

SERFF Tracking Number: MCHX-G127958901 State: Arkansas
 Filing Company: Harleysville Life Insurance Company State Tracking Number:
 Company Tracking Number: IPT-002 (AR) (ED 01
 TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleys
 Project Name/Number: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleysville Life Insurance Company /IPT-002 (ED 01-12) Indiv Elite Term Life -
 Harleysville Life Insurance Company

Filing at a Glance

Company: Harleysville Life Insurance Company

Product Name: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleysville Life Insurance Company SERFF Tr Num: MCHX-G127958901 State: Arkansas

Term Life - Harleys

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved-Closed State Tr Num:

Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium Co Tr Num: IPT-002 (AR) (ED 01 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI McHughConsulting

Disposition Date: 01/20/2012

Date Submitted: 01/17/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleysville Life Insurance Company Status of Filing in Domicile: Pending

Project Number: IPT-002 (ED 01-12) Indiv Elite Term Life - 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: 01/20/2012

State Status Changed: 01/20/2012

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 Term Life Filing

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Form IPT-002 (AR) (ED 01-12) Individual Level Term Life Insurance Policy
Form IPT-002 (ED 01-12) Schedule of Benefits and Premiums
Form IRT-001 (AR) (ED 01-12) Accelerated Death Benefit Rider
Form IRT-002 (ED 01-12) Aviation Exclusion Rider
Form IRT-003 (ED 01-12) Children's Level Term Insurance Benefit Rider
Form IRT-004 (ED 01-12) Other Insured Level Term Insurance Benefit Rider
Form IRT-005 (ED 01-12) Waiver of Premium Benefit Rider
Form IM-044 (AR) (ED 01-12) Arkansas Policy Rider
Actuarial Memoranda

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 level premium term product called Elite Term is a term to age 95 plan with options of 10, 15, 20 or 30 year level term periods. Premiums are guaranteed not to change for the original term period. After the initial term period, premiums will be equal to the guaranteed maximum annual premiums shown on the Schedule of Benefits and Premiums page. We have attached a Schedule of Benefits and Premiums page as well as the Actuarial Memorandum. Premiums are differentiated by underwriting class, tobacco use and sex. This product will be marketed using a full underwriting method for all amounts

This is not an illustrated product. It will be marketed through Harleysville's current distribution system of independent agents.

IA-006 (Ed. 09-11) is the Application that will be used in applying for this product. This form was approved on October 26, 2010 under SERFF Tracking Number MCHX-G126868655.

The Accelerated Death Benefit Rider is an automatic benefit included at issue for all insureds. The Accelerated Death Benefit Rider provides an advanced payment of a portion of the death benefit, if requested, to the policy owner in the event of a terminal illness of the insured with a life expectancy of 12 months or less. There is no cost for this rider.

We have attached the Accelerated Death Benefit Disclosure Statement, Form IM-041 (ED 01-12) as supporting documentation. This Disclosure will be provided at the time of the application and when an Accelerated Death Benefit

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claim has been requested.

The Aviation Exclusion Rider is added to a Policy or a Rider and provides for payment of a limited Death Benefit if the insured's death results from one of the aviation circumstances listed in the rider. There is no cost for this rider. If this exclusion is accepted by the insured, an Amendment for Application of Life Insurance, form IM-019 (Ed. 08-10) will be used which contains the insured's signature. This form was approved under the same SERFF file as application form IA-006 (Ed. 09-11).

The Children's Level Term Insurance Benefit Rider is an optional benefit available both at issue and after issue for insureds aged 19 through 69. This Children's Term Insurance Benefit Rider provides level term insurance on the life of each child of the insured covered by the policy.

The Other Insured Level Term Insurance Benefit Rider is an optional benefit available both at issue and after issue. The Other Insured must be within the issue ages available for the base Policy to which the rider is attached. This Other Insured Level Term Insurance Benefit Rider provides level term insurance on the life of the Other Insured covered by the policy.

The Waiver of Premium Benefit Rider is an optional benefit available both at issue and after issue for insureds aged 18 through 55. The Waiver of Premium Rider waives the payment of modal premium due for the policy when the insured has been totally disabled for at least 6 months according to the terms of the rider.

Form IM-044(AR) (ED 01-12), Arkansas Policy Rider, will be used with this product as well as all individual life policies currently issued by Harleysville in Arkansas.

Form LFEA-138 (Ed. 10-09), Arkansas Notice to Policyholders, which was approved on August 3, 2010 under SERFF file MCHX-G126735753, will also be used with this policy. A copy has been attached for your reference as supporting documentation.

Please note this product is currently pending with the Interstate Insurance Product Regulation Commission in which Pennsylvania, Harleysville's state of domicile, has enacted legislation and is a member.

Attached are any required certifications, transmittals or filing fees.

While every effort is made to submit filings without mistakes, we reserve the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval.

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Harleysville Life Insurance Company will deem these forms approved, if upon the expiration of the initial review period, your Department has not extended the review period or otherwise has not responded to this submission.

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.

