

SERFF Tracking Number: MCHX-G127352058 State: Arkansas  
 Filing Company: Harleysville Life Insurance Company State Tracking Number: 49469  
 Company Tracking Number: IPUL 7 (ED 06-11)  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha  
 Project Name/Number: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company /IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company

## Filing at a Glance

Company: Harleysville Life Insurance Company

Product Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha

SERFF Tr Num: MCHX-G127352058

State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life

SERFF Status: Closed-Approved-Closed

State Tr Num: 49469

Sub-TOI: L09I.001 Single Life

Co Tr Num: IPUL 7 (ED 06-11)

State Status: Approved-Closed

Filing Type: Form

Author: SPI McHughConsulting

Reviewer(s): Linda Bird

Date Submitted: 08/04/2011

Disposition Date: 08/10/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company

Status of Filing in Domicile: Pending

Project Number: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/10/2011

State Status Changed: 08/10/2011

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

Filing Description:

HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC # 64327, FEIN # 23-1580983

Individual Universal Life Filing

Form IPUL 7 (AR) (ED 06-11), Flexible Premium Adjustable Universal Life Insurance Policy

SERFF Tracking Number: MCHX-G127352058 State: Arkansas  
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Policy - Harleysville Life Insurance Company

Form IPUL 7 (ED 06-11), Policy Schedule Pages  
Form IRUL-019 (ED 06-11), Cost of Living Rider  
Form IRUL-020 (ED 06-11), Children's Level Term Insurance Benefit Rider  
Form IRUL-021 (AR) (ED 06-11), Accelerated Death Benefit Rider  
Form IRUL-022 (ED 06-11), Waiver of Monthly Deductions Rider  
Form IRUL-023 (ED 06-11), Accidental Death Benefit Rider  
Form IRUL-024 (ED 06-11), Preferred Loan Rider  
Form IRUL-025 (ED 06-11), Total Disability Premium Payment Rider  
Form IRUL-026 (ED 06-11), Scheduled Increase Option Rider  
Form IRUL-027 (ED 06-11), Aviation Exclusion Rider  
Actuarial Memoranda

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the attached forms on behalf of Harleysville Life Insurance Company. We respectfully attach an authorization letter for your files.

We are attaching the above-captioned filing for your review and approval for Harleysville Life Insurance Company. These forms are new and are not intended to replace any existing forms currently on file with your Department. The forms are being submitted in final printed form in which they will be distributed to Insureds. This is Flexible Premium Adjustable Universal Life Insurance Policy. Flexible premiums are payable during the lifetime of the insured until the maturity date. The death benefit is adjustable. The policy contains a no-lapse guarantee which provides continued coverage when the policy value is insufficient to cover the monthly deductions.

This is an illustrated product. It will be marketed through Harleysville's current distribution system of independent agents.

This policy is sex-distinct and Harleysville Life Insurance Company certifies that this policy will not be issued in any employer-employee plans that are subject to the Norris decision and/or Title VII of the Civil Rights Act of 1964.

Harleysville uses aggregate mortality tables at ages 16 and below. Smoker/Non Smoker tables are not used until age 17. Also, all juveniles are issued into the Standard Nonsmoking class.

Form IA-006 (Ed. 08-10) is the Application that will be used in applying for this product. This application was approved by your Department on October 26, 2010 under SERFF Tracking Number MCHX-G126868655.

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Policy - Harleysville Life Insurance Company

The Cost of Living Rider is an optional benefit available at no cost. The Specified Amount for the Insured will increase automatically. Increases will be based upon increases in the Consumer Price Index for all Urban Consumers (CPI).

The Children's Level Term Insurance Benefit Rider, if purchased, will provide level term insurance on the life of each child of the insured covered by the policy.

The Accelerated Death Benefit Rider is an automatic benefit which provides for an advanced payment of a portion of the death benefit, if requested, to an insured that becomes terminally ill. There is no cost for this rider; however, a fee may be charged for administrative expenses associated with processing this benefit. We have attached the Accelerated Death Benefit Disclosure Statement, Form IM-037 (ED 06-11) as supporting documentation. This Disclosure will be provided at the time of the application and when an Accelerated Death Benefit claim has been requested.

The Waiver of Monthly Deductions Rider, if purchased, will waive the monthly deductions during a period of total disability of the insured.

The Accidental Death Benefit Rider, if purchased, provides for payment of benefits upon the death of the insured due to accidental bodily injury as described in this Rider.

The Preferred Loan Rider is an automatic benefit which allows the insured to request a preferred loan at any time after the 6th policy anniversary. There is no cost for this rider.

The Total Disability Premium Payment Rider, if purchased, provides for a credit to the policy of a monthly total disability premium payment on each monthly date when the insured is totally disabled.

The Scheduled Increase Option Rider, if purchased, provides for the increase of the specified amount for the insured by the option amount as shown in the policy schedule, on each increase option date while the rider is in force.

The Aviation Exclusion Rider provides for payment of a limited benefit should the insured's death result from one of the aviation circumstances outlined in the rider. There is no cost for this rider.

Attached are the Statement of Variability, any required Certifications, Checklists and/or fees for this filing.

We trust the attached is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

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 Policy - Harleysville Life Insurance Company

Very truly yours,

Linda Boyce  
 Consultant

Attachments

## Company and Contact

### Filing Contact Information

Ashley Schute, mcr@mchughconsulting.com  
 2005 South Easton Road 215-230-7960 [Phone]  
 Suite 207 215-230-7961 [FAX]  
 Doylestown, PA 18901

### Filing Company Information

(This filing was made by a third party - McHughConsulting)

Harleysville Life Insurance Company	CoCode: 64327	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type: Life
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 393-6118 ext. [Phone]	FEIN Number: 23-1580983	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$550.00
Retaliatory?	No
Fee Explanation:	11 forms at \$50 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Life Insurance Company	\$550.00	08/04/2011	50364500

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 Policy - Harleysville Life Insurance Company

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/10/2011	08/10/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Act Memo - Cost of Living Rider	SPI McHughConsulting	08/04/2011	08/04/2011
Supporting Document	Act Memo - Chidrens Benefit Rider	SPI McHughConsulting	08/04/2011	08/04/2011
Supporting Document	Act Memo - Accelerated Death Benefit Rider	SPI McHughConsulting	08/04/2011	08/04/2011

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## Disposition

Disposition Date: 08/10/2011

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	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Consumer Information Notice		Yes
Supporting Document	Guaranty Association Notice		Yes
Supporting Document	Accelerated Death Benefit Disclosure		Yes
Supporting Document	Actuarial Memo- IPUL 7 Policy		No
Supporting Document	Act Memo - Preferred Loan Rider		No
Supporting Document	Act Memo - Aviation Exclusion Rider		No
Supporting Document	Act Memo - Waiver of Monthly Deductions Rider, Rate Sheet - Waiver of Monthly Deductions Rider		No
Supporting Document	Act Memo - Accidental Death Benefit Rider, Rate Sheet - Accidental Death Benefit Rider		No
Supporting Document	Act Memo - Total Disability Premium Payment Rider, Rate Sheet - Total Disability Premium Payment Rider		No
Supporting Document	Act Memo - Scheduled Increase Option Rider, Rate Sheet - Scheduled Increase Option Rider		No
Supporting Document	Actuarial Memo Appendices		No
Supporting Document	Act Memo - Cost of Living Rider		No
Supporting Document	Act Memo - Chidrens Benefit Rider		No
Supporting Document	Act Memo - Accelerated Death Benefit Rider		No
Form	Flexible Premium Adjustable Universal Life Insurance Policy		Yes
Form	Policy Schedule Pages		Yes
Form	Cost of Living Rider		Yes
Form	Children's Level Term Insurance Benefit		Yes

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	Rider	
<b>Form</b>	Accelerated Death Benefit Rider	Yes
<b>Form</b>	Waiver of Monthly Deductions Rider	Yes
<b>Form</b>	Accidental Death Benefit Rider	Yes
<b>Form</b>	Preferred Loan Rider	Yes
<b>Form</b>	Total Disability Premium Payment Rider	Yes
<b>Form</b>	Scheduled Increase Option Rider	Yes
<b>Form</b>	Aviation Exclusion Rider	Yes

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## Amendment Letter

Submitted Date: 08/04/2011

### Comments:

Dear Reviewer:

A post-submission review of this filing showed we had not attached the actuarial memos for some of the riders. They are attached here.

I apologize for any inconvenience.

Jackie Tootchen  
McHugh Consulting Resources

### Changed Items:

#### Supporting Document Schedule Item Changes:

#### User Added -Name: Act Memo - Cost of Living Rider

Comment:

Act Memo for IRUL-019 COLA - updated 7\_21\_11.PDF

#### User Added -Name: Act Memo - Chidrens Benefit Rider

Comment:

Act Memo for IRUL-020 CBR Rider 07\_01\_11.PDF

#### User Added -Name: Act Memo - Accelerated Death Benefit Rider

Comment:

Act Memo for IRUL-021 Accel DB Rider 07\_01\_11.PDF

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## Form Schedule

### Lead Form Number: IPUL 7 (AR) (ED 06-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IPUL 7 (AR) (ED 06-11)	Policy/Cont	Flexible Premium ract/Fratern Adjustable Universal Life Insurance Policy Certificate	Initial		58.000	IPUL 7 (AR) (ED 06-11) UL-7- Policy-7_21_11 Clean.PDF
	IPUL 7 (ED 06-11)	Schedule Pages	Policy Schedule Pages	Initial		100.000	IPUL 7 (ED 06-11) Page 3's CLEAN2-7_21_11.PDF
	IRUL-019 (ED 06-11)	Policy/Cont	Cost of Living Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		64.000	IRUL-019 (ED 06-11) COLA Rider CLEAN 7_21_11.PDF
	IRUL-020 (ED 06-11)	Policy/Cont	Children's Level ract/Fratern Term Insurance al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56.000	IRUL-020 (ED 06-11) Child Term Benefit Rider - CLEAN - BR.PDF
	IRUL-021 (AR) (ED	Policy/Cont	Accelerated Death ract/Fratern Benefit Rider	Initial		45.000	IRUL-021 (AR) (ED 06-

<i>SERFF Tracking Number:</i>	<i>MCHX-G127352058</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Harleysville Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49469</i>
<i>Company Tracking Number:</i>	<i>IPUL 7 (ED 06-11)</i>		
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<i>Product Name:</i>	<i>IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha</i>		
<i>Project Name/Number:</i>	<i>IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company /IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company</i>		

06-11)	al			11) Accel DB Rider - CLEAN - BRKTD 07_14_11.PD F
IRUL-022 (ED 06-11)	Policy/Cont Waiver of Monthly ract/Fratern Deductions Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	44.000	IRUL-022 (ED 06-11) WMD Rider CLEAN 7_22_11 SEC.PDF
IRUL-023 (ED 06-11)	Policy/Cont Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.000	IRUL-023 (ED 06-11) ADB Rider CLEAN 7_21_11.PDF
IRUL-024 (ED 06-11)	Policy/Cont Preferred Loan Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	58.000	IRUL-024 (ED 06-11) PrefLoan Rider BRKTD 06_22_11.PD F
IRUL-025 (ED 06-11)	Policy/Cont Total Disability ract/Fratern Premium Payment	Initial	47.000	IRUL-025 (ED 06-11) Tot Dis

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IRUL-027 Policy/Cont Aviation Exclusion Initial 60.000 IRUL-027 (ED  
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**Harleysville Life Insurance Company  
Harleysville, Pennsylvania**

[355 Maple Avenue – Harleysville, PA 19438-2297  
Tel 800.222.1981 – www.harleysvillelife.com]

**Thank you for choosing Harleysville Life Insurance Company.  
For Inquiries, Information and Resolution of Complaints, please call: [1-800-222-1981]**

**HARLEYSVILLE LIFE INSURANCE COMPANY (referred to in this Policy as We, Us or Our)** will pay the Death Benefit proceeds to the Beneficiary if the Insured dies prior to the Maturity Date and while this Policy is in force. Payment will be made after We receive proof of the Insured’s death. All payments are governed by the provisions of this Policy.

We will pay the Net Cash Value of this Policy, if any, to the Owner on the Maturity Date if the Insured is living on that date.

**TWENTY DAY RIGHT TO EXAMINE POLICY**

Please examine Your Policy. Within twenty days after delivery, You can return it to Us, or to the representative from whom it was purchased, or to any other agent of Our company, with a Written Request for a full refund of premium, including any fees or charges. Upon such request, this Policy will be void from the Date of Issue and the parties shall be in the same position as if no Policy had been issued. If this is a replacement of an existing Policy or Contract, Your right to examine this Policy is extended from twenty days to thirty days, or any longer period as may be required by applicable law of the state where the Policy is delivered or issued for delivery.

We issue this Policy in consideration of the attached application and the payment of the first premium. The first premium must be paid on or before delivery of the Policy.

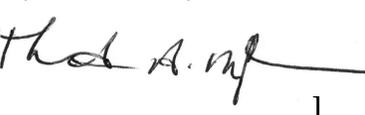
Your Policy is nonparticipating therefore, We will not pay dividends on Your Policy from Our surplus or profits. Any adjustments in the Cost of Insurance Charge or interest rates are determined and redetermined prospectively only. We will not recoup prior losses by means of such adjustment.

All provisions included in this and the following pages are part of the Policy.

We have signed this Policy at the Home Office, Harleysville, Pennsylvania on the Date of Issue.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY**

Death Benefit payable at death prior to the Maturity Date.

Adjustable Death Benefit.

Flexible premium payable during the lifetime of the Insured until Maturity Date.

The benefits, values, periods of coverage and premiums are on an indeterminate basis and the initial interest rate is guaranteed only for a limited period of time.

The Policy Schedule, Premiums, and the Premium Class are shown starting on page 3.

NONPARTICIPATING (No Dividends Payable)

**READ YOUR POLICY CAREFULLY**

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This Policy includes any Endorsements or additional Benefit Riders.  
This is a legal Contract between You and Us.

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## DEFINITIONS

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The following are key words used in this Policy. They are important in describing both Your rights and Ours. Other key words are defined throughout this Policy. When used in this Policy, key words are capitalized. As You read Your Policy, refer back to these definitions.

**AGE** - The Insured's Age at the Insured's last birthday.

**CERTIFICATE OF POLICY ENDORSEMENT** - An endorsement issued by Us to You which reflects any changes to Policy benefits and may result in a revised Policy Schedule.

**DATE OF ISSUE** - The date the Policy is issued. We will use this date to determine the start of the suicide and incontestability periods.

**EFFECTIVE DATE OF SCHEDULE** - The effective date of coverage.

**INSURED** - The person whose life is insured under this Policy as shown on the Policy Schedule.

**MATURITY DATE** - The Maturity Date is shown on the Policy Schedule. On the Maturity Date, this Policy will be terminated and You will receive the Net Cash Value, if any.

**MONTHLY DATE** - The same day of each month as the Policy Anniversary.

**NOTICE TO US** - Information We have received at Our Home Office which is written, signed by You, and is acceptable to Us.

