

SERFF Tracking Number: LHLI-127365455 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
Company Tracking Number: GTGDBCDM11-AR CP
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Group Term Graded Death Benefit Life Insurance
Project Name/Number: /

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Group Term Graded Death Benefit Life Insurance SERFF Tr Num: LHLI-127365455 State: Arkansas

TOI: L04G Group Life - Term SERFF Status: Closed-Approved- Closed State Tr Num: 49542

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: GTGDBCDM11-AR CP State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally

Roudebush, Rodney Hartwig

Date Submitted: 08/12/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This filing was submitted to Illinois, our domicile state on August 10, 2011 via SERFF. It has not been certified nor approved as of today's date.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Discretionary

Overall Rate Impact:

Filing Status Changed: 08/19/2011

State Status Changed: 08/19/2011

Deemer Date:

Created By: Cathy Patterson

Submitted By: Cathy Patterson

Corresponding Filing Tracking Number:

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Group Term Graded Death Benefit Life Insurance
 Project Name/Number: /

Filing Description:
 please see cover letter

Company and Contact

Filing Contact Information

Cathy Patterson, cathy.patterson@londen-insurance.com
 4343 E Camelback Rd 800-433-8181 [Phone]
 Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois
 4343 East Camelback Road Group Code: Company Type: Life and Health
 Phoenix, AZ 85018 Group Name: State ID Number:
 (800) 433-8181 ext. [Phone] FEIN Number: 04-2314290

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: 2 Forms X \$50.00 = \$50.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$100.00	08/12/2011	50587498

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Group Term Graded Death Benefit Life Insurance
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/19/2011	08/19/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/17/2011	08/17/2011	Cathy Patterson	08/18/2011	08/18/2011

SERFF Tracking Number: LHLI-127365455 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
Company Tracking Number: GTGDBCDM11-AR CP
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Group Term Graded Death Benefit Life Insurance
Project Name/Number: /

Disposition

Disposition Date: 08/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life

Product Name: Group Term Graded Death Benefit Life Insurance

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Actuarial Memorandum		No
Form (revised)	Group 10 Year GDB Level Term Life Insurance Certificate with ADB		Yes
Form	Group 10 Year GDB Level Term Life Insurance Certificate with ADB	Replaced	Yes
Form (revised)	Enrollment Form Group Term Life Insurance with ADB		Yes
Form	Enrollment Form Group Term Life Insurance with ADB	Replaced	Yes

SERFF Tracking Number: LHLI-127365455 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
Company Tracking Number: GTGDBCDM11-AR CP
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Group Term Graded Death Benefit Life Insurance
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/17/2011
Submitted Date 08/17/2011
Respond By Date 09/19/2011

Dear Cathy Patterson,

This will acknowledge receipt of the captioned filing.

Objection 1

- Enrollment Form Group Term Life Insurance with ADB, GTDMENR11-AR (Form)

Comment: Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The enrollment form is in violation of Guideline One of this bulletin. "Reduced benefits in early years are reduced benefits and must be prominently identified as such in policies and sales material." The enrollment form will need to prominently identify reduced benefits when applying for graded death benefit certificates of coverage.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Group Term Graded Death Benefit Life Insurance
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 08/18/2011
 Submitted Date 08/18/2011

Dear Linda Bird,

Comments:

Thank you for your recent correspondence concerning this filing. We respond as follows:

Response 1

Comments: We have revised the attached application to include the language you requested.

Related Objection 1

Applies To:

- Enrollment Form Group Term Life Insurance with ADB, GTDMENR11-AR (Form)

Comment:

Life Policies with reduced death benefits in early policy years are subject to Bulletin 8-85. The enrollment form is in violation of Guideline One of this bulletin. "Reduced benefits in early years are reduced benefits and must be prominently identified as such in policies and sales material." The enrollment form will need to prominently identify reduced benefits when applying for graded death benefit certificates of coverage.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Group 10 Year GDB Level Term Life Insurance Certificate with ADB	GTGDDBC DM11-AR		Certificate	Initial		41.000	GTGDDBC DM11-AR.pdf

Previous Version

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life

Product Name: Group Term Graded Death Benefit Life Insurance

Project Name/Number: /

Group 10 Year GDB Level Term Life Insurance Certificate with ADB	GTGDBC DM11-AR	Certificate	Initial	41.000	GTGDBC DM11- AR.pdf
Enrollment Form Group Term Life Insurance with ADB	GTD MEN R11-AR	Application/Enrollment Form	Initial	41.000	GTD MEN R11- AR.pdf,GT DMENR11 -AR.pdf

Previous Version

Enrollment Form Group Term Life Insurance with ADB	GTD MEN R11-AR	Application/Enrollment Form	Initial	41.000	GTD MEN R11- AR.pdf
--	-------------------	--------------------------------	---------	--------	---------------------------

No Rate/Rule Schedule items changed.