Very truly yours,

Jackie Tootchen
Compliance Projects Team Leader
McHugh Consulting Resources, Inc
215-230-7960
mcr@mchughconsulting.com

Attachments

Company and Contact

Filing Contact Information

Jackie Tootchen, Compliance Project Team Leader mcr@mchughconsulting.com
McHugh Consulting Resources, Inc. 215-230-7960 [Phone]
2005 South Easton Road, 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

SERFF Tracking Number: MCHX-G127958901 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$400.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Life Insurance Company	\$400.00	01/17/2012	55522939

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/20/2012	01/20/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correction to approval information from filing description and application filing requirement	Note To Reviewer	SPI McHughConsulting	01/18/2012	01/18/2012

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Disposition

Disposition Date: 01/20/2012

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	Life & Annuity - Actuarial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	IM-041 (ED 01 12) - Disclosure Form		Yes
Supporting Document	LFEA-138 (Ed. 10-09) AR Notice		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memo - Children's Benefit Rider		No
Supporting Document	Actuarial Memo - Other Insured Rider		No
Form	Level Term Insurance Policy to Age 95		Yes
Form	Schedule of Benefits and Premiums		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Aviation Exclusion Rider		Yes
Form	Children's Level Term Insurance Benefit Rider		Yes
Form	Other Insured Benefit Rider		Yes
Form	Waiver of Premium Benefit Rider		Yes
Form	Arkansas Policy Rider		Yes

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Note To Reviewer

Created By:

SPI McHughConsulting on 01/18/2012 10:54 AM

Last Edited By:

Linda Bird

Submitted On:

01/20/2012 01:37 PM

Subject:

Correction to approval information from filing description and application filing requirement

Comments:

Dear Ms. Bird:

A post-submission review revealed an entry error in the approval information provided for the application forms to be used with this product.

Here are the correct dates and file numbers:

Application Form IA-006 (Ed. 09-11) is the application to be used with this product. The correct approval information is as follows:

SERFF file Number: MCHX-G127678771

Approval Date: November 9, 2011

Form IM-019 (Ed. 08-10) has the following approval information:

SERFF File Number: MCHX-126868655

Approval Date; October 26, 2010

We apologize for any inconvenience. If you have any questions , please contact me. Thank you for your attention to this submission.

Jackie Tootchen

McHugh Consulting Resources, Inc.

215-230-7960

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IPT-002 (AR) (01-12)	Policy/Cont	Level Term ract/Fratern Insurance Poliicy to al Age 95 Certificate	Initial		62.000	IPT-002 (AR) (ED 01-12) - Elite Term Policy - 01_04_12 clean.PDF
	IPT-002 (ED 01-12)	Schedule Pages	Schedule of Benefits and Premiums	Initial		81.000	IPT-002 (ED 01-12) Elite Term Page 3s -01_04_12 clean.PDF
	IRT-001 (AR) (ED 01-12)	Policy/Cont	Accelerated Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.000	IRT-001 (AR) (ED 01-12) Accel DB Rider 01_04_12 clean.PDF
	IRT-002 (ED 01-12)	Policy/Cont	Aviation Exclusion ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.000	IRT-002 (ED 01-12) Aviation Exclusion Provision Rider 01_04_12.PDF

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IRT-003 (ED 01-12)	Policy/Cont Children's Level ract/Fratern Term Insurance al Benefit Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	53.000	IRT-003 (ED 01-12) Children's Term Insurance Benefit Rider 01_04_12.PD F
IRT-004 (ED 01-12)	Policy/Cont Other Insured Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	54.000	IRT-004 (ED 01-12) Other Insured Benefit Rider 01_04_12.PD F
IRT-005 (ED 01-12)	Policy/Cont Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	IRT-005 (ED 01-12) Waiver of Premium Benefit Rider 01_04_12.PD F
IM-044 (AR) (ED 01-12)	Policy/Cont Arkansas Policy ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.000	IM-044 (AR) (ED 01-12) - Policy Rider for Indiv Policies - AR.PDF



**Harleysville Life Insurance Company
Harleysville, Pennsylvania**

[355 Maple Avenue – Harleysville, PA 19438-2297
Tel 800.222.1981 • 215.256.5000 – 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 Proceeds to the Beneficiary upon receipt of due proof of the Insured's death that occurred during any Term Period. Payment will be made only if this Policy is In Full Force on the date of the Insured's death subject to the terms and conditions of this Policy.

The Initial Term Period begins on the Policy Effective Date and ends on the Expiry Date stated on the Schedule of Benefits and Premiums page of this Policy (referred to as Page 3). After the Initial Term Period, one-year renewal term periods will be allowed until the Policy Anniversary immediately following the Insured's 95th birthday. Each one-year renewal term period begins on a Policy Anniversary, and ends the day before the next Policy Anniversary.

Premiums are level and guaranteed for the Initial Term Period as stated on Page 3 and will increase annually thereafter. If premiums are paid to the end of each term period, this Policy may be renewed without Evidence of Insurability for the additional term periods for which premiums are shown on Pages 3A-1 and 3A-2, if applicable. At the end of each term period except the last, a period of 31 days is allowed for renewal. If the Insured dies during such 31 day period, the Policy will be renewed automatically and a monthly premium will be deducted from the Proceeds paid.

20 Day Right to Examine Policy. Please examine Your Policy. Within 20 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 Policy Effective Date 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.

This Policy is signed at Our home office in Harleysville, Pennsylvania.

[Robert A. Kauffman]
[Director and Secretary]

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

**LEVEL TERM LIFE INSURANCE POLICY TO AGE 95
WITH PREMIUMS GUARANTEED FOR THE INITIAL TERM PERIOD
CONVERTIBLE TO AGE 70
RENEWABLE
NONPARTICIPATING**

**READ THIS POLICY CAREFULLY.
This Policy is a legal contract between You and Us.**

TABLE OF CONTENTS

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Policy Provisions	4-8	Settlement Option Tables	9
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DEFINITIONS

Age - The Insured's age at the Insured's last birthday.

Beneficiary - The person(s) who is (are) named in the application or by later designation to receive the Proceeds of this Policy.

Default - Any premium not paid when due will be in default.

Evidence of Insurability - Information about an Insured which is used to approve or Reinstate this Policy or any rider(s).

Expiry Date - The date the Initial Term Period expires as indicated on Page 3. If this Policy is renewed, the Expiry Date occurs annually after the Initial Term Period with the final Expiry Date being the Policy Anniversary immediately after the Insured's 95th birthday.

Face Amount - The amount of insurance coverage as shown on Page 3.

Grace Period - The 31 days following the premium due date.

