

**State:** Arkansas **Filing Company:** Washington National Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.500 Other  
**Product Name:** WNIC-3000-PS3  
**Project Name/Number:** Modal Factor Changes/

## Filing at a Glance

Company: Washington National Insurance Company  
Product Name: WNIC-3000-PS3  
State: Arkansas  
TOI: L04I Individual Life - Term  
Sub-TOI: L04I.500 Other  
Filing Type: Form  
Date Submitted: 11/26/2012  
SERFF Tr Num: CNSC-128768382  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: WNIC-3000-PS3  
  
Implementation: 06/01/2013  
Date Requested:  
Author(s): Janet Jones, Tammy O'Connor  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 11/30/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.500 Other  
**Product Name:** WNIC-3000-PS3  
**Project Name/Number:** Modal Factor Changes/  
**Filing Company:** Washington National Insurance Company

## General Information

Project Name: Modal Factor Changes  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Deemer Date:  
Submitted By: Janet Jones  
Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 11/30/2012  
State Status Changed: 11/30/2012  
Created By: Janet Jones  
Corresponding Filing Tracking Number:

### Filing Description:

RE: Washington National Insurance Company  
WNIC-3000-PS3 - Policy Specifications Page

Dear Sir or Madam:

On February 24, 2011, we received approval of Policy Form WNIC-3000-AR under SERFF Tracking #CNSC-12704127. A copy of the original disposition report is attached to the Supporting Documentation tab.

Form WNIC-3000-AR is a renewable term life insurance policy to age 98. The death benefit is level for the life of the contract. The premiums are guaranteed and will increase annually after the Level Premium Period. The Level Premium Periods are 15 years or To Age 65 (selected at time of application by the applicant). The premiums are unisex and vary by issue age, level premium period length, and non-tobacco/tobacco underwriting classes. The policy fee is \$48 per year. The available issue ages, on an age last birthday basis, are 18 to 65 for the 15-year level premium period and 18-55 for the level premium period To Age 65.

We now wish to make the following changes to the policy.

- We have revised our modal factors to remove modal loads. The modal factors are shown on the Policy Specifications Page. A revised Page 3, Form WNIC-3000-PS3, is being filed for approval. A revised Actuarial Memorandum is attached to the Supporting Documentation tab.
- The premium rates have been increased for new issues.

Previously approved Application WNIC-8000-SI will be used with this policy. A copy of the approved policy is also being attached to the Supporting Documentation tab in SERFF.

Upon your approval, the rate change and modal factor change will be effective June 1, 2013. This filing does not contain any controversial or unusual items from normal company or industry standards.

Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

Sincerely,

**State:** Arkansas **Filing Company:** Washington National Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.500 Other  
**Product Name:** WNIC-3000-PS3  
**Project Name/Number:** Modal Factor Changes/

Janet Jones, HIA, AIRC  
 Product Filing Analyst  
 Policy Approval & Compliance  
 1-800-888-4918 extension 73177  
 Janet.Jones@cnoinc.com

## Company and Contact

### Filing Contact Information

Janet Jones, Janet\_Jones@conseco.com  
 11815 N. Pennsylvania Street 800-888-4918 [Phone] 3177 [Ext]  
 Carmel, IN 46032 317-817-2333 [FAX]

### Filing Company Information

Washington National Insurance Company	CoCode: 70319	State of Domicile: Indiana
11815 N. Pennsylvania St.	Group Code: 233	Company Type: Insurance
Carmel, IN 46032	Group Name:	State ID Number:
(800) 888-4918 ext. [Phone]	FEIN Number: 36-1933760	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Indiana domiciliary state - \$35 per form  
 Arkansas Fee - \$50 per form  
 one form = \$50.00  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Washington National Insurance Company	\$50.00	11/26/2012	65167250

State: Arkansas Filing Company: Washington National Insurance Company  
TOI/Sub-TOI: L041 Individual Life - Term/L041.500 Other  
Product Name: WNIC-3000-PS3  
Project Name/Number: Modal Factor Changes/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/30/2012	11/30/2012

**SERFF Tracking #:**

CNSC-128768382

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

WNIC-3000-PS3

**State:**

Arkansas

**Filing Company:**

Washington National Insurance Company

**TOI/Sub-TOI:**

L041 Individual Life - Term/L041.500 Other

**Product Name:**

WNIC-3000-PS3

**Project Name/Number:**

Modal Factor Changes/

## Disposition

Disposition Date: 11/30/2012

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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Copy of Approved Policy and Disposition Report		Yes
Supporting Document	Statement of Variability for Poilcy Specification Page, WNIC-3000-PS3		Yes
Form	Policy Specifications		Yes

