

State: Arkansas **Filing Company:** Ameritas Life Insurance Corp.
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Death Benefit/Terminal Illness Acceleration Rider
Project Name/Number: Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

Filing at a Glance

Company: Ameritas Life Insurance Corp.
Product Name: Death Benefit/Terminal Illness Acceleration Rider
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 11/16/2012
SERFF Tr Num: AMFA-128739584
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: L - DBAR 11-12

Implementation: On Approval
Date Requested:
Author(s): Cindy Meyer, Joanne Friend, Jenny Boggs
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/27/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Ameritas Life Insurance Corp.
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General Information

Project Name: Death Benefit/Terminal Illness Acceleration Rider Status of Filing in Domicile: Pending
 Project Number: DBAR 11-12 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 11/27/2012
 State Status Changed: 11/27/2012
 Deemer Date: Created By: Jenny Boggs
 Submitted By: Jenny Boggs Corresponding Filing Tracking Number:

Filing Description:

Re: Ameritas Life Insurance Corp. NAIC No. 0943-61301 FEIN No. 47-0098400

Submission Form Identification: DBAR 11-12 Death Benefit Acceleration Rider
 DBAR DISC 11-12 Death Benefit Acceleration Rider Disclosure Statement
 TIAR 11-12 Terminal Illness Acceleration Rider
 TIAR DISC 11-12 Terminal Illness Acceleration Rider Disclosure Statement
 DB-TIAR 11-12 Policy Schedule Insert Page

Designation of Form as Individual or Group Market: Individual

General Description of Submission: Accelerated Benefit Riders, Disclosure Statements and Policy Schedule Insert Page are filed to be used with our individual life insurance portfolio.

Enclosed for your review and approval are the above-referenced riders, disclosure statements and policy schedule insert page. These forms will be used with new issues of our individual life insurance portfolio. A brief explanation and use of these forms is outlined below.

DBAR 11-12 Death Benefit Acceleration Rider/TIAR 11-12 Terminal Illness Acceleration Rider –The DBAR will provide an accelerated death benefit for a Critical Illness event, a Chronic Illness event, and a Terminal Illness event for permanent products. The TIAR will be issued on permanent products when the insured does not meet qualifications for the DBAR, and it will be issued with our term policies. An interest bearing lien against the death benefit will be established for the amount of any accelerated death benefit plus any administrative fee. There is no additional cost of insurance charge for this rider. DBAR 11-12 and TIAR 11-12 will replace AABR01, which was approved by your state insurance department on 04/06/2007 under state tracking #35469.

DBAR DISC 11-12 Death Benefit Acceleration Rider Disclosure Statement/TIAR DISC 11-12 Terminal Illness Acceleration Rider Disclosure Statement – The disclosure statement will be given by the agent to the applicant at time of application, if applicable. DBAR DISC 11-12 and TIAR DISC 11-12 will replace AABR01 Disc, which was approved by your state insurance department on 04/06/2007 under state tracking #35469.

DB-TIAR 11-12 Policy Schedule Insert Page – The policy schedule insert page shows detailed rider information for the Death Benefit Acceleration Rider or the Terminal Illness Acceleration Rider.

An actuarial memorandum is also enclosed.

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No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

The enclosed submission was filed concurrently with our domiciliary state of Nebraska. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52984 or email address jboggs@ameritas.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

Jenny Boggs
 Contract Analyst

Company and Contact

Filing Contact Information

Jenny Boggs, Contract Analyst jboggs@ameritas.com
 1876 Waycross Road 800-825-1551 [Phone] 52984 [Ext]
 P O Box 40888 513-595-2918 [FAX]
 Cincinnati, OH 45240

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
 5900 O Street Group Code: 943 Company Type:
 P O Box 81889 Group Name: State ID Number:
 Lincoln, NE 68501-1889 FEIN Number: 47-0098400
 (800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation: 5 forms X \$50 = \$250
 Per Company: No

Company	Amount	Date Processed	Transaction #
Ameritas Life Insurance Corp.	\$250.00	11/16/2012	64981630

SERFF Tracking #:

AMFA-128739584

State Tracking #:

Company Tracking #:

L - DBAR 11-12

State:

Arkansas

Filing Company:

Ameritas Life Insurance Corp.

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Death Benefit/Terminal Illness Acceleration Rider

Project Name/Number:

Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/27/2012	11/27/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Death Benefit/Terminal Illness Schedule Page	Jenny Boggs	11/16/2012	11/16/2012

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Death Benefit/Terminal Illness Acceleration Rider
Project Name/Number: Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

Filing Company: Ameritas Life Insurance Corp.

Disposition

Disposition Date: 11/27/2012

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	Actuarial Memorandum		No
Supporting Document	Statement of Variability		Yes
Form	Death Benefit Acceleration Rider		Yes
Form	Death Benefit Acceleration Disclosure		Yes
Form	Terminal Illness Acceleration Rider		Yes
Form	Terminal Illness Acceleration Disclosure		Yes
Form (revised)	Death Benefit/Terminal Illness Schedule Page		Yes
Form	Death Benefit/Terminal Illness Schedule Page	Replaced	Yes

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Death Benefit/Terminal Illness Acceleration Rider
Project Name/Number: Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

Filing Company: Ameritas Life Insurance Corp.