In Force - The Insured's life remains insured under the terms of Your Policy.

In Full Force - Your Policy is In Force and no premium is more than 31 days overdue.

Initial Term Period - The initial years of the Policy during which premiums are guaranteed not to change, as described on Page 3.

Insured - The person whose life is insured under this Policy as shown on Page 3.

Lapse - Your Policy is no longer In Force if premiums remain unpaid upon expiration of the Grace Period.

Monthly Date - The same day of each month as the Policy Effective Date.

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 month and day as the Policy Effective Date for each succeeding year this Policy remains In Force.

Policy Effective Date - The date the coverage under the Policy is placed in force. This Policy will be placed in force and become effective as soon as it has been accepted by You and the first premium has been paid during the lifetime and condition of health of the insured as described in the application for life insurance. We will use this date to determine the start of the suicide and incontestability periods. Also, Policy Anniversaries, policy years, policy months and premium due dates are determined from this date.

Premium Class - The mortality classification assigned to the Insured under this Policy as shown on Page 3.

Proceeds - The amount We will pay to the Beneficiary under the terms of Your Policy if the Insured dies.

Reinstate - To restore coverage after this Policy has lapsed.

Term Period - The period beginning on the Policy Effective Date or any subsequent Policy Anniversary, and ending the day before the next Policy Anniversary.

We, Our, Us - Harleysville Life Insurance Company, Harleysville, Pennsylvania 19438.

Written Request - A request in writing in a form acceptable to Us signed by You.

You, Your - The owner of this Policy.

POLICY PROVISIONS

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, unless otherwise provided, 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.

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.

Renewal Provision - If Your Policy is In Full Force, You may renew Your Policy for an additional Term Period on the Expiry Date of the Initial Term Period or any subsequent Term Period and before the Policy Anniversary immediately following the Insured's 95th birthday. Evidence of Insurability is not required. The provisions of this Policy will apply to each renewal. The term period of any renewal will be 1 year.

We will automatically renew Your Policy on the Expiry Date if premiums are being waived under a Waiver of Premium benefit.

The first premium of the renewal period must be received by Us before renewal becomes effective. This premium must be received by Us on or before its due date or during the applicable Grace Period. The due date will be the Expiry Date of the preceding Term Period.

After the Initial Term Period, the annual premium will increase to the sum of:

1. the yearly renewal term premium as shown on Pages 3A-1 and 3A-2, if applicable, in the table of Guaranteed Maximum Annual Premiums; and
2. the premiums for any additional benefits which may be included in this Policy including any extra ratings, as shown on Page 3A.

Consideration; Entire Contract - This Policy, including all applicable endorsements, is issued in consideration of: (a) the attached application; and (b) the payment in advance of the first premium. This Policy and the application are the entire contract between You and Us. Statements made in the application are considered representations and not warranties, except in the case of fraud. No statement will void this Policy or be used as a defense to a claim unless made in the application. Any application for reduction in Premium Class will also be attached to and made part of this Policy.

Modification of Policy - No agent has authority to change this Policy or waive any of its provisions. Any change in this Policy will be binding on Us only when endorsed by Our President or Vice President.

Payments by Us - Any amount payable by Us will be made from Our home office in Harleysville, Pennsylvania.

Incontestability - This Policy will not be contestable after it has been In Force during the Insured's lifetime for two years from the Policy Effective Date, date of reinstatement or date of a Reduction in Premium Class, except for nonpayment of premium or acts of fraud, when permitted by applicable law in the state where the Policy is delivered or issued for delivery.

If the Policy has been Reinstated, the contestable period is based only upon statements provided in the reinstatement application, unless the original contestable period has not yet expired.

If the Policy has received a Reduction in Premium Class, the contest shall be limited to the change and the statements provided for the change.

Suicide - Suicide, while sane or insane, within two years from the Policy Effective Date, will limit the Proceeds payable under this Policy to the total premiums paid.

Misstatement of Age or Sex - Based on the date of birth shown on the application for insurance, the Insured's Age is the age attained as of the Insured's last birthday immediately preceding the next Policy Anniversary. If the Age or sex shown on Page 3 is not correct, any Proceeds payable will be based upon the Face Amount the most recent premium paid would have purchased at the correct Age and sex on the basis of published rates used by Us on the Policy Effective Date.

If the correct Age is outside the issue age ranges of the form, a premium and Face Amount shall be extrapolated.

Reduction in Premium Class - You may request that We reduce the Premium Class assigned on the Insured. We will allow a Reduction in Premium Class if We receive satisfactory evidence that the Insured's health has improved. A Reduction in Premium Class will be subject to the following conditions: (a) You will be required to pay for any evidence We may need to establish the Insured's health; (b) any evidence We may require must be provided by a medical examiner approved by Us; and (c) a new Policy will not be issued; however, a new Schedule of Benefits and Premiums page will be provided to the owner.

The Insured is eligible to apply for non-tobacco status after the Policy has been In Force for at least 12 months. We will apply the same underwriting rules for reclassification to a non-tobacco class that were available on the Policy Effective Date.

Assignment - You may assign Your Policy while the Insured is alive. The change is not valid until We approve Your request in writing, at which time the Assignment shall take effect on the date the notice of Assignment 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. The Assignment will affect Your rights and the rights of any Beneficiary. We shall not be liable for the validity of any Assignment.

Nonparticipating - This Policy does not participate in Our earnings or surplus.

PREMIUMS

Payment of Premiums - You must pay Us each premium when due for the amount and for the mode shown on Page 3 during the Initial Term Period. Subsequent premiums are determined according to the Premium Change Provision. You must pay the initial premium in advance of the Policy Effective Date. You must pay all subsequent premiums on or before the first day of the mode. You may pay Us at Our Home Office or one of Our authorized agents. We will send You a receipt, signed by one or more of the Officers of the Company, if You request one.