**POLICY** - The Policy consists of this document, including all applicable endorsements and the application. It establishes the terms, provisions and conditions of insurance coverage.

**POLICY ANNIVERSARY** - The same date each year as the Date of Issue of this Policy.

**POLICY INDEBTEDNESS** - The total amount of any unpaid Policy Loans plus unpaid Loan Interest.

**POLICY SCHEDULE** - The specifications for Your Policy and can be found starting on page 3.

**PROOF** - Evidence satisfactory to Us for insurability or for other matters which require proof.

**SPECIFIED AMOUNT** - The amount shown in the Policy Schedule and is the amount upon which Death Benefits are calculated. The Minimum Specified Amount is also shown in the Policy Schedule.

**WE, OUR, US** - Harleysville Life Insurance Company.

**WRITTEN REQUEST** - A request in writing in a form acceptable to Us signed by You.

**YOU, YOUR** - The Owner of this Policy. The Owner may or may not be the Insured. The Owner is shown in the application, unless later changed.

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## GENERAL PROVISIONS

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**THE CONTRACT** - This is Your Policy. The entire Contract consists of: this Policy; any attached riders, endorsements or amendments; the application; and any supplemental applications. All statements contained in the application shall, in the absence of fraud, be deemed representations and not warranties. Any applications for modifications to this Policy, which are based on additional evidence of insurability, shall be attached to this Policy in order to become part of the Contract.

Only Our President, Vice President or Our Secretary may modify this Policy, waive any of its conditions or make an agreement for Us.

**OWNERSHIP** - This Policy belongs to You. Unless You provide otherwise by Written Request, You exercise all rights and privileges in Your Policy while the Insured is living. If You are not the Insured and You die, Your estate will be the Owner.

You may change the Owner by Written Request. You must make this change while the Insured is alive. The change is not valid until We approve Your request in writing, at which time the change will take effect on the date the request was signed by You, unless You specify otherwise in Your Written Request. The change is subject to:

1. The rights of any assignee of which We have been notified.
2. Any payment made or other action taken by Us prior to receipt of Your request.

Ownership of this Policy may not be transferred to a third party for consideration if it is in violation of applicable laws and regulations.

**BENEFICIARY** - The Beneficiary is named in the application, unless a later change is shown in Our records. We will pay the Proceeds to the Beneficiary. If You have not named a Beneficiary or the Beneficiary is not alive, You or Your estate will be the Beneficiary.

You may change the Beneficiary by Written Request. You must make this change while the Insured is alive. The change is not valid until We approve Your request in writing, at which time the change in Beneficiary shall take effect on the date the notice of change is signed by You, unless You specify otherwise in Your Written Request. The change is subject to any payments made or actions taken by Us prior to receipt of this notice.

**INCONTESTABILITY** – Except as noted below, We will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Date of Issue or Reinstatement.

At all times while the Policy is in force, We may contest the Policy in the event of the following:

1. Non-payment of premium; or
2. Fraud in the procurement of this Policy, when permitted by applicable law in the state where this Policy was delivered or issued for delivery; or
3. At the option of Us, provisions related to benefits in the event of total and permanent disability and provisions related to accidental death benefit coverage.

If there is an increase in the death benefit, including a change in death benefit option, that is subject to evidence of insurability, We will not contest the Policy as to that increase after it has been in force during the lifetime of the Insured for two years from the effective date of the increase.

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## GENERAL PROVISIONS (CONTINUED)

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**SUICIDE** - If the Insured commits suicide, while sane or insane, within two years from the Date of Issue, We will limit Our payment to the premiums paid prior to death, less any Policy Indebtedness and less any Partial Surrenders. If the Insured commits suicide, while sane or insane, within two years from the effective date of any increase in benefit, including a change in death benefit option, that is subject to evidence of insurability, We will limit Our payment on any increase in benefit to the Cost of Insurance Charges for such increase.

**MISSTATEMENT OF AGE OR GENDER** - Age in this Policy means the Age of the Insured on the Insured's last birthday. If there is an error in the Age or Gender of the Insured, the Death Benefit shall be adjusted to the amount which would have been purchased at the correct Age or Gender in consideration of the most recent Cost of Insurance Charge. We shall not make any retrospective recalculations to the Cash Value or Surrender Value. We may adjust future Monthly Deductions to reflect the corrected Age or Gender.

**ASSIGNMENT** - You may assign Your Policy while the Insured is alive. We will not be bound by the assignment until the signed, written original form has been filed at Our home office. The Assignment shall take effect on the date the notice of Assignment is signed by You, unless You specify otherwise in Your Written Request. It will be subject to any payment made or other action taken by Us before Our receipt of Your request. When it is filed, it will affect Your rights and the rights of any Beneficiary. We are not responsible for the validity of any assignment.

**NONPARTICIPATION** - We do not pay dividends on Your Policy from Our surplus or profits.

**TERMINATION** - The Policy will terminate and all insurance will stop:

1. on the date You request it by Notice To Us; or
2. when the Insured dies; or
3. when the Policy matures; or
4. when a Policy Loan plus Loan Interest exceeds the Surrender Value in accordance with the Loan Repayment provision; or
5. when the Policy lapses.

A lapse occurs when a needed premium or Loan Repayment is not paid by the end of the Grace Period.

**REINSTATEMENT** - You may put this Policy back in force by Notice To Us if:

1. The Policy lapsed; and
2. The Policy was not surrendered for the Surrender Value; and
3. The Insured gives Us proof of insurability; and
4. The application for Reinstatement is received within three years of the termination date.

The effective date of the Reinstatement will be the Monthly Date on or immediately following the date the application for Reinstatement is approved by Us. The amount of premium needed to reinstate the Policy is the minimum of:

1. the premium necessary to reinstate the NLG, if applicable; or
2. payment sufficient to cover the Monthly Deductions due during the Grace Period plus sufficient premium to maintain the Policy in force for three months. You must pay or reinstate any Policy Indebtedness.

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## GENERAL PROVISIONS (CONTINUED)

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The Cash Value at the time of reinstatement will equal 1 plus 2 plus 3 minus 4, where:

1. is the Cash Value at the time of lapse;
2. is the premiums received at reinstatement, net of the Premium Expense Charge;
3. is any Policy Indebtedness repaid or reinstated;
4. is the Monthly Deduction for the month to follow.

The No-Lapse Guarantee provision may be reinstated in accordance with the NLG Reinstatement provision. Surrender Charges will continue as if the Policy did not terminate. We may contest the reinstated Policy during the lifetime of the Insured for two years from the effective date of the Reinstatement based on answers on the application for Reinstatement.

**CONFORMITY WITH LAWS** - This Policy is subject to the laws of the state where You resided when the application was signed. If part of this Policy does not follow that law, it will be treated as if it does.

**POLICY SETTLEMENTS** - We will make all payments under Your Policy, less any Policy Indebtedness, at Our home office in Harleysville, Pennsylvania 19438.

**ANNUAL REPORT** - We will send You a report, without charge, once each year, no later than four months after the end of the current report period, containing at least the following information:

1. The beginning and end dates of the current report period; and
2. The Cash Value, if any, at the beginning and end of the current report period; and
3. The amounts that have been credited or debited to the Cash Value during the current report period; and
4. The current death benefit at the end of the current report period; and
5. The Net Cash Value, if any, at the end of the current report period; and
6. The amount of any outstanding Policy Loans, if any, at the end of the current report period; and
7. A notice if the Net Cash Value accumulated with guaranteed interest, mortality, expense loads and continued scheduled premium payments will not maintain insurance in force until the end of the next reporting period.

**PROJECTION REPORT** - We will provide a projection of illustrative future Death Benefits and Cash Values, without charge, once each year upon Written Request by You. Any additional requested reports after the first report per year may require payment of a service fee. The fee payable, if any, will be shown on the Policy Schedule. The illustration will be based on assumptions as to Specified Amounts, type of coverage, options and future premium payments as may be specified by You, and such other assumptions as are necessary and specified by Us and/or You.

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## DEATH BENEFIT PROVISION

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**DEATH BENEFIT** - Upon the Insured's death, We will pay the Death Benefit proceeds to the Beneficiary, subject to the provisions of this Policy as long as:

1. this Policy is in force; and
2. We receive Proof of Death of the Insured.

We will include any applicable interest from the date of death to the payment date. The Death Benefit proceeds paid shall be at least equal to the Death Benefit of the Policy and any riders that are payable, less any Policy Indebtedness and overdue monthly deductions as described in the Grace Period provision.

Applicable interest is determined as follows:

1. Interest shall accrue and be payable from the date of death.
2. The rate shall be the greater of:
  - a. the rate or rates applicable to the Policy for funds left on deposit or, if We have not established a rate for funds left on deposit, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining the effective annual rate or rates, We shall use the rate in effect on the date of death; or
  - b. the rate required by state law.

Proof of Death includes, but is not limited to, a fully completed Beneficiary claim form, a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information, and the return of the Schedule of Benefits and Premiums page or a completed Request for Duplicate Policy form.

Payment will be issued in a timely fashion and in accordance with the Beneficiary designations of record or the provisions of this Policy.

**MINIMUM DEATH BENEFIT** - The Minimum Death Benefit is determined by multiplying the Cash Value by the appropriate factor as stated in the table of Death Benefit Factors found in the Policy Schedule.

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## DEATH BENEFIT PROVISION (CONTINUED)

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**DEATH BENEFIT OPTIONS** - The Death Benefit is determined by the Death Benefit Option in effect at the time of the Insured's death. The available Death Benefit Options are as follows:

Death Benefit Option 1 - The Death Benefit equals the greater of:

1. The Specified Amount, less the amount of any Partial Surrenders;
2. The sum of the Cash Value and \$10,000;
3. The Minimum Death Benefit.

Death Benefit Option 2 - The Death Benefit equals the greater of:

1. The sum of the Specified Amount and the Cash Value;
2. The Minimum Death Benefit.

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## POLICY CHANGE PROVISION

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**POLICY CHANGES** – A change in any of the following items will cause a change in the Policy Schedule which will be reflected in a Certificate of Policy Endorsement provided at the time of change:

1. Specified Amount
2. Death Benefit Option
3. Risk Class

**CHANGES IN SPECIFIED AMOUNT** - By Notice to Us and subject to Our approval, the Specified Amount may be increased or decreased after Your Policy has been in effect for one year. We reserve the right to limit or refuse changes in the Specified Amount. Any changes to the Specified Amount will be effective on the Monthly Date following the date of approval of such change. We will send You a new Policy Schedule which reflects the new Specified Amount and, for increases to the Specified Amount, the new Surrender Charges by duration and Monthly Expense Charges applicable to the increase. Any change is subject to the following conditions:

1. Increase in the Specified Amount - Increases in the Specified Amount are subject to evidence of insurability satisfactory to Us. The Surrender Charge will be increased by an amount based on the Specified Amount increase. An increase will result in new Cost of Insurance Rates and a new Monthly Expense Charge. An increase is also subject to the sufficiency of the Surrender Value to cover Monthly Deductions to the next Policy Anniversary.
2. Decrease in the Specified Amount – Decreases in the Specified Amount will apply first against the most recent increase, then against the next most recent increases successively, and finally, against the Specified Amount at the Date of Issue. Any decrease must be such that the Specified Amount will not be less than the Minimum Specified Amount shown in the Policy Schedule or less than an amount that would cause this Policy to fail to qualify as life insurance under applicable tax laws. There will be no reduction in Surrender Charges or Monthly Expense Charges.

**CHANGES IN DEATH BENEFIT OPTION** - By Notice to Us, You may change the Death Benefit Option after Your Policy has been in effect for one year. Any changes to the Death Benefit Option will be effective on the Monthly Date following the date of approval of such change. We will not approve a change in Death Benefit Option if it reduces the Specified Amount below the Minimum Specified Amount as shown in the Policy Schedule. Any change is subject to the following conditions:

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## **POLICY CHANGE PROVISION (CONTINUED)**

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1. If You request a change from Death Benefit Option 1 to Death Benefit Option 2, the Specified Amount will decrease by the amount of the Cash Value. You may submit a Written Request to Us if You would like the Specified Amount to remain the same, however, any increase in Net Amount at Risk to Us requires Our acceptance of Your insurability.
2. If You request a change from Death Benefit Option 2 to Death Benefit Option 1, the Specified Amount will be increased to include the Cash Value. You may submit a Written Request to Us if you would like the Specified Amount to remain the same.

**CHANGES IN RISK CLASS** – By Notice to Us and subject to Our approval, You may request a change in risk class. Any change in risk class will be effective on the Monthly Date following the date of approval of such change.

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## **PREMIUM PROVISION**

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**PREMIUMS** - The Initial Premium is the amount paid on or before delivery of this Policy. You may make other premium payments at any time prior to the Maturity Date subject to the following:

1. A Percent of Premium Expense Charge as shown on the Schedule Page will be applied to each premium payment.
2. We may limit the amount of any premium that would cause this Policy to fail to qualify as life insurance under applicable tax laws. We will refund any premium beyond the amount that would disqualify the Policy as a life insurance contract. However, We will accept an amount necessary to keep the Policy in force.
3. For Death Benefit Option 2, We may require evidence of insurability prior to accepting a premium payment if, due to the payment of such premium, the difference between the Death Benefit and the Cash Value would be increased.
4. Unless You provide otherwise by Written Request, any payment We receive will be used as a premium payment.

**PLANNED PERIODIC PREMIUM** - The Planned Periodic Premium amount and frequency are shown on the Policy Schedule. We will send to the Payor indicated on the application Planned Periodic Premium reminder notices. If the mode of premium payment is pre-authorized check, or any other automatic payment, no reminder notice will be sent. You may make unscheduled premium payments.

**NO-LAPSE GUARANTEE** - This Policy will not enter the Grace Period during the No-Lapse Guarantee Period, shown on the Policy Schedule, if the NLG Test, as defined in the No-Lapse Guarantee provisions, is satisfied.

**CONTINUATION OF INSURANCE** - After the No-Lapse Guarantee Period or if the NLG is no longer in force, if premium payments are not continued, insurance coverage under this Policy and any benefits provided by rider will be continued until the Net Cash Value is insufficient to cover the Monthly Deduction as provided in the Grace Period provision. This provision will not continue the Policy beyond the Maturity Date nor continue any rider beyond the date of its termination, as provided in the rider.

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## PREMIUM PROVISION (CONTINUED)

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**GRACE PERIOD** – A Grace Period of 60 days will be given for the payment of the required premium to keep the Policy in force if:

1. On a Monthly Date during the first five Policy years, the Policy has not satisfied the Minimum Premium portion of the NLG Test and the Net Cash Value is less than the Monthly Deduction for the Policy month to follow; or
2. On a Monthly Date on or after the fifth Policy anniversary, the NLGA minus any Policy Indebtedness is less than zero and the Net Cash Value is less than the Monthly Deduction for the Policy month to follow.