Thank you for your time and consideration in this matter. We look forward to a quick review of this filing.

Sincerely,

Cathy Patterson, Rodney Hartwig, Sally Roudebush, Shirley Grossman, Wanda McNeece

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Group Term Graded Death Benefit Life Insurance
 Project Name/Number: /

Form Schedule

Lead Form Number: GTGDBCDM11-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GTGDBCD M11-AR	Certificate	Group 10 Year GDB Level Term Life Insurance Certificate with ADB	Initial		41.000	GTGDBCDM11-AR.pdf
	GTD MENR 11-AR	Application/ Enrollment Form	Enrollment Group Term Life Insurance with ADB	Initial		41.000	GTD MENR11-AR.pdf GTD MENR11-AR.pdf

Lincoln Heritage Life Insurance Company
An Illinois Stock Company

Principal Office
4343 East Camelback Road
Phoenix, AZ 85018
Toll Free: 877-451-9341

Administrative Office
7930 Century Boulevard
Chanhassen, MN 55317-8001
Toll Free: 877-451-9341

READ YOUR CERTIFICATE CAREFULLY – This is a legal contract between You and Lincoln Heritage Life Insurance Company. This Certificate is issued to You in consideration of the Enrollment Form and payment of premiums. We will pay the Death Benefit, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while this Certificate was in force. Our payments are subject to the terms of this Certificate. A copy of the Enrollment Form is attached to and made a part of this Certificate.

RIGHT TO CANCEL – You may cancel this Certificate by delivering, mailing or faxing written notice to Our Administrative Office and by returning this Certificate or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Certificate. Written notice and return of this Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Certificate from its date of issue and return all payments made to You within ten days after We receive notice of cancellation and the returned Certificate.



Secretary



President

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
LIMITED DEATH BENEFIT DURING THE FIRST TWO CERTIFICATE YEARS
NON-PARTICIPATING
NON-RENEWABLE**

CERTIFICATE CONTENTS

	Pages
Read Your Certificate Carefully.....	1
Right to Cancel.....	1
Certificate Contents.....	2
Certificate Schedule Page.....	3
Definitions.....	4
General Provisions.....	5
Payment of Premiums.....	6
Grace Period.....	6
Reinstatement.....	6
Death Benefits.....	7
Accidental Death Benefits.....	7
Continuation of Coverage.....	8
Death Pending Conversion.....	9
Enrollment Form - Attached	

DEFINITIONS

In this Certificate:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the insured. Accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means Age of the Insured on last birthday.

“Certificate Date” means the effective date of coverage under this Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the individual insured under this Certificate of Coverage. The Certificateholder controls all rights and benefits under this Certificate.

“Enrollment Form” means the form used to apply for this Certificate of coverage as completed by You.

“Exclusion” means a risk We do not assume and is not covered by this Certificate.

“Insured” means the person on whose life coverage is based. The Insured is also the Certificateholder.

“Lapse” is the termination of this Certificate of Coverage due to nonpayment of premium.

“Reinstatement” means restoring coverage after this Certificate of Coverage has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the individual insured under this Certificate of Coverage. The Certificateholder is shown on the Certificate Schedule Page.

GENERAL PROVISIONS

ENTIRE CONTRACT – The entire Contract consists of:

1. this Certificate, attached riders, if any; and
2. the attached Enrollment Form.

A statement in the Enrollment form or in negotiation for coverage made by or in behalf of the insured We consider as a representation and not a warranty. Misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recover under this Certificate unless fraudulent or material either to the acceptance of the risk or to the hazard assumed by Us. No statement made relating to Your insurability shall be used in any contest unless it is contained in the Enrollment Form and a copy has been furnished to You, the Beneficiary or a personal representative.

INSURABILITY – We reserve the right to require You to provide evidence of insurability satisfactory to Us as a condition to part or all of Your coverage under this Certificate. The need for evidence of insurability will be based upon Your answers to all medical questions on the Enrollment form. This evidence can include but will not be limited to a request for Your medical records.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Certificate will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waiver any provision of this Certificate.

CONTROL – You may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary. Any change must be requested by You in writing. Such change will be effective as of the date of the request but is subject to any payment made or action taken by Us before We endorse the Certificate.

ASSIGNMENT – You may assign this Certificate. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

INCONTESTABILITY – After this Certificate has been in force for two years or longer during Your lifetime We cannot contest any claim unless premiums were not paid. This two year period starts on the Certificate Date.