You may change the mode of premium payment subject to the following:

1. You must send Us a Written Request before the Grace Period expires,
2. A premium must fall due on every Policy Anniversary, and
3. We must make the change based on Our rates and rules in effect on the Policy Effective Date.

This Policy terminates on the due date of any premium not paid on or before that date, subject to the Grace Period provision.

Premium Change - The premium for this Policy, shown on Page 3, is guaranteed not to change during the Initial Term Period shown on Page 3. The premium for the Other Insured Level Term Benefit Rider and the Waiver of Premium Benefit Rider attached to this Policy, if applicable, are also guaranteed not to change during this term period. After this Initial Term Period, the annual premium will increase to the yearly renewable term premium as shown on Pages 3A-1 and 3A-2, if applicable, in the table of Guaranteed Maximum Annual Premiums. We will give You written notice of the new premium 30 days before the premium change takes effect.

The Children's Insurance Benefit is not subject to this Premium Change provision.

Grace Period - A grace period of 31 days will be allowed for payment of any premium after the first premium payment. 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 the end of the applicable Grace Period, if You have not paid the premium due, this Policy will Lapse and coverage will terminate unless it is Reinstated.

Reinstatement - If You do not pay a premium and Your Policy lapses, We will Reinstatement it if all of the following conditions are met:

1. You must send a Written Request for reinstatement to Our Home Office within 3 years after Your Policy has lapsed,
2. We may require Evidence of Insurability satisfactory to Us,
3. The Insured must be insurable in the same premium class according to Our underwriting standards, and
4. You must pay all overdue premiums plus 6% interest compounded annually on these premiums to the date of reinstatement.

Premium Adjustment at Death - Any part of a premium which pays for coverage beyond the date of death will be returned. If death occurs during a Grace Period, any part of any unpaid premium due prior to the date of death will be deducted from the Proceeds paid.

CONVERSION OPTION

Conversion Period – This Policy may be converted prior to the Policy Anniversary immediately after the Insured's 70th birthday. Insurance may be converted by You while this Policy is In Force during this period to a permanent life insurance product designated by Us for the purpose of term conversion and within the restrictions defined for that permanent life insurance product.

The Conversion Period does not include the Policy Anniversary at the end of the term period.

Date of Conversion – The Monthly Date immediately following Your request for conversion.

Conditions for Conversion – Insurance In Force, up to the Face Amount of this Policy, may be converted during the Conversion Period subject to these conditions:

1. Premiums are not being waived under the Waiver of Premium Benefit.
2. No premiums on this Policy are in Default.
3. The termination date of this Policy and the Policy Effective Date of the conversion Policy will be the Date of Conversion. Premium for the conversion Policy is due within 45 days of the Date of Conversion.
4. The conversion Policy will be issued at the attained age on the Date of Conversion, on the forms and at the premium rates in use by Us on that date. If this Policy is issued in a substandard class, the premium rate for the conversion Policy will be based on the rate for that class for the plan offered. A new Suicide or Incontestability period will not apply to benefits converted from this Policy to a conversion Policy. These periods will be measured from the Policy Effective Date of this Policy.
5. The conversion Policy will be in the same premium class as this Policy. The premium for the conversion Policy will be based on the rate in use on the Date of Conversion for the Insured's sex and then attained age.
6. The conversion Policy will be subject to Our minimum and maximum Policy requirements in effect on the Date of Conversion.
7. Rider benefits that are part of this Policy and In Force on the Date of Conversion may be issued with the conversion Policy only if offered by Us at the Insured's attained age on the Date of Conversion.

8. Additional or increased benefits may be issued with the conversion Policy only with Our consent, subject to Our requirements, and may require Evidence of Insurability. New Incontestability and Suicide provisions may apply to these additional benefits.

A term conversion credit may be offered at the time of conversion. This credit, if available, can be used to lower the initial premium due or to increase the cash value for the conversion Policy. When available, the term conversion credit is calculated consistently for all Policies being converted.

DEATH BENEFIT

Death Benefit Proceeds – When a Policy becomes a claim upon the death of the Insured, We will pay Proceeds equal to the Face Amount of the Policy plus any riders that are payable plus any applicable interest plus the Premium Adjustment at Death.

Applicable interest is determined as follows:

1. Interest shall accrue and be payable from the date of death.
2. Interest shall accrue at 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.

Due 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. Payment will be issued in a lump sum unless a Settlement Option has been selected.

OPTIONAL INCOME PAYMENT OF PROCEEDS

Settlement Options - Proceeds of \$2,000 or more which are payable under this Policy may be applied under any of these options:

Option 1 - 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.

Option 2 - 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 2 is available at the Ages and factors shown in the Settlement Option Table.

Option 3 - 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.

Option 4 - Interest Income - Annual interest payments on Proceeds left on deposit with Us will be made for: (a) the life of the payee; or (b) a fixed period not to exceed 30 years.

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 Death Benefit Proceeds to purchase a single consideration immediate annuity contract at purchase rates offered by the company at the time to the same class of annuitants.

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 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 election. Option 2 may not be changed after income payments begin.

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 a written request within 31 days of settlement. The annuity must be on the payee's own life.

Request for Alternate Payment – The payee may request another form of payment in writing. However, We must approve this request.

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. The interest rate used to compute income payments will also be used to determine the withdrawal value of guaranteed payments that remain unpaid at the payee's death, except for Option 2 – Life Income Only.

TABLES OF MONTHLY PAYMENTS UNDER OPTIONAL INCOME PAYMENT OF PROCEEDS
Per \$1,000 of Proceeds Settled

Settlement Option 1 - Fixed Period

<u>Years</u>	<u>Payment</u>	<u>Years</u>	<u>Payment</u>
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

Rates for period not shown will be furnished upon request.

