - Single Life - Co Tr Num: GE65 & GE65C State Status: Approved-Closed  
Fixed/Indeterminate Premium  
Filing Type: Form

Reviewer(s): Linda Bird  
Disposition Date: 08/24/2011  
Authors: Pattie Church, Donna Kennedy  
Date Submitted: 08/22/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name: Group Term Life Insurance  
Project Number: GE65 & GE65C  
Requested Filing Mode:

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: We are filing these forms simultaneously in Nebraska, our state of domicile.

Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 08/24/2011  
State Status Changed: 08/24/2011  
Created By: Donna Kennedy  
Corresponding Filing Tracking Number:

Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:

Deemer Date:  
Submitted By: Donna Kennedy

Filing Description:  
Re: GE65 Group Term Life Insurance Policy  
GE65C Group Term Life Insurance Certificate  
AGE5AR Group Term Life Enrollment Form  
GEAD Group Term Accidental Death Rider

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Project Name/Number: Group Term Life Insurance/GE65 & GE65C  
GEPW Group Term Premium Waiver Rider  
GE-APP Group Term Employer Application

Enclosed for your review and approval are copies of the above referenced forms. These are new forms that will not replace any forms previously approved in your state. These forms are being filed simultaneously in Nebraska for approval.

This is a group term life policy that will be offered to applicants Ages 0-55. The plan is a nonparticipating level benefit life insurance plan sold to employee groups, with guaranteed level unisex premiums payable to age 65. The plan may be sold on a payroll deduction or bank draft basis at face amounts at or below \$100,000 with optional rider benefits for accidental death and premium waver.

AGE5AR is the Employee Group Enrollment Form used to apply for coverage. Form GEAD (Accidental Death Benefit Rider), Form GEPW (Premium Waiver Rider) and Form GE-APP (Employer Application) are being filed for general use with our group life products.

The Flesch scores are as follows: GE65 - 50; GE65C - 51; GEAD - 53; GEPW - 52 and AGE5AR - 50. Form GE65 will be marketed through our Branch Agency distribution system.

To the best of my knowledge and belief, these forms comply with the laws and regulations of your State. These forms do not contain any language that is unusual in terms of Company or industry standards.

Included with this filing are transmittal documents, actuarial memorandum, filing fees, or other documents required by your State.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 1-800-288-2722, extension 4919 or by email at [regulatory@libnat.com](mailto:regulatory@libnat.com).

## Company and Contact

### Filing Contact Information

Pattie Church, Compliance Analyst [regulatory@libnat.com](mailto:regulatory@libnat.com)  
100 Concourse Parkway 205-325-4919 [Phone]  
Suite 350 205-325-2720 [FAX]  
Hoover, AL 35244

*SERFF Tracking Number:*      *AMLC-127367874*                      *State:*                      *Arkansas*  
*Filing Company:*              *Liberty National Life Insurance Company*      *State Tracking Number:*      *49606*  
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Fixed/Indeterminate Premium*  
  
*Product Name:*                      *Group Term Life Insurance*  
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**Filing Company Information**

Liberty National Life Insurance Company	CoCode: 65331	State of Domicile: Nebraska
P.O. Box 2612	Group Code: 290	Company Type: Life and Health
Birmingham, AL 35202	Group Name: Liberty National Life	State ID Number:
(205) 325-4307 ext. [Phone]	FEIN Number: 63-0124600	

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**Filing Fees**

Fee Required?              Yes  
Fee Amount:              \$300.00  
Retaliatory?              No  
Fee Explanation:              We are filing 6 forms at \$50 each, for a total of \$300.00.  
Per Company:              No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$300.00	08/22/2011	50831630

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/24/2011	08/24/2011

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*Product Name:*              *Group Term Life Insurance*  
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## **Disposition**

Disposition Date: 08/24/2011

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		Yes
Supporting Document	SOV Liberty GE65		Yes
Supporting Document	Actuarial Memos: GE65, GE65C, GEAD & GEPW		No
Form	Group Term Life Insurance Policy		Yes
Form	Group Term Life Insurance Certificate		Yes
Form	Group Term Life Enrollment Form		Yes
Form	Group Term Accidental Death Rider		Yes
Form	Group Term Premium Waiver Rider		Yes
Form	Group Term Employer Application		Yes

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## Form Schedule

### Lead Form Number: GE65 & GE65C

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GE65	Policy/Cont	Group Term Life Insurance Policy Certificate	Initial		50.000	GE65 - Bracketed.pdf
	GE65C	Certificate	Group Term Life Insurance Certificate	Initial		51.000	GE65C - Bracketed.pdf
	AGE5AR	Application/Enrollment Form	Group Term Life Enrollment Form	Initial		50.000	AGE5AR.pdf
	GEAD	Policy/Cont	Group Term Accidental Death Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		53.000	GEAD - AR.pdf
	GEPW	Certificate	Group Term Premium Waiver Rider	Initial		52.000	GEPW.pdf
	GE-APP	Application/Enrollment Form	Group Term Employer Application Form	Initial		0.000	Employer Application-GE-APP.pdf

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**

**ADMINISTRATIVE OFFICE: [P. O. BOX 2612, BIRMINGHAM, AL 35202]**  
**(The "Company")**

**Group Policy Number: [LNGE00000]**

**Holder: [XYZ COMPANY INC.]**

**Group Effective Date: [09/01/11]**

In consideration of the provisions of the Application for this policy, which is attached, and payment of the premium, the Company hereby agrees to pay benefits provided by the terms, riders, endorsements and amendments hereto which are signed by the Company. The terms shall determine the rights and obligations of all persons and legal entities under this policy.

Signed for Liberty National Life Insurance Company as of its effective date.