Amendment Letter

Submitted Date: 11/16/2012

Comments:

We inadvertently attached the incorrect form under the Schedule Page line.

We have now attached the correct form.

We apologize for any inconvenience.

Thanks,

Jenny Boggs

Contract Analyst

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Death Benefit/Terminal Illness Schedule Page	DB-TIAR 11-12	SCH	Initial		0.000	DB-TIAR 11-12 Policy Schedule Page 11-7-12 version - FINAL.pdf	Date Submitted: 11/16/2012 By:
<i>Previous Version</i>								
1	<i>Death Benefit/Terminal Illness Schedule Page</i>	<i>DB-TIAR 11-12</i>	<i>SCH</i>	<i>Initial</i>		<i>0.000</i>	<i>TIAR 11-12 11-15-12 version - FINAL .pdf</i>	<i>Date Submitted: 11/16/2012 By: Jenny Boggs</i>

No Rate Schedule Items Changed.

No Supporting Documents Changed.

State: Arkansas **Filing Company:** Ameritas Life Insurance Corp.
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Product Name: Death Benefit/Terminal Illness Acceleration Rider
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Post Submission Update Request Submitted On 11/16/2012

Status: Submitted
Created By: Jenny Boggs

General Information:

Field Name	Requested Change	Prior Value
Domicile Status Comments		
Requested Filing Mode	Review & Approval	
Explanation for Combination/Other		
Corresponding Filing Tracking Number		

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Death Benefit/Terminal Illness Acceleration Rider
Project Name/Number: Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

Filing Company: Ameritas Life Insurance Corp.

Form Schedule

Lead Form Number: DBAR 11-12								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Death Benefit Acceleration Rider	DBAR 11-12	POLA	Initial		52.000	DBAR 11-12 11-15-12 version - FINAL.pdf
2		Death Benefit Accleration Disclosure	DBAR DISC 11-12	POLA	Initial		50.000	DBAR DISC 11-12 11-15-12 - FINAL.pdf
3		Terminal Illness Acceleration Rider	TIAR 11-12	POLA	Initial		52.000	TIAR 11-12 11-15-12 version - FINAL .pdf
4		Terminal Illness Acceleration Disclosure	TIAR DISC 11-12	POLA	Initial		51.000	TIAR DISC 11-12 11-14-12 - FINAL.pdf
5		Death Benefit/Terminal Illness Schedule Page	DB-TIAR 11-12	SCH	Initial		0.000	DB-TIAR 11-12 Policy Schedule Page 11-7-12 version - FINAL.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

SERFF Tracking #:

AMFA-128739584

State Tracking #:

Company Tracking #:

L - DBAR 11-12

State: Arkansas

Filing Company: Ameritas Life Insurance Corp.

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Product Name: Death Benefit/Terminal Illness Acceleration Rider

Project Name/Number: Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

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

Ameritas Life Insurance Corp.

DEATH BENEFIT ACCELERATION RIDER

TAX CONSEQUENCES. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE. SOME OF THE BENEFITS PROVIDED BY THIS RIDER ARE INTENDED TO BE NON-TAXABLE. HOWEVER, CHANGES TO TAX LAW CAN CHANGE THE TAXABILITY OF BENEFITS. WE RECOMMEND THAT YOU CONTACT YOUR TAX ADVISOR TO ASSESS THE IMPACT OF THESE BENEFITS.

PURPOSE. This rider is attached to and made a part of this life insurance policy. If there is a conflict between the terms of the policy and the terms of this rider, the rider controls.

We will accelerate the payment of the death benefit for a qualifying event subject to the provisions of this rider. The accelerated payment is referred to as an accelerated benefit. You must request the accelerated benefit within 12 months of the date of the qualifying event.

QUALIFYING EVENTS. The qualifying events covered under this rider are: 1) *critical illness*; 2) *chronic illness*; and 3) *terminal illness*.

You may request one accelerated benefit for each type of qualifying event.

ACCELERATED BENEFITS. The minimum accelerated benefit amount that we will pay is shown on the policy schedule. For each qualifying event the accelerated benefit may not exceed the applicable maximum accelerated benefit amount shown on the policy schedule. The sum of all accelerated benefits may not exceed the lifetime maximum accelerated benefit shown on the policy schedule.

The accelerated benefit will be paid in a lump sum for *critical illness* and *terminal illness*. The accelerated benefit for *chronic illness* may be paid monthly, or annually up to the per diem limitation declared each year by the Internal Revenue Service. An accelerated benefit will be paid to you or to any other payee you so designate. No accelerated benefit may be requested on or after the policy anniversary on which the *insured* is the maximum acceleration age shown on the policy schedule. Accelerated benefits due to *chronic illness* may continue to be paid if the accelerated benefit payments began prior to the policy anniversary on which the *insured* is the maximum acceleration age shown on the policy schedule.