If this Certificate is reinstated (explained in the reinstatement section), any claim may be contested for the same period following reinstatement, based on the answers given in the reinstatement application. The same conditions and exceptions, with respect to contestability, will apply after reinstatement as applied after original issuance.

CHANGE OF BENEFICIARY – The Beneficiary or Beneficiaries are named in the Enrollment Form. If You have reserved the right to change the Beneficiary, You may change the Beneficiary by filing a written request with Us. If You have not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required before a change can be made. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

Only Beneficiaries who survive the Insured will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured, We will pay the proceeds of this Certificate to Your estate.

MISSTATEMENT OF AGE OR SEX – If Your age or sex has been misstated on the enrollment form, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued this Certificate, Our liability shall be limited to the return of all the premiums that were paid.

STATEMENT OF CONFLICT – This Certificate describes in detail the provisions outlined in the Master Policy. If there is a conflict between this Certificate and the Master Policy, the provisions of this Certificate will prevail. If any of the provisions of the Master Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the certificate Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUM – To keep this Certificate in force each premium must be paid in advance. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown on the Schedule page. You may change the mode of payment for any Certificate on any certificate anniversary by giving written notice to Us. A change in the mode of payment will be subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

GRACE PERIOD – A period of 31 days, without interest, will be allowed for the payment of any premium, after the first, during which period this Certificate shall be continued in force. If death should occur during this grace period, the unpaid premium will be deducted from any amount payable under this Certificate. If a premium is not paid before the end of the grace period, this Certificate will Lapse. We will send a notice to You and to any Assignee of record fifteen (15) days prior to lapse. This notice will include the amount of premium due to continue this Certificate in force.

REINSTATEMENT – This Certificate may be reinstated within five (5) years from the date of premium default. We will require:

1. Your written request to reinstate this Certificate; and
2. evidence of insurability satisfactory to Us; and
3. payment of all overdue premiums with interest compounded at the rate of 6% per year;

Our determination of Your continued insurability and the payment of all overdue premiums with interest must occur during Your lifetime.

DEATH BENEFIT

If death of the Insured occurs before the first Certificate anniversary, We will pay an amount equal to 30% of the death benefit, less any debt. If the death of the Insured occurs between the first and second Certificate anniversary, We will pay an amount equal to 70% of the death benefit, less any debt. If death of the Insured occurs at any date after the second Certificate anniversary We will pay an amount equal to the death benefit set forth in the Certificate schedule, less any debt.

We will pay the Death Benefit to the Beneficiary when We receive due proof that the death of the insured occurred while this Certificate was in force. The proceeds payable under this Certificate shall include premiums paid for any period beyond the end of the Certificate month in which the death occurred, unless the refund of premiums is due some other person pursuant to contract provisions. If payment of the proceeds exceeds thirty (30) days from the date of proof of death was furnished, We shall pay interest upon the proceeds, or refunds of premium, at the rate of eight percent (8%) per year.

Payment will be made to the Beneficiary listed on the enrollment form unless We have been notified of a change of Beneficiary. We will pay the death benefit in one lump sum.

ACCIDENTAL DEATH BENEFIT

We agree to pay the benefit amount shown on the Schedule Page to the Beneficiary when We receive due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Certificate was in force. The proof of accidental death must show that death is not a direct result and not caused by any one or more of the **Accidental Death Exclusions** outlined in this Certificate. We will pay the accidental death benefit in one lump sum and in addition to any other amounts payable.

ACCIDENTAL DEATH EXCLUSIONS – These are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled
 - 1. except: when taken as prescribed by a physician;
 - 2. except the accidental ingestion of a poisonous food substance;
 - 3. except while conducting one's duties during the course of employment in the case of gas or fumes.
- (c) Bodily or mental infirmity, illness, or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – If the death of the Insured occurs within ninety (90) days from the date of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public motor bus is being driven or operated, by a licensed driver for public hire and is traveling on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, and the death is within ninety (90) days from the date of the accident; We will pay an amount equal to two times the Accidental Death Benefit.

CONTINUATION OF COVERAGE

If coverage under this Certificate should terminate due to:

1. termination of membership in the classes eligible for coverage or
2. amendment of the group policy so as to terminate any class eligible for coverage or
3. termination of the group policy;

a notice will be sent to You prior to the termination of coverage. You may be eligible to have an individual life insurance policy issued to You. Nothing contained in this provision shall be construed to continue any insurance beyond the period provided.