Settlement Option 2 - Life Income

----- Life Income with 10 Years Certain -----

----- Life Income Only -----

<u>Age</u>	<u>Male</u>	<u>Female</u>									
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 will be furnished upon request.

Basis of Settlement Options: Payments under the Option Tables are based on 2% interest and the Annuity 2000 Mortality Table with 10 Years Projected using Projected Scale G.



Harleysville Life Insurance Company
Harleysville, Pennsylvania

[355 Maple Avenue – Harleysville, PA 19438-2297
Tel 800.222.1981 • 215.256.5000 – www.harleysvillelife.com]

LEVEL TERM LIFE INSURANCE POLICY TO AGE 95
WITH PREMIUMS GUARANTEED FOR THE INITIAL TERM PERIOD
CONVERTIBLE TO AGE 70
RENEWABLE
NONPARTICIPATING

SCHEDULE OF BENEFITS AND PREMIUMS

Policy Number: [L99999999]

Policy Effective Date: [December 01, 2011]

POLICY INFORMATION

Insured: [John Doe]

Age: [35]

Other Insured: [Jane Doe]

Other Insured Age: [30]

Sex: [M]

Sex: [F]

Face Amount: [\$100,000]

Premium Class: [Non-Tobacco Preferred]

Other Insured

Premium Class: [Non-Tobacco Preferred]

Policy Number: [L99999999]

Policy Effective Date: [December 01, 2011]

Expiry Date: [December 01, 2021]

Final Expiry Date: [December 01, 2071]

Beneficiary and Owner as stated in the application unless changed as provided for in the policy.

DESCRIPTION OF BENEFITS AND PREMIUMS

	Face Amount	Premium *	Initial Term Period **
Insured			
Term Insurance	[\$100,000]	[\$122.00]	[10 Years]
Accelerated Death Benefit	See Rider	[<none>]	[10 Years]
[Waiver of Premium]		[\$12.00]	[10 Years]
[Aviation Exclusion]			
[Other Insured			
[Other Insured Rider]	[\$100,000]	[\$45.00]	[10 Years]
[Children			
[Children's Term Benefit]	[\$10,000]	[\$60.00]	[10 Years]
End of schedule			

* Annual premiums are shown. If the premium payment mode is not annual, a modal factor will apply.

The first premium of [\$239.00] is due on or before the Policy Effective Date. It is payable by the [annual] mode of premium payment.

** After the Initial Term Period, the annual premium will increase to the yearly renewable term premium as shown on Pages 3A-1 and 3A-2, if applicable, in the table of Guaranteed Maximum Annual Premiums. Full details are included in the Premium Change Provision on page 6.

You must pay the premiums for each benefit listed above for the number of years shown or until the Insured dies. The Policy Effective Date and the Age of the Insured apply to each benefit unless We state otherwise.

Policy Number: [L99999999]

Policy Effective Date: [December 01, 2011]

ANNUAL PREMIUMS – INSURED COVERAGE

Age	Guaranteed Maximum Annual Premiums *	WPB
[35	\$122.00	\$12.00
36	\$122.00	\$12.00
37	\$122.00	\$12.00
38	\$122.00	\$12.00
39	\$122.00	\$12.00
40	\$122.00	\$12.00
41	\$122.00	\$12.00
42	\$122.00	\$12.00
43	\$122.00	\$12.00
44	\$122.00	\$12.00
45	\$802.00	\$70.00
46	\$871.00	\$79.00
47	\$928.00	\$90.00
48	\$973.00	\$100.00
49	\$1,030.00	\$116.00
50	\$1,105.00	\$135.00
51	\$1,201.00	\$164.00
52	\$1,318.00	\$188.00
53	\$1,453.00	\$209.00
54	\$1,624.00	\$229.00
55	\$1,816.00	\$251.00
56	\$2,014.00	\$276.00
57	\$2,206.00	\$304.00
58	\$2,398.00	\$334.00
59	\$2,623.00	\$368.00
60	\$2,896.00	\$405.00
61	\$3,229.00	\$446.00
62	\$3,616.00	\$491.00
63	\$4,039.00	\$540.00
64	\$4,480.00	\$594.00
65	\$4,939.00	
66	\$5,404.00	
67	\$5,890.00	
68	\$6,403.00	
69	\$6,979.00]

* The premiums illustrated above include a \$70.00 policy fee. If the premium payment mode is not annual, a modal factor will apply.

After the first [ten] years, annual premiums will increase in accordance with the Premium Change Provision on Page 6.

Yearly renewable term premiums begin after the Initial Term Period.

Policy Number: [L99999999]

Policy Effective Date: [December 01, 2011]

ANNUAL PREMIUMS – INSURED COVERAGE

Age	Guaranteed Maximum Annual Premiums *	WPB
[70	\$7,651.00	
71	\$8,467.00	
72	\$9,421.00	
73	\$10,426.00	
74	\$11,506.00	
75	\$12,682.00	
76	\$14,008.00	
77	\$15,550.00	
78	\$17,341.00	
79	\$19,348.00	
80	\$21,586.00	
81	\$24,019.00	
82	\$26,596.00	
83	\$29,410.00	
84	\$32,539.00	
85	\$36,019.00	
86	\$39,847.00	
87	\$43,984.00	
88	\$48,382.00	
89	\$52,996.00	
90	\$57,592.00	
91	\$62,116.00	
92	\$66,856.00	
93	\$71,854.00	
94	\$77,119.00]

* The premiums illustrated above include a \$70.00 policy fee. . If the premium payment mode is not annual, a modal factor will apply.

After the first [ten] years, annual premiums will increase in accordance with the Premium Change Provision on Page 6.

Yearly renewable term premiums begin after the Initial Term Period.