The accelerated benefit plus any administrative fee plus accrued interest will be a lien against the death benefit proceeds. Your access to the *cash surrender value* after an accelerated benefit has been paid will be restricted to the excess of the *cash surrender value* over any liens. Policy lapse benefits and reduced paid-up insurance benefits will be limited to the excess of the cash surrender value over any liens. On the date of death, the death benefit will be reduced by the amount of any liens and any *policy debt*.

RESIDUAL DEATH BENEFIT. Upon the death of the *insured*, we will pay at least the residual death benefit shown on the policy schedule, reduced by the amount of any partial withdrawals taken after the first accelerated benefit request and any *policy debt*.

CONDITIONS. Accelerated benefits are subject to the following conditions:

- (1) The *insured* must provide satisfactory proof that the *insured* has suffered a qualifying event. Satisfactory proof for a qualifying event must come from a *physician*. Such satisfactory proof must specify that:
 - (a) the *insured* has been diagnosed as having a *critical illness*, *chronic illness*, or *terminal illness*; and
 - (b) such qualifying event was first diagnosed while the *insured* was covered by the rider.
- (2) We reserve the right to obtain a second medical opinion at our expense.
- (3) The policy must be in force other than as extended term insurance.
- (4) This rider may not be exercised if the policy is a modified endowment contract, as defined in the Internal Revenue Code, Section 7702A.
- (5) Any amount required to prevent the policy from terminating must be paid before an accelerated benefit will be paid.
- (6) If the qualifying event is caused by an intentional self-inflicted injury, no accelerated benefit will be paid.

- (7) If the qualifying event is caused by participation in a felony, no accelerated benefit will be paid.
- (8) If the policy is a survivorship life insurance policy, the accelerated benefit is not available if both *insureds* are living.
- (9) Any assignee or lienholder must release the assignment or existing liens.
- (10) Any irrevocable beneficiary must consent in writing to *your* request for the accelerated benefit.
- (11) *You* must assign the policy to *us* for an amount equal to the liens and accrued interest. No further changes to the policy will be permitted without *our* consent.
- (12) *We* must receive a written claim form that will be provided by *us* within 10 working days after *you* request it.
- (13) The total accelerated benefit payments on the *insured* from policies with *us* and *our* affiliates will not exceed the lifetime maximum accelerated benefit amount shown on the policy schedule.
- (14) This rider allows for the accelerated payment of death benefit proceeds, which would otherwise be payable to the beneficiary of the policy. *You* are not eligible for this benefit if *you* will be required by:
 - (a) law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - (b) a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.
- (15) If *you* are receiving *chronic illness* accelerated benefits, *we* may require certification by a *physician* once per calendar year that the *insured* has a *chronic illness*.

PREMIUMS DUE AND POLICY CHARGES. After payment of the accelerated benefit, all policy charges will continue to be assessed. *You* are required to pay the minimum premium necessary to keep the base policy and any attached riders in force.

INTEREST. *We* will charge interest on the liens. The interest charged will be added to the amount of the lien. *You* may repay any outstanding lien at any time before the *insured's* death.

The maximum lien interest rate will be no greater than the greatest of:

- (1) the current yield on ninety-day treasury bills; or
- (2) the current maximum statutory adjustable policy loan interest rate.

However, the maximum lien interest rate will never exceed the rate shown on the policy schedule. *We* have the option of charging less.

The interest rate accrued on the portion of the liens that are equal in amount to the *cash surrender value* of the policy will be no more than the policy loan interest rate. Lien interest will not be charged if it would cause the lien to be greater than the following:

- (1) death benefit minus,
- (2) residual death benefit plus,
- (3) *policy debt* plus,
- (4) any partial withdrawals taken after the first accelerated benefit has been requested.

GENERAL PROVISIONS

ADMINISTRATIVE FEE. *We* reserve the right to assess an administrative fee of not more than the maximum administrative fee shown on the policy schedule to process an accelerated benefit request for each qualifying event under this rider. The fee will be added to the lien at the time the accelerated benefit is paid.

EFFECTIVE DATE. The effective date of this rider is shown on the policy schedule.

REINSTATEMENT. If the policy lapses and is reinstated, this rider will automatically be reinstated with the policy. Any lien that was outstanding at the time the policy lapsed will be reinstated with lien interest as if the policy had not lapsed.

DEFINITIONS

ACTIVITIES OF DAILY LIVING. Means the following:

- (1) Dressing: the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
- (2) Toileting: the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet; and to perform associated personal hygiene.
- (3) Transferring: the ability to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
- (4) Continence: the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag.
- (5) Eating: the ability to feed yourself by getting food into *your* body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously.
- (6) Bathing: the ability to wash yourself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower.

CHRONIC ILLNESS. Means the *insured*:

- (1) is unable to perform (without assistance) at least two *activities of daily living*, and has been unable to perform them for a period of at least 90 days; or
- (2) has suffered *severe cognitive impairment* to the extent that *substantial supervision* is required to ensure the *insured's* health and safety.

