

SERFF Tracking Number: UNFG-127338846 State: Arkansas
Filing Company: United Life Insurance Company State Tracking Number: 49398
Company Tracking Number: LIU-582 (10-11)
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: LIU-582 (10-11)
Project Name/Number: /

Filing at a Glance

Company: United Life Insurance Company

Product Name: LIU-582 (10-11)

TOI: L09I Individual Life - Flexible Premium
Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: UNFG-127338846 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49398

Co Tr Num: LIU-582 (10-11)

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Joanne Young

Disposition Date: 08/04/2011

Date Submitted: 07/26/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 10/01/2011

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/04/2011

State Status Changed: 08/04/2011

Deemer Date:

Created By: Joanne Young

Submitted By: Joanne Young

Corresponding Filing Tracking Number:

Filing Description:

LIU-582 (10-11) Disability Waiver of Charges

We are filing this form for review and approval. This form replaces LIU-582 (3-07) which was previously approved by your office. We have added an any occ criteria to the Total Disability section on page 1.

This is an optional rider that can be added to our universal life policy. It waives all charges while the insured is totally disabled if disability occurs before age 65. It terminates at age 65, issue age is 18 to 60. It is available for both the Primary and Other Insured. Cost is a percentage of all other costs of insurance charges and monthly deductions.

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Our products are individually marketed by our contracted agents. To the best of our knowledge this filing contains no unusual or possibly controversial items from normal company or industry standards.

Thank you for your consideration.

Company and Contact

Filing Contact Information

Joanne Young, Analyst jyoung@unitedfiregroup.com
 118 2nd Ave SE 319-286-2620 [Phone]
 PO Box 73909 319-286-2570 [FAX]
 Cedar Rapids, IA 52407-3909

Filing Company Information

United Life Insurance Company CoCode: 69973 State of Domicile: Iowa
 118 2nd Ave SE Group Code: 248 Company Type: Life
 PO Box 73909 Group Name: United Fire Group State ID Number:
 Cedar Rapids, IA 52407-3909 FEIN Number: 42-6061188
 (319) 399-5700 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Life Insurance Company	\$50.00	07/26/2011	50097600

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/04/2011	08/04/2011

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Disposition

Disposition Date: 08/04/2011

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
Form	Disability Waiver of Charges		Yes

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Form Schedule

Lead Form Number: LIU-582 (10-11)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LIU-582 (10-11)	Policy/Cont Disability Waiver of ract/Fratern Charges al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		0.000	LIU-582 (10-11).PDF

UNITED LIFE INSURANCE COMPANY

Cedar Rapids, Iowa

Disability Waiver of Charges

1. BENEFIT

During a period of total disability We will waive the Monthly Cost of Insurance and any Monthly Deduction, both as defined in the policy.

No Monthly Cost of Insurance or Monthly Deduction shall be waived prior to notice to Us of disability or prior to 120 days after disablement, whichever is later.

No benefit will be paid after the rider has terminated (see section 8).

All Monthly Cost of Insurance and Monthly Deduction are waivable from the inception of sickness or injury if such sickness or injury should qualify as Total Disability.

2. TOTAL DISABILITY

The Insured is totally disabled;

- a. if the cause is an injury or sickness incurred after the date of the application for this rider and while it is in force; and
- b. if the disablement occurs before the first annual date after the Insured attains age 65; and
- c. if the disability lasts for 120 days or more; and
- d. if the Insured:
 - (1) has lost the use of both legs; or
 - (2) has lost the use of both arms; or
 - (3) has lost the use of one leg and one arm; or
 - (4) has lost the sight of both eyes; or
 - (5) is incapable of performing the material and substantial duties of his or her regular occupation (if a student, cannot physically go back to school); and
 - (i) is not gainfully employed; and
 - (ii) is receiving appropriate care by a physician.
 - (6) after the first two years of disablement is incapable of performing the material and substantial duties of any occupation for which reasonably suited based upon experience, education and training (if a student, this same criteria applies)
 - (i) is not gainfully employed; and
 - (ii) is receiving appropriate care by a physician.

3. EXCLUSIONS

No Monthly Cost of Insurance or Monthly Deduction shall be waived as a result of a disability resulting from an act of war (declared or not) or from intentional self-injury while sane. In Oklahoma, the benefit does not cover disability resulting from an act of war, declared or undeclared, while serving in the military service or an auxiliary unit attached thereto or disability from intentional self-injury while sane.

In no instance shall We waive any costs or fees associated with:

- a. withdrawals of cash value; or
- b. loans or any interest thereon, capitalized or otherwise.

In no instance shall We pay benefits under this rider:

- a. prior to the Insured's having attained age 18; or
- b. after the anniversary date next following the Insured's having attained age 65 unless the qualifying injury was sustained or sickness incurred prior to the anniversary date next following the Insured's having attained age 60; or
- c. for a period of more than 12 months prior to Our receiving notice of proof of loss, (see Section 4).

4. PROOF

Written notice of claim and proof of total disability must be received by Us in Our Home Office:

- a. while the Insured is living;
- b. while the Insured is totally disabled; and
- c. no later than one year after disablement.

However, failure to give notice within such time shall not invalidate any claim if:

- a. it was not reasonably possible to give notice within such time; and
- b. notice was given as soon as reasonably possible.

In no instance will a benefit be paid that would have been payable more than twelve (12) months prior to the date of the receipt of the proof of claim.

We reserve the right to have one or more physicians designated by Us to examine the Insured as often as We may reasonably require.

We may request proof of continuance of total disability as often as reasonably required. In Nebraska, after two years, We may require proof no more than once a year that the Insured continues to be totally disabled.

No further benefit will be allowed after the earlier of these dates:

- a. 31 days after the date of request for any proof which is not furnished; or
- b. the date total disability ceases.

5. NOTICE OF RECOVERY

The owner shall provide immediate notice to Us when the Insured recovers from total disability. Failure to do so may constitute fraud.

6. COST

The monthly cost of this rider is the total of the Monthly Costs of Insurance and any Monthly Deductions multiplied by a factor based on the attained age of the Insured as shown in Section II.

The costs for the rider itself are not included in the total when determining the sum to be multiplied by the factor.

The cost of this rider is deducted at the same time and in the same manner as any other costs of insurance for this policy.

7. TERMINATION

This rider terminates the earlier of:

- a. on the first annual date on or next following when the Insured attains age 65; or
- b. if We are asked by the Owner in writing to terminate it and the policy is sent to Us to show the change; or
- c. when the policy terminates.

8. GENERAL

All provisions of the policy also apply to this rider. The effective date for this rider is the same as the policy unless a different date is shown in the Schedule of Benefits.



SECRETARY

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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Cert.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

This form will be used with application LIU-113 (1-11). It was approved by your office on 10/26/2011. It was state tracking number 47114, SERFF tracking number UNFG-126861507.

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:

CERTIFICATE OF COMPLIANCE

UNITED LIFE INSURANCE COMPANY

Form number: LIU-582 (10-11) Disability Waiver charges

Flesch Readability Score: 48.9

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Arkansas Regulations 19 and 49 and Bulletin 11-88.

Certified by:



Jean Newlin Schnake, Secretary
United Life Insurance Company

3/26/2011

Date