SERFF Tracking #:

CNSC-128768382

State Tracking #:

Company Tracking #:

WNIC-3000-PS3

State: Arkansas  
 TOI/Sub-TOI: L041 Individual Life - Term/L041.500 Other  
 Product Name: WNIC-3000-PS3  
 Project Name/Number: Modal Factor Changes/

Filing Company: Washington National Insurance Company

## Form Schedule

Lead Form Number: WNIC-3000-PS3

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Specifications	WNIC-3000-PS3	POLA	Initial		50.000	WNIC-3000-PS3.pdf

### Form Type Legend:

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



**SERFF Tracking #:**

CNSC-128768382

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

WNIC-3000-PS3

**State:**

Arkansas

**Filing Company:**

Washington National Insurance Company

**TOI/Sub-TOI:**

L04I Individual Life - Term/L04I.500 Other

**Product Name:**

WNIC-3000-PS3

**Project Name/Number:**

Modal Factor Changes/

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	Readability Certification.pdf Certification Rule 19.pdf AR Guaranty Notice.pdf WNIC-CN-AR.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Application		
Comments:	Previously approved Application WNIC-8000-SI will be used with Policy Form WNIC-3000-AR.  Application approved February 24, 2011 under SERFF Tracking # CNSC-127041271 / Arkansas State Tracking #48017.		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Copy of Approved Policy and Disposition Report		
Comments:			
Attachment(s):	WNIC-3000-AR.pdf Disposition Report.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Statement of Variability for Policy Specification Page, WNIC-3000-PS3		
Comments:			
Attachment(s):	Statement of Variability.pdf		

## READABILITY CERTIFICATION

**Company Name:** WASHINGTON NATIONAL INSURANCE COMPANY

**NAIC Number:** 233-70319

As an officer of Washington National Insurance Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

<b>Flesch Score</b>	<b>Form Number</b>	<b>Description</b>
50	WNIC-3000-PS3	Policy Specifications Page



Mathias E. Brown  
Sr. Director and Assistant Secretary, Product Approval and Compliance  
Date 11/19/2012

# WASHINGTON NATIONAL INSURANCE COMPANY

## Arkansas Certification for Compliance

### With Rule and Regulation 19

WNIC-3000-PS3	Policy Specifications Page for Renewable Term Life Insurance To Age 98
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I, Mathias E. Brown, an authorized officer for the company, do hereby certify that the form(s) identified above are in compliance with Arkansas Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance.



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**Mathias E. Brown**  
**Senior Director and Assistant Secretary**

**11/26/2012**

**DATE**

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

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

**DISCLAIMER**

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

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

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

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

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

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

(Please turn to back of page)

## **COVERAGE**

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

## **EXCLUSIONS FROM COVERAGE**

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

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insurers who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

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

## **LIMITS ON AMOUNT OF COVERAGE**

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

**IMPORTANT NOTICE**

Should you have any questions concerning this policy, you may direct your question to:

1. If to the Company,

Washington National Insurance Company  
11815 N. Pennsylvania St.  
Carmel, Indiana 46032-4555  
Telephone: 1-800-940-1843

2. If to your licensed representative:

Name: \_\_\_\_\_

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

\_\_\_\_\_

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

3. If to the Arkansas Insurance Department

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201  
Telephone: 1-501-371-2640  
1-800-852-5494

**WASHINGTON NATIONAL INSURANCE COMPANY**  
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]  
Telephone: [1-800-888-4918]

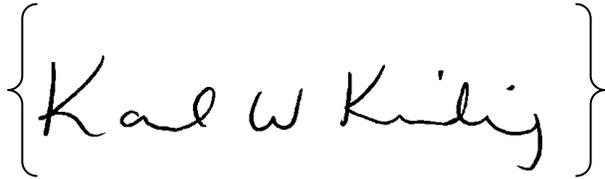
**READ YOUR POLICY CAREFULLY**

This policy is a legal contract between the Owner and Washington National Insurance Company ("The Company"). The Company agrees to pay the Proceeds of this policy to the Beneficiary upon surrender of this policy and receipt of due proof of death of the Insured, while this policy is in force, and to provide the other benefits, rights and privileges in accordance with the terms of this policy.

**NOTICE OF 20 DAY RIGHT TO EXAMINE THE POLICY**

Please carefully review this policy and the attached application. If You are dissatisfied for any reason, this policy can be cancelled by You by delivering or mailing the policy to Our Home Office or to the insurance agent through whom it was effected before midnight of the twentieth day after receipt of such policy by the applicant. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premiums paid, including any policy fee or other charges, will be refunded within twenty days after We receive this policy.