If coverage under this Certificate ceases because of termination of membership in the class or classes eligible for coverage, You shall be entitled to have issued to You, without evidence of insurability, an individual policy of life insurance without disability or other supplementary benefits. Application for the individual policy shall be made and the first premium paid to Us within thirty-one (31) days after such termination.

Provided further that:

1. The new Policy shall be, at Your option, on a form of insurance then customarily issued by Us, at the age and in the amount for which it was applied.
2. The new Policy shall be in an amount not in excess of the amount of life insurance being terminated, less the amount of life insurance for which You become eligible under the same or any other group policy within thirty-one (31) days after such termination.
3. Any amount of insurance which shall have matured on or before the date of termination as an endowment payable to You, whether in one sum or in installments or in the form of an annuity, shall not be included in the amount of coverage which is considered to be ceasing because of termination;
4. The premium for the new Policy shall be at Our customary rate applicable to the form and amount of coverage, to the class of risk to which You then belong and to the age attained on the effective date of the new Policy.

In addition to these conditions and limitations, if coverage under this Certificate ceases because of termination of the group policy or amendment of the group policy so as to terminate any class eligible for coverage the following will apply:

5. You have been covered under the group Policy for five (5) years prior to the termination date
6. The amount of coverage shall not exceed the smaller of the amount of Your terminating coverage, less the amount of coverage for which You become eligible under any Group Policy issued or reinstated by Us or another Insurer within thirty-one (31) days after termination or ten thousand (\$10,000.00) dollars.

DEATH PENDING CONVERSION – If death occurs during this conversion period and before the individual policy becomes effective; the benefit amount payable under the new policy shall be payable as a claim under the group policy. Such benefit is payable whether or not application for the new policy and the payment of the first premium have been made.

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
GRADED DEATH BENEFIT DURING THE FIRST TWO CERTIFICATE YEARS
NON-PARTICIPATING
NON-RENEWABLE**

Enrollment Form for Ten-Year Term Life Insurance

Lincoln Heritage Life Insurance Company
[7930 Century Boulevard, Chanhassen, MN 55317]

Benefits based on: [XX] year old [Gender]

YOU MUST complete the following:

Please correct any inaccurate information below.

[000000000000 00000000]

[May B. Doe]

[123 Anystreet, 3E]

[Yorton, SM 12345-6789]

Birth Date: _____ Male: ___ Female: ___

Telephone: (_____) _____

[Email: (optional) _____]

[First year] [\$XX,XXX.XX] death due to common carrier accident; [\$XX,XXX.XX] death due to auto accident;

Cash benefit amounts: [\$XX,XXX.XX] death due to accident; [\$XX,XXX.XX] death due to natural causes

Name your beneficiary (optional): _____ Relationship: _____

If no person is named here, the beneficiary will be: (1) your surviving spouse; otherwise, (2) your surviving children in equal shares; otherwise, (3) as provided in the insurance certificate.

Health questions:

- 1. In the past five years, have you been diagnosed or treated by a physician or taken medication for heart disease (including congestive heart failure or heart surgery), cancer, lung disease (other than asthma), stroke, kidney disease, liver disease, AIDS, or tested positive for HIV? Yes No
- 2. Are you taking insulin injections for diabetes, or are you using oxygen to assist in breathing, confined to a hospital or nursing home, bedridden, confined to a wheelchair, or currently disabled due to illness? Yes No
- 3. In the past five years, have you received medical treatment for alcohol or drug addiction, or been convicted of a DUI or DWI? Yes No

Benefits listed above may vary based on confirmation of your birth date and gender.

If you answer "Yes" to any question above, you will be issued a certificate with a graded death benefit.

I agree that: The information above is true and complete to the best of my knowledge. This enrollment form will be the basis for and part of the certificate. No insurance will take effect unless a certificate is issued and the first premium is paid while I am alive and my health remains as stated above.

Is the insurance applied for intended to replace, discontinue or change any existing insurance or annuity? _____

Please enroll me for the term life coverage and charge the monthly premium to my [Company/Bank] [type] account. I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as described in this offer. I also understand I will have 30 days in which to cancel the plan, for any reason, for a complete refund credited to my account.

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.

X Sign your name: _____ Today's Date ____/____/____
Certificate Holder Mo. Day Yr.

GTDMENR11-AR

[XXXXXXXXXXXXX]

Enrollment Form for Ten-Year Term Life Insurance
Lincoln Heritage Life Insurance Company
[7930 Century Boulevard, Chanhassen, MN 55317]

Benefits based on: [XX] year old [Gender]

YOU MUST complete the following:

Please correct any inaccurate information below.