CRITICAL ILLNESS. Means one of the following events experienced by the *insured*:

- (1) Cardiac Event. Means one of the following: open heart surgery, angioplasty, or myocardial infarction. Myocardial infarction is defined as the death of a portion of the heart muscle, due to inadequate blood supply to the relevant area. Proof of a myocardial infarction must include all of the following:
 - (a) typical clinical symptoms, such as central chest pain; and
 - (b) diagnostic increase of specific cardiac markers; and
 - (c) new electrocardiographic markers of infarction.

This rider will not cover angina.

- (2) Life Threatening Cancer. Means the uncontrolled growth and spread of malignant cells including malignant melanomas and tumors. The following types of cancer are not considered a life threatening cancer: Stage A prostate cancer, any skin cancer (other than melanoma), and carcinoma in situ.
- (3) Stroke. Means a cerebral vascular hemorrhage or infarction of brain tissue producing a permanent neurological deficit. This rider will not cover transient ischemic attacks.
- (4) Major Transplant. Means a bone marrow, heart, kidney, lung, liver, or pancreas transplant that is medically necessary due to its life threatening nature. Proof of the need for a major transplant must also include with the medical evidence that the *insured* is registered by the United Network of Organ Sharing (UNOS).
- (5) End-Stage Renal Failure. Means the chronic irreversible failure of both of the kidneys, which requires treatment with regular dialysis or transplant. The diagnosis of end-stage renal failure must be made by a board certified nephrologist.

ELIGIBLE AMOUNT. For universal life insurance policies, the *eligible amount* is the *specified amount* on the base policy at the time of the first accelerated benefit request. For whole life insurance policies, the *eligible amount* is the amount of benefit on the base policy plus any paid-up insurance and paid-up additions at the time of the first accelerated benefit request. No rider *specified amount* or the amount of other benefits, other than paid-up insurance and paid-up additions, are eligible. In the event of a partial withdrawal that occurs after an accelerated benefit request the *eligible amount* will be reduced accordingly.

PHYSICIAN. Means a doctor of medicine or osteopathy (other than *you*, *your* spouse, domestic partner, a member of *your* family, a business or professional partner, or any person with whom *you* share a financial or business interest) licensed to practice medicine and surgery in the state in which he or she practices and who is practicing within the scope of such license in the United States.

SEVERE COGNITIVE IMPAIRMENT. Means a diagnosis by a *physician* who is a certified neurologist of Alzheimer's disease and similar forms of irreversible dementia supported by medical evidence of a loss or deterioration in intellectual capacity that includes (1) short-or long-term memory, (2) orientation to people, places, or time, (3) abstract or deductive reasoning, and (4) judgment as it pertains to safety.

SUBSTANTIAL SUPERVISION. Means continual, 24-hour supervision by another person that is necessary to protect severely cognitively-impaired individuals against threats to their health or safety.

TERMINAL ILLNESS. Means the *insured* has been certified by a *physician* as having an illness or physical condition which can reasonably be expected to result in death within 12 months after the date of certification.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

DEATH BENEFIT ACCELERATION RIDER DISCLOSURE STATEMENT

Accelerated benefit riders are NOT long term care riders. The amount this rider will pay may NOT be enough to cover nursing home or other bills. The *owner* may use the money received from this rider for any purpose.

Benefits paid under this rider may be taxable. Some of the benefits provided by this rider are intended to be non-taxable. However, tax laws can change affecting the taxability of benefits. *We* recommend that *you* contact *your* tax advisor to assess the impact of these benefits.

This rider MAY affect Medicaid eligibility. If *you* have an accelerated benefit rider, *you* MAY be required to receive and spend all of the available funds in *your* policy to become eligible for Medicaid or other government assistance programs.

We will accelerate the payment of the death benefit for a qualifying event subject to the provisions of the rider.

The qualifying events covered under the rider are: 1) *critical illness*; 2) *chronic illness*; and 3) *terminal illness*.

CRITICAL ILLNESS. Means one of the following events experienced by the *insured*:

- (1) Cardiac Event. Means one of the following: open heart surgery, angioplasty, or myocardial infarction. Myocardial infarction is defined as the death of a portion of the heart muscle, due to inadequate blood supply to the relevant area. Proof of a myocardial infarction must include all of the following:
 - (a) typical clinical symptoms, such as central chest pain; and
 - (b) diagnostic increase of specific cardiac markers; and
 - (c) new electrocardiographic markers of infarction.

The rider will not cover angina.

- (2) Life Threatening Cancer. Means the uncontrolled growth and spread of malignant cells including malignant melanomas and tumors. The following types of cancer are not considered a life threatening cancer: Stage A prostate cancer, any skin cancer (other than melanoma), and carcinoma in situ.
- (3) Stroke. Means a cerebral vascular hemorrhage or infarction of brain tissue producing a permanent neurological deficit. This rider will not cover transient ischemic attacks.
- (4) Major Transplant. Means a bone marrow, heart, kidney, lung, liver, or pancreas transplant that is medically necessary due to its life threatening nature. Proof of the need for a major transplant must also include with the medical evidence that the *insured* is registered by the United Network of Organ Sharing (UNOS).
- (5) End-Stage Renal Failure. Means the chronic irreversible failure of both of the kidneys, which requires treatment with regular dialysis or transplant. The diagnosis of end-stage renal failure must be made by a board certified nephrologist.