Signed for Washington National Insurance Company by



Secretary



President

**RENEWABLE TERM LIFE INSURANCE TO AGE 98  
CONVERSION OPTION  
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED  
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD  
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE  
NONPARTICIPATING**

**TABLE OF CONTENTS**

<b>PROVISIONS</b>	<b>PAGE NUMBERS</b>
POLICY SPECIFICATIONS PAGES .....	3-4
DEFINITIONS .....	5-6
OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS .....	6-7
PREMIUM PAYMENT PROVISIONS .....	7
DEATH OF INSURED PROVISIONS .....	8
CONVERSION PROVISION .....	8
RENEWAL PROVISION .....	8
GENERAL PROVISIONS.....	9
SETTLEMENT OPTIONS/PAYOUT PROVISIONS.....	10-13

## POLICY SPECIFICATIONS

POLICY NUMBER: [0000000]	INSURED: [JOHN DOE]
POLICY EFFECTIVE DATE: [OCTOBER 15, 2010]	AGE: [35]
EXPIRY DATE: [OCTOBER 15, 2073]	RATING
INITIAL ANNUAL PREMIUM: \$[577.00]	CLASS: [STANDARD NON-TOBACCO]
PREMIUM MODE: [ANNUAL]	LEVEL PREMIUM
	PERIOD: [15 YEARS]
	DEATH BENEFIT: \$[100,000]

THE PREMIUMS ARE GUARANTEED AND ARE SHOWN ON THE TABLE OF GUARANTEED ANNUAL PREMIUMS, SEE PAGE 4. THE PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD, WHICH IS SHOWN ABOVE.

<u>Modal Factors:</u>	<u>* Premiums:</u>
{**Payroll Deduction Mode: [26 Pay] } [0.04002]	{ \$19.45 }
Annual } 1.00	\$486.09 }
Semiannual } 0.51	\$247.90 }
Quarterly } 0.26	\$126.38 }
Monthly (EFT) } 0.0867	\$42.14 }

Premiums paid other than annually are determined by multiplying the total annual premium by the factors shown above.

\*THE PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

\*\*IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE.

## POLICY/RIDER BENEFIT SCHEDULE

Form Number	Description of Benefit	Insurance Amount	Annual Premium	Years Payable
{ WNIC-3000 WNIC-6019 }	Renewable Term Insurance To Age 98	\$100,000	\$244.00	63
	Accelerated Benefit Rider For Terminal Illness	See Rider	N/A	N/A
{ WNIC-6020 WNIC-6021 }	Children's Term Insurance Rider	\$10,000	\$75.00	30
	Total & Permanent Disability Benefits Waiver of Premium	N/A	\$18.09	25
{ WNIC-6026 WNIC-6022 }	Accidental Death Benefit Rider	\$100,000	\$110.00	35
	Critical Illness Benefit Rider	\$3,000	\$39.00	63

**POLICY SPECIFICATIONS (Cont'd)**

**TABLE OF GUARANTEED ANNUAL PREMIUMS**

LEVEL PREMIUM PERIOD: [15 YEARS]

**PREMIUMS ARE BASED ON YOUR ATTAINED AGE. PREMIUMS ARE LEVEL DURING THE LEVEL PREMIUM PERIOD. AFTER THE LEVEL PREMIUM PERIOD, THE PREMIUM WILL INCREASE ANNUALLY.**

<b>AGE</b>	<b>POLICY YEAR</b>	<b>PREMIUM</b>	<b>AGE</b>	<b>POLICY YEAR</b>	<b>PREMIUM</b>
35	1	\$486.09	67	33	5,129.00
36	2	486.09	68	34	5,564.00
37	3	486.09	69	35	6,047.00
38	4	486.09	70	36	6,486.00
39	5	486.09	71	37	7,140.00
40	6	486.09	72	38	7,884.00
41	7	486.09	73	39	8,676.00
42	8	486.09	74	40	9,531.00
43	9	486.09	75	41	10,467.00
44	10	486.09	76	42	11,505.00
45	11	486.09	77	43	12,684.00
46	12	486.09	78	44	14,013.00
47	13	486.09	79	45	15,483.00
48	14	486.09	80	46	17,178.00
49	15	486.09	81	47	19,116.00
50	16	1,279.62	82	48	21,150.00
51	17	1,382.44	83	49	23,316.00
52	18	1,497.73	84	50	25,710.00
53	19	1,631.72	85	51	28,227.00
54	20	1,784.40	86	52	31,059.00
55	21	1,955.78	87	53	34,311.00
56	22	2,139.62	88	54	37,719.00
57	23	2,323.46	89	55	41,142.00
58	24	2,510.42	90	56	43,935.00
59	25	2,716.07	91	57	46,521.00
60	26	2,840.00	92	58	50,076.00
61	27	3,104.00	93	59	54,597.00
62	28	3,404.00	94	60	60,105.00
63	29	3,725.00	95	61	66,084.00
64	30	4,064.00	96	62	72,045.00
65	31	4,349.00	97	63	76,302.00
66	32	4,727.00			

**PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.**

**DEFINITIONS**  
**(Defined terms are capitalized throughout this policy)**

**AGE AND ATTAINED AGE.** Age means the Insured's Age last birthday on the Policy Effective Date. Attained Age means the Age on the Policy Effective Date plus the number of Policy Years elapsed since the Policy Effective Date.

**BENEFICIARY.** The person or persons shown on the application, or later changed by You, to whom We will pay the Proceeds.

**CLAIM FORMS.** The forms and authorizations, including but not limited to HIPAA authorization and affidavit of relationship, that We provide to the Beneficiary for the submission of a claim for the Death Benefit.

**DEATH BENEFIT.** The amount of insurance shown on the Policy Specifications Page or any supplemental Policy Specifications Page.

**EXPIRY DATE.** The Expiration Date is shown on the Policy Specifications Page. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98<sup>th</sup> birthday.

**HOME OFFICE.** Washington National Insurance Company 11825 N. Pennsylvania Street, Carmel, IN 46032-4555.

**INSURED.** The Insured is the person whose life is insured under this policy. The Insured is named on the Policy Specifications Page.

**LEVEL PREMIUM PERIOD.** The number of years or the Attained Age to which premiums are level. See Policy Specifications Page 4 for the table of guaranteed annual premiums.

**NONPARTICIPATING.** This is a nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

**NOTICE, NOTIFY, NOTIFYING.** Written requests and information We receive at Our Home Office, which You sign, and We accept.

**OWNER(S).** The Owner(s) named in the application, unless changed.

**POLICY ANNIVERSARY.** The same date each year as of the Policy Effective Date.

**POLICY EFFECTIVE DATE.** This is the effective date of Your policy. This date will be used to determine Policy Years and Policy Anniversaries.

**POLICY MONTH.** A period beginning each month on the day of your Policy Effective Date and ending the next month on the day preceding the day of the Policy Effective Date.

**POLICY SPECIFICATIONS PAGE.** The Policy Specifications Page or any supplemental Policy Specifications Page that We have most recently sent You.

**POLICY YEAR.** One year from the Policy Effective Date and from each Policy Anniversary.

**PREMIUM MODE.** The frequency You have chosen to pay premiums on this policy.

**DEFINITIONS (cont'd)**  
**(Defined terms are capitalized throughout this policy)**

**PROCEEDS.** The Proceeds are the Death Benefit then in force, plus any death benefit insurance amount on the Insured provided by benefit rider; plus that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less any unpaid premium if death occurs during the grace period.

**WE, OUR, US, COMPANY.** “We”, “Us” or “Our” means Washington National Insurance Company (the Company).

**YOU, YOUR .** “You” or “Your” means the Owner(s) of this policy.

**OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS**

**OWNERSHIP.** This contract belongs to You. During the lifetime of the Insured, You have all rights, subject to the right of:

- (1) any assignee of record with Us;
- (2) any irrevocable Beneficiary; and
- (3) any restricted ownership.

You may make changes, including change of Owner, by Notifying Us, during the lifetime of the Insured. You must do this in writing on a form acceptable by Us. Any changes will take effect on the date We receive Notice and the change is recorded by Us. Any change is subject to any action We take before receiving Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Insured.

**BENEFICIARY.** If the Insured dies while this policy is in force, the Beneficiary will receive the Proceeds provided by the policy and any rider. The Beneficiary is the person(s) or entity You name in the application(s), unless changed by later designation.

You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions, except for payment of premiums.

Unless otherwise provided, if more than one person is named as Beneficiary, the Proceeds will be paid in equal shares to the surviving Beneficiaries as follows: (1) to the primary Beneficiaries surviving at the time of the Insured's death, otherwise; (2) to the contingent Beneficiaries surviving at the time of the Insured's death, otherwise; (3) to the Owner, or the Owner's estate.

If the Beneficiary is “children,” this means children born to or legally adopted by the Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age majority.

**OWNER AND BENEFICIARY CHANGE.** You may change the Owner and the Beneficiary at any time during the lifetime of the Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. Any change will take effect on the date We receive Notice at Our Home Office and the change is recorded by Us. The change will not apply to any payments made or actions taken by Us before We receive and record the Notice.