[000000000000 00000000]
[May B. Doe]
[123 Anystreet, 3E]
[Yorton, SM 12345-6789]

Birth Date: _____ Male: ___ Female: ___

Telephone: (_____) _____

[Email: (optional) _____]

[First year] **Cash benefit amounts:** [\$XX,XXX.XX] death due to common carrier accident; [\$XX,XXX.XX] death due to auto accident; [\$XX,XXX.XX] death due to accident; [\$XX,XXX.XX] death due to natural causes

Name your beneficiary (optional): _____ Relationship: _____

If no person is named here, the beneficiary will be: (1) your surviving spouse; otherwise, (2) your surviving children in equal shares; otherwise, (3) as provided in the insurance certificate.

Health questions:

- 1. In the past five years, have you been diagnosed or treated by a physician or taken medication for heart disease (including congestive heart failure or heart surgery), cancer, lung disease (other than asthma), stroke, kidney disease, liver disease, AIDS, or tested positive for HIV? Yes No
- 2. Are you taking insulin injections for diabetes, or are you using oxygen to assist in breathing, confined to a hospital or nursing home, bedridden, confined to a wheelchair, or currently disabled due to illness? Yes No
- 3. In the past five years, have you received medical treatment for alcohol or drug addiction, or been convicted of a DUI or DWI? Yes No

Benefits listed above may vary based on confirmation of your birth date and gender.

If you answer "Yes" to any question above, you will be issued a certificate with a graded death benefit. The graded death benefit is: 30% during the first year, 70% during the second year, and full death benefit thereafter.

I agree that: The information above is true and complete to the best of my knowledge. This enrollment form will be the basis for and part of the certificate. No insurance will take effect unless a certificate is issued and the first premium is paid while I am alive and my health remains as stated above.

Is the insurance applied for intended to replace, discontinue or change any existing insurance or annuity? _____

Please enroll me for the term life coverage and charge the monthly premium to my [Company/Bank] [type] account. I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as described in this offer. I also understand I will have 30 days in which to cancel the plan, for any reason, for a complete refund credited to my account.

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.

X Sign your name: _____ Today's Date ____/____/____
Certificate Holder Mo. Day Yr.

GTDMENR11-AR

[XXXXXXXXXXXXX]

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: Group Term Graded Death Benefit Life Insurance
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Flesch score certification and consent to submit rates attached. Attachments: CERT OF FLESCHE.pdf ARKANSAS CONSENT TO SUBMIT RATES.pdf</p>		
<p>Satisfied - Item: Application Comments: GTDMENR11-AR is attached to the forms tab.</p>		
<p>Satisfied - Item: Cover Letter Comments: cover letter attached. Attachment: Cover Letter AR.pdf</p>		
<p>Satisfied - Item: Actuarial Memorandum Comments: Actuarial Memorandum attached Attachment: Graded Death Benefit Actuarial Memorandum.pdf</p>		

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 41 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

GTGDBCDM11-AR – Group Term Graded Death Benefit Life Insurance Certificate
GTDMENR11-AR – Enrollment Form for Group Term Life Insurance Certificate

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Cathy Patterson, Senior Compliance Associate

August 11, 2011

CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL

The Lincoln Heritage Life Insurance Company of Springfield, Illinois, does hereby consent and agree:

- A) That all premium rates and/or cost bases both maximum and current or projected used in relation to forms numbered GTD<C10-AR, GDTMP10, and GTDMENR10-AR must be filed with the Insurance Commissioner for the State of Arkansas at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

OR

- B) That where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a change of rates it will stay within and will notify the Department at least sixty (60) days prior to any changes in the range of rates. The company must also document the method used to calculate its premiums and range of rates.

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Cathy Patterson, Senior Compliance Associate

Date: August 11, 2011



Lincoln Heritage
LIFE INSURANCE COMPANY

August 11, 2011

Arkansas Insurance Department
Life Policy Review Section
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927

Form: GTGDBCDM11-AR – Group Term Graded Death Benefit Life Insurance Certificate
GTMENR11-AR – Enrollment Form for Group Term Life Insurance Certificate
\$100.00 Filing Fee
Consent to Submit Rates
Actuarial Memorandum
State of Domicile: Illinois, submitted via SERFF on April 10, 2011

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. We will market these products to individuals who are group members residing in your state. This certificate will have separate rates for males and females. These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form GTGDBCDM11-AR is a limited pay term graded death benefit life insurance certificate with added accidental death benefits that will be issued to group members. Level premiums are paid by the Certificateholder for 10 years. This certificate will be issued to individuals who do not qualify for our standard term life certificate, GTDMC10-AR, which was approved by your state on April 20, 2010, under SERFF filing LHLI-126587152.