CHRONIC ILLNESS. Means the *insured*:

- (1) is unable to perform (without assistance) at least two *activities of daily living*, and has been unable to perform them for a period of at least 90 days; or
- (2) has suffered *severe cognitive impairment* to the extent that *substantial supervision* is required to ensure the *insured's* health and safety.

TERMINAL ILLNESS. Means the *insured* has been certified by a *physician* as having an illness or physical condition which can reasonably be expected to result in death within 12 months after the date of certification.

PREMIUMS DUE AND POLICY CHARGES. After payment of the accelerated benefit, all policy charges will continue to be assessed. *You* are required to pay the minimum premium necessary to keep the base policy and any attached riders in force.

The accelerated benefit plus any administrative fee plus accrued interest will be a lien against the death benefit proceeds. *Your* access to the *cash surrender value* after an accelerated benefit has been paid will be restricted to the excess of the *cash surrender value* over any liens. Policy lapse benefits and reduced paid-up insurance benefits will be limited to the excess of the cash surrender value over any liens. On the date of death, the death benefit will be reduced by the amount of any liens and any *policy debt*.

We may charge an administrative fee not to exceed \$150 for processing a benefit under this rider. The fee will be added to the lien at the time the accelerated benefit is paid.

Payment of the accelerated benefit will decrease the death benefit proceeds by the following:

- (1) the amount of the accelerated benefit paid; plus
- (2) any administrative fee; plus
- (3) interest, as defined in the rider, on the amount of accelerated benefit paid plus any administrative fee.

Underwriting approval is required for this rider.

Owner's Signature

Producer

Date

Date

Ameritas Life Insurance Corp.

TERMINAL ILLNESS ACCELERATION RIDER

TAX CONSEQUENCES. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE. WE RECOMMEND THAT YOU CONTACT YOUR TAX ADVISOR TO ASSESS THE IMPACT OF THESE BENEFITS.

PURPOSE. This rider is attached to and made a part of this life insurance policy. If there is a conflict between the terms of the policy and the terms of this rider, the rider controls.

We will accelerate the payment of the death benefit for a qualifying event subject to the provisions of this rider. The accelerated payment is referred to as an accelerated benefit.

QUALIFYING EVENT. The qualifying event covered under this rider is terminal illness. Terminal illness means the *insured* has been certified by a physician as having an illness or physical condition which can reasonably be expected to result in death within 12 months after the date of certification. Physician is defined as a doctor of medicine or osteopathy (other than *you*, *your* spouse, domestic partner, a member of *your* family, a business or professional partner, or any person with whom *you* share a financial or business interest) licensed to practice medicine and surgery in the state in which he or she practices and who is practicing within the scope of such license in the United States.

ACCELERATED BENEFITS. The minimum accelerated benefit amount that *we* will pay is shown on the policy schedule. The accelerated benefit may not exceed the applicable maximum accelerated benefit amount shown on the policy schedule.

The accelerated benefit will be paid in a lump sum. An accelerated benefit will be paid to *you* or to any other payee *you* so designate. No accelerated benefit may be requested on or after the policy anniversary on which the *insured* is the maximum acceleration age shown on the policy schedule.

The accelerated benefit plus any administrative fee plus accrued interest will be a lien against the death benefit proceeds. *Your* access to the *cash surrender value* after an accelerated benefit has been paid will be restricted to the excess of the *cash surrender value* over the lien. Policy lapse benefits and reduced paid-up insurance benefits will be limited to the excess of the cash surrender value over the lien. On the date of death, the death benefit will be reduced by the amount of the lien and any *policy debt*.

RESIDUAL DEATH BENEFIT. Upon the death of the *insured*, *we* will pay at least the residual death benefit shown on the policy schedule, reduced by the amount of any partial withdrawals taken after the accelerated benefit request and any *policy debt*.

ELIGIBLE AMOUNT. For universal life insurance policies, the eligible amount is the *specified amount* on the base policy at the time of the accelerated benefit request. For whole life insurance policies, the eligible amount is the amount of benefit on the base policy plus any paid-up insurance and paid-up additions at the time of the accelerated benefit request. No rider *specified amount* or the amount of other benefits, other than paid-up insurance and paid-up additions, are eligible.

CONDITIONS. Accelerated benefits are subject to the following conditions:

- (1) The *insured* must provide satisfactory proof that the *insured* has met the conditions satisfying the qualifying event.
- (2) *We* reserve the right to obtain a second medical opinion at *our* expense.
- (3) The policy must be in force other than as extended term insurance.
- (4) This rider may not be exercised if the policy is a modified endowment contract, as defined in the Internal Revenue Code, Section 7702A.
- (5) Any amount required to prevent the policy from terminating must be paid before an accelerated benefit will be paid.
- (6) If the qualifying event is caused by an intentional self-inflicted injury, no accelerated benefit will be paid.
- (7) If the qualifying event is caused by participation in a felony, no accelerated benefit will be paid.
- (8) If the policy is a survivorship life insurance policy, the accelerated benefit is not available if both *insureds* are living.
- (9) Any assignee or lienholder must release the assignment or existing lien.