*[Sally Hutchison]*  
Secretary

*[Anthony L. McWhorter]*  
Chief Executive Officer

**GROUP TERM LIFE INSURANCE POLICY**

**THIS IS A LEGAL CONTRACT BETWEEN THE HOLDER AND THE COMPANY**

**READ YOUR POLICY CAREFULLY**

## DEFINITIONS

Where used in this policy:

**AGE** - Means the age last birthday of the Insured.

**BENEFICIARY** - A person or entity named, on a form and in a manner approved by us, to receive benefits for loss of life.

**CERTIFICATE HOLDER** - The person who completes the enrollment form applying for insurance coverage on an Insured.

**CERTIFICATE MONTHS, CERTIFICATE YEARS, CERTIFICATE ANNIVERSARIES** - Shall be determined from the Effective Date of the Certificate.

**EVIDENCE OF INSURABILITY** - Satisfactory proof, as determined by us, that a person is acceptable for insurance.

**GENDER** - A personal pronoun in the masculine gender in this policy will include the feminine gender also unless the context clearly indicates the contrary.

**HOLDER** - The legal entity named as the Holder on the first page of this policy.

**INSURED** - An eligible person who is insured under this policy.

**WE, US, OUR, OR THE COMPANY** - means Liberty National Life Insurance Company.

## ELIGIBILITY

Persons specified in the application for this policy are eligible persons for insurance afforded by the policy, subject to the Company's issue age limits. If eligible persons include family members, then application may be made for the spouse and any child who is under the age of 19 or who is a dependent and a full-time student under 25 years of age.

## EFFECTIVE DATE OF GROUP TERM LIFE INSURANCE COVERAGE

Insurance may be requested for any eligible person by completing an enrollment form and making the necessary premium payment. If an eligible person meets the underwriting standards of the Company and is accepted for insurance coverage by the Company, the insurance will become effective on the Effective Date shown on the eligible person's certificate.

But, in no case shall coverage take effect on any date prior to the Group Effective Date of this policy.

## BENEFITS

**LIFE INSURANCE BENEFIT** - Upon due proof of the death of an Insured, we will pay the Amount of Insurance shown in the Schedule of Benefits and Premiums of the Insured's Certificate.

## TERMINATION OF COVERAGE

The coverage of any Insured shall terminate at the earliest of the following:

- (a) at the end of the Grace Period following any premium due date for which the Insured's required premium has not been paid;
- (b) on the Expiry Date as shown in the Schedule of Benefits and Premiums of the Insured's certificate;
- (c) when the Insured's certificate is converted as provided below;
- (d) on any premium due date following a request in writing by the Insured and such request is received at our Home Office.

Any Insured's premium paid for any period after the date coverage terminates will not continue that Insured's coverage in force and will be returned.

## CONVERSION

If an Insured desires to convert this group term life insurance coverage under this policy, he may convert to an individual policy of life insurance. Evidence of insurability will not be required.

The form of the individual life policy may be any then offered by us except term insurance, at the individual's then attained age for the amount for which he applies. At the individual's option, such amount can be either equal to or less than but not greater than the amount under this policy.

The premium for such policy will be our rate then in effect for:

- (a) The plan and amount of the policy; and
- (b) The class of risk to which the individual then belongs; and
- (c) The individual's attained age on the effective date of the new policy.

The individual policy of life insurance:

- (a) Will only be issued if application is made and the first premium is paid to us within 31 days after the date on which the Insured's insurance under this policy ceases; and
- (b) Will take effect at the end of this 31 day application period; and
- (c) Will be issued without Disability or other extra benefits.

If an Insured dies during the 31 day application period, and before the individual policy has become effective, we will pay the maximum amount of insurance which the individual might have converted. The death claim will be paid under the group policy and not the individual policy, whether or not application for the individual policy or the payment of the first premium has been made. Any premiums paid for the individual policy will be refunded.

If an Insured is not given proper notice of the conversion privilege 15 days prior to the expiration date of the conversion period, then the Insured shall have an additional period within which to exercise the conversion privilege. This additional period shall expire 15 days after the individual is given such notice. In no event shall such additional period extend beyond 60 days after the expiration date of the period provided in such policy.

## GENERAL PROVISIONS

**GROUP EFFECTIVE DATE - CONTINUATION OF POLICY** - This policy takes effect on the Group Effective Date specified in the application for the period for which premium is paid and, unless terminated, continues in force as long as any person remains insured hereunder, in accordance with the conditions provided herein. The Company reserves the right to discontinue the acceptance of any new enrollment.

**CERTIFICATES** - The Company will furnish, for delivery to each Certificate Holder, a certificate setting forth in summary form a statement of essential features of coverage, procedures to be followed in making claims and a statement as to whom benefits are payable.

**NOTICE OF CERTIFICATE HOLDER'S 30 DAY RIGHT TO EXAMINE CERTIFICATE** - If the Certificate Holder decides he does not want this coverage, he may return the Certificate within 30 days after receiving it. We will then refund any premium paid and the Certificate will never have been in effect.

**PAYMENT OF PREMIUM** - Premiums are based on the age of the Insured as well as the year certificates were issued.

**GRACE PERIOD** - If any premium after the first premium is not paid when due, it may be paid during the following 31 days. During the grace period, the Insured's coverage under this policy will stay in force.

**ENTIRE CONTRACT; CHANGES** - This policy, the application, and the endorsements and other attached papers signed by the Company, if any, and each individual enrollment form constitute the entire contract between the parties. In the absence of fraud, all statements made in the application and individual enrollment forms shall be deemed representations and not warranties, and no statement made for the purpose of effecting coverage shall void such coverage or reduce benefits unless contained in a written instrument signed by the applicant, a copy of which has been made a part of the contract and furnished to the applicant.