Policy Number: [L99999999]

Policy Effective Date: [December 01, 2011]

ANNUAL PREMIUMS – Term Rider

Age	Guaranteed Maximum Annual Premiums *
[30	\$45.00
31	\$45.00
32	\$45.00
33	\$45.00
34	\$45.00
35	\$45.00
36	\$45.00
37	\$45.00
38	\$45.00
39	\$45.00
40	\$369.00
41	\$393.00
42	\$420.00
43	\$453.00
44	\$492.00
45	\$537.00
46	\$591.00
47	\$654.00
48	\$723.00
49	\$801.00
50	\$888.00
51	\$987.00
52	\$1,098.00
53	\$1,215.00
54	\$1,338.00
55	\$1,479.00
56	\$1,632.00
57	\$1,794.00
58	\$1,962.00
59	\$2,133.00
60	\$2,313.00
61	\$2,511.00
62	\$2,721.00
63	\$2,943.00
64	\$3,186.00]

After the first [ten] years, annual premiums will increase in accordance with the Premium Change Provision on Page 6.

Yearly renewable term premiums begin after the Initial Term Period.

Policy Number: [L99999999]

Policy Effective Date: [December 01, 2011]

ANNUAL PREMIUMS – Term Rider

Age	Guaranteed Maximum Annual Premiums *
[65	\$3,456.00
66	\$3,750.00
67	\$4,077.00
68	\$4,440.00
69	\$4,836.00
70	\$5,283.00
71	\$5,793.00
72	\$6,351.00
73	\$6,960.00
74	\$7,635.00
75	\$8,376.00
76	\$9,189.00
77	\$10,089.00
78	\$11,070.00
79	\$12,147.00
80	\$13,485.00
81	\$15,129.00
82	\$16,869.00
83	\$18,696.00
84	\$20,733.00
85	\$22,797.00
86	\$25,236.00
87	\$28,248.00
88	\$31,425.00
89	\$34,587.00
90	\$36,915.00
91	\$39,141.00
92	\$42,831.00
93	\$47,832.00
94	\$54,060.00]

After the first [ten] years, annual premiums will increase in accordance with the Premium Change Provision on Page 6.

Yearly renewable term premiums begin after the Initial Term Period.

Policy Number: [L99999999]

Policy Effective Date: [December 01, 2011]

ANNUAL PREMIUMS – Childrens Term Insurance Rider

Age	Guaranteed Maximum Annual Premiums *
[35	\$60.00
36	\$60.00
37	\$60.00
38	\$60.00
39	\$60.00
40	\$60.00
41	\$60.00
42	\$60.00
43	\$60.00
44	\$60.00
45	\$60.00
46	\$60.00
47	\$60.00
48	\$60.00
49	\$60.00
50	\$60.00
51	\$60.00
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62	\$60.00
63	\$60.00
64	\$60.00
65	\$60.00
66	\$60.00
67	\$60.00
68	\$60.00
69	\$60.00]

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 Proceeds provided by this Policy will be reduced if an Accelerated Death Benefit is paid**
- 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.

HARLEYSVILLE LIFE INSURANCE COMPANY

Harleysville, Pennsylvania 19438

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 Policy Effective Date.

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 Policy Effective Date.

WAIVER OF PREMIUM - If the Accelerated Death Benefit is paid, subsequent Premiums under the Policy will be waived if the Waiver of Premium Benefit Rider is included and the benefit applies. Should the Insured recover and is no longer diagnosed as Terminally Ill, premium payments must resume unless the Insured qualifies under the Waiver of Premium Benefit Rider.

EFFECT OF THE ACCELERATED DEATH BENEFIT ON THE POLICY AND POLICY RIDERS - Policy premiums 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, unless premiums are being waived under a Waiver of Premium Benefit Rider.

No fee will be charged for administrative expenses associated with processing an Accelerated Death Benefit.

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 and premiums. It will include any premium necessary to continue coverage following the acceleration and will display all expense and interest charges associated with accelerating the Death Benefit.

HARLEYSVILLE LIFE INSURANCE COMPANY

Harleysville, Pennsylvania 19438

ACCELERATED DEATH BENEFIT RIDER

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 Policy is Converted; or
4. the Insured dies; or
5. 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 Policy Effective Date 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.

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 Policy Effective 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. where:

1. is the amount of premiums paid for the covered Insured;
2. is 2% interest compounded each year.

Any Limited Benefit shall not exceed the amount payable in the absence of these Provisions.

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]

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 25th birthday.

At attained age 25, conversion will be allowed to an individual permanent life insurance policy offered by Us for the purpose of term conversion and within the restrictions defined for that permanent life insurance policy.

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 25th 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 20% 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 an individual permanent life insurance product designated by Us for the purpose of term conversion and within the restrictions defined for that permanent life insurance product. Your Written Request must be within 31 days of:

1. the Insured Child's 25th birthday if this Rider is continued due to the death of the Insured;
or
2. the Policy Anniversary immediately following the Insured Child's 25th 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 70th 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 Policy Effective Date 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

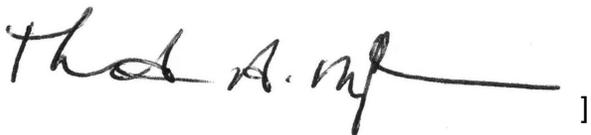
SUICIDE - If the Insured Child commits suicide, while sane or insane, within two years from the Policy Effective Date, We will limit Our payment to the total premiums paid for this Rider prior to death.

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 Policy Effective 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

OTHER INSURED 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 Other Insured. We will pay, to the Beneficiary, the amount for the Other Insured Term Insurance Benefit Rider shown in the Policy Schedule as soon as We receive the required Proof of the Other Insured's death.

OTHER INSURED – Unless otherwise provided, the Other Insured is the person designated as such on the application at the time the application is signed.