- (10) Any irrevocable beneficiary must consent in writing to *your* request for the accelerated benefit.
- (11) *You* must assign the policy to *us* for an amount equal to the lien and accrued interest. No further changes to the policy will be permitted without *our* consent.
- (12) *We* must receive a written claim form that will be provided by *us* within 10 working days after *you* request it.
- (13) The total accelerated benefit payments on the *insured* from policies with *us* and *our* affiliates will not exceed the maximum accelerated benefit amount shown on the policy schedule.
- (14) This rider allows for the accelerated payment of death benefit proceeds, which would otherwise be payable to the beneficiary of the policy. *You* are not eligible for this benefit if *you* will be required by:
 - (a) law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - (b) a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

PREMIUMS DUE AND POLICY CHARGES. After payment of the accelerated benefit, all policy charges will continue to be assessed. *You* are required to pay the minimum premium necessary to keep the base policy and any attached riders in force.

INTEREST. *We* will charge interest on the lien. The interest charged will be added to the amount of the lien. *You* may repay any outstanding lien at any time before the *insured's* death.

The maximum lien interest rate will be no greater than the greatest of:

- (1) the current yield on ninety-day treasury bills; or
- (2) the current maximum statutory adjustable policy loan interest rate.

However, the maximum lien interest rate will never exceed the rate shown on the policy schedule. *We* have the option of charging less.

The interest rate accrued on the portion of the lien that is equal in amount to the *cash surrender value* of the policy will be no more than the policy loan interest rate. If no policy loan interest rate is stated, interest accrues daily at an effective annual interest rate of 8%. Lien interest will not be charged if it would cause the lien to be greater than the following:

- (1) death benefit minus,
- (2) residual death benefit plus,
- (3) *policy debt* plus,
- (4) any partial withdrawals taken after the accelerated benefit has been requested.

GENERAL PROVISIONS

ADMINISTRATIVE FEE. *We* reserve the right to assess an administrative fee of not more than the maximum administrative fee shown on the policy schedule to process an accelerated benefit request under this rider. The fee will be added to the lien at the time the accelerated benefit is paid.

EFFECTIVE DATE. The effective date of this rider is shown on the policy schedule.

REINSTATEMENT. If the policy lapses and is reinstated, this rider will automatically be reinstated with the policy. Any lien that was outstanding at the time the policy lapsed will be reinstated with lien interest as if the policy had not lapsed.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]

Ameritas Life Insurance Corp.

**TERMINAL ILLNESS ACCELERATION RIDER
DISCLOSURE STATEMENT**

Accelerated benefit riders are NOT long term care riders. The amount this rider will pay may NOT be enough to cover nursing home or other bills. The *owner* may use the money received from this rider for any purpose.

Benefits paid under this rider may be taxable. Some of the benefits provided by this rider are intended to be non-taxable. However, tax laws can change affecting the taxability of benefits. *We* recommend that *you* contact *your* tax advisor to assess the impact of these benefits.

This rider MAY affect Medicaid eligibility. If *you* have an accelerated benefit rider, you MAY be required to receive and spend all of the available funds in *your* policy to become eligible for Medicaid or other government assistance programs.

We will accelerate the payment of the death benefit for a terminal illness subject to the provisions of the rider.

TERMINAL ILLNESS. Means the *insured* has been certified by a physician as having an illness or physical condition which can reasonably be expected to result in death within 12 months after the date of certification.

PREMIUMS DUE AND POLICY CHARGES. After payment of the accelerated benefit, all policy charges will continue to be assessed. *You* are required to pay the minimum premium necessary to keep the base policy and any attached riders in force.

The accelerated benefit plus any administrative fee plus accrued interest will be a lien against the death benefit proceeds. *Your* access to the *cash surrender value* after an accelerated benefit has been paid will be restricted to the excess of the *cash surrender value* over the lien. Policy lapse benefits and reduced paid-up insurance benefits will be limited to the excess of the cash surrender value over the lien. On the date of death, the death benefit will be reduced by the amount of the lien and any *policy debt*.

We may charge an administrative fee not to exceed \$150 for processing a benefit under this rider. The fee will be added to the lien at the time the accelerated benefit is paid.

Payment of the accelerated benefit will decrease the death benefit proceeds by the following:

- (1) the amount of the accelerated benefit paid; plus
- (2) any administrative fee; plus
- (3) interest, as defined in the rider, on the amount of accelerated benefit paid plus any administrative fee.