The Policy will remain in force during the Grace Period. Any payments sent by U.S. mail shall be postmarked within the Grace Period. At least 30 days prior to Termination of coverage, We will send a written notice to You at the last known address We have for You and to any assignee on record. If the needed premium is not received by Us at the end of the applicable Grace Period, all insurance is terminated without Surrender Value. The amount required to avoid lapse is the amount necessary to satisfy the No-Lapse Guarantee Test, if applicable, or the amount necessary to keep the Policy in force to the next Monthly Date, whichever is less. If the Insured dies during the Grace Period, the Death Benefit payable will be reduced by any overdue Monthly Deductions.

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## POLICY VALUES

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**CASH VALUE** - The Cash Value on the Date of Issue is the Initial Premium minus the Percentage of Premium Expense Charge, as shown in the Policy Schedule, and the first Monthly Deduction. The Cash Value on each Monthly Date thereafter will equal 1 plus 2 minus 3 minus 4, where:

1. is the Cash Value on the prior Monthly Date, plus one month's interest on such amount;
2. is the premiums received since the prior Monthly Date, net of the Premium Expense Charge, plus interest credited from the date of receipt by Us of the premiums net of the Premium Expense Charge to the Monthly Date;
3. is the Monthly Deduction for the month to follow;
4. is the sum of any Partial Surrenders and Partial Surrender fees since the prior Monthly Date plus interest from the date of such Partial Surrender to the Monthly Date.

On any day between Monthly Dates, the Cash Value will reflect the premiums paid minus the Percentage of Premium Expense Charge and any Partial Surrenders made and any interest based on the time elapsed since the prior Monthly Date.

If the Cash Value is negative but the Policy remains in force due to the No-Lapse Guarantee, Monthly Deductions will continue to be charged in the determination of the Cash Value. No interest will be credited to the Cash Value which would have resulted in an interest charge during this time. If, at some future date, the No-Lapse Guarantee no longer applies, premium must be paid to make the Cash Value positive and sufficient to cover Monthly Deductions on the next Monthly Date.

**NET CASH VALUE** - The Net Cash Value is the Cash Value minus the sum of 1 and 2 where:

1. is any Policy Indebtedness; and
2. is the Surrender Charge.

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## POLICY VALUES (CONTINUED)

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**GUARANTEED INTEREST RATE** - The Guaranteed Interest Rate is the minimum interest rate to be applied to the Cash Value, shown on the Policy Schedule. The rate credited to any Cash Value which equals a Policy Loan is shown on the Policy Schedule. We may calculate interest in excess of the Guaranteed Interest Rate according to any method We choose. Any change in such excess interest will be determined on a prospective basis only. We will not recoup any prior losses by means of such change.

**MONTHLY DEDUCTION** - The Monthly Deduction for a Policy month is 1 plus 2 where:

1. is the Cost of Insurance Charge and the cost for any riders attached to this Policy; and
2. is the Monthly Expense Charge set forth on the Policy Schedule.

**COST OF INSURANCE CHARGE** - The Cost of Insurance Charge is determined based upon the Insured's Age on the most recent Policy Anniversary and the Death Benefit on the Monthly Date. The Cost of Insurance Charge is equal to 1 times the result of 3 minus 2 where:

1. is the Cost of Insurance Rate divided by 1,000;
2. is the Cash Value on the Monthly Date before subtraction of the Cost of Insurance Charge and the cost of any riders; and
3. is the Death Benefit on the Monthly Date divided by 1 plus the Monthly Interest Rate Factor shown on the Policy Schedule.

**COST OF INSURANCE RATE** - The Cost of Insurance Rate is based upon the Issue Age and Policy Year, Gender, Specified Amount and Rate Class of the Insured. The Cost of Insurance Rate will vary based on the Specified Amount shown on the Policy Schedule. Included in this Cost of Insurance Rate is a charge based on future expectation of experience for mortality, interest risk, expenses, taxes and persistency factors. A change in any of these factors may cause a change in the Cost of Insurance Rate. At Our option, We can use lower rates, but not higher rates than the Guaranteed Maximum Monthly Cost of Insurance Rates as shown in the Policy Schedule.

The Guaranteed Maximum Monthly Cost of Insurance Rates do not vary by Specified Amount. Any change in rates will apply on a uniform basis for Insureds of the same Age, Gender, and Rate Class whose policies have been in force the same length of time, and will be effective on a prospective basis only. We will not recoup any prior losses by means of such change.

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## NO-LAPSE GUARANTEE PROVISION

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**NO-LAPSE GUARANTEE or NLG** – The NLG is a secondary guarantee offered in the Policy which provides continued coverage when the Policy Value is insufficient to cover the Monthly Deductions. The Policy will remain in force when the NLG is in effect.

**NO-LAPSE GUARANTEE ACCOUNT or NLGA** – The NLGA is an account value used in satisfying the NLG Test. The NLGA is used *only* to determine whether the NLG is in force. The NLGA value is *not available* to You for Surrender, Partial Surrender or Policy Loans.

**NLG MATURITY DATE** – The NLG Maturity Date is selected by You and is shown in the Policy Schedule. Provided the premiums are paid exactly as shown in the Policy Schedule and no Partial Surrenders or Policy Loans are taken, the Policy will not fail the NLG Test prior to this NLG Maturity Date. The NLG may remain in force after the NLG Maturity Date if the NLGA minus any Policy Indebtedness is greater than zero. This will only be possible if premiums paid exceed the minimum NLG Premium shown on the Schedule Page.

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## NO-LAPSE GUARANTEE PROVISION (CONTINUED)

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**NLG PREMIUM** – The NLG Premium is the Minimum Premium required to satisfy the NLG Test to the NLG Maturity Date. The NLG Premium is shown on the Policy Schedule. After the No-Lapse Guarantee Period, the Policy, on a guaranteed basis, may be insufficient to keep the Policy in force unless an additional payment is made at that time.

The NLG Premium is also used to determine the Premium Expense Charge applied in the NLGA.

The NLG Premium may change upon:

1. A change in the Specified Amount;
2. A change in the Death Benefit Option;
3. A change in the Rate Class of the Insured;
4. A change in rider benefits attached to this Policy.
5. The removal of a substandard rating.

The resulting change in the NLG Premium will be reflected in a Certificate of Policy Endorsement provided at the time of change. The No-Lapse Guarantee Period on the Effective Date of the Policy will not change.

**NLG SPECIFIED AMOUNT** - On the Date of Issue, the NLG Specified Amount is equal to the initial Specified Amount for the Policy. Death Benefit Option changes may cause the NLG Specified Amount to differ from the Specified Amount for the Policy after the Date of Issue.

**NLG DEDUCTION CHARGE** – The NLG Deduction Charge is an additional charge against the NLGA which is applied on the last Monthly Date prior to the Policy Anniversary if the sum of the premiums paid minus any Policy Loans and Partial Surrenders is less than 80% of the sum of the NLG Premium. The first NLG Deduction Charge is equal to 10% of the cumulative sum of the NLG Premiums due as of the Monthly Date. Any subsequent NLG Deduction Charges will be reduced by NLG Deduction Charges previously assessed such that the sum of all NLG Deduction Charges will equal 10% of the cumulative sum of the NLG Premiums due as of the Monthly Date.

**NLG TEST** – The NLG Test is used to determine if the NLG is in effect.

A Minimum Premium Test is applicable in Policy Years 1 through 5. The Minimum Premium Test is met if the sum of the premiums paid minus any Policy Loans and Partial Surrenders equals or exceeds the sum of the No-Lapse Guarantee premiums due to the next Monthly Date. This requirement is tested on each Monthly Date during the No-Lapse Guarantee period. If the Minimum Premium Test is not satisfied, the No-Lapse Guarantee no longer applies. The No-Lapse Guarantee can be reinstated under the terms of the No-Lapse Guarantee Catch-Up provision.

In Policy Years 6 and later, the NLG will be in force as long as the NLGA minus any Policy Indebtedness is greater than zero.

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## NO-LAPSE GUARANTEE PROVISION (CONTINUED)

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**NLGA CALCULATION** – The NLGA value is calculated similar to the way the Cash Value is calculated, using factors such as Premium Expense Charges, interest, and Monthly Deductions. However the NLGA uses different values for those factors and in addition, where applicable, a NLGA Deduction Charge, all of which apply solely to the NLGA. Except as stated in the Policy Change Provision, the NLG factors used in the NLGA calculation are set forth in the Policy Schedule and are guaranteed not to change.

Determining the NLGA on the Date of Issue: The NLGA on the Date of Issue is equal to  $1 - (2+3)$  where:

1. is the Initial Premium
2. is the Percentage of Premium Expense Charge, as shown in the Policy Schedule
3. is the first Monthly Deduction

Determining the NLGA after the Date of Issue: After the Date of Issue the NLGA on each Monthly Date is equal to  $(1+2+3+4) - (5+6+7+8)$  where:

1. is the value of the NLGA on the prior Monthly Date.
2. is the interest on the NLGA from the prior Monthly Date.
3. is the amount of premiums received since the prior Monthly Date, net of the Premium Expense Charge.
4. is the interest credited from the date the premiums, net of the Premium Expense Charge, were received by Us since the prior Monthly Date.
5. is the amount of any Partial Surrender, including any Partial Surrender fees, since the prior Monthly Date.
6. is the amount of any interest on any Partial Surrender since the prior Monthly Date.
7. is the Monthly Deduction due on the current Monthly Date for the month to follow
8. is the NLGA Deduction Charge, if applicable.

If the NLGA minus any Policy Indebtedness is less than zero, all expenses and interest will continue to accrue in the NLGA.

**NLG GRACE PERIOD** – – A Grace Period of 60 days will be given for the payment of the required premium to keep the NLG in force if:

1. On a Monthly Date during the first five Policy years, the Policy has not satisfied the Minimum Premium portion of the NLG Test; or
2. On a Monthly Date on or after the fifth Policy anniversary, the NLGA minus any Policy Indebtedness is less than zero.

At least 30 days prior to Termination of the NLG, We will send a written notice to You at the last known address We have for You and to any assignee on record. If the needed premium is not received by Us within the Grace Period, the NLG will be terminated. The amount required to keep the NLG in force is the amount necessary to satisfy the No-Lapse Guarantee Test.

Upon termination of the NLG, the Policy will remain in force only if the Policy Value is sufficient to cover all Monthly Deductions.

**NLG CATCH-UP PROVISION** – If the Policy fails the NLG Test and is no longer in force, but the Policy itself remains in force, You have the ability to reinstate the NLG one time if the following conditions are met:

1. You have exceeded your NLG Grace Period; and
2. You provide Written Request to catch-up the NLG; and
3. It is within twelve months since the Policy failed the NLG Test; and
4. You have not previously exercised this provision.

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## NO-LAPSE GUARANTEE PROVISION (CONTINUED)

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**NLG REINSTATEMENT** – Upon Reinstatement of the Policy, You may put the NLG back in force if all of the following conditions are met:

1. Both the Policy Value and the NLGA were in force until the Policy lapsed, and
2. The Policy was not surrendered for the Surrender Value; and
3. The application for Reinstatement is received within 90 days of the termination date; and
4. You have not previously exercised this provision.

In Policy Years 1 through 5, the amount of premium needed to reinstate the NLG is an amount such that the sum of all premiums paid minus any Policy Loans and Partial Surrenders exceeds the sum of the No-Lapse Guarantee premiums to the next Monthly Date. Interest will be charged on these premiums required for reinstatement at a rate of 6.00%.

In Policy Years 6 and later, the amount of premium needed to reinstate the NLG is payment sufficient to bring the NLGA minus any Policy Indebtedness positive plus sufficient premium to maintain the NLGA in force for two months. Monthly Deductions and interest charges will continue to be charged to the NLGA from the date of lapse to the date of Reinstatement. The NLGA at the time of Reinstatement will equal  $1 \text{ plus } 2 \text{ plus } 3 \text{ minus } 4$ , where:

1. is the NLGA on the date the application for Reinstatement is received;
2. is the premiums received at reinstatement, net of the Premium Expense Charge;
3. is any Policy Indebtedness repaid or reinstated;
4. is the Monthly Deduction for the month to follow.

**NLG TRANSFERABILITY** - Ownership of this Policy may not be transferred to a third party for consideration if it is in violation of applicable laws and regulations. Any attempt to do so will result in the immediate termination of the No-Lapse Guarantee.

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## SURRENDER PROVISION

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**SURRENDER CHARGE** - The Surrender Charge is the applicable Surrender Charge shown on the Surrender Charge Table in the Policy Schedule. The Surrender Charge will increase if You increase Your Specified Amount. It will not be adjusted if You decrease Your Specified Amount. The Certificate of Policy Endorsement will show the Surrender Charge Table reflecting the increased Specified Amount. The Surrender Charge does not change upon Reinstatement as defined in the Reinstatement Provision.

**SURRENDER VALUE** - The Surrender Value is equal to the Cash Value minus the Surrender Charges.

**SURRENDER** - You may surrender this Policy on any Date during the lifetime of the Insured and before the Maturity Date upon Written Request by You to Us. The amount payable on surrender of this Policy will be the Net Cash Value. This Net Cash Value will be paid in cash or under an elected optional mode of settlement.

If surrender is requested within 30 days after a Policy Anniversary, the Net Cash Value will not be less than the Net Cash Value on the Policy Anniversary, less any Policy Loans or Partial Surrenders made on or after that Policy Anniversary.

We reserve the right to defer the payment of the Net Cash Value for the period permitted by law, but not for more than six months after receipt of Written Request for surrender and surrender of the Policy.

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## SURRENDER PROVISION (CONTINUED)

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**PARTIAL SURRENDER** - After the first Policy year, You may request, in writing, a Partial Surrender of this Policy for cash. Such Partial Surrender will be subject to the following:

1. The Partial Surrender Amount may not be less than the amount listed on the Policy Schedule.
2. No more than one Partial Surrender may be made in each Policy year;
3. The Partial Surrender may not reduce the Net Cash Value below the minimum listed on the Policy Schedule.
4. A fee will be charged for each Partial Surrender. This fee is added to the Partial Surrender Amount requested. The fee is shown on the Policy Schedule.

When a Partial Surrender is made, the amount of the Partial Surrender will be deducted from the Cash Value. Also, the Death Benefit will be reduced by the amount of the Partial Surrender. However, no Partial Surrender will be allowed that reduces the Death Benefit below the Minimum Specified Amount shown on the Policy Schedule.

We reserve the right to defer payment for the period permitted by law, but not for more than six months unless the Partial Surrender is to be applied to the payment of premiums on other policies in force with Us.

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## POLICY LOANS PROVISION

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**POLICY LOANS** - You may take a Policy Loan if Your Policy has sufficient Net Cash Value. You must complete a form satisfactory to Us. This form will assign the Policy to Us as sole security for the Policy Loan. The most We will lend You is the Net Cash Value on the next Policy Anniversary assuming no future premium payments, minus interest on the Policy Loan to the next Policy Anniversary, minus the total Monthly Deductions to the next Policy Anniversary.

If the total Policy Loan plus Loan Interest exceeds the Surrender Value on any date, this Policy will terminate and have no further value 60 days after that date. Written notice of such termination will be mailed to the Owner at the last known address We have for You and to any assignee on record at Our home office 30 days prior to termination. Termination can be avoided by You paying an amount sufficient to produce a positive Surrender Value.