No change in this Policy shall be valid until approved by an executive officer (President, Vice President, Secretary or Assistant Secretary) of the Company and unless such approval is endorsed on or attached to this policy.

**NON-PARTICIPATING** - This policy is a non-participating policy.

**PAYMENT OF CLAIM; BENEFICIARY** - We will pay benefits for loss of life to the beneficiary named by the Certificate Holder. The name of the beneficiary must be filed with us on a form and in a manner approved by us. The Certificate Holder may change the beneficiary at any time if he files such change with us on a form and in a manner approved by us. Any payment that we make before our receipt and recording of notice of such change will fully discharge our obligation for such payment.

- (a) If two or more beneficiaries are named, and if the Certificate Holder did not state their respective interest, they will share equally.
- (b) If the Insured fails to name a beneficiary for all or part of his insurance, or if no named beneficiary survives the Certificate Holder, payment will be made to the Certificate Holder's estate, or, at our option, to:
  - i. The Insured's spouse, if living;
  - ii. The Insured's then living children, if any;
  - iii. The Insured's surviving parent(s), equally; or
  - iv. Any person appearing to be equitably entitled to payment because of incurring funeral or other expenses incident to the Insured's last illness or death. The amount of such payment will not exceed \$2,000.

Any payment made under this paragraph will completely discharge us from further liability for the amount paid.

**ASSIGNABILITY** - An absolute assignment by a Certificate Holder of all the incidents of ownership of his Life Insurance will be permitted. However, we will not be bound by any assignment unless:

- (a) It is in writing; and
- (b) Acknowledged by us at our Administrative Office. We will not be responsible for the validity of any such assignments.

**REINSTATEMENT** - Coverage may be reinstated within one year after default in premium if:

- (a) Evidence of Insurability is provided to us, and
- (b) All overdue premiums are paid.

**SUICIDE** - If an Insured dies within two years after the Effective Date shown on the Insured's certificate and such death is caused by suicide, while sane or insane, our liability will be limited to a refund of the premiums paid for such person's coverage.

**INCONTESTABILITY** - We will not question the validity of the insurance after it has been in force for two years during the lifetime of the Insured. This provision does not apply to the nonpayment of premium.

**MISSTATEMENT OF AGE** - If the Insured's age is misstated, the amount of any overpayment of premium will be refunded or the amount of any underpayment of premium is payable to the Company.

**CONFORMITY WITH STATE STATUTES** - Any provision of this policy which on its Group Effective Date is in conflict with the statutes of the jurisdiction in which this policy was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statutes.

**STATEMENTS** - In absence of fraud, all statements made by the Certificate Holder will be deemed representations and not warranties. No such representation will void the insurance or be used to deny a claim unless a copy (or a conformed copy thereof) of the instrument containing such representation is or has been furnished to the Certificate Holder or his beneficiary, if any.

#### **ADMINISTRATION**

All information which the Company may reasonably require about all matters concerning this policy shall be provided by the Holder through its Administrator, if any. All documents, books and records which may affect the insurance or premiums may be inspected by the Company at all reasonable times until final determination of all rights and obligations under this policy.

Mistake or delay in keeping any records, or misstatement of any relevant fact pertaining to any person shall not affect coverage, invalidate coverage in force or continue coverage which was, or should have been terminated, but shall require an equitable adjustment of premium or of benefits or both. The facts shall determine whether coverage is in force and in what amount.

In the administration of this policy there shall be no unfair discrimination among individuals in the same or similar circumstances, and the Company may rely on the actions of the Holder's Administrator, if any, without having to inquire into the circumstances.

Waiver of any provision of this policy (by the Company or others) at any time or times shall not be deemed to waive or modify it or render it partially or wholly unenforceable at any other time, whether the circumstances are the same or not.



**LIBERTY NATIONAL LIFE INSURANCE COMPANY**  
**Group Term Life Insurance Certificate**

Liberty National Life Insurance Company certifies that it has issued Group Policy GE65, and that the person named in this certificate is insured, subject to the terms and conditions of the Group Policy.

**RIGHT TO EXAMINE CERTIFICATE**

If you are not satisfied for any reason, you may return the certificate within 30 days after receipt and have the premium refunded.

**DEFINITIONS**

**Age** - Means the age last birthday of the Insured.

**Certificate Months, certificate years, certificate anniversaries** - Shall be determined from the Effective Date of the Insured's Certificate.

**Gender** - A personal pronoun in the masculine gender in this policy will include the feminine gender also unless the context clearly indicates the contrary.

**Holder** - The legal entity named as the Holder in the Schedule of Benefits and Premiums on Page 1 of this certificate.

**Insured** - An Eligible person who is named in the Schedule.

**We, ours, us, or the Company, Home Office** - Liberty National Life Insurance Company at our administrative office in Birmingham, Alabama.

**You, your, or yours** - The person to whom this certificate is issued, or his successor. (Also referred to as the Certificate Holder.)

**BENEFITS PAYABLE**

**Amount of Insurance Benefit** - We will pay life insurance benefits in accordance with the provisions of the Group Policy to the beneficiary upon receipt of due proof of the death of the Insured while coverage on such Insured is in force. See the Schedule of Benefits and Premiums for amounts payable under this certificate.

**PREMIUMS AND REINSTATEMENT**

**Payment.** Each premium is payable in advance at our Home Office.

**Frequency.** The first premium for each Insured is due on the Effective Date of his insurance. Thereafter, each premium is due at the end of the period for which the preceding premium was paid.

**Grace Period.** A grace period of 31 days will be allowed each Insured for the payment of each premium after the first, during which period his insurance shall continue in force.