PREMIUM – The premium for this rider is shown in the Policy Schedule. This Rider does not have Cash Values or Loan Values.

PREMIUM CHANGE – The premium for this Benefit is guaranteed not to change during the initial term period. After the initial term period, We will give You Written Notice of the new premium.

TERM BENEFIT – The Term Benefit is as shown in the Policy Schedule. The Term Benefit on the Other Insured shall be:

1. equal to or less than the amount of the insurance on the Insured under the base Policy; and
2. not less than the minimum amount of the insurance available on the base Policy.

CONVERSION – On Written Request from You, at any time prior to the Policy Anniversary immediately following the Other Insured's 70th birthday, the Other Insured may convert to an individual permanent life insurance product designated by Us for the purpose of term conversion and within the restrictions defined for that permanent life insurance product.

The Other Insured must be living at the time of the Written Request. The Other Insured's attained age premium rates and Policy form of the conversion Policy will be those used by Us on the Date of Conversion. The amount converted may be no larger than the Other Insured Benefit Amount as shown in the Policy Schedule. No proof of insurability will be required for the conversion policy except for any benefits added by rider.

BENEFICIARY – The Beneficiary is as shown in the application unless You tell Us otherwise in writing.

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. 90 days after the death of the Insured; or
3. when the Policy terminates.

OTHER INSURED LEVEL TERM INSURANCE BENEFIT RIDER (cont'd)

TEMPORARY COVERAGE – If this Policy terminates by the death of the Insured, the existing coverage on the Other Insured under this Rider will be continued until the 90th day after the date of death of the Insured. At such time, the Other Insured may elect to convert to either a term plan of insurance or a permanent life insurance policy offered by Us for the purpose of term conversion and within the restrictions defined for that permanent life insurance policy. The conversion policy will be issued at the Other Insured's attained age. The amount converted may be no larger than the Other Insured Benefit Amount, as shown in the Policy Schedule. No proof of insurability will be required for the conversion policy, except for benefits added by rider.

If conversion is not elected, all coverage will stop on the 90th day after the death of the Insured. All unearned premium for this Benefit will be returned at this time.

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 Policy Effective Date 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 Other Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, We will limit Our payment to the total premiums paid for this Rider 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 Policy Effective 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

WAIVER OF PREMIUM BENEFIT 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 the payment of premiums due for this Policy while this Rider is in effect.

The Insured's Total Disability coverage shall begin on or after the Policy Effective Date 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 60th birthday, We will waive the premium due under this Policy for the period that the Insured continues to be totally disabled until the earlier of the end of the Initial Term Period or the Policy Anniversary immediately following the Insured's 70th birthday.

If Total Disability occurs after the first Policy Anniversary immediately following the Insured's 60th birthday, We will waive the premium due under this Policy for the period that the Insured continues to be totally disabled, but only until the earlier of the Initial Term Period or the Policy Anniversary immediately following the Insured's 65th birthday.

If the Waiver of Premium Benefit Rider is in effect, all benefits included under the Policy will continue in force. Premium payments waived by Us will not be taken from the Policy proceeds. However, payment of premiums when due are required to avoid a lapse of insurance coverage during the first six months of Total Disability or until written notice and Proof to Us has been provided, whichever is later, and We approve a claim for this benefit. Those premium payments will be refunded after the six month period if the Insured remains Totally Disabled.

If Total Disability begins during a Grace Period, payment of the overdue premium is required to avoid a lapse of insurance coverage before We approve the claim for this benefit.

The premium waived will be the modal premium due for the Policy. We will not waive the premium for any Other Insured Benefit Rider and Children's Term Insurance Benefit Rider, if applicable.

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 PREMIUM BENEFIT 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 65th 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. Rate information for the cost of this Rider is shown in the Policy Schedule.

No premiums are payable for this benefit after it terminates or while Premiums are being waived for this Policy.

This Rider does not have Cash Values or loan values.

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;

HARLEYSVILLE LIFE INSURANCE COMPANY

Harleysville, Pennsylvania 19438

WAIVER OF PREMIUM BENEFIT RIDER

4. upon nonpayment of premium, 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 Policy Effective Date 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.

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

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

POLICY RIDER FOR ARKANSAS

This rider is attached to and made part of this policy.

Upon the death of an Insured, the proceeds payable to the beneficiary shall include premiums paid for the period beyond the end of the policy month which death occurred.

When proceeds or refunds of premiums on any individual policy are not paid within a reasonable period of time after proof of death of the insured has been furnished to the insurer, the insurer shall pay interest upon the proceeds or refunds of premium at the rate of 8% per year. A reasonable period of time shall be a period of time sufficient to complete an investigation of the cause of death and to process the necessary claims. In no case shall this period exceed thirty (30) days after proof of unpaid proceeds and any unearned premiums shall accrue interest from the date of the Insured's death.

All other terms and provisions of the Policy apply other than as stated in this rider.

[Robert A. Kauffman]
[Director and Secretary]

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

SERFF Tracking Number: MCHX-G127958901 State: Arkansas
 Filing Company: Harleysville Life Insurance Company State Tracking Number:
 Company Tracking Number: IPT-002 (AR) (ED 01)
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleys
 Project Name/Number: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleysville Life Insurance Company /IPT-002 (ED 01-12) Indiv Elite Term Life -
 Harleysville Life Insurance Company

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

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

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

Form IA-006 (Ed. 09-11) is the Application that will be used in applying for this product. This form was approved on October 26, 2010 under SERFF Tracking Number MCHX-G126868655.