You may ask for a Policy Loan at any time. We have the right to wait up to six months after We receive notice to make a Policy Loan, unless such payment will be made to pay premiums on other Policies in force with Us.

**LOAN INTEREST** - We will charge You interest on Your Policy Loan. The Maximum Loan Interest Rate is shown on the Policy Schedule. Loan Interest is due on each Policy Anniversary and on the date the Policy Loan is settled. If You do not pay the Loan Interest when due, it will be added to the Policy Loan.

**LOAN REPAYMENT** - Any Policy Indebtedness which has not been repaid may be repaid in whole or in part at any time while this Policy is in force.

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## SETTLEMENT OPTIONS

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**ELECTION OF A SETTLEMENT OPTION** - If You provide Notice to Us, We will pay any amount due under Your Policy under one of the Settlement Options described below. If at the time of death of the Insured, a Settlement Option has not been elected, then the Beneficiary may make an election.

**AVAILABILITY OF SETTLEMENT OPTIONS** - We will not allow the use of a Settlement Option if:

1. The proceeds to be paid under any Settlement Option to a single payee is less than \$5,000; or
2. Any income or interest payment should amount to less than \$50.

**METHOD OF PAYMENT** - We will make income payments monthly, quarterly, semi-annually or annually at the option of the payee. We will furnish upon Notice to Us the amounts of the payments not shown in the Settlement Option Table. The first payment under a Settlement Option will be made on the effective date of the Settlement Option. However, under Option 1, it will be payable at the end of the first payment interval. If the proceeds arise from Surrender, We are allowed to defer the first payment under any Settlement Option for a period of up to six months.

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## DESCRIPTION OF SETTLEMENT OPTIONS

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Proceeds of \$5,000 or more which are payable under this Policy may be applied under any of these options:

**OPTION 1** - Interest – Annual interest payments on proceeds left on deposit with Us, at a rate shown on the Policy Schedule, will be made for: (a) the life of the payee; or (b) a fixed period not to exceed 30 years.

**OPTION 2** - Fixed Period - We will make equal payment amounts payable for a fixed period of up to 30 years. The amount of each payment will be determined from the Settlement Option Table. The factors are shown in the Policy Schedule.

**OPTION 3** - Life Income - We will make monthly payments for the lifetime of the payee for life only or provide a life income with 10 years certain. Option 3 is available at the ages and factors shown in the Settlement Option Table in the Policy Schedule. On request, We may consider Option 3 at other ages.

**OPTION 4** – Fixed Amount – Payments of a fixed amount will be made until the Proceeds and interest are fully paid. Payments will be of an amount not less than \$5 per month for each \$1,000 of proceeds.

At the time of their commencement, the annuity benefits provided under these options will not be less than those that would be provided by the application of the Net Cash Value to purchase a single consideration immediate annuity contract at purchase rates offered by the company at the time to the same class of annuitants.

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## DESCRIPTION OF SETTLEMENT OPTIONS (CONTINUED)

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**CONDITIONS** – Election of options is subject to the following conditions:

1. Election must be made by You while the Insured is living. If no election is made by the time of the Insured's death, then the Beneficiary may elect an option.
2. A change of Beneficiary after election of an option revokes any prior election.
3. Proceeds must be sufficient to produce an installment or interest payments of at least \$20
4. Options are available only with Our written consent if (a) this Policy is assigned; or (b) the payee is a trustee or business entity.
5. Unless the option was elected by the person to receive the payment, withdrawal or transfer of Proceeds between options may be made only to the extent stated in the Withdrawal Value Provision. Option 3 may not be changed after income payments begin.

**WITHDRAWAL VALUE** - Unless We say otherwise in the election of a Settlement Option, the payee has the right to receive the Withdrawal Value for the Settlement Option.

1. Under Option 1, the Withdrawal Value will be any unpaid balance of proceeds plus any accrued interest.
2. Under Option 2, the Withdrawal Value will be the commuted value of any payments not yet paid. We will calculate this value at an annual rate of interest shown on the Policy Schedule.
3. Under Option 3, there are no withdrawal privileges.
4. Under Option 4, the Withdrawal Value will be the commuted value of any payments not yet paid. We will calculate this value at an annual rate of interest shown on the Policy Schedule.

**ADDITIONAL INTEREST** - We may pay or credit interest in addition to the interest specified under any of the Settlement Options. We alone will determine the time and amount of this interest.

**RIGHTS OF PAYEE** - The payee has the right to name a contingent payee to receive any amount still payable if the payee dies.

**REQUEST FOR ALTERNATE PAYMENT** - The payee may request another form of payment in writing. However, We must approve this request.

**ANNUITY OPTION** - The payee may use the proceeds under the Policy to purchase a single premium immediate annuity being issued by Us on the date of Settlement. The payee may elect this by filing Written Request within 31 days of Settlement. The annuity must be on the payee's own life.

**HARLEYSVILLE LIFE INSURANCE COMPANY**

**FLEXIBLE PREMIUM ADJUSTABLE UNIVERSAL LIFE INSURANCE POLICY**

Death Benefit payable at death prior to the Maturity Date.

Adjustable Death Benefit.

Flexible Premium payable during the lifetime of the Insured until Maturity Date.

The benefits, values, periods of coverage and premiums are on an indeterminate basis and the initial interest rate is guaranteed only for a limited period of time.

The Policy Schedule, Premiums, and the Premium Class are shown on page 3.

NONPARTICIPATING (No Dividends Payable)

**POLICY SCHEDULE**

**POLICY BENEFITS**

	<b>Amount</b>	<b>Monthly Cost of Insurance Rate</b>	<b># Years Payable</b>
<b>Flexible Premium Adjustable Universal Life</b>	[25,000]	See Page 3[D]	[85]
Death Benefit Option [1]			

**PREMIUM AMOUNTS**

Initial Premium -	[\$255.93]		
Planned Periodic Premium -	[\$255.93]		
Planned Payment Interval- [Annual]		Premium Payment Period To:	[6/15/2096]

**NO-LAPSE GUARANTEES**

No-Lapse Guarantee Minimum [Annual] Premium - [255.93]  
 No-Lapse Guarantee Minimum [Annual] Premium Expiration Date- [6/15/2096]  
 No-Lapse Guarantee Period- [85] Years  
 As long as the No-Lapse Guarantee Test requirements are met, this premium guarantees that the Policy will not terminate prior to the Expiration Date shown above. See the No-Lapse Guarantee Provisions on Page [10].

**RIDERS AND EXCLUSIONS - See Page 3[A]**

Assuming that you have paid the cumulative No-Lapse Minimum Premium through the No-Lapse Guarantee Expiration Date, the additional amount required to be paid at the end of the No-Lapse Guarantee Period to keep the Policy from entering the Grace Period is \$[0]. This amount assumes continuation of the Specified Amount, payment of the No-Lapse Guarantee Minimum [Annual] Premium and no Policy Loans or Partial Surrenders.

The Initial and Planned Periodic Premiums are not sufficient to provide for benefits beyond policy year [85] month [N/A] unless interest credited or Cost of Insurance Rates assessed are more favorable than those guaranteed in the policy.

**\*\*\*\*\*DISCLOSURE STATEMENT\*\*\*\*\***

**IT IS POSSIBLE THAT COVERAGE WILL EXPIRE PRIOR TO THE MATURITY DATE OF THE CONTRACT WHERE EITHER NO PREMIUMS ARE PAID OR PREMIUMS ARE NOT SUFFICIENT TO CONTINUE COVERAGE TO THE MATURITY DATE. THERE MAY BE LITTLE OR NO CASH VALUE TO BE PAID ON THE MATURITY DATE.**

\*\*\*\*\*

Policy Number - [MSNS99]	Specified Amount - [\$25,000]
Date of Issue- [6/15/2011]	Minimum Specified Amount - [\$25,000]
Maturity Date- [6/15/2096]	Monthly Date - [15]
Effective Date of Schedule- [6/15/2011]	
Insured- [John Doe]	Issue Age - [35]
Insured Rate Class- [Standard Non-Tobacco]	Sex - [M]

Owner - [John Doe]  
 Beneficiary - as stated in the application for this Policy unless changed in accordance with Policy Provisions.

**POLICY NUMBER:** [MSNS99]  
**IPUL 7 (ED 06-11)**

**EFFECTIVE DATE OF SCHEDULE:** [6/15/2011]  
**PAGE 3**

**POLICY SCHEDULE (CONTINUED)**

**RIDERS AND EXCLUSIONS:**

	<b>Amount</b>	<b>Monthly Cost of Insurance Charge</b>	<b># Years Payable</b>
Accelerated Death Benefit	See Rider	None	[85]
Preferred Loan	See Rider	None	[85]
[Accidental Death Benefit]	[\$X,XXX,XXX]	See page 3[X]	[XX]
[Children's Level Term Insurance Benefit]	[\$XX,XXX]	[\$XX.XX]	[XX]
[Cost of Living]	See Rider	See page 3[X]	[XX]
[Total Disability Premium Payment]	[\$X,XXX]	See page 3[X]	[XX]
[Waiver of Monthly Deduction]	See Rider	See page 3[X]	[XX]
[Scheduled Increase Option]	[\$XX,XXX]	[\$XXX.XX]	[XX]
[Aviation Exclusion]	None	None	

**EXPENSE CHARGES**

Percentage of Premium Expense Charge - [4.00%] of premiums paid all years  
 Monthly Per Policy Expense Charge -[\$10.00] per month for year 1; [\$8.00] per month for all remaining years  
 Monthly Per Unit Expense Charge - [\$0.1667] per month for every \$1,000.00 of Specified Amount for year 1 only

**SURRENDER CHARGE FOR INITIAL SPECIFIED AMOUNT**

<b>Policy Year</b>	<b>Charge</b>						
1	[572.50]	7	[529.25]	13	[480.25]	19	[424.75]
2	565.75	8	521.50	14	471.25	20	415.00
3	558.75	9	513.50	15	462.50	21	332.00
4	551.50	10	505.25	16	453.25	22	249.00
5	544.25	11	497.25	17	443.75	23	166.00
6	536.75]	12	488.75]	18	434.25]	24	83.00]

The Partial Surrender Amount cannot be less than [\$500.00] and cannot reduce the Net Cash Value below [\$1,000.00].  
 Partial Surrender Fee - [\$25.00]  
 Projection Report Administration Fee - [\$0.00]  
 Administration Fee for Accelerated Death Benefit - [\$0.00]

**POLICY VALUES AND INTEREST RATES**

Guaranteed Interest Rate - annual rate compounded daily for an effective rate of 2.00%  
 Monthly Interest Rate Factor - 0.1651581%  
 The Monthly Interest Rate Factor is used in calculating the Cost of Insurance Charge as described on page [12] of the Policy.  
 Maximum Loan Interest Rate charged on Loan Amount - 6.00% in arrears  
 Maximum No-Lapse Guarantee Catch-Up Interest Rate in Policy Years 1 through 5 - 6.00%

**BASIS OF CALCULATIONS**

Minimum Cash Values, Surrender Values, and reserves for the Policy are based on the 2001 Commissioners' Standard Ordinary Mortality Table, tobacco and non-tobacco, Age Last Birthday, and interest at 2.00% compounded annually. Values are the same or greater than the minimum set by the laws where the application was signed. Where required, We have filed a detailed statement about this with the state insurance department. It shows the figures and methods used.

**POLICY NUMBER:** [MSNS99]  
**IPUL 7 (ED 06-11)**

**EFFECTIVE DATE OF SCHEDULE:**

[6/15/2011]  
 PAGE 3[A]

**POLICY SCHEDULE (CONTINUED)**  
**SETTLEMENT OPTION TABLE**  
**Per \$1,000 of Proceeds Settled**

**Option 1 - Interest Only**

Minimum Interest Rate 2.00%

**Option 2 - Income for Specified Period**

Years	Payment	Years	Payment
5	[17.34	18	[5.61
6	14.59	19	5.36
7	12.63	20	5.14
8	11.18	21	4.94
9	10.06	22	4.76
10	9.18	23	4.60
11	8.44	24	4.45
12	7.82	25	4.31
13	7.31	26	4.18
14	6.87	27	4.06
15	6.49	28	3.95
16	6.17	29	3.85
17	5.88]	30	3.76]

**Option 3 - Life Income\***

**Life Income with 10 Years Certain**

**Life Income Only**

Age	Male	Female									
50	[3.26	3.03	68	[5.06	4.63	50	[3.28	3.04	68	[5.30	4.74
51	3.32	3.09	69	5.22	4.77	51	3.34	3.10	69	5.49	4.90
52	3.39	3.15	70	5.37	4.92	52	3.41	3.16	70	5.69	5.08
53	3.46	3.21	71	5.53	5.08	53	3.49	3.22	71	5.91	5.27
54	3.53	3.27	72	5.70	5.25	54	3.56	3.29	72	6.14	5.47
55	3.61	3.34	73	5.87	5.42	55	3.64	3.36	73	6.39	5.69
56	3.69	3.41	74	6.04	5.60	56	3.73	3.43	74	6.65	5.93
57	3.78	3.48	75	6.22	5.79	57	3.82	3.51	75	6.93	6.19
58	3.87	3.56	76	6.40	5.98	58	3.92	3.59	76	7.23	6.46
59	3.96	3.64	77	6.59	6.18	59	4.02	3.67	77	7.56	6.76
60	4.06	3.73	78	6.77	6.39	60	4.13	3.76	78	7.90	7.09
61	4.17	3.82	79	6.95	6.59	61	4.24	3.86	79	8.27	7.44
62	4.28	3.92	80	7.13	6.80	62	4.37	3.96	80	8.67	7.81
63	4.39	4.02	81	7.31	7.01	63	4.50	4.07	81	9.09	8.22
64	4.52	4.13	82	7.48	7.21	64	4.64	4.19	82	9.54	8.67
65	4.64	4.24	83	7.65	7.41	65	4.79	4.31	83	10.03	9.15
66	4.78	4.37	84	7.81	7.60	66	4.94	4.45	84	10.55	9.68
67	4.92	4.49]	85	7.97	7.78]	67	5.11	4.59]	85	11.11	10.24]

\* Rates for ages not shown are available upon request.