**Default.** If a premium remains unpaid at the end of the grace period, the Insured's insurance will terminate.

**Reinstatement.** Coverage may be reinstated at any time within one year after default in premium payment, if:

- (a) The Insured provides evidence of insurability satisfactory to us; and
- (b) All overdue premiums are paid.

**TERMINATION OF COVERAGE**

The insurance provided by this certificate will terminate at the earliest of the following:

- (a) at the end of the Grace Period following any premium due date for which the required premium has not been paid;
- (b) on the Expiry Date as shown on Page 1 of this certificate;
- (c) when this certificate is converted as provided below;
- (d) on any premium due date following a request in writing by you, and such request is received at our Home Office.

Any premium paid for any period after the date coverage terminates will not continue your coverage in force and will be returned.

## CONVERSION

If the Insured desires to convert his group term life insurance coverage under the Group Policy, he may convert to an individual policy of life insurance. Evidence of insurability will not be required.

The form of the individual life policy may be any then offered by us except term insurance, at the individual's then attained age for the amount for which he applied. At the individual's option, such amount can be either equal to or less than but not greater than the amount under the Group Policy.

The premium for such policy will be our rate then in effect for:

- (a) The plan and amount of the policy; and
- (b) The class of risk to which the individual then belongs; and
- (c) The individual's attained age on the effective date of the new policy.

The individual policy of life insurance:

- (a) Will only be issued if application is made and the first premium is paid to us within 31 days after the date on which the Insured's insurance under this policy ceases; and
- (b) Will take effect at the end of this 31 day application period; and
- (c) Will be issued without Disability or other extra benefits.

If an Insured dies during the 31 day application period, and before the individual policy has become effective, we will pay the maximum amount of insurance which the individual might have converted. The death claim will be paid under the group policy and not the individual policy, whether or not application for the individual policy or the payment of the first premium has been made. Any premiums paid for the individual policy will be refunded.

If an Insured is not given proper notice of the conversion privilege 15 days prior to the expiration date of the conversion period, then the Insured shall have an additional period within which to exercise the conversion privilege. This additional period shall expire 15 days after the individual is given such notice. In no event shall such additional period extend beyond 60 days after the expiration date of the period provided in such policy.

## CERTIFICATE HOLDER, BENEFICIARY AND ASSIGNMENT PROVISIONS

**Certificate Holder.** Unless provided otherwise:

- (a) The person who completes the enrollment form applying for insurance coverage on an Insured is the Certificate Holder. The Certificate Holder has the right to receive every benefit and exercise every right regarding the insurance under his Certificate.
- (b) If the Certificate Holder dies, all rights will be vested in the Insured.

**Beneficiary.** The beneficiary shall be as designated in the enrollment form to receive any death benefits payable. If there is no beneficiary living or named, death benefits will be payable to the Certificate Holder's estate.

**Change of Beneficiary.** By written form satisfactory to us the Certificate Holder may change the beneficiary at any time, without the beneficiary's consent. When recorded by us at the Home Office, the change will be effective as of the date the form is signed, whether or not the Certificate Holder is living when the form is recorded. We will have no liability for any action taken by us before that recording.

**Assignment.** The Certificate Holder may assign his rights in a form satisfactory to us.

## GENERAL PROVISIONS

**Incontestability.** We will not question the validity of the insurance after it has been in force for two years during the lifetime of the Insured. This provision does not apply to the nonpayment of premiums.

**Misstatement of Age.** If an Insured's age has been misstated, any overpayment of premium will be refunded or any underpayment is payable to us.

**Payment of Benefits.** All benefits are payable at our Home Office.

**Suicide.** If an Insured dies by suicide within a period of 2 years following the Effective Date of his coverage, the insurance provided shall be limited to the amount of premiums paid for such person's coverage.

**Nonparticipating.** The Group Policy is nonparticipating and does not share in the profits or surplus of the Company.

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**

A Nebraska Stock Company

Enrollment for Group Term Life

IF PD MODE SELECTED, COMPLETE THIS SECTION:				
Franchise Number	Employment Date MM YY	Cafeteria Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date MM DD YY	Presently Employed full time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mode: <input type="checkbox"/> BB <input type="checkbox"/> PD (Attach Authorization)	Payroll Deduction Frequency: 1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Bi-Weekly		3. <input type="checkbox"/> Semi-Monthly 4. <input type="checkbox"/> Monthly	

Branch	Agency	Agent Number	Client Number
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Proposed Insured	First	Middle	Last	Social Security No.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth	Age Last Birthday	Height ft. in.	Weight lbs.
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Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers Home: ( ) Work: ( ) Cell: ( )

Email @ \_\_\_\_\_ Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Plan	Amount Applied for	<input type="checkbox"/> ADB	Amount Applied for	Premium
<input type="checkbox"/> GE65	\$ _____	<input type="checkbox"/> PW	\$ _____	\$ _____