Form GTDMP10-AR is the master policy with added accidental death benefits that will be issued to financial institutions. Form GTDMP10-AR was approved by your state on April 20, 2010 under SERFF filing LHLI-126587152.

Form GTDMENR11-AR is the enrollment form that will be completed by group members when applying for the standard certificate. This form will be used to issue both the standard and graded death benefit certificates of coverage.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at cathy.patterson@londen-insurance.com.

Sincerely,

Cathy Patterson
Senior Compliance Associate
Lincoln Heritage Life Insurance Company

Our Business is You

4343 East Camelback Road
Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Toll Free (800) 433-8181
Direct (602) 957-1650
Fax (602) 840-9726

SERFF Tracking Number: LHLI-127365455 State: Arkansas
 Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 49542
 Company Tracking Number: GTGDBCDM11-AR CP
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Group Term Graded Death Benefit Life Insurance
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/11/2011	Form	Group 10 Year GDB Level Term Life Insurance Certificate with ADB	08/18/2011	GTGDBCDM11-AR.pdf (Superseded)
08/11/2011	Form	Enrollment Form Group Term Life Insurance with ADB	08/18/2011	GTDMENR11-AR.pdf

Lincoln Heritage Life Insurance Company
An Illinois Stock Company

Principal Office
4343 East Camelback Road
Phoenix, AZ 85018
Toll Free: 877-451-9341

Administrative Office
7930 Century Boulevard
Chanhassen, MN 55317-8001
Toll Free: 877-451-9341

READ YOUR CERTIFICATE CAREFULLY – This is a legal contract between You and Lincoln Heritage Life Insurance Company. This Certificate is issued to You in consideration of the Enrollment Form and payment of premiums. We will pay the Death Benefit, less any premium due, to the Beneficiary upon receipt of due proof that the Insured's death occurred while this Certificate was in force. Our payments are subject to the terms of this Certificate. A copy of the Enrollment Form is attached to and made a part of this Certificate.

RIGHT TO CANCEL – You may cancel this Certificate by delivering, mailing or faxing written notice to Our Administrative Office and by returning this Certificate or contract to Us before midnight of the thirtieth (30th) day after the date You receive the Certificate. Written notice and return of this Certificate by mail are effective on being postmarked, properly addressed and postage prepaid. We will void this Certificate from its date of issue and return all payments made to You within ten days after We receive notice of cancellation and the returned Certificate.



Secretary



President

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
LIMITED DEATH BENEFIT DURING THE FIRST TWO CERTIFICATE YEARS
NON-PARTICIPATING
NON-RENEWABLE**

CERTIFICATE CONTENTS

	Pages
Read Your Certificate Carefully.....	1
Right to Cancel.....	1
Certificate Contents.....	2
Certificate Schedule Page.....	3
Definitions.....	4
General Provisions.....	5
Payment of Premiums.....	6
Grace Period.....	6
Reinstatement.....	6
Death Benefits.....	7
Accidental Death Benefits.....	7
Continuation of Coverage.....	8
Death Pending Conversion.....	9
Enrollment Form - Attached	

DEFINITIONS

In this Certificate:

“Accidental Death” means death which results from accidental bodily injury as a direct result of a covered accident sustained by the insured. accidental death must be independent of disease, bodily infirmity or any other non-accidental cause.

“Age” means Age of the Insured on last birthday.

“Certificate Date” means the effective date of coverage under this Certificate and the date from which Certificate anniversaries and premium due dates are determined.

“Certificateholder” means the individual insured under this Certificate of Coverage. The Certificateholder controls all rights and benefits under this Certificate.

“Enrollment Form” means the form used to apply for this Certificate of coverage as completed by You.

“Exclusion” means a risk We do not assume and is not covered by this Certificate.

“Insured” means the person on whose life coverage is based. The Insured is also the Certificateholder.

“Lapse” is the termination of this Certificate of Coverage due to nonpayment of premium.

“Reinstatement” means restoring coverage after this Certificate of Coverage has lapsed.

“We,” “Us,” and “Our,” mean Lincoln Heritage Life Insurance Company.

“You” and “Your” mean the individual insured under this Certificate of Coverage. The Certificateholder is shown on the Certificate Schedule Page.

GENERAL PROVISIONS

ENTIRE CONTRACT – The entire Contract consists of:

1. this Certificate, attached riders, if any; and
2. the attached Enrollment Form.