**Basis of Settlement Options: Payments under the Option Tables are based on [2.00%] interest and the Annuity 2000 Mortality Table with 10 Years Projected using Projected Scale G.**

**POLICY SCHEDULE (CONTINUED)  
DEATH BENEFIT FACTOR TABLE**

Insured's Attained <u>Age</u>	Death Benefit <u>Factor</u>	Insured's Attained <u>Age</u>	Death Benefit <u>Factor</u>
40 & under	2.50	68	1.17
41	2.43	69	1.16
42	2.36	70	1.15
43	2.29	71	1.13
44	2.22	72	1.11
45	2.15	73	1.09
46	2.09	74	1.07
47	2.03	75	1.05
48	1.97	76	1.05
49	1.91	77	1.05
50	1.85	78	1.05
51	1.78	79	1.05
52	1.71	80	1.05
53	1.64	81	1.05
54	1.57	82	1.05
55	1.50	83	1.05
56	1.46	84	1.05
57	1.42	85	1.05
58	1.38	86	1.05
59	1.34	87	1.05
60	1.30	88	1.05
61	1.28	89	1.05
62	1.26	90	1.05
63	1.24	91	1.04
64	1.22	92	1.03
65	1.20	93	1.02
66	1.19	94	1.01
67	1.18	95 & above	1.00

**POLICY SCHEDULE (CONTINUED)**

**ILLUSTRATION OF GUARANTEED MINIMUM BENEFITS AND VALUES, BASED UPON PLANNED BENEFITS AND PREMIUMS SET FORTH ON PAGES 3 AND 3[A].**

<b>END OF POLICY YEAR</b>	<b>AGE</b>	<b>PLANNED PREMIUM</b>	<b>MINIMUM DEATH BENEFIT</b>	<b>MINIMUM CASH VALUE</b>	<b>MINIMUM SURRENDER VALUE</b>
1	[36	[\$255.93	25,000	51	0
2	37	255.93	25,000	152	0
3	38	255.93	25,000	253	0
4	39	255.93	25,000	355	0
5	40	255.93	25,000	456	0
6	41	255.93	25,000	557	20
7	42	255.93	25,000	657	128
8	43	255.93	25,000	756	234
9	44	255.93	25,000	851	338
10	45	255.93	25,000	944	439
11	46	255.93	25,000	1,034	536
12	47	255.93	25,000	1,119	631
13	48	255.93	25,000	1,203	722
14	49	255.93	25,000	1,284	813
15	50	255.93	25,000	1,363	901
16	51	255.93	25,000	1,438	985
17	52	255.93	25,000	1,507	1,063
18	53	255.93	25,000	1,569	1,134
19	54	255.93	25,000	1,621	1,196
20	55]	255.93	25,000	1,661	1,246
	<b>Age [60]</b>	255.93	25,000	1,641	1,641
	<b>Age [65]</b>	255.93	25,000	1,018	1,018
	<b>Age [70]</b>	255.93	25,000	0	0]

**POLICY SCHEDULE (CONTINUED)**

**GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATE PER \$1,000  
FOR THE INSURED**

<b>AGE</b>	<b>RATE</b>								
35	0.09	55	0.49	75	3.50	95	22.85	115	64.47
36	0.10	56	0.54	76	3.87	96	24.27	116	67.90
37	0.10	57	0.59	77	4.30	97	25.77	117	71.51
38	0.11	58	0.65	78	4.80	98	27.38	118	75.32
39	0.12	59	0.71	79	5.36	99	29.09	119	79.31
40	0.13	60	0.79	80	5.98	100	30.73	120	83.33]
41	0.14	61	0.88	81	6.65	101	32.18		
42	0.15	62	0.99	82	7.37	102	33.73		
43	0.17	63	1.10	83	8.15	103	35.37		
44	0.18	64	1.23	84	9.02	104	37.11		
45	0.20	65	1.35	85	9.99	105	38.93		
46	0.22	66	1.48	86	11.05	106	40.88		
47	0.24	67	1.62	87	12.20	107	42.93		
48	0.25	68	1.76	88	13.42	108	45.12		
49	0.27	69	1.92	89	14.70	109	47.44		
50	0.29	70	2.11	90	15.98	110	49.89		
51	0.31	71	2.33	91	17.24	111	52.49		
52	0.35	72	2.60	92	18.55	112	55.24		
53	0.38	73	2.88	93	19.94	113	58.15		
54	0.43	74	3.18	94	21.40	114	61.22		

**POLICY SCHEDULE (CONTINUED)**

**ILLUSTRATION OF NO-LAPSE GUARANTEE BENEFITS AND VALUES, BASED UPON PLANNED BENEFITS AND PREMIUMS SET FORTH ON PAGES 3 AND 3[A].**

<b>END OF POLICY YEAR</b>	<b>AGE</b>	<b>PLANNED PREMIUM</b>	<b>NLG DEATH BENEFIT</b>	<b>NLGA VALUE</b>
1	[36	[\$255.93	25,000	4
2	37	255.93	25,000	82
3	38	255.93	25,000	157
4	39	255.93	25,000	228
5	40	255.93	25,000	326
6	41	255.93	25,000	420
7	42	255.93	25,000	509
8	43	255.93	25,000	591
9	44	255.93	25,000	664
10	45	255.93	25,000	730
11	46	255.93	25,000	787
12	47	255.93	25,000	835
13	48	255.93	25,000	879
14	49	255.93	25,000	922
15	50	255.93	25,000	976
16	51	255.93	25,000	1,025
17	52	255.93	25,000	1,066
18	53	255.93	25,000	1,095
19	54	255.93	25,000	1,111
20	55]	255.93	25,000	1,120
	<b>Age [60]</b>	255.93	25,000	912
	<b>Age [65]</b>	255.93	25,000	2,227
	<b>Age [70]</b>	255.93	25,000	3,869]

**POLICY SCHEDULE (CONTINUED)**

**NLGA MONTHLY COST OF INSURANCE RATE PER \$1,000  
FOR THE INSURED**

<b>AGE</b>	<b>RATE</b>								
[35	0.43	55	1.11	75	1.05	95	6.86	115	19.34
36	0.44	56	1.18	76	1.16	96	7.28	116	20.37
37	0.45	57	1.22	77	1.29	97	7.73	117	21.45
38	0.47	58	1.26	78	1.44	98	8.21	118	22.60
39	0.49	59	1.30	79	1.61	99	8.73	119	23.79
40	0.51	60	0.24	80	1.79	100	9.22	120	25.00]
41	0.54	61	0.26	81	2.00	101	9.65		
42	0.57	62	0.30	82	2.21	102	10.12		
43	0.61	63	0.33	83	2.45	103	10.61		
44	0.66	64	0.37	84	2.71	104	11.13		
45	0.70	65	0.41	85	3.00	105	11.68		
46	0.74	66	0.44	86	3.31	106	12.26		
47	0.77	67	0.49	87	3.66	107	12.88		
48	0.78	68	0.53	88	4.03	108	13.54		
49	0.80	69	0.58	89	4.41	109	14.23		
50	0.82	70	0.63	90	4.79	110	14.97		
51	0.86	71	0.70	91	5.17	111	15.75		
52	0.91	72	0.78	92	5.57	112	16.57		
53	0.97	73	0.86	93	5.98	113	17.44		
54	1.04	74	0.95	94	6.42	114	18.37		

**POLICY SCHEDULE (CONTINUED)**

**NO-LAPSE GUARANTEE EXPENSE CHARGES AND INTEREST RATES**

<b>POLICY YEAR</b>	<b>Age</b>	<b>Percent of Premium Expense Charge up to NLG Prem</b>	<b>Percent of Premium Expense Charge in excess of NLG Prem</b>	<b>Monthly per Unit Expense Chg per \$1000 of Specified Amount</b>	<b>NLGA Deduction Charge*</b>	<b>Annual Interest Rate</b>
1	[35	[20.00%	20.00%	0.2500	0.00%	2.00%
2	36	20.00%	20.00%	0.0000	0.00%	2.00%
3	37	20.00%	20.00%	0.0000	0.00%	2.00%
4	38	20.00%	20.00%	0.0000	0.00%	2.00%
5	39	10.00%	20.00%	0.0000	0.00%	2.75%
6	40	10.00%	20.00%	0.0000	0.00%	2.75%
7	41	10.00%	20.00%	0.0000	0.00%	2.75%
8	42	10.00%	20.00%	0.0000	0.00%	2.75%
9	43	10.00%	20.00%	0.0000	0.00%	2.75%
10	44	10.00%	20.00%	0.0000	0.00%	3.25%
11	45	9.67%	25.00%	0.0000	0.00%	3.25%
12	46	9.33%	30.00%	0.0000	0.00%	3.25%
13	47	9.00%	35.00%	0.0000	0.00%	3.25%
14	48	8.67%	40.00%	0.0000	0.00%	3.25%
15	49	8.33%	45.00%	0.0000	0.00%	4.50%
16	50	8.00%	50.00%	0.0000	0.00%	4.50%
17	51	7.67%	55.00%	0.0000	0.00%	4.50%
18	52	7.33%	60.00%	0.0000	0.00%	4.50%
19	53	7.00%	65.00%	0.0000	0.00%	4.50%
20	54	6.67%	70.00%	0.0000	0.00%	5.50%
21	55	6.33%	75.00%	0.0000	0.00%	5.50%
22	56	6.00%	80.00%	0.0000	0.00%	5.50%
23	57	5.67%	85.00%	0.0000	0.00%	5.50%
24	58	5.33%	90.00%	0.0000	0.00%	5.50%
25	59	5.00%	90.00%	0.0000	0.00%	6.00%
26	60	4.67%	90.00%	0.0000	0.00%	6.00%
27	61	4.33%	90.00%	0.0000	0.00%	6.00%
28	62	4.00%	90.00%	0.0000	0.00%	6.00%
29	63	3.67%	90.00%	0.0000	0.00%	6.00%
30	64	3.33%	90.00%	0.0000	0.00%	6.75%
31	65	3.00%	50.00%	0.0000	0.00%	6.75%
32	66	2.67%	50.00%	0.0000	0.00%	6.75%
33	67	2.33%	50.00%	0.0000	0.00%	6.75%
34	68	2.00%	50.00%	0.0000	0.00%	6.75%
35	69	1.67%	50.00%	0.0000	0.00%	6.75%
36	70	1.33%	50.00%	0.0000	0.00%	6.75%
37	71	1.00%	50.00%	0.0000	0.00%	6.75%
38	72	0.67%	50.00%	0.0000	0.00%	6.75%
39	73	0.33%	50.00%	0.0000	0.00%	6.75%
40+	74]	0.00%	50.00%	0.0000	0.00%	6.75%]

The NLGA Deduction Charge is an additional charge against the NLGA which is applied on the last Monthly Date prior to the Policy Anniversary if the sum of the premiums paid minus any Loans and Partial Surrenders is less than 80% of the sum of the NLG Premium. The charge is equal to 10% of the cumulative sum of the NLG Premiums due as of the Monthly Date. Based upon Planned Premiums and Benefits, the NLGA Deduction Charge will not be applied.

**POLICY NUMBER:** [MSNS99]  
**IPUL 7 (ED 06-11)**

**EFFECTIVE DATE OF SCHEDULE:** [6/15/2011]  
 PAGE 3[G]

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**COST OF LIVING RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

**BENEFIT** - The Specified Amount for the Insured will increase automatically. Increases will be based upon increases in the Consumer Price Index for All Urban Consumers.

The resulting increase to Your premium will be based upon the increase to Your Specified Amount.

This Rider does not have Cash Values or loan values.

**CONDITIONS -**

1. An increase will take place on every second Policy Anniversary if the increase amount is at least \$1,000. No decreases will be made.
2. Each increase amount will be the smallest of a., b. and c., where:
  - a. is the Calculated Increase (described below);
  - b. is 10% of each Specified Amount;
  - c. is \$25,000 for the Insured.
3. Each increase will result in a new Specified Amount.
4. The Insured's rate class will apply to each increase in Specified Amount .

**THE CALCULATED INCREASE** - The Consumer Price Index for All Urban Consumers, U.S. City Average, All Items (CPI), as published by the United States Department of Labor, is the basis of the calculated increase.

The increase amount is determined as the Specified Amount then in effect multiplied by the CPI factor. The CPI factor will be set equal to (1. minus 2.) divided by 2. where:

1. is the CPI on August 31 of the year prior to the date of the increase;
2. is the CPI on August 31 of the year two years prior to the date of the increase.

**ALTERNATE INDEX** - We will substitute an appropriate index for the Consumer Price Index for All Urban Consumers if:

1. its publication is not then available; or
2. We consider its continued use is not a good measure for this purpose.

**REJECTION OF INCREASE** - We will mail You a Certificate of Policy Endorsement on each increase date. Acceptance is automatic. You may reject the cost of living increase by Notice to Us and return of the Certificate of Policy Endorsement within 30 days of the increase date.

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**COST OF LIVING RIDER**

**TERMINATION** - Benefits under this Rider will stop for the Insured when any of the following occur:

1. We receive Your Written Request to terminate it; or
2. any automatic cost of living increase is rejected; or
3. a Specified Amount is decreased; or
4. the Policy Anniversary immediately following the 65<sup>th</sup> birthday of the Insured is reached; or
5. the Policy terminates.

If this Rider terminates under 1., 2., 3., or 5., You may reinstate it by providing Us Proof of insurability for the Insured.

**GENERAL** - All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same Date of Issue as the Policy unless a different date is shown on the Policy Schedule.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

## HARLEYSVILLE LIFE INSURANCE COMPANY

Harleysville, Pennsylvania 19438

### CHILDREN'S LEVEL TERM INSURANCE BENEFIT RIDER

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

**BENEFIT** – This Rider provides term insurance on the life of an Insured Child. We will pay, to the Beneficiary, the amount for the Children's Term Insurance Benefit Rider shown in the Policy Schedule as soon as We receive the required Proof of an Insured Child's death.

If the Policy terminates by the death of the Insured, existing coverage on any Insured Child under this Rider will be continued and all future Monthly Cost of Insurance Charges will be waived until the Insured Child's 25<sup>th</sup> birthday.

At attained age 25, conversion will be allowed to a permanent plan of insurance currently issued by Us.

**INSURED CHILD** – An Insured Child is a child, stepchild or legally adopted child of the Insured, named in the application. After this Rider becomes effective, and while still in force, a child will become an Insured Child from Age 15 days through Age 18. Subsequent children born after the Effective Date of this Rider are automatically considered an Insured Child from Age 15 days through Age 18. Coverage will continue until the Policy Anniversary immediately following the 25<sup>th</sup> birthday for each Insured Child, or until earlier termination of this Rider.

**COST** – The Monthly Cost of Insurance Charge for this Rider is shown in the Policy Schedule. This Rider does not have Cash Values or Loan Values.

**CHANGE IN BENEFITS** – The amount can be changed at any time after this Rider is one year old, by Notice to Us. These conditions apply to any change:

1. the amount cannot be less than \$1,000;
2. the maximum amount is the lesser of \$20,000 or 50% of the Insured's Specified Amount;
3. any increase requires Proof of insurability;
4. any approved change will become effective on the Monthly Date after We receive Notice;
5. changed benefits will be shown in the Certificate of Policy Endorsement;
6. a copy of the Application for Policy Change and the Certificate of Policy Endorsement will become part of the Policy and may be used to contest any increase in Rider amount.

**CONVERSION** – On Written Request from You, the Insured Child may convert his insurance under this benefit to any individual permanent plan of insurance then available from Us. Your Written Request must be within 31 days of:

1. the Insured Child's 25<sup>th</sup> birthday if this Rider is continued due to the death of the Insured; or
2. the Policy Anniversary immediately following the Insured Child's 25<sup>th</sup> birthday if the Policy has not yet terminated;

The Insured Child must be living at the time of the Written Request. The attained age premium rate and Policy form of the new Policy will be those used by Us on the date of conversion. The amount converted may be up to \$5,000 for each \$1,000 of Children's Term Insurance Benefit Rider amount at the time of conversion, subject to a maximum of \$50,000 per child. No Proof of insurability will be required for the conversion Policy except for any benefits added by Rider.