- |  |   |  |
|--|---|--|
|  | <b>Yes</b>  | <b>No</b>  |
| 1. Does the Proposed Insured have existing <b>Life Insurance or Annuities</b> other than Group or Credit Life Insurance with this or any other company? If "Yes," comply with the applicable Replacement Regulation. ....  | <input type="checkbox"/>                            | <input type="checkbox"/> 1.  |
| 2. Is the proposed insured currently confined to a hospital or a resident in a nursing home, or ever been diagnosed as having a terminal illness, including Alzheimer's disease? .....   | <input type="checkbox"/>                            | <input type="checkbox"/> 2.  |
| 3. Has the proposed insured ever been diagnosed as having an immune deficiency disorder, AIDS, the AIDS Related Complex (ARC) or test results indicating exposure to the AIDS virus? .....   | <input type="checkbox"/>                            | <input type="checkbox"/> 3.  |
| 4. During the past ten (10) years, has the proposed insured been diagnosed as having, received treatment for, or been advised to take tests to determine if he or she has melanoma, Hodgkin's disease, leukemia, malignant tumor, or cancer (other than skin or Carcinoma-In-Situ)?..... | <input type="checkbox"/>                            | <input type="checkbox"/> 4.  |
| 5. Has the proposed insured ever been diagnosed as having Down's Syndrome, mental retardation, mental or nervous disorders or any type of brain disease? .....   | <input type="checkbox"/>                            | <input type="checkbox"/> 5.  |
| 6. During the past three (3) years, has the proposed insured been treated for, taken medication for, or been diagnosed as having:  |   |  |
| A. Kidney failure, cirrhosis of the liver, sickle cell anemia, hemophilia, or diabetes requiring treatment with insulin? .....   | <input type="checkbox"/>                            | <input type="checkbox"/> 6A.   |
| B. Emphysema, chronic obstructive pulmonary disease (COPD), or chronic lung disease? .....   | <input type="checkbox"/>                            | <input type="checkbox"/> 6B.   |
| C. Systemic lupus, Parkinson's disease, seizure disorder, epilepsy or a degenerative disease of the muscles or nerves? .....   | <input type="checkbox"/>                            | <input type="checkbox"/> 6C.   |
| 7. During the past three (3) years has the proposed insured:   |   |  |
| A. Had a driver's license suspended or revoked because of a moving violation or for driving under the influence of alcohol or drugs or been convicted of driving while under the influence of alcohol or drugs? .....  | <input type="checkbox"/>                            | <input type="checkbox"/> 7A.   |
| B. Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption? .....  | <input type="checkbox"/>                            | <input type="checkbox"/> 7B.   |
| C. Used or received treatment or consultation for use of heroin, cocaine or other similar agent or narcotic drug?.....   | <input type="checkbox"/>                            | <input type="checkbox"/> 7C.   |
| 8. Is the proposed insured currently disabled due to accident or illness? OR Unable to perform the duties of his or her occupation due to accident or illness? .....   | <input type="checkbox"/>                            | <input type="checkbox"/> 8.  |
| 9. Has the proposed insured ever been diagnosed as having or been advised to take tests to determine if he or she has a disease or disorder of the heart, arteries or circulatory system including high blood pressure or stroke?.....   | <input type="checkbox"/>                            | <input type="checkbox"/> 9.  |
| <b>10. A recorded phone interview may be necessary as part of the underwriting of this application.</b>  |   |  |
| The most convenient time and place for the phone interview is:   |   |  |
| Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell   | Preferred Time: <input type="checkbox"/> 8AM - Noon | <input type="checkbox"/> 6PM - 9PM <input type="checkbox"/> Noon - 6PM |

**DECLARATION**

I hereby declare that the statements recorded above are true and complete to the best of my knowledge and belief. I understand that no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements. I understand and agree that the Company reserves the right, during the first year the policy is in force, to restrict beneficiaries to designations acceptable to the Company. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the proposed insured.

**IMPORTANT NOTICE:** 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.

_____	_____	_____	_____
Date	Application State	Print Applicant's (Employee's) Name	Employee's Social Security #
_____	_____	_____	_____
Employee's Date of Birth	Applicant's (Employee's) Signature	Relationship of Applicant to Proposed Insured	_____
AGE5AR			0911

AGENT'S STATEMENT

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Do you have any reason to believe that any response to the health questions (including height and weight) is not accurate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To the best of my knowledge and belief, the insurance applied for <input type="checkbox"/> is <input type="checkbox"/> is not intended to replace any insurance now in effect. Is the Proposed Insured covered under one or more existing life insurance policies or annuities in force, including policies under conditional receipt, with any insurance company? .....<br>(follow all applicable state requirements). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the application signed in your presence?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

Signed \_\_\_\_\_, Agent

AGE5AR

0911

HEIGHT AND WEIGHT CHART

Height in Feet-inches	Weight in Pounds						
4 - 8	174	5 - 3	220	5 - 10	272	6 - 5	329
4 - 9	180	5 - 4	227	5 - 11	280	6 - 6	337
4 - 10	187	5 - 5	234	6 - 0	288	6 - 7	346
4 - 11	193	5 - 6	242	6 - 1	296	6 - 8	355
5 - 0	200	5 - 7	249	6 - 2	304	6 - 9	364
5 - 1	206	5 - 8	256	6 - 3	312		
5 - 2	213	5 - 9	264	6 - 4	320		

## ACCIDENTAL DEATH BENEFIT RIDER

---

**Benefit.** We will pay the accidental death benefit shown in the schedule of benefits and premiums of the certificate when we receive due proof that the death of the insured: (1) resulted, directly and independently of all other causes, from an accidental bodily injury occurring after the effective date of the certificate and this rider; and (2) occurred within 90 days from the date of injury; and (3) occurred prior to the certificate anniversary following the insured's 65th birthday; and (4) occurred while the certificate and this rider were in force. This benefit is in addition to the amount otherwise provided by the certificate. Payment is subject to the terms of the certificate and this rider.