Owner's Signature

Producer

Date

Date

POLICY SCHEDULE

Insured:	[John Doe]
Effective Date:	[January 1, 2013]
Maximum Acceleration Age:	[110]
Minimum Accelerated Benefit Amount:	[\$250]
[Lifetime Maximum Accelerated Benefit:	[\$500,000]
[Maximum Critical Illness Accelerated Benefit:	Lesser of \$[25,000] or [10]% of the <i>Eligible Amount</i>
[Maximum Chronic Illness Accelerated Benefit:	Annual Payment [50]% of the <i>Eligible Amount</i> up to a maximum of \$[400,000] paid in an annual lump sum up to the per diem limitation declared each year by the Internal Revenue Service Or Monthly Payment [50]% of the <i>Eligible Amount</i> up to a maximum of \$[400,000] paid in monthly installments of 2% for 50 months or 1% for 100 months]
Maximum Terminal Illness Accelerated Benefit:	Lesser of \$[500,000] or [50]% of the <i>Eligible Amount</i>
Maximum Administrative Fee per Acceleration Request:	[\$150]
Maximum Lien Interest Rate:	[8.00]% ([7.40]% in advance) per year
Residual Death Benefit:	[10]% of the <i>Eligible Amount</i> up to a maximum of \$[100,000]

SERFF Tracking #:

AMFA-128739584

State Tracking #:

Company Tracking #:

L - DBAR 11-12

State: Arkansas

Filing Company: Ameritas Life Insurance Corp.

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: Death Benefit/Terminal Illness Acceleration Rider

Project Name/Number: Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Compliance Disclosures are attached.		
Attachment(s):			
AR Reg 19 Certification.pdf			
AR Reg 49 Cert.pdf			
DBAR Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Statement of Variability is attached.		
Attachment(s):			
Statement of Variability.pdf			

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that Ameritas Life Insurance Corp. meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.



Robert G. Lange
Vice President, General Counsel & Asst. Secretary

November 7, 2012
Date

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that Ameritas Life Insurance Corp. is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Ameritas Life Insurance Corp. is in compliance.



Robert G. Lange
Vice President, General Counsel
& Assistant Secretary

November 7, 2012

Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
DBAR 11-12	Death Benefit Acceleration Rider	52
DBAR DISC 11-12	Death Benefit Acceleration Disclosure	50
TIAR 11-12	Terminal Illness Acceleration Rider	52
TIAR DISC 11-12	Terminal Illness Acceleration Disclosure	51



Robert G. Lange
Vice President, General Counsel & Asst. Secretary

November 9, 2012

Statement of Variability
Policy Schedule

The Acceleration Rider schedule will produce at issue.

Insured, Effective Date – This is personalized to the policy/rider purchased and included as John Doe specimen information on the submitted rider.

Maximum Acceleration Age – The range is 90 to 120.

Minimum Accelerated Benefit Amount – The range is \$100 to \$1000.

Lifetime Maximum Accelerated Benefit – The range is \$250,000 to \$1,000,000.
This item will not appear when TIAR 11-12 is issued.

Maximum Critical Illness Accelerated Benefit – The range for the maximum amount is \$10,000 to \$50,000. The range for the maximum percentage of the Eligible Amount is 5% to 25%.
This item will not appear when TIAR 11-12 is issued.

Maximum Chronic Illness Accelerated Benefit – The range for the maximum percentage of the Eligible Amount is 25% to 75%. The range for the maximum amount is \$200,000 to \$1,000,000.
This item will not appear when TIAR 11-12 is issued.

Maximum Terminal Illness Accelerated Benefit – The range for the maximum amount is \$250,000 to \$1,000,000. The range for the maximum percentage of the Eligible Amount is 25% to 75%.

Maximum Administrative Fee per Acceleration Request – The range is \$50 to \$300.

Maximum Lien Interest Rate – The range is 2% to 8%. The range is 1.96% to 7.4 % in advance.

Residual Death Benefit – The range for the maximum percentage of the Eligible Amount is 5% to 20%. The range for the maximum amount is \$25,000 to \$200,000.

SERFF Tracking #:

AMFA-128739584

State Tracking #:**Company Tracking #:**

L - DBAR 11-12

State:

Arkansas

Filing Company:

Ameritas Life Insurance Corp.

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Death Benefit/Terminal Illness Acceleration Rider

Project Name/Number:

Death Benefit/Terminal Illness Acceleration Rider/DBAR 11-12

Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
11/16/2012	Replaced 11/27/2012	Form	Death Benefit/Terminal Illness Schedule Page	11/16/2012	TIAR 11-12 11-15-12 version - FINAL .pdf (Superseded)

Ameritas Life Insurance Corp.

TERMINAL ILLNESS ACCELERATION RIDER

TAX CONSEQUENCES. BENEFITS PAID UNDER THIS RIDER MAY BE TAXABLE. WE RECOMMEND THAT YOU CONTACT YOUR TAX ADVISOR TO ASSESS THE IMPACT OF THESE BENEFITS.

PURPOSE. This rider is attached to and made a part of this life insurance policy. If there is a conflict between the terms of the policy and the terms of this rider, the rider controls.

We will accelerate the payment of the death benefit for a qualifying event subject to the provisions of this rider. The accelerated payment is referred to as an accelerated benefit.

QUALIFYING EVENT. The qualifying event covered under this rider is terminal illness. Terminal illness means the *insured* has been certified by a physician as having an illness or physical condition which can reasonably be expected to result in death within 12 months after the date of certification. Physician is defined as a doctor of medicine or osteopathy (other than *you*, *your* spouse, domestic partner, a member of *your* family, a business or professional partner, or any person with whom *you* share a financial or business interest) licensed to practice medicine and surgery in the state in which he or she practices and who is practicing within the scope of such license in the United States.