## CHILDREN'S LEVEL TERM INSURANCE BENEFIT RIDER (cont'd)

We will pay the Children's Term Insurance Benefit Rider amount shown in the Policy Schedule if an Insured Child dies within the 31 day period referred to above, provided such insurance benefit has not been converted.

**BENEFICIARY** – Unless You tell Us otherwise in writing, You are the Beneficiary.

**ASSIGNMENT** – The benefits of this Rider cannot be assigned.

**TERMINATION** – This Rider terminates on the earliest of:

1. the date We receive Your Written Request to terminate it; or
2. on the Policy Anniversary immediately following the Insured's 70<sup>th</sup> birthday; or
3. the date which the last child covered under this rider reaches attained age 25; or
4. when the Policy terminates.

**INCONTESTABILITY** – Except as noted below, We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from its Date of Issue or Reinstatement.

At all times while the Rider is in force, We may contest the Rider in the event of the following:

1. Non-payment of premium; or
2. Fraud in the procurement of this Policy, when permitted by applicable law in the state where this Policy was delivered or issued for delivery

**SUICIDE** - If the Insured Child commits suicide, while sane or insane, within two years from the Date of Issue, We will limit Our payment to the Monthly Cost of Insurance Charges paid prior to death.

**REINSTATEMENT** – If the Policy is reinstated, this Rider will also be reinstated provided such insurance benefit has not been converted.

**GENERAL** – All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same Date of Issue as the Policy unless a different date is shown on the Policy Schedule.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**HARLEYSVILLE LIFE INSURANCE COMPANY**

Harleysville, Pennsylvania 19438

**ACCELERATED DEATH BENEFIT RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

This Rider provides an advance payment of a portion of the Death Benefit to You under this Policy.

**AS A RESULT OF ELECTING THE ACCELERATED DEATH BENEFIT OPTION, YOU SHOULD BE AWARE OF THE FOLLOWING:**

1. **The benefits provided by this Policy will be reduced if an Accelerated Death Benefit is paid. The Death Benefit, Cost of Insurance Charge, Cash Values and Loan Values, will be reduced proportionately.**
2. **Receipt of an Accelerated Death Benefit may adversely affect Your eligibility for Medicaid or other government benefits or entitlements.**
3. **Receipt of an Accelerated Death Benefit may be taxable to You and assistance should be sought from a personal tax advisor about the tax status of the Accelerated Death Benefit payment.**

**ACCELERATED DEATH BENEFIT** - A benefit payable to You or Your estate, unless the benefit has been otherwise assigned or designated by You, under the Policy during the Insured's lifetime in anticipation of death or upon occurrence of a life-threatening condition, which, in the medical judgment of a physician approved by Us, is reasonably expected to result in the Insured's drastically limited life expectancy of 12 months or less. An Insured with such an illness or life-threatening condition is defined to be Terminally Ill.

The maximum amount of this benefit to be paid if the Insured is eligible under this Rider is the lesser of 1. and 2. where:

1. is 50% of the Death Benefit on the date of the physician's signed statement; and
2. is \$250,000.

The Accelerated Death Benefit will be paid in one lump sum and will reduce the Death Benefit payable under the Policy by that amount. If the Insured should die after the Written Request is submitted but before the Accelerated Death Benefit is paid, the Insured's Death Benefit will be paid as it would have been paid had no Written Request been submitted.

Upon Your Written Request, We will pay an Accelerated Death Benefit when the Insured becomes Terminally Ill. We shall provide a claim form within 15 days of the acceleration request. If the claim form is not furnished within 15 days, it is considered that the claimant complied with the claim requirements if the claimant submits written Proof covering the occurrence, the character and the extent of the occurrence for which the claim is made. The payment of the Accelerated Death Benefit is due immediately upon receipt of Proof of Diagnosis. Only one Accelerated Death Benefit may be paid on a Policy.

**PROOF OF DIAGNOSIS** - The Insured, or a legal representative if the Insured is unable to submit the Written Request, must submit, at the Insured's expense, satisfactory Proof of Diagnosis as Terminally Ill along with a completed claim request form. This Proof must be in the form of a physician's signed statement. We may require a second opinion by a physician to whom We refer the Insured. Should there be a difference of opinion between these physicians, a third opinion will be obtained from a mutually acceptable physician. The opinion of this physician will be binding on both parties. The cost of the additional opinion(s) will be paid by Us.

**ACCELERATED DEATH BENEFIT RIDER**

**CONDITIONS** - We must receive Proof that:

1. the Insured was eligible for life insurance under this Policy on the date of the physician's signed statement; and
2. the Insured's anticipated life expectancy is 12 months or less from the date of the physician's signed statement; and
3. the Insured was continuously eligible under this Policy from the Date of Issue.

We must have a signed consent form received from all irrevocable beneficiaries, if any, and all assignees, if any. We have the right to request a consent form from a Spouse, the Insured, other beneficiaries, or any other person, if, by Our discretion, We feel this consent is necessary to protect Us.

This Rider is not intended to cause involuntary access to proceeds payable to the Beneficiary. As a consequence, the Accelerated Death Benefit is not available:

1. if the Insured is required by law to use this benefit to meet any claims of creditors either in bankruptcy or otherwise; or
2. if the Insured is required by a government agency to use this benefit in order to apply for, obtain or keep a specific government benefit or entitlement; or
3. if this Policy is subject to any restrictions by court order or an imposed rule of law or when all or a portion of the Insured's life insurance benefits are paid as a part of a divorce settlement.

**EXCEPTIONS** - The Accelerated Death Benefit will not apply to any suicide attempts within two years from the Date of Issue.

**TOTAL DISABILITY PREMIUM PAYMENT** - If the Accelerated Death Benefit is paid, subsequent premium payments to the Policy will be made by Us if the Total Disability Premium Payment Rider is included and the benefit applies. Should the Insured recover and is no longer diagnosed as Terminally Ill, disability payments will stop unless the Insured qualifies under the Total Disability Premium Payment Rider.

**WAIVER OF MONTHLY DEDUCTIONS** - If the Accelerated Death Benefit is paid, subsequent Monthly Deductions under the Policy will be waived if the Waiver of Monthly Deductions Rider is included and the benefit applies. Should the Insured recover and is no longer diagnosed as Terminally Ill, deductions will resume unless the Insured qualifies under the Waiver of Monthly Deductions Rider.

**EFFECT OF THE ACCELERATED DEATH BENEFIT ON THE POLICY AND POLICY RIDERS** - Policy premiums and Cash Values will be reduced in the same proportion as the reduction in the Policy's Death Benefit. The Insured must pay the reduced premium that would apply had the Policy been issued at the reduced amount when it is due.

We may apply a portion of the Accelerated Death Benefit to repay the amount of any outstanding Policy Loan multiplied by the percentage of the Policy Death Benefit that has been accelerated.

A fee may be charged for administrative expenses associated with processing an Accelerated Death Benefit. This fee, if any, will be shown on the Policy Schedule and will never be greater than \$25. This fee will be subtracted from the Accelerated Death Benefit.

**ACCELERATED DEATH BENEFIT RIDER**

Prior to or concurrent with the election to accelerate the Death Benefit, the Owner and any irrevocable beneficiary will be given a statement demonstrating the effect of the acceleration of the Death Benefit, Cash Value, premiums, Cost of Insurance Charges, Policy Loans and Loan Values, as applicable to the Policy. It will include any premium or Cost of Insurance Charge necessary to continue coverage following the acceleration and will display all expense and interest charges associated with accelerating the Death Benefit.

**TERMINATION OF THE ACCELERATED DEATH BENEFIT RIDER** - This Rider will terminate on the earliest of the following dates. The date:

1. We receive Your Written Request to terminate it; or
2. the Policy terminates; or
3. the Insured dies; or
4. We pay the Accelerated Death Benefit.

Termination of this Rider shall not prejudice the payment of the Accelerated Death Benefit for the Terminal Illness that occurred while this Rider was in force.

**INCONTESTABILITY** – Except as noted below, We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from its Date of Issue or Reinstatement.

At all times while the Rider is in force, We may contest the Rider in the event of the following:

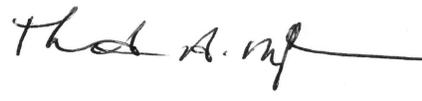
1. Non-payment of premium; or
2. Fraud in the procurement of this Policy, when permitted by applicable law in the state where this Policy was delivered or issued for delivery; or
3. At the option of Us, provisions related to benefits in the event of total and permanent disability and provisions related to accidental death benefit coverage.

**REINSTATEMENT** – If the Policy is reinstated, this Rider will also be reinstated provided the Accelerated Death Benefit has not been paid under this Rider.

**GENERAL** - All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same Date of Issue as the Policy unless a different date is shown on the Policy Schedule.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**WAIVER OF MONTHLY DEDUCTIONS RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

**BENEFIT** - During a period of Total Disability, We will waive all Monthly Deductions on each Monthly Date.

The Insured's Total Disability coverage shall begin on or after the Effective Date of Schedule shown on the Policy Schedule. No benefit will be paid prior to written Notice and Proof to Us of Total Disability or prior to 6 months after Total Disability, whichever is later. No benefit will be paid after the Policy has terminated.

If Total Disability occurs before the first Policy Anniversary immediately following the Insured's 60<sup>th</sup> birthday, We will waive all Monthly Deductions which We would have taken under the Policy for the period that the Insured continues to be totally disabled.

If Total Disability occurs after the first Policy Anniversary immediately following the Insured's 60<sup>th</sup> birthday, We will waive all Monthly Deductions which We would have taken under the Policy for the period that the Insured continues to be totally disabled, but only up to the Policy Anniversary immediately following the Insured's 65<sup>th</sup> birthday.

If the Waiver of Monthly Deductions Rider is in effect, all benefits included under the Policy will continue in force. Monthly Deductions waived by Us will not be taken from the Policy proceeds. However, We will take Monthly Deductions during the first six months of Total Disability before We will approve a claim for this benefit. Those deductions will be returned to the Policy's Cash Value at the end of that six month period if the Insured remains Totally Disabled. We will credit the Policy Cash Value with the interest that would have accrued if We had not taken the first six Monthly Deductions.

If Total Disability begins during a Grace Period, sufficient funds will be required to be added to the Policy's Cash Value to ensure that any overdue Monthly Deductions can be taken to avoid a lapse of insurance before We approve the claim for this benefit.

**TOTAL DISABILITY** - The Insured is totally disabled if:

1. the cause is an accidental bodily injury or sickness; and
2. the disability lasts six months or more; and
3. the Insured:
  - a. is unable to perform the substantial and material duties of the Insured's current occupation during the first 2 years of total disability; and thereafter, is unable to perform any of the substantial and material duties of their job or any job for which the Insured is reasonably suited based upon experience, education and training; or
  - b. has totally and permanently lost the use of both hands; or
  - c. has totally and permanently lost the use of both feet; or
  - d. has totally and permanently lost the use of one hand and one foot; or
  - e. has totally and permanently lost the sight of both eyes.

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**WAIVER OF MONTHLY DEDUCTIONS RIDER**

**EXCLUSION FROM COVERAGE** - We will not pay this benefit if the Total Disability of the Insured:

1. occurs before age 15.
2. occurs after the first Policy Anniversary immediately following the Insured's 65<sup>th</sup> birthday.
3. is caused or contributed to by any attempted suicide, or intentionally self-inflicted injury, while sane or insane.
4. is caused or materially contributed to by voluntary intake or use by any means of any drugs (except as prescribed or administered by a physician and taken in accordance with the physician's instructions); poison, gas, fumes voluntarily administered, absorbed, or inhaled (unless a direct result of an occupational accident).
5. is caused or contributed to by the commission of, or attempt to commit, a felony.
6. is caused or contributed to by war or any act of war, or active participation in a riot, insurrection or terrorist activity.
7. is caused or contributed to by service in the armed forces of any country(ies) or international organization engaged in war. War means declared or undeclared war, or resistance to armed aggression.
8. is caused or contributed to by intoxication. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meets or exceeds the legal presumption of intoxication under the law of the state where the disability took place.
9. is caused or materially contributed to by participation in an illegal occupation or activity.
10. is caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the Policy.

**PROOF** – We must receive written Proof of Total Disability supported by the opinion of a medical professional while the insured is alive and Totally Disabled. Once the claim has been approved, We may require the submission of continued Proof of Total Disability every 30 days for a period of up to 24 months and, thereafter, We may require Proof of Total Disability every 12 months. At any time during the Insured's Total Disability, We may require, at Our expense, that the Insured submit to an examination by medical or vocational professionals designated by Us.

**COST** - This Rider is issued in consideration of the application submitted and payment of the first premium. The cost of this Rider will be added to the Monthly Deduction as described in this Policy. Rate information for the cost of this Rider is shown in the Policy Schedule.

The Cost of Insurance Rates for this Rider are based upon the attained age and rate classification of the Insured, and are shown in the Policy Schedule.

There will be no monthly cost for this Rider on a Monthly Date while the Insured is totally disabled and while the Monthly Deduction is being waived.

This Rider does not have Cash Values or loan values.

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**WAIVER OF MONTHLY DEDUCTIONS RIDER**

**TERMINATION** - This Rider terminates:

1. on the first Policy Anniversary immediately following the birthday on which the Insured attains age 65;
2. on a later date if the Insured was disabled prior to age 60 and then is no longer disabled;
3. if We receive Your Written Request to terminate it;
4. upon insufficiency of the Cash Value to allow Monthly Deductions, in accordance with the provisions of the Policy; or
5. when the Policy terminates.

**INCONTESTABILITY** – Except as noted below, We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from its Date of Issue or Reinstatement.

At all times while the Rider is in force, We may contest the Rider in the event of the following:

1. Non-payment of premium; or
2. Fraud in the procurement of this Policy, when permitted by applicable law in the state where this Policy was delivered or issued for delivery; or
3. At the option of Us, provisions related to benefits in the event of total and permanent disability and provisions related to accidental death benefit coverage.

**GENERAL** - All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same date as the Policy unless a different date is shown in the Policy Schedule.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**ACCIDENTAL DEATH BENEFIT RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

**BENEFIT** - We will pay the Accidental Death Benefit amount shown in the Policy Schedule to the Beneficiary as soon as We receive Proof that the Insured's death was accidental.

Death of the Insured must result from Accidental Bodily Injury. Death must occur before the Policy Anniversary immediately following the Insured's 70<sup>th</sup> birthday.

**ACCIDENTAL BODILY INJURY** – Means an Accidental Bodily Injury sustained by the Insured which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause.