**Exclusions from Coverage.** The accidental death benefit shall not be payable if the death of the insured results directly or indirectly from any of the following: (1) suicide, or any attempt at suicide, whether sane or insane; (2) bodily or mental infirmity or disease of any kind, or medical or surgical treatment therefor; except when the accidental injury aggravates, renders active or sets in motion a latent or dormant disease or bodily infirmity leading to death; (3) committing or attempting to commit an assault or felony; (4) insurrection or war or any act of war, whether or not the insured is in military service, (the term "war" to include declared or undeclared war or any conflict between the armed forces of countries); (5) taking, inhaling, ingesting, injecting or being under the influence of any drug, chemical or narcotic (unless taken on and in accordance with the advice of a physician) or alcohol, or any combination of drug(s) and alcohol, ("being under the influence" to be defined according to the laws of the state in which death occurred); or (6) operating or riding in or on, or descending from, any kind of aircraft (including ultralight aircraft), if the insured is a pilot, officer or member of the crew of such

aircraft, or is giving or receiving any training or instruction or has any duties aboard or requiring descent from such aircraft.

**Termination of Rider.** This rider shall terminate on the earliest of: (1) its expiry date as shown in the schedule of benefits and premiums of the certificate; (2) when premiums for the certificate or this rider are not paid when due or before the end of the grace period; (3) when the certificate is continued in force under a reduced paid-up or extended term insurance option, if any; or (4) on any premium due date following your request in writing and such request is received at our Home Office.

We may require your certificate to record thereon the termination.

**General Provisions.** This rider is a part of your certificate. It is subject to the provisions and conditions contained therein. It is issued in consideration of the application of this rider, and the payment of the required premiums.

The effective date of this rider is the same as the effective date of the certificate unless otherwise shown in the schedule of benefits and premiums of the certificate.

We shall have the right and opportunity to examine the body of the insured and to have an autopsy performed.

The premium for this rider is shown in the schedule of benefits and premiums of the certificate.

This rider has no cash value.

If this rider is terminated due to nonpayment of premiums, it may be reinstated before the expiry date. To reinstate this rider, follow the procedures for reinstatement outlined in the certificate.

### LIBERTY NATIONAL LIFE INSURANCE COMPANY

  
Secretary

  
Chief Executive Officer

## PREMIUM WAIVER RIDER

**Benefit.** We will waive the payment of each premium falling due under the certificate and this rider during the continuance of the insured's total disability (as defined below) if the insured remains continuously and totally disabled for six months and if the insured's disability occurs: (1) while this rider is in force; (2) as a result of bodily injury sustained or disease originating after the effective date of this rider; and (3) after the certificate anniversary following the insured's fifth birthday and prior to the certificate anniversary following the insured's 60th birthday.

If such disability begins on or after the certificate anniversary following the insured's 60th birthday, premiums will be waived as they fall due while the disability continues until the certificate anniversary following the insured's 65th birthday. No premiums due more than twelve months before we receive written notice and due proof of disability will be waived.

**Definition of Total Disability.** Disability is total when it prevents the insured from engaging in any occupation or doing any work for compensation or profit for which the insured is or becomes reasonably fitted by education, training or experience.

Until the insured's 16th birthday, a disability which prevents the insured from attending school will be considered a total disability.

Disability is also total if the insured suffers total and permanent loss of: (1) the sight of both eyes; (2) the use of both hands or both feet; or (3) the use of one hand and one foot.

Loss of eyesight which may be corrected by corrective lens or generally accepted medical treatment is not considered the total and permanent loss of eyesight.

**Exclusions From Coverage.** Premiums shall not be waived if disability results from: (1) an intentionally self-inflicted injury; (2) any act of war, declared or undeclared; or (3) service for the military, naval, or air forces of any country at war, declared or undeclared.

**Proof of Disability.** We will require proof of the insured's total disability before premiums will be waived. Such proof may include examination at our expense by physicians selected by us.

We require proof of continued disability from time to time. After such disability has continued for two years, we will not require such proof more than once a year. We will not require proof of continued disability if such disability results from loss of limbs by severance.

Waiver of premiums will end and premiums will again be payable as due: (1) if due proof of total disability is not provided; (2) if the insured fails to submit to a physician's examination within thirty days after we request it; or (3) if the insured ceases to be totally disabled.

You must give us prompt notice of the insured's recovery from total disability.

**Notice of Claim.** No premium will be waived unless we receive written notice of claim: (1) during the lifetime and total disability of the insured; (2) not later than six months after the certificate anniversary following the insured's 65th birthday; and (3) if any premium is due and unpaid, not later than one year after the due date of the first unpaid premium.

If you can show that you gave notice as soon as reasonably possible, failure to give such notice within the required time will not invalidate a claim.

**Change of Premium Payments During Disability.** You may not change the time or mode of premium payments while the insured is totally disabled.

**Termination of Rider.** This rider shall terminate on the earliest of: (1) its expiry date as shown in the schedule of benefits and premiums of the certificate; (2) when any premiums for the certificate or for this rider are not paid when due or before the end of the grace period; (3) when the certificate is continued in force under a reduced paid-up or extended term insurance option, if any; or (4) on any premium due date following a request in writing and such request is received at our Home Office. We may require your certificate to record thereon the termination.

**General Provisions.** This rider is a part of your certificate. It is subject to the provisions and conditions contained therein. It is issued in consideration of the application for this rider and the payment of the required premiums.

The effective date of this rider is the same as the effective date of the certificate unless otherwise shown in the schedule of benefits and premiums of the certificate.

The premium for this rider is shown in the schedule of benefits and premiums of the certificate.

This rider has no cash value.

If this rider is terminated due to nonpayment of premiums, it may be reinstated before the expiry date. To reinstate this rider, follow the procedures for reinstatement outlined in the certificate.