A statement in the Enrollment form or in negotiation for coverage made by or in behalf of the insured We consider as a representation and not a warranty. Misrepresentations, omissions, concealment of facts and incorrect statements shall not prevent a recover under this Certificate unless fraudulent or material either to the acceptance of the risk or to the hazard assumed by Us. No statement made relating to Your insurability shall be used in any contest unless it is contained in the Enrollment Form and a copy has been furnished to You, the Beneficiary or a personal representative.

INSURABILITY – We reserve the right to require You to provide evidence of insurability satisfactory to Us as a condition to part or all of Your coverage under this Certificate. The need for evidence of insurability will be based upon Your answers to all medical questions on the Enrollment form. This evidence can include but will not be limited to a request for Your medical records.

MODIFICATION OF CONTRACT – No change or waiver of any of the terms and provisions of this Certificate will be valid unless made in writing by Us and signed by an Officer of Our Company. No producer or other person has the authority to change or waiver any provision of this Certificate.

CONTROL – You may exercise all rights set out in this contract without the consent of any but an Irrevocable Beneficiary. Any change must be requested by You in writing. Such change will be effective as of the date of the request but is subject to any payment made or action taken by Us before We endorse the Certificate.

ASSIGNMENT – You may assign this Certificate. The assignment must be in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. The rights of an Assignee may limit Your rights and the rights of the Beneficiary. We are not charged with notice of an assignment unless We acknowledge in writing Our receipt of such assignment.

INCONTESTABILITY – After this Certificate has been in force for two years or longer during Your lifetime We cannot contest any claim unless premiums were not paid. This two year period starts on the Certificate Date.

If this Certificate is reinstated (explained in the reinstatement section), any claim may be contested for the same period following reinstatement, based on the answers given in the reinstatement application. The same conditions and exceptions, with respect to contestability, will apply after reinstatement as applied after original issuance.

CHANGE OF BENEFICIARY – The Beneficiary or Beneficiaries are named in the Enrollment Form. If You have reserved the right to change the Beneficiary, You may change the Beneficiary by filing a written request with Us. If You have not reserved the right to change the Beneficiary, the written consent of the Irrevocable Beneficiary or Assignee will be required before a change can be made. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

Only Beneficiaries who survive the Insured will be eligible to share in the Death Benefit. If no Beneficiary survives the Insured, We will pay the proceeds of this Certificate to Your estate.

MISSTATEMENT OF AGE OR SEX – If Your age or sex has been misstated on the enrollment form, any amount payable will be that which the premiums paid would have purchased based upon the correct age or sex. In the event that the age is misstated and We would not have originally issued this Certificate, Our liability shall be limited to the return of all the premiums that were paid.

STATEMENT OF CONFLICT – This Certificate describes in detail the provisions outlined in the Master Policy. If there is a conflict between this Certificate and the Master Policy, the provisions of this Certificate will prevail. If any of the provisions of the Master Policy do not follow the laws of the state where the enrollment form was signed, those provisions will be treated in accordance with those laws.

SUICIDE – If the Insured, whether sane or insane, dies by suicide within two years from the certificate Date, Our liability will be limited to an amount equal to the premiums paid for this Certificate.

PREMIUMS AND REINSTATEMENT

PAYMENT OF PREMIUM – To keep this Certificate in force each premium must be paid in advance. The first premium is due as of the Certificate issue date. Subsequent premiums are payable before the end of the grace period. The premium amount and interval of payment are shown on the Schedule page. You may change the mode of payment for any Certificate on any certificate anniversary by giving written notice to Us. A change in the mode of payment will be subject to Our minimum premium requirements. Any premiums paid beyond the Certificate month of the date of death will be returned as part of the Death Benefit.

GRACE PERIOD – A period of 31 days, without interest, will be allowed for the payment of any premium, after the first, during which period this Certificate shall be continued in force. If death should occur during this grace period, the unpaid premium will be deducted from any amount payable under this Certificate. If a premium is not paid before the end of the grace period, this Certificate will Lapse. We will send a notice to You and to any Assignee of record fifteen (15) days prior to lapse. This notice will include the amount of premium due to continue this Certificate in force.

REINSTATEMENT – This Certificate may be reinstated within five (5) years from the date of premium default. We will require:

1. Your written request to reinstate this Certificate; and
2. evidence of insurability satisfactory to Us; and
3. payment of all overdue premiums with interest compounded at the rate of 6% per year;

Our determination of Your continued insurability and the payment of all overdue premiums with interest must occur during Your lifetime.

DEATH BENEFIT

If death of the Insured occurs before the first Certificate anniversary, We will pay an amount equal to 30% of the ultimate face amount, less any debt. If the death of the Insured occurs between the first and second Certificate anniversary, We will pay an amount equal to 70% of the ultimate face amount, less any debt. If death of the Insured occurs at any date after the second Certificate anniversary We will pay an amount equal to the face amount set forth in the Certificate schedule, less any debt.