**EXCLUSION FROM COVERAGE** - We will not pay this benefit if the death of the Insured is caused or contributed to by:

1. Suicide, or attempted suicide, or intentionally self-inflicted injury, while sane or insane.
2. Voluntary intake or use by any means of any drugs (except as prescribed or administered by a physician and taken in accordance with the physician's instructions); poison, gas, fumes voluntarily administered, absorbed, or inhaled (unless a direct result of an occupational accident).
3. Infirmity or disease of the mind or body, or medical or surgical treatment for such disease or infirmity. This does not include an infection which occurs as a consequence or a direct result of the Accidental Bodily Injury.
4. The commission of, or attempt to commit, a felony.
5. Travel in or descent from any kind of aircraft in which the Insured:
  - a. is a pilot or other crew member;
  - b. has duties relating to the aircraft or flight;
  - c. is aboard for a purpose requiring descent from such aircraft while it is in flight
6. Travel in any kind of aircraft that is being used for testing or experimental purposes, used by or for any military authority or used for travel beyond the earth's atmosphere.
7. Insurrection, war or any act of war, or active participation in a riot or terrorist activity.
8. Service in the armed forces of any country(ies) or international organization engaged in war. War means declared or undeclared war, or resistance to armed aggression.
9. Intoxication. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meets or exceeds the legal presumption of intoxication under the law of the state where the accident took place.
10. Participation in an illegal occupation or activity.
11. Riding or driving in an air, land or water vehicle in a race, speed, or endurance contest.

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**ACCIDENTAL DEATH BENEFIT RIDER**

**COST** - The monthly cost for this Rider is determined as 1. times 2. where:

1. is the Accidental Death Benefit Amount shown in the Policy Schedule, divided by 1,000; and
2. is the Accidental Death Benefit Rider Monthly Cost of Insurance Rate per \$1,000 on the Monthly Date.

The Accidental Death Benefit Monthly Cost of Insurance Rates per \$1,000 are based upon the attained age and rate classification of the Insured, and are shown in the Policy Schedule.

This Rider does not have Cash Values or Loan Values.

**TERMINATION** - This Rider terminates:

1. on the Policy Anniversary immediately following the Insured's 70<sup>th</sup> birthday; or
2. if We receive Your Written Request to terminate the Rider; or
3. when the Policy terminates.

Termination of this Rider shall not prejudice the payment of benefits for any accident that occurred while this Rider was in force.

**INCONTESTABILITY** – Except as noted below, We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from its Date of Issue or Reinstatement.

At all times while the Rider is in force, We may contest the Rider in the event of the following:

1. Non-payment of premium; or
2. Fraud in the procurement of this Policy, when permitted by applicable law in the state where this Policy was delivered or issued for delivery; or
3. At the option of Us, provisions related to benefits in the event of total and permanent disability and provisions related to accidental death benefit coverage.

**GENERAL** - All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same date as the Policy unless a different date is shown in the Policy Schedule.

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[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**PREFERRED LOAN RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

**BENEFIT** – You may request a Preferred Loan at any time after the 6<sup>th</sup> Policy Anniversary.

The maximum amount available to be borrowed as a Preferred Loan is 10% of the Net Cash Value at the end of the prior Policy year. The Preferred Loan amount, plus any outstanding Policy Loans, must be within the minimum and maximum Policy Loan amount described in the Policy. On each Policy Anniversary the amount considered a Preferred Loan is re-evaluated based on the Net Cash Value at the end of the prior Policy year.

The interest rate charged and credited on Preferred Loans is the Guaranteed Interest Rate described in the Policy.

**REINSTATEMENT** – This Rider may be reinstated if:

1. this Rider terminated due to the termination of the base Policy; and
2. the Policy is being reinstated.

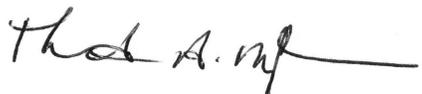
**TERMINATION** - This Rider terminates:

1. if We receive Your Written Request to terminate it; or
2. when the Policy terminates.

**GENERAL** - All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same date as the Policy unless a different date is shown in the Policy Schedule.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**TOTAL DISABILITY PREMIUM PAYMENT RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

**BENEFIT** - During a period of Total Disability, We will credit to this Policy a monthly Total Disability Premium Payment on each Monthly Date. The amount of the payment to be credited is shown in the Policy Schedule.

The Insured's Total Disability coverage shall begin on or after the Effective Date of Schedule shown on the Policy Schedule. No benefit will be paid prior to written Notice and Proof to Us of Total Disability or prior to 6 months after Total Disability, whichever is later. No benefit will be paid after the Policy has terminated.

If Total Disability occurs before the first Policy Anniversary immediately following the Insured's 60<sup>th</sup> birthday, We will credit the Total Disability Premium Payment during the period that the Insured continues to be totally disabled.

If Total Disability occurs after the first Policy Anniversary immediately following the Insured's 60<sup>th</sup> birthday, We will credit the Total Disability Premium Payment during the period that the Insured continues to be totally disabled, but only up to the Policy Anniversary immediately following the Insured's 65<sup>th</sup> birthday.

**BENEFIT CHANGES** - By Notice to Us, You may change the Total Disability Premium Payment amount. Any change is subject to the following conditions:

1. A decrease will be effective on the Monthly Date following Our receipt of the request;
2. Any increase will require Proof of insurability.

Upon Our approval of Your request, We will send You a new Policy Schedule which reflects the new Total Disability Premium Payment amount, the Monthly Cost of Insurance Charge, and the effective date of the change.

**TOTAL DISABILITY** - The Insured is totally disabled if:

1. the cause is an accidental bodily injury or sickness; and
2. the disability lasts six months or more; and
3. the Insured:
  - a. is unable to perform the substantial and material duties of the Insured's current occupation during the first 2 years of total disability; and thereafter, is unable to perform any of the substantial and material duties of their job or any job for which the Insured is reasonably suited based upon experience, education and training; or
  - b. has totally and permanently lost the use of both hands; or
  - c. has totally and permanently lost the use of both feet; or
  - d. has totally and permanently lost the use of one hand and one foot; or
  - e. has totally and permanently lost the sight of both eyes.

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**TOTAL DISABILITY PREMIUM PAYMENT RIDER**

**EXCLUSION FROM COVERAGE** - We will not pay this benefit if the Total Disability of the Insured:

1. occurs before age 15.
2. occurs after the first Policy Anniversary immediately following the Insured's 65<sup>th</sup> birthday.
3. is caused or contributed to by any attempted suicide, or intentionally self-inflicted injury, while sane or insane.
4. is caused or materially contributed to by voluntary intake or use by any means of any drugs (except as prescribed or administered by a physician and taken in accordance with the physician's instructions); poison, gas, fumes voluntarily administered, absorbed, or inhaled (unless a direct result of an occupational accident).
5. is caused or contributed to by the commission of, or attempt to commit, a felony.
6. is caused or contributed to by, war or any act of war, or active participation in a riot, insurrection or terrorist activity.
7. is caused or contributed to by service in the armed forces of any country(ies) or international organization engaged in war. War means declared or undeclared war, or resistance to armed aggression.
8. is caused or contributed to by intoxication. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level, meets or exceeds the legal presumption of intoxication under the law of the state where the disability took place.
9. is caused or materially contributed to by participation in an illegal occupation or activity.
10. is caused or contributed to by any condition disclosed in the application and explicitly excluded in a form attached to the Policy.

**PROOF** – We must receive written Proof of Total Disability supported by the opinion of a medical professional while the insured is alive and Totally Disabled. Once the claim has been approved, We may require the submission of continued Proof of Total Disability every 30 days for a period of up to 24 months and, thereafter, We may require Proof of Total Disability every 12 months. At any time during the Insured's Total Disability, We may require, at Our expense, that the Insured submit to an examination by medical or vocational professionals designated by Us.

**COST** - This Rider is issued in consideration of the application submitted and payment of the first premium. The cost of this Rider will be added to the Monthly Deduction as described in this Policy. Rate information for the cost of this Rider is shown in the Policy Schedule.

The Cost of Insurance Rates for this Rider are based upon the attained age and rate classification of the Insured, and are shown in the Policy Schedule.

There will be no monthly cost for this Rider on a Monthly Date while the Insured is totally disabled and while the Monthly Deduction is being waived.

This Rider does not have Cash Values or loan values.

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**TOTAL DISABILITY PREMIUM PAYMENT RIDER**

**TERMINATION** - This Rider terminates:

1. on the first Policy Anniversary immediately following the birthday on which the Insured attains age 65;
2. on a later date if the Insured was disabled prior to age 60 and then is no longer disabled;
3. if We receive Your Written Request to terminate it;
4. upon insufficiency of the Cash Value to allow Monthly Deductions, in accordance with the provisions of the Policy; or
5. when the Policy terminates.

**INCONTESTABILITY** – Except as noted below, We will not contest this Rider after it has been in force during the lifetime of the Insured for two years from its Date of Issue or Reinstatement.

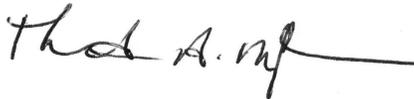
At all times while the Rider is in force, We may contest the Rider in the event of the following:

1. Non-payment of premium; or
2. Fraud in the procurement of this Policy, when permitted by applicable law in the state where this Policy was delivered or issued for delivery; or
3. At the option of Us, provisions related to benefits in the event of total and permanent disability and provisions related to accidental death benefit coverage.

**GENERAL** - All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same date as the Policy unless a different date is shown in the Policy Schedule.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania 19438

**SCHEDULED INCREASE OPTION RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of the Policy.

**BENEFIT** - On each Increase Option Date while this Rider is in force, We will increase the Specified Amount for the Insured by the option amount as shown in the Policy Schedule.

**INCREASE OPTION DATES** - The Increase Option Dates will be the Policy Anniversary immediately following the birthday on which the Insured attains ages 25, 28, 31, 34, 37 and 40.

**OPTION TO REJECT INCREASE** - By Notice to Us, You may reject any of these scheduled benefit increases without affecting any future rights to benefit increases under this or any other Rider attached to Your Policy. We must receive Your Written Request within 30 days of the Increase Option Date.

**ADVANCING OF INCREASE OPTION DATES** - Within 60 days following the marriage of the Insured or the birth or legal adoption of a child by the Insured, You may elect to advance the Increase Option Date for the next scheduled increase.

**COST** - The Monthly Cost of Insurance Charge for this Rider is shown in the Policy Schedule. This Rider does not have Cash Values or Loan Values.

**TERMINATION** - This Rider terminates:

1. on the Policy Anniversary immediately following the Insured's 40<sup>th</sup> birthday; or
2. if We receive Your Written Request to terminate it; or
3. when the Policy terminates.

**GENERAL** - All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same date as the Policy unless a different date is shown on the Policy Schedule.

[  ]

[Robert A. Kauffman]  
[Director and Secretary]

[  ]

[Theodore A. Majewski]  
[President and Chief Operating Officer]

**HARLEYSVILLE LIFE INSURANCE COMPANY**

Harleysville, Pennsylvania 19438

**AVIATION EXCLUSION RIDER**

Issued by Harleysville Life Insurance Company to the Owner. To be attached to and form a part of Policy Number [MSNS99].

**PROVISIONS** - Our Liability will be the Limited Benefit defined below if the Insured's death results from either or both of the following provisions:

1. Travel or flight in or descent from any aircraft in which the Insured:
  - a. is pilot; or
  - b. is a member of the crew; or
  - c. has duties related to the aircraft or flight; or
  - d. is aboard for a purpose requiring descent while the aircraft is in flight.
2. Travel or flight in or descent from any aircraft being used for:
  - a. training; or
  - b. instruction; or
  - c. testing; or
  - d. experimental purposes.

**LIMITED BENEFIT** – The Limited Benefit will be 1. plus 2. minus 3. where:

1. is the amount of premiums paid for the covered Insured less Partial Surrenders;
2. is 2% interest compounded each year;
3. is Policy Indebtedness.

Any Limited Benefit shall not exceed the amount payable in the absence of these Provisions. It will not be less than the Policy reserve less any Policy Indebtedness. The reserve is computed as specified in the Basis of Calculations shown in the Policy Schedule of Your Policy.

The Limited Benefit shall be payable in the same way as if this Policy did not have these Provisions.

These Provisions will also apply to:

1. any benefit on the Insured provided by any Rider to this Policy;
2. any Policy obtained by converting or changing this Policy or any of its Riders.

**TERMINATION** – This Rider terminates:

1. when the Death Benefit on the Insured is paid; or
2. when the Policy terminates.

**GENERAL** – All provisions of the Policy also apply to this Rider; however, the Rider's provisions shall control when there is a conflict between this Rider and the Policy. This Rider starts on the same date as the Policy unless a different date is shown on the Policy Schedule.



[Robert A. Kauffman]  
[Director and Secretary]



[Theodore A. Majewski]  
[President and Chief Operating Officer]

SERFF Tracking Number: MCHX-G127352058 State: Arkansas  
 Filing Company: Harleysville Life Insurance Company State Tracking Number: 49469  
 Company Tracking Number: IPUL 7 (ED 06-11)  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha  
 Project Name/Number: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company /IPUL 7 (ED 06-11) Indiv Universal Life  
 Policy - Harleysville Life Insurance Company

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Readability Cert IPUL 7.PDF  
 AR Cert of Compliance 23-79-138 and RR 49.PDF  
 AR Cert of Compliance with Rule 19.PDF  
 Rule 34 Certification of Compliance.PDF

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

Form IA-006 (Ed. 08-10) is the Application that will be used in applying for this product. This application was approved by your Department on October 26, 2010 under SERFF Tracking Number MCHX-G126868655.