LIBERTY NATIONAL LIFE INSURANCE COMPANY

*Savvy Hutchison*  
Secretary

*Anthony L. McWhorter*  
Chief Executive Officer

**LIBERTY NATIONAL LIFE INSURANCE COMPANY  
APPLICATION FOR GROUP TERM LIFE**

Administrative Office:

P.O. Box 2612  
Birmingham, Alabama 35202

- 1. a. **Group Policy Number:** LNGE0
- b. **Holder:** \_\_\_\_\_
- 2. **Group Effective Date:** Date of first premium deduction
- 3. **Eligible Person:** Current employees, retired employees, former employees  
and directors of the Holder, and their dependents

\_\_\_\_\_  
Authorized Signature for the Policy Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Branch

\_\_\_\_\_  
Agency

(Not required for  
5 digit branches  
or General Agents)

The signing of this application by the Policy Holder (employer) does not constitute an endorsement of Liberty National Life Insurance Company or the Group Term Life Insurance product.

SERFF Tracking Number: AMLC-127367874 State: Arkansas  
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 49606  
 Company Tracking Number: GE65 & GE65C  
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
 Product Name: Group Term Life Insurance  
 Project Name/Number: Group Term Life Insurance/GE65 & GE65C

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b> See Attached		
<b>Attachment:</b> AR Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> This application is being filed for approval and is also located in the Form Schedule.		
<b>Attachment:</b> AGE5AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> SOV Liberty GE65		
<b>Comments:</b> Attached for your information		
<b>Attachment:</b> SOV Liberty GE65.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Actuarial Memos: GE65, GE65C, GEAD & GEPW		
<b>Comments:</b> See Attached		
<b>Attachments:</b> ActMem - GEAD.pdf		

*SERFF Tracking Number:*      *AMLC-127367874*                      *State:*                      *Arkansas*  
*Filing Company:*              *Liberty National Life Insurance Company*      *State Tracking Number:*      *49606*  
*Company Tracking Number:*      *GE65 & GE65C*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium*

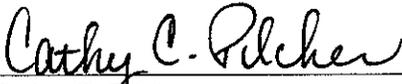
*Product Name:*              *Group Term Life Insurance*  
*Project Name/Number:*      *Group Term Life Insurance/GE65 & GE65C*

**ActMem - GEPW.pdf**  
**ActMem - GE65-GE65C.pdf**

STATE OF ARKANSAS  
READABILITY CERTIFICATION

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>SCORE</u>	<u>SCORED SEPARATELY</u>
GE65	Group Term Insurance Policy	50	X
GE65C	Group Term Life Insurance Certificate	51	X
GEAD	Group Term Accidental Death Rider	53	X
GEPW	Group Term Premium Waiver Rider	52	X
AGE5AR	Group Term Life Enrollment Form	50	X

This is to certify that the above listed forms have achieved the Flesch Ease Score indicated, and that to the best of my knowledge and belief comply with the requirements to **Ark. Stat. Ann. Sec. 66-3251** through **66.3258**, cited as the Life and Disability Insurance Policy Language Simplification Act.

  
\_\_\_\_\_  
Cathy C. Pilcher  
Second Vice President, Compliance  
Liberty National Life Insurance Company

8-22-11  
Date

**LIBERTY NATIONAL LIFE INSURANCE COMPANY**

A Nebraska Stock Company

Enrollment for Group Term Life

IF PD MODE SELECTED, COMPLETE THIS SECTION:				
Franchise Number	Employment Date MM YY	Cafeteria Plan <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Effective Date MM DD YY	Presently Employed full time? Yes <input type="checkbox"/> No <input type="checkbox"/>
Payroll Deduction Frequency:	1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Bi-Weekly		3. <input type="checkbox"/> Semi-Monthly 4. <input type="checkbox"/> Monthly	

Mode:  BB  PD (Attach Authorization)

Branch Agency Agent Number Client Number

Proposed Insured First Middle Last Social Security No. Sex  M  F Date of Birth / / Age Last Birthday Height ft. in. Weight lbs.

Mailing Address City State Zip

Telephone Numbers Home: ( ) Work: ( ) Cell: ( )

Email @ Beneficiary Relationship

Plan	Amount Applied for	<input type="checkbox"/> ADB	Amount Applied for	Premium
<input type="checkbox"/> GE65	\$	<input type="checkbox"/> PW	\$	\$