Item Status: **Status**
Date:

Satisfied - Item: Life & Annuity - Acturial Memo

Comments:

Attachments:

Actuarial Memorandum - ET IPT-002 (ED 01-12) 01_04_12 clean.PDF
 Appendix I - Elite Term - Current and Guaranteed Premium Rates.PDF
 Appendix II - Elite Term - Reserve Calculations.PDF
 Appendix III - Elite Term - CV Demo for SNFL.PDF
 IRT-001 (ED 01-12) - Accel DB - ActMemo 01_04_12.PDF
 IRT-002 (ED 01-12) - Aviation Exclusion - Act Memo 01_04_12.PDF
 IRT-003 (ED 01-12) - CBR - Act Memo 01_04_12.PDF
 IRT-004 (ED 01-12) - OIR - Act Memo 01_04_12.PDF
 IRT-005 (ED 01-12) - WOP - Act Memo 01_04_12.PDF
 Actuarial Memorandum Appendix I - Waiver Rates.PDF

SERFF Tracking Number: MCHX-G127958901 State: Arkansas
 Filing Company: Harleysville Life Insurance Company State Tracking Number:
 Company Tracking Number: IPT-002 (AR) (ED 01
 TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleys
 Project Name/Number: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleysville Life Insurance Company /IPT-002 (ED 01-12) Indiv Elite Term Life -
 Harleysville Life Insurance Company

Item Status: **Status Date:**

Satisfied - Item: Authorization Letter
Comments:
Attachment:
 2012 Harleysville Third Party Authorization Letter.PDF

Item Status: **Status Date:**

Satisfied - Item: IM-041 (ED 01 12) - Disclosure Form
Comments:
Attachment:
 IM-041 (ED 01-12) Accel DB Disclosure 01_04_12.PDF

Item Status: **Status Date:**

Satisfied - Item: LFEA-138 (Ed. 10-09) AR Notice
Comments:
Attachment:
 LFEA-138 (Ed_ 10-09) ARK Notice to Policyholders.PDF

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability
Comments:
Attachment:
 Statement of Variability for Policy IPT-002 (ED 01-12) 01_12_12.PDF

Item Status: **Status Date:**

Satisfied - Item: Actuarial Memo - Children's Benefit

SERFF Tracking Number: MCHX-G127958901 State: Arkansas
Filing Company: Harleysville Life Insurance Company State Tracking Number:
Company Tracking Number: IPT-002 (AR) (ED 01
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleys
Project Name/Number: IPT-002 (ED 01-12) Indiv Elite Term Life - Harleysville Life Insurance Company /IPT-002 (ED 01-12) Indiv Elite Term Life -
Harleysville Life Insurance Company
Rider

Comments:

Attachment:

IRT-003 (ED 01-12) - CBR - Actuarial Memorandum 01_19_12.PDF

Item Status:

Status

Date:

Satisfied - Item: Actuarial Memo - Other Insured
Rider

Comments:

Attachment:

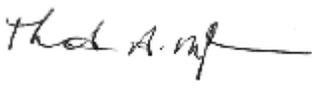
IRT-004 (ED 01-12) - OIR - Actuarial Memorandum 01_19_12.PDF

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.

Form Number	Score
IPT-002 (AR) (ED 01-12)	62
IPT-002 (ED 01-12)	81
IRT-001 (AR) (ED 01-12)	54
IRT-002 (ED 01-12)	62
IRT-003 (ED 01-12)	53
IRT-004 (ED 01-12)	54
IRT-005 (ED 01-12)	52
IM-044 (AR) (ED 01-12)	52

Signed: 
Name: Theodore A. Majewski
Title: President and Chief Operating Officer
Date: 01/17/12

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: **HARLEYSVILLE LIFE INSURANCE COMPANY**

Form Number(s): **IPT-002 (AR) (ED 01-12) et al – Individual Level Term Life
Policy**

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

01/17/12

Date

CERTIFICATE OF COMPLIANCE

Insurer: **HARLEYSVILLE LIFE INSURANCE COMPANY**

Form Numbers:

IPT-002 (AR) (ED 01-12) et al – Individual Level Term Life Policy

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

01/17/12

Date

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 10, 2012

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,

A handwritten signature in black ink, which appears to read "Theodore A. Majewski". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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

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, 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 of premium 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>200,000</u>
(2) Maximum Amount Available for Acceleration:	\$ <u>100,000</u>
(3) Amount to be Accelerated:	\$ <u>40,000</u>
(4) Reduced Policy Face Amount:	\$ <u>160,000</u>
(5) Premium Necessary to Keep Policy in Force including outstanding premium payment when distribution is other than a lump sum payment:	\$ <u>153.20 per year</u>

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

Signature of Owner

Signature of Home Office Representative

Date

Date

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: _____

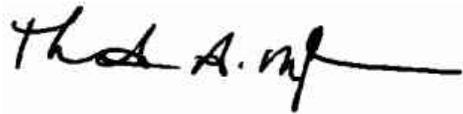
Telephone Number: _____

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

HARLEYSVILLE LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Individual Elite Term Policy Forms:

IPT-002 (ED 01-12)
IPT-002 (AR) (ED 01-12)
IPT-002 (AZ) (ED 01-12)
IPT-002 (CT) (ED 01-12)
IPT-002 (DC) (ED 01-12)
IPT-002 (ND) (ED 01-12)
IPT-002 (SD) (ED 01-12)

Schedule of Benefits and Premiums Form:

IPT-002 (ED 01-12)

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

Page 1

Company address, telephone number and web address could change in the future.

Company Telephone number for Inquiries, Information and Resolution of Complaints could change in the future.

Company Officers could change in the future.

Page 3

Initial Term Period will be either 10, 15, 20 or 30 years as selected in the application.

Payment Mode may be either annual, semi-annual, quarterly, monthly or 9-pay as selected in the application.

The Waiver of Premium, Aviation Exclusion, Other Insured or Children's Term Benefit Riders may be selected in the application.

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

Page 3A-1

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

Page 3A-2

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

Page 3A-3

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

Page 3A-4

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

Page 3A-5

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

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Company address, telephone number and web address could change in the future.