**Item Status:** **Status Date:**

**Bypassed - Item:** Health - Actuarial Justification

**Bypass Reason:** N/A

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:** Outline of Coverage

**Bypass Reason:** N/A

**Comments:**

**Item Status:** **Status**

SERFF Tracking Number: MCHX-G127352058 State: Arkansas  
 Filing Company: Harleysville Life Insurance Company State Tracking Number: 49469  
 Company Tracking Number: IPUL 7 (ED 06-11)  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha  
 Project Name/Number: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company /IPUL 7 (ED 06-11) Indiv Universal Life  
 Policy - Harleysville Life Insurance Company

**Date:**

**Satisfied - Item:** Authorization Letter

**Comments:**

**Attachment:**

2011 Harleysville Third Party Authorization Letter.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Statement of Variability - UL 7 - CLEAN 07\_27\_11.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Consumer Information Notice

**Comments:**

**Attachment:**

LFEA-138 (Ed\_ 10-09) ARK Notice Per 10-09 Reg.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Guaranty Association Notice

**Comments:**

**Attachment:**

GAN-009 (AR) (Ed\_ 01-04) AR.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Accelerated Death Benefit  
Disclosure

**Comments:**

**Attachment:**

SERFF Tracking Number: MCHX-G127352058 State: Arkansas  
 Filing Company: Harleysville Life Insurance Company State Tracking Number: 49469  
 Company Tracking Number: IPUL 7 (ED 06-11)  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha  
 Project Name/Number: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company /IPUL 7 (ED 06-11) Indiv Universal Life  
 Policy - Harleysville Life Insurance Company  
 IM-037 (ED 06-11) Accel DB Disc Clean 7\_21\_11.PDF

**Item Status:** **Status Date:**

**Satisfied - Item:** Actuarial Memo- IPUL 7 Policy  
**Comments:**  
**Attachment:**  
 Act Memo - IPUL 7 (ED 06-11) - updated 07\_21\_11 clean.PDF

**Item Status:** **Status Date:**

**Satisfied - Item:** Act Memo - Preferred Loan Rider  
**Comments:**  
**Attachment:**  
 Act Memo for IRUL-024 (ED 06-11)Preferred Loan Rider.PDF

**Item Status:** **Status Date:**

**Satisfied - Item:** Act Memo - Aviation Exclusion Rider  
**Comments:**  
**Attachment:**  
 Act Memo for IRUL-027 (ED 06-11) - UL7 Aviation Excl Rider.PDF

**Item Status:** **Status Date:**

**Satisfied - Item:** Act Memo - Waiver of Monthly Deductions Rider, Rate Sheet - Waiver of Monthly Deductions Rider  
**Comments:**  
**Attachments:**  
 Act Memo for IRUL-022 (ED 06-11) WMD Rider 7\_21\_11.PDF  
 Rates IRUL-022 (ED 06-11) - WMD Rider.PDF

SERFF Tracking Number: MCHX-G127352058 State: Arkansas  
 Filing Company: Harleysville Life Insurance Company State Tracking Number: 49469  
 Company Tracking Number: IPUL 7 (ED 06-11)  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha  
 Project Name/Number: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company /IPUL 7 (ED 06-11) Indiv Universal Life  
 Policy - Harleysville Life Insurance Company

**Item Status:** **Status  
Date:**

**Satisfied - Item:** Act Memo - Accidental Death  
Benefit Rider, Rate Sheet -  
Accidental Death Benefit Rider

**Comments:**

**Attachments:**

Act Memo for IRUL-023 (ED 06-11) Accid DB Rider 07\_01\_11.PDF  
Rates IRUL-023 (ED 06-11) -Accid DB Rider.PDF

**Item Status:** **Status  
Date:**

**Satisfied - Item:** Act Memo - Total Disability  
Premium Payment Rider, Rate  
Sheet - Total Disability Premium  
Payment Rider

**Comments:**

**Attachments:**

Act Memo for IRUL-025 (ED 06-11) - TDPP Rider 7\_21\_11.PDF  
Rates IRUL-025 (ED 06-11) -TDPP Rider.PDF

**Item Status:** **Status  
Date:**

**Satisfied - Item:** Act Memo - Scheduled Increase  
Option Rider, Rate Sheet -  
Scheduled Increase Option Rider

**Comments:**

**Attachments:**

Act Memo for IRUL-026 (ED 06-11) - UL7 SIO Rider.PDF  
Rates IRUL-026 (ED 06-11) - SIO Rider.PDF

**Item Status:** **Status**

SERFF Tracking Number: MCHX-G127352058 State: Arkansas  
Filing Company: Harleysville Life Insurance Company State Tracking Number: 49469  
Company Tracking Number: IPUL 7 (ED 06-11)  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Ha  
Project Name/Number: IPUL 7 (ED 06-11) Indiv Universal Life Policy - Harleysville Life Insurance Company /IPUL 7 (ED 06-11) Indiv Universal Life  
Policy - Harleysville Life Insurance Company

**Date:**

**Satisfied - Item:** Actuarial Memo Appendices

**Comments:**

**Attachment:**

UL 7 Act Memo Appendices.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Act Memo - Cost of Living Rider

**Comments:**

**Attachment:**

Act Memo for IRUL-019 COLA - updated 7\_21\_11.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Act Memo - Chidrens Benefit Rider

**Comments:**

**Attachment:**

Act Memo for IRUL-020 CBR Rider 07\_01\_11.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Act Memo - Accelerated Death  
Benefit Rider

**Comments:**

**Attachment:**

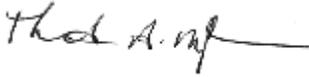
Act Memo for IRUL-021 Accel DB Rider 07\_01\_11.PDF

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

**COMPANY NAME:** Harleysville Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
IPUL 7 (AR) (ED 06-11)	58
IPUL 7 (ED 06-11)	100
IRUL-019 (ED 06-11)	64
IRUL-020 (ED 06-11)	56
IRUL-021 (AR) (ED 06-11)	45
IRUL-022 (ED 06-11)	44
IRUL-023 (ED 06-11)	51
IRUL-024 (ED 06-11)	58
IRUL-025 (ED 06-11)	47
IRUL-026 (ED 06-11)	58
IRUL-027 ( ED 06-11)	60

Signed:   
Name: Theodore A. Majewski  
Title: President & Chief Operating Officer  
Date: 8/2/11

**CERTIFICATE OF COMPLIANCE**

Insurer: **HARLEYSVILLE LIFE INSURANCE COMPANY**

Form Numbers:

IPUL 7 (AR) (ED 06-11)

IPUL7 (ED 06-11)

IRUL-019 (ED 06-11)

IRUL-020 (ED 06-11)

IRUL-021 (AR) (ED 06-11)

IRUL-022 (ED 06-11)

IRUL-023 (ED 06-11)

IRUL-024 (ED 06-11)

IRUL-025 (ED 06-11)

IRUL-026 (ED 06-11)

IRUL-027 (ED 06-11)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



\_\_\_\_\_  
Signature of Company Officer

Theodore A. Majewski

\_\_\_\_\_  
Name

President and Chief Operating Officer

\_\_\_\_\_  
Title

June 27, 2011

\_\_\_\_\_  
Date

## Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: **HARLEYSVILLE LIFE INSURANCE COMPANY**

Form Number(s): IPUL 7 (AR) (ED 06-11) – Flexible Premium Adjustable Universal Life Policy  
IPUL7 (ED 06-11) – Policy Schedule  
IRUL-019 (ED 06-11), Cost of Living Rider  
IRUL-020 (ED 06-11), Children’s Level Term Insurance Benefit Rider  
IRUL-021 (AR) (ED 06-11), Accelerated Death Benefit Rider  
IRUL-022 (ED 06-11), Waiver of Monthly Deductions Rider  
IRUL-023 (ED 06-11), Accidental Death Benefit Rider  
IRUL-024 (ED 06-11), Preferred Loan Rider  
IRUL-025 (ED 06-11), Total Disability Premium Payment Rider  
IRUL-026 (ED 06-11), Scheduled Increase Option Rider  
IRUL-027 (ED 06-11), Aviation Exclusion Rider

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

Theodore A. Majewski

Name

President and Chief Operating Officer

Title

June 27, 2011

Date

**STATE OF ARKANSAS**  
**CERTIFICATION OF COMPLIANCE**

Harleysville Life Insurance Company does hereby certify that its  
Flexible Premium Adjustable Universal Life IPUL 7 (AR) (ED 06-11),  
Insurance Policy, Form No. et al. is in compliance with Section  
6 and 7 (Valuation and Nonforfeiture) of Regulation 34. In addition, when calculating the Reserves under the  
minimum reserve method in Regulation 34, in no case shall the Reserves be less than the actual Cash Surrender  
Values provided for under the Policy contract.

Company Officer   
President and Chief Operating Officer

Actuary   
Qualified Actuary

Date: June 27, 2011

**Harleysville Life Insurance**  
355 Maple Avenue  
Harleysville, PA 19438-2297  
www.harleysvillelife.com

Tel 800.222.1981  
215.513.6400  
Fax 215.513.6410



January 3, 2011

NAIC Company Code: 64327

Re: Attached Filing Submission

Please accept this letter as authorization from Harleysville Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as well as actuarial materials as referenced in the corresponding SERFF filing on behalf of Harleysville Life Insurance Company.

Sincerely,

Theodore A. Majewski  
President and Chief Operating Officer  
Harleysville Life Insurance Company

HARLEYSVILLE LIFE INSURANCE COMPANY  
STATEMENT OF VARIABILITY

Flexible Premium Adjustable Universal Life Insurance Policy & Schedule Pages

Form #'s: IPUL 7 (ED 06-11)  
IPUL 7 (AR) (ED 06-11)  
IPUL 7 (AZ) (ED 06-11)  
IPUL 7 (CT) (ED 06-11)  
IPUL 7 (DC) (ED 06-11)  
IPUL 7 (ND) (ED 06-11)

&

Aviation Exclusion Provision Rider  
Form #'s: IRUL-027 (ED 06-11)  
IRUL-027 (ND) (ED 06-11)

*The following items in the Policy are bracketed and considered variable.*

**Page 1**

There may be a change, in the future, to the company address, telephone number and website.

There may be a change, in the future, to the telephone number for inquires, information and resolution of complaints.

There may be a change, in the future, to the company officers and titles.

*The following items in the Policy Schedule pages are bracketed and considered variable.  
We have included an explanation for only those items that are not considered John Doe items.*

**Page 3**

All bracketed items are John Doe items and will vary based on the insured's characteristics and selections.

**Page 3A**

The Percentage of Premium Expense Charge, [4.00%], could vary from 3.00% - 7.00%.

The Monthly Per Policy Expense Charge, [\$10.00], could vary from \$6.00 - \$10.00 in year 1;  
The Monthly Per Policy Expense Charge, [\$8.00], could vary from \$5.00 - \$10.00 in all remaining years.

The Monthly Per Unit Expense Charge, [\$0.1167], could vary from \$0.0833 - \$0.25 for year 1 only.

The Partial Surrender Amount can not be less than [\$500.00], could vary from \$250.00 - \$1,000.00.

The Net Cash Value cannot be reduced below [\$1,000.00] following the payment of a Partial Surrender Amount. This [\$1,000.00] could vary from \$500.00 - \$1,000.00.

The Partial Surrender Fee, [\$25.00], could vary from \$20.00 - \$30.00.

The Projection Report Administration Fee, [\$0.00], could vary from \$0.00 - \$25.00.

The Administration Fee for Accelerated Death Benefit, [\$0.00], could vary from \$0.00 - \$25.00.

All remaining bracketed items are John Doe items and will vary based on the insured's characteristics and selections.

**Page 3B**

Basis of Settlement Options: the [2.00%] interest could vary from 2.00% - 4.00%.

If there would be a change, in the future, to the interest rate on which the payments under the Option Tables are based, the values in the Option Tables will change, based on the revised interest rate.

**Pages 3B (cont'd) – 3G**

All bracketed items are John Doe items and will vary based on the insured's characteristics and selections.

*The following items in the Aviation Exclusion Provision Rider are bracketed and considered variable.*

**Page 1**

The Policy Number in the first paragraph will vary by insured and will be the unique policy number of the policy issued to the insured.

**HARLEYSVILLE LIFE INSURANCE COMPANY**  
Harleysville, Pennsylvania

**FOR POLICIES ISSUED IN ARKANSAS**

Issued by Harleysville Life Insurance Company to the Policyholder.

**KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS**

**PROBLEMS WITH YOUR INSURANCE?** If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

Harleysville Life Insurance Company  
355 Maple Avenue  
Customer Relations Department  
Harleysville PA 19438  
1-800-222-1981

Policyholder Service Office of Company: Harleysville Life Insurance Company

Address: 355 Maple Avenue Harleysville, PA 19438

Telephone Number: 1-800-222-1981

Name of Agent: \_\_\_\_\_

Address: \_\_\_\_\_

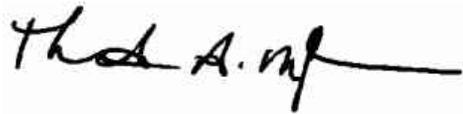
Telephone Number: \_\_\_\_\_

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

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



Robert A. Kauffman  
Director and Secretary



Theodore A. Majewski  
President and Chief Operating Officer



## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life and variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the ACT; nor does it in any way change anyone's rights or obligations under the ACT or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as will, even if they live in another state.

### **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);

- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certification was issued):
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



Corporate Address:  
**Harleysville Life Insurance Company**  
 355 Maple Avenue, Harleysville, PA 19438  
 Tel 800.222.1981 www.harleysvillegroup.com

Please mail forms to the  
 Administrative Address:  
**Harleysville Life Insurance Company**  
 P.O. Box 249, Harleysville, PA 19438-0249

## REQUIRED DISCLOSURE STATEMENT FOR ACCELERATION OF DEATH BENEFITS

### Limitations of the Accelerated Death Benefit:

The accelerated benefit in this life insurance product may provide benefits to pay for long-term care services, but it is NOT part of a long-term care or nursing home insurance policy and the amount this product pays you, may not be enough to cover your medical, nursing home or other bills. You may use the money you receive from this product for any purpose. **Unlike conventional life insurance proceeds, accelerated benefits payable under this product rider COULD BE TAXABLE IN SOME CIRCUMSTANCES.** We recommend that you contact a tax advisor when making tax-related decisions about electing to receive and use benefits from an accelerated benefit product.

### Medical Conditions enabling accelerating of death benefit:

- Terminally Ill is an illness, which, in the medical judgment of a Physician approved by Us, is reasonably expected to result in a drastically limited life expectancy of 12 months or less.

### Consequences of this Benefit:

Receipt of accelerated death benefits from a life insurance policy MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI") ELIGIBILITY. The mere fact that you own a policy with an option to accelerate the death benefit may affect your eligibility for these government programs. In addition, exercising the option to accelerate death benefits and receiving those benefits before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

### Benefit Payment:

The maximum amount of the benefit to be paid if the Insured is eligible under the Rider is the lesser of 1. and 2. where:

1. is 50% of the Death Benefit on the date of the physician's signed statement; and
2. is \$250,000.

### Effect on Death Benefit, Policy Values and Premiums:

If the Accelerated Death Benefit payment is made, cash values and policy loan values (if applicable) WILL BE REDUCED. The death benefit payable under the Policy WILL BE REDUCED by the amount of the Accelerated Death Benefit payment. Premiums will be reduced to reflect the reduction in the death benefit. Subsequent premiums for the Insured's life insurance under this Policy will continue to be due unless waived under a waiver benefit elected under this Policy. Any benefits payable under other riders attached to this Policy will not be affected by Accelerated Death Benefit payments under this Policy.

Here is an example of the effect of an accelerated death benefit payment on your life insurance policy. Actual values will be determined on the date that the claim is processed:

(1) Policy Face Amount:	\$ <u>25,000</u>
(2) Maximum Amount Available for Acceleration:	\$ <u>12,500</u>
(3) Amount to be Accelerated:	\$ <u>10,000</u>
(4) Reduced Face Amount of Policy:	\$ <u>15,000</u>
(5) Death Benefit:	\$ <u>15,000</u>

(6) Cash Values: \$ 1,459  
Projected values at all ages after the accelerated payment:  
Age 40: N/A Age 50: \$1,511  
Age 60: \$2,138 Age 65: \$2,146  
Age 70: \$1,631 Age 75: \$42

(7) Premium Necessary to Keep Policy in Force includes outstanding premium payment when distribution is other than a lump sum payment: \$ 159 per year

(8) Outstanding Policy Loans: \$ N/A  
and the effect of the accelerated benefit payment: \_\_\_\_\_

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(7) Cost of Insurance Charges, if applicable: \$ N/A

I have read this Disclosure and would like to receive the withdrawal amount requested.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Home Office Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date