We will pay the Death Benefit to the Beneficiary when We receive due proof that the death of the insured occurred while this Certificate was in force. The proceeds payable under this Certificate shall include premiums paid for any period beyond the end of the Certificate month in which the death occurred, unless the refund of premiums is due some other person pursuant to contract provisions. If payment of the proceeds exceeds thirty (30) days from the date of proof of death was furnished, We shall pay interest upon the proceeds, or refunds of premium, at the rate of eight percent (8%) per year.

Payment will be made to the Beneficiary listed on the enrollment form unless We have been notified of a change of Beneficiary. We will pay the death benefit in one lump sum.

ACCIDENTAL DEATH BENEFIT

We agree to pay the benefit amount shown on the Schedule Page to the Beneficiary when We receive due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Certificate was in force. The proof of accidental death must show that death is not a direct result and not caused by any one or more of the **Accidental Death Exclusions** outlined in this Certificate. We will pay the accidental death benefit in one lump sum and in addition to any other amounts payable.

ACCIDENTAL DEATH EXCLUSIONS – These are risks We do not assume.

- (a) Intentional self-inflicted injury, while sane or insane
- (b) Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled
 - 1. except: when taken as prescribed by a physician;
 - 2. except the accidental ingestion of a poisonous food substance;
 - 3. except while conducting one's duties during the course of employment in the case of gas or fumes.
- (c) Bodily or mental infirmity, illness, or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury
- (d) Medical or surgical treatment, except when required as the result of an accident.
- (e) Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- (f) Committing or attempting to commit an assault or felony.
- (g) Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – If the death of the Insured occurs within ninety (90) days from the date of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental Death Benefit.

AIRPLANES: While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS: While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES: While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public motor bus is being driven or operated, by a licensed driver for public hire and is traveling on a regular schedule between definitely established terminals.

BOATS, SHIPS: While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS: While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, and the death is within ninety (90) days from the date of the accident; We will pay an amount equal to two times the Accidental Death Benefit.

CONTINUATION OF COVERAGE

If coverage under this Certificate should terminate due to:

1. termination of membership in the classes eligible for coverage or
2. amendment of the group policy so as to terminate any class eligible for coverage or
3. termination of the group policy;

a notice will be sent to You prior to the termination of coverage. You may be eligible to have an individual life insurance policy issued to You. Nothing contained in this provision shall be construed to continue any insurance beyond the period provided.

If coverage under this Certificate ceases because of termination of membership in the class or classes eligible for coverage, You shall be entitled to have issued to You, without evidence of insurability, an individual policy of life insurance without disability or other supplementary benefits. Application for the individual policy shall be made and the first premium paid to Us within thirty-one (31) days after such termination.

Provided further that:

1. The new Policy shall be, at Your option, on a form of insurance then customarily issued by Us, at the age and in the amount for which it was applied.
2. The new Policy shall be in an amount not in excess of the amount of life insurance being terminated, less the amount of life insurance for which You become eligible under the same or any other group policy within thirty-one (31) days after such termination.
3. Any amount of insurance which shall have matured on or before the date of termination as an endowment payable to You, whether in one sum or in installments or in the form of an annuity, shall not be included in the amount of coverage which is considered to be ceasing because of termination;
4. The premium for the new Policy shall be at Our customary rate applicable to the form and amount of coverage, to the class of risk to which You then belong and to the age attained on the effective date of the new Policy.

In addition to these conditions and limitations, if coverage under this Certificate ceases because of termination of the group policy or amendment of the group policy so as to terminate any class eligible for coverage the following will apply:

5. You have been covered under the group Policy for five (5) years prior to the termination date
6. The amount of coverage shall not exceed the smaller of the amount of Your terminating coverage, less the amount of coverage for which You become eligible under any Group Policy issued or reinstated by Us or another Insurer within thirty-one (31) days after termination or ten thousand (\$10,000.00) dollars.

DEATH PENDING CONVERSION – If death occurs during this conversion period and before the individual policy becomes effective; the benefit amount payable under the new policy shall be payable as a claim under the group policy. Such benefit is payable whether or not application for the new policy and the payment of the first premium have been made.

**TEN-YEAR LEVEL TERM GROUP LIFE INSURANCE CERTIFICATE
WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS PAYABLE FOR TEN YEARS
GRADED DEATH BENEFIT DURING THE FIRST TWO CERTIFICATE YEARS
NON-PARTICIPATING
NON-RENEWABLE**