
State: Arkansas **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Disability Premium Waiver Rider
Project Name/Number: /

Filing at a Glance

Company: Auto-Owners Life Insurance Company
Product Name: Whole Life Disability Premium Waiver Rider
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 09/26/2012
SERFF Tr Num: AOIC-128702799
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AR-WL-DPWR-9/2012

Implementation: On Approval
Date Requested:
Author(s): Tonia Skaar
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/02/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Disability Premium Waiver Rider
Project Name/Number: /

Filing Company: Auto-Owners Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Authorized
 Project Number: Date Approved in Domicile: 09/25/2012
 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: 10/02/2012
 State Status Changed: 10/02/2012
 Deemer Date: Created By: Tonia Skaar
 Submitted By: Tonia Skaar Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Life Insurance Company of Lansing, Michigan submits form 61174 (6-12), Disability Premium Waiver Rider, for your approval. This rider is for use with our Whole Life Insurance product. This rider is a revision of form 61174 (12-05) which was approved by your state on April 12, 2006. There will be no changes to the rates for this rider as approved by your state on the above date.

The attached form is submitted in final printed format and is subject only to minor modifications, such as company address, logo and phone number, typographical errors, paper stock, ink and adaptation to computer printing.

Company and Contact

Filing Contact Information

Tonia Skaar, skaar.tonia@aoins.com
 544 Cherbourg Dr. 517-323-1201 [Phone] 2054 [Ext]
 Ste 200
 Lansing, MI 48917-5009

Filing Company Information

Auto-Owners Life Insurance Company	CoCode: 61190	State of Domicile: Michigan
P.O. Box 30325	Group Code: 280	Company Type: LAH
Lansing, MI 48917	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-1814333	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x \$50.00 = \$50.00
 Michigan has no filing fee.
 Per Company: No

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Company	Amount	Date Processed	Transaction #
Auto-Owners Life Insurance Company	\$50.00	09/26/2012	63084656

SERFF Tracking #:

AOIC-128702799

State Tracking #:

Company Tracking #:

AR-WL-DPWR-9/2012

State:

Arkansas

Filing Company:

Auto-Owners Life Insurance Company

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L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/02/2012	10/02/2012

SERFF Tracking #:

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Disposition

Disposition Date: 10/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Disability Premium Waiver Rider		Yes

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		61174 (6-12)	POLA	Disability Premium Waiver Rider	Revised: Replaced Form #: 61174 (12-05) Previous Filing #:	52.940	61174 (6-12).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

DISABILITY PREMIUM WAIVER RIDER

BENEFIT

While the insured is totally disabled, we will waive premiums on their due dates. Before we can start waiving premiums, the total disability must have lasted for at least 6 continuous months and the insured must be age 15 or older and less than age 65. Under no circumstance will a premium be waived which was due more than 1 year from the date we receive notice and proof of disability. (For purposes of this provision, "age" means age at last birthday on the policy anniversary).

Premiums will be waived on the basis of the payment frequency in effect when total disability began. As each premium is waived, this policy will continue in force until the next premium due date. If we stop waiving premiums, you must resume paying them on their due dates to keep this policy in force.

Premiums are payable on this policy until we approve your written claim for waiver of premiums. Any premiums you pay after total disability begins will be refunded after your claim is approved. Premiums due before total disability began will not be waived or refunded.

You must start paying premiums again if:

- a physical examination shows that the insured is no longer totally disabled; *or*
- you do not provide the required proof of the insured's continuous total disability.

TOTAL AND PERMANENT DISABILITY

Total and permanent disability is a disability of the insured:

- which results from bodily injury or disease first manifested while this policy is in force; *and*
- which begins before age 65.

If the above conditions are satisfied, then total and permanent disability is assumed if:

- the disability prevents the insured from engaging in his or her customary occupation or any other occupation for which he or she becomes qualified by reason of education, training or experience; *or*

- the insured loses the use of:
 - both feet; *or*
 - both hands; *or*
 - one foot and one hand; *or*
 - the sight of both eyes.

NOTICE AND PROOF OF DISABILITY

Written notice of claim and proof of total and permanent disability must be given to us at our Home Office:

- while the insured is alive; *and*
- while the insured is totally disabled; *and*
- not later than 1 year after the due date of any premium that is to be waived.

If this notice is not given, we will not reduce or deny a claim if:

- it was not reasonably possible for you to give notice; *and*
- you gave us notice as soon as you reasonably could.

A premium not paid within its grace period will be waived only if:

- we receive notice and proof of disability within 1 year after the premium due date; *and*
- disability began before the premium was due or within its grace period.

PROOF OF CONTINUED TOTAL AND PERMANENT DISABILITY

Proof that the insured continues to be totally disabled may be required once a year. As part of any proof, we may require the insured, at our expense, to have an examination by a physician we choose. If you do not give proof or if the insured engages in his or her customary occupation or any other occupation for which he or she becomes qualified by reason of education, training or experience, no further premiums will be waived.

EXCLUSIONS

We will not waive premiums if disability results from:

- intentional self-injury; *or*
- any act of war, declared or undeclared, or any act related to war; *or*
- military service for any country at war.

INCONTESTABILITY

We reserve the right to contest liability for any claim under this provision at any time and for any cause.

TERMINATION OF THIS PROVISION

This provision will terminate:

- when this policy terminates; *or*
- when this policy is being continued under a Surrender Option, if applicable; *or*

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.

[Joe Secretary]

Secretary

- on any premium due date when you provide us with a written cancellation request; *or*
- when the insured reaches age 65.

GENERAL

This rider is part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect surrender, loan or policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

[John President]

President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Attached please find the required flesch certification		
Attachment(s):			
readability.pdf			

AUTO-OWNERS LIFE INSURANCE COMPANY
Certification of Readability

I hereby certify, to the best of my knowledge and belief, that the following forms have the respective Flesch Scores which meet the readability requirements of the Arkansas Department of Insurance.

A handwritten signature in cursive script that reads "Gayle A. Fisher".

Gayle A. Fisher, Assistant Vice President, Life Operations

Form 61174 (6-12) Disability Premium Waiver Rider
Flesch Score: 52.94