- |  |                          |                              |
|--|--------------------------|------------------------------|
|  | <b>Yes</b>               | <b>No</b>                    |
| 1. Does the Proposed Insured have existing <b>Life Insurance or Annuities</b> other than Group or Credit Life Insurance with this or any other company? If "Yes," comply with the applicable Replacement Regulation. ....  | <input type="checkbox"/> | <input type="checkbox"/> 1.  |
| 2. Is the proposed insured currently confined to a hospital or a resident in a nursing home, or ever been diagnosed as having a terminal illness, including Alzheimer's disease? .....   | <input type="checkbox"/> | <input type="checkbox"/> 2.  |
| 3. Has the proposed insured ever been diagnosed as having an immune deficiency disorder, AIDS, the AIDS Related Complex (ARC) or test results indicating exposure to the AIDS virus? .....   | <input type="checkbox"/> | <input type="checkbox"/> 3.  |
| 4. During the past ten (10) years, has the proposed insured been diagnosed as having, received treatment for, or been advised to take tests to determine if he or she has melanoma, Hodgkin's disease, leukemia, malignant tumor, or cancer (other than skin or Carcinoma-In-Situ)?..... | <input type="checkbox"/> | <input type="checkbox"/> 4.  |
| 5. Has the proposed insured ever been diagnosed as having Down's Syndrome, mental retardation, mental or nervous disorders or any type of brain disease? .....   | <input type="checkbox"/> | <input type="checkbox"/> 5.  |
| 6. During the past three (3) years, has the proposed insured been treated for, taken medication for, or been diagnosed as having:  |                          |                              |
| A. Kidney failure, cirrhosis of the liver, sickle cell anemia, hemophilia, or diabetes requiring treatment with insulin? .....   | <input type="checkbox"/> | <input type="checkbox"/> 6A. |
| B. Emphysema, chronic obstructive pulmonary disease (COPD), or chronic lung disease? .....   | <input type="checkbox"/> | <input type="checkbox"/> 6B. |
| C. Systemic lupus, Parkinson's disease, seizure disorder, epilepsy or a degenerative disease of the muscles or nerves? .....   | <input type="checkbox"/> | <input type="checkbox"/> 6C. |
| 7. During the past three (3) years has the proposed insured:   |                          |                              |
| A. Had a driver's license suspended or revoked because of a moving violation or for driving under the influence of alcohol or drugs or been convicted of driving while under the influence of alcohol or drugs? .....  | <input type="checkbox"/> | <input type="checkbox"/> 7A. |
| B. Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption? .....  | <input type="checkbox"/> | <input type="checkbox"/> 7B. |
| C. Used or received treatment or consultation for use of heroin, cocaine or other similar agent or narcotic drug?.....   | <input type="checkbox"/> | <input type="checkbox"/> 7C. |
| 8. Is the proposed insured currently disabled due to accident or illness? OR Unable to perform the duties of his or her occupation due to accident or illness? .....   | <input type="checkbox"/> | <input type="checkbox"/> 8.  |
| 9. Has the proposed insured ever been diagnosed as having or been advised to take tests to determine if he or she has a disease or disorder of the heart, arteries or circulatory system including high blood pressure or stroke?.....   | <input type="checkbox"/> | <input type="checkbox"/> 9.  |
| <b>10. A recorded phone interview may be necessary as part of the underwriting of this application.</b>  |                          |                              |
| The most convenient time and place for the phone interview is:   |                          |                              |
| Preferred Phone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell Preferred Time: <input type="checkbox"/> 8AM - Noon <input type="checkbox"/> 6PM - 9PM <input type="checkbox"/> Noon - 6PM  |                          |                              |

**DECLARATION**

I hereby declare that the statements recorded above are true and complete to the best of my knowledge and belief. I understand that no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements. I understand and agree that the Company reserves the right, during the first year the policy is in force, to restrict beneficiaries to designations acceptable to the Company. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the proposed insured.

**IMPORTANT NOTICE:** 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.

_____	_____	_____	_____
Date	Application State	Print Applicant's (Employee's) Name	Employee's Social Security #
_____	_____	_____	_____
Employee's Date of Birth	Applicant's (Employee's) Signature	Relationship of Applicant to Proposed Insured	9911

AGENT'S STATEMENT

- |  |                          |                          |
|--|--------------------------|--------------------------|
|  | Yes                      | No                       |
| 1. Do you have any reason to believe that any response to the health questions (including height and weight) is not accurate? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To the best of my knowledge and belief, the insurance applied for <input type="checkbox"/> is <input type="checkbox"/> is not intended to replace any insurance now in effect. Is the Proposed Insured covered under one or more existing life insurance policies or annuities in force, including policies under conditional receipt, with any insurance company? .....<br>(follow all applicable state requirements). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the application signed in your presence? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Signed \_\_\_\_\_, Agent

AGE5AR

0911

HEIGHT AND WEIGHT CHART

Height in Feet-inches	Weight in Pounds						
4 - 8	174	5 - 3	220	5 - 10	272	6 - 5	329
4 - 9	180	5 - 4	227	5 - 11	280	6 - 6	337
4 - 10	187	5 - 5	234	6 - 0	288	6 - 7	346
4 - 11	193	5 - 6	242	6 - 1	296	6 - 8	355
5 - 0	200	5 - 7	249	6 - 2	304	6 - 9	364
5 - 1	206	5 - 8	256	6 - 3	312		
5 - 2	213	5 - 9	264	6 - 4	320		

# Statement of Variability

## Liberty National Forms GE65 and GE65C

(Employer Group Term Paid Up at Age 65)

Available Values for bracketed/variable sections of this form:

### GE65 - Page 1

Group Policy Number

Alpha-numerical policy number for the group

Holder

The legal entity of the group

Group Effective Date

The date an eligible member of the group may begin coverage

### GE65C - Page 1 - Schedule of Benefits and Premiums

Group Policy Number

Alpha-numerical policy number for the group

Holder

The legal entity of the group

Certificate Effective Date

The date coverage begins for the insured. This date must be on or after the Group Effective Date.

Certificate Holder

The person who completes the enrollment form applying for insurance coverage on an insured.

Insured

Insured's name as stated on the enrollment form

Certificate Number

Alpha-numerical policy number for the certificate

Issue Age

Age of the insured at the time the enrollment form is signed (0-55)

Branch/Agency

Alpha-numerical identification of agent's branch number

Description of Benefits

List of all coverages (base & riders) selected on the enrollment form

Amount of Insurance

Amount of Coverage for each coverage selected on the enrollment form (\$1,000 - \$1,000,000)

Expiry Date

The date each coverage selected on the enrollment form expires

The Base Life Insurance (GE65) expires at attained age 100.

The ADB Rider (GEAD) and Premium Waiver Rider (GEPW) expire at attained age 65.

Annual Premium

The annual amount of premium required for each coverage.

Premiums Payable

The number of years from the certificate effective date until premiums are no longer required.

The Base Life Insurance (GE65), the ADB Rider (GEAD), and Premium Waiver Rider (GEPW) have premiums payable until attained age 65.

Alternative Premiums

The amount of premium required for all coverages if paid more frequently than annual.

Semi-Annual

Quarterly

Monthly

Monthly Bank Budget

Payroll Deduction

Weekly

Weekly (48 Weeks)

Bi-Weekly

Semi-Monthly

Monthly

10 Month (20 Deductions Annually)