ACCELERATED BENEFITS. The minimum accelerated benefit amount that *we* will pay is shown on the policy schedule. The accelerated benefit may not exceed the applicable maximum accelerated benefit amount shown on the policy schedule.

The accelerated benefit will be paid in a lump sum. An accelerated benefit will be paid to *you* or to any other payee *you* so designate. No accelerated benefit may be requested on or after the policy anniversary on which the *insured* is the maximum acceleration age shown on the policy schedule.

The accelerated benefit plus any administrative fee plus accrued interest will be a lien against the death benefit proceeds. *Your* access to the *cash surrender value* after an accelerated benefit has been paid will be restricted to the excess of the *cash surrender value* over the lien. Policy lapse benefits and reduced paid-up insurance benefits will be limited to the excess of the cash surrender value over the lien. On the date of death, the death benefit will be reduced by the amount of the lien and any *policy debt*.

RESIDUAL DEATH BENEFIT. Upon the death of the *insured*, *we* will pay at least the residual death benefit shown on the policy schedule, reduced by the amount of any partial withdrawals taken after the accelerated benefit request and any *policy debt*.

ELIGIBLE AMOUNT. For universal life insurance policies, the eligible amount is the *specified amount* on the base policy at the time of the accelerated benefit request. For whole life insurance policies, the eligible amount is the amount of benefit on the base policy plus any paid-up insurance and paid-up additions at the time of the accelerated benefit request. No rider *specified amount* or the amount of other benefits, other than paid-up insurance and paid-up additions, are eligible.

CONDITIONS. Accelerated benefits are subject to the following conditions:

- (1) The *insured* must provide satisfactory proof that the *insured* has met the conditions satisfying the qualifying event.
- (2) *We* reserve the right to obtain a second medical opinion at *our* expense.
- (3) The policy must be in force other than as extended term insurance.
- (4) This rider may not be exercised if the policy is a modified endowment contract, as defined in the Internal Revenue Code, Section 7702A.
- (5) Any amount required to prevent the policy from terminating must be paid before an accelerated benefit will be paid.
- (6) If the qualifying event is caused by an intentional self-inflicted injury, no accelerated benefit will be paid.
- (7) If the qualifying event is caused by participation in a felony, no accelerated benefit will be paid.
- (8) If the policy is a survivorship life insurance policy, the accelerated benefit is not available if both *insureds* are living.
- (9) Any assignee or lienholder must release the assignment or existing lien.

- (10) Any irrevocable beneficiary must consent in writing to *your* request for the accelerated benefit.
- (11) *You* must assign the policy to *us* for an amount equal to the lien and accrued interest. No further changes to the policy will be permitted without *our* consent.
- (12) *We* must receive a written claim form that will be provided by *us* within 10 working days after *you* request it.
- (13) The total accelerated benefit payments on the *insured* from policies with *us* and *our* affiliates will not exceed the maximum accelerated benefit amount shown on the policy schedule.
- (14) This rider allows for the accelerated payment of death benefit proceeds, which would otherwise be payable to the beneficiary of the policy. *You* are not eligible for this benefit if *you* will be required by:
 - (a) law to use this benefit to meet the claims of creditors, whether in bankruptcy or otherwise; or
 - (b) a government agency to use this benefit in order to apply for, obtain, or otherwise keep a government benefit or entitlement.

PREMIUMS DUE AND POLICY CHARGES. After payment of the accelerated benefit, all policy charges will continue to be assessed. *You* are required to pay the minimum premium necessary to keep the base policy and any attached riders in force.

INTEREST. *We* will charge interest on the lien. The interest charged will be added to the amount of the lien. *You* may repay any outstanding lien at any time before the *insured's* death.

The maximum lien interest rate will be no greater than the greatest of:

- (1) the current yield on ninety-day treasury bills; or
- (2) the current maximum statutory adjustable policy loan interest rate.

However, the maximum lien interest rate will never exceed the rate shown on the policy schedule. *We* have the option of charging less.

The interest rate accrued on the portion of the lien that is equal in amount to the *cash surrender value* of the policy will be no more than the policy loan interest rate. If no policy loan interest rate is stated, interest accrues daily at an effective annual interest rate of 8%. Lien interest will not be charged if it would cause the lien to be greater than the following:

- (1) death benefit minus,
- (2) residual death benefit plus,
- (3) *policy debt* plus,
- (4) any partial withdrawals taken after the accelerated benefit has been requested.

GENERAL PROVISIONS

ADMINISTRATIVE FEE. *We* reserve the right to assess an administrative fee of not more than the maximum administrative fee shown on the policy schedule to process an accelerated benefit request under this rider. The fee will be added to the lien at the time the accelerated benefit is paid.

EFFECTIVE DATE. The effective date of this rider is shown on the policy schedule.

REINSTATEMENT. If the policy lapses and is reinstated, this rider will automatically be reinstated with the policy. Any lien that was outstanding at the time the policy lapsed will be reinstated with lien interest as if the policy had not lapsed.

AMERITAS LIFE INSURANCE CORP.

[ SPECIMEN ]

[President

Secretary]