**SIMULTANEOUS DEATH.** If any Beneficiary dies within 15 days after the death of the Insured, the Proceeds will be paid as if the Beneficiary died before such Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

## **OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS (cont'd)**

**ASSIGNMENT.** You can assign this policy. No assignment will be binding on Us unless it is in writing and received by Us at Our Home Office. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or action We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum. Any debt owed to Us, will be deducted prior to payment made to the assignee. The rights of the Beneficiary and Owner are subject to the rights of any assignee.

## **PREMIUM PAYMENT PROVISIONS**

**PAYMENT OF PREMIUM.** Premiums must be paid in a form acceptable to the Company. The first premium is due on the Policy Effective Date. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts will be given upon request.

**Exception:** During the time, if any, that it is agreed between You and Us that premiums will be billed and remitted through payroll deduction or credit union share account deduction, premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating premium payments on Your behalf.

If after at least one premium payment, premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting premium through one of Our other payment methods that is shown on the Policy Specifications Page.

**GUARANTEED PREMIUMS.** The premiums are guaranteed and are shown on the table of guaranteed annual premiums. The premium will increase annually after the Level Premium Period.

**POLICY FEE.** This policy has an annual policy fee. The amount of this policy fee is shown on the Policy Specifications Page and included in Your premium payment.

**GRACE PERIOD.** A grace period of 31 days will be allowed for payment of each premium after the first. This policy will continue in force during the grace period. If the premium remains unpaid at the end of the grace period, this policy will lapse. It then provides no further value or benefits unless kept in force under the options on premium default provision, see page 9. If the insured dies during the grace period, the unpaid premium through the Policy Month of death will be deducted in the Proceeds.

**REINSTATEMENT.** If the premium is not paid by the end of the grace period, We will allow the policy to be put back in force, subject to the following:

- (1) Your request in writing;
- (2) evidence of insurability satisfactory to Us;
- (3) payment to Us of all overdue premiums with 6% interest compounded annually to the date this policy is reinstated;
- (4) reinstatement of the policy within 5 years of the due date of the first unpaid premium; and

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

## DEATH OF INSURED PROVISIONS

**DEATH BENEFIT.** We will pay the Death Benefit of this policy to the Beneficiary after We receive a completed Claim Form and due proof that the Insured died while this policy was in force. Failure of the Beneficiary to cooperate in the claims process may delay payment of the Death Benefit.

This policy is intended to comply with the cash value accumulation test under Section 7702 of the Internal Revenue Code of 1986, as amended.

**AMOUNT AND PAYMENT OF PROCEEDS.** If the Insured dies while this policy is in force, We will pay the Proceeds to the Beneficiary. The Proceeds are the sum of:

- (1) the Death Benefit then in force; plus
- (2) any death benefit insurance amount on the Insured provided by benefit riders; plus
- (3) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- (4) any unpaid premium if death occurs during the grace period.

Proceeds will be paid in one sum to the Beneficiary unless a payment option is elected as provided by this policy. We will pay the Proceeds to the Beneficiary upon receipt of proof that the Insured died while this policy was in force. If Proceeds are not paid within thirty (30) days after We receive due proof of death and proper written claim, We will pay interest on the Proceeds at the rate of eight percent (8%) per year from the date of death until the date the claim is paid.

## CONVERSION PROVISION

**CONVERSION.** Until the earlier of the Insured's Attained Age 70 or the end of the Level Premium Period, You may convert this policy to a new policy without evidence of insurability. The new policy may be any plan of insurance, except term, then in effect and approved by Us as available for conversion. There will always be at least one policy available for conversion.

At time of conversion, the premium rate for the new policy must be greater than the premium rate for this policy. The Death Benefit on the new policy may not be more than the Death Benefit provided by this policy. The new policy will be in an equivalent rating class as this policy. The conversion date will be the Policy Effective Date of the new policy.

A conversion policy will be issued in exchange for this policy. We must receive this policy and Your Notice of conversion at Our Home Office signed by You, any assignee and any irrevocable Beneficiary of record. The first premium for the conversion policy must be paid.

If the original application is made a part of the new policy, evidence included in such original application will not be contestable after two years from the original Policy Effective Date. The period for death by suicide under the new policy will begin as of the Policy Effective Date of the original policy.

## RENEWAL PROVISION

**RENEWAL.** If You do not convert and continue to pay required premiums Your policy will continue to the Policy Anniversary coinciding with or next following the Insured's 98<sup>th</sup> birthday.

## GENERAL PROVISIONS

**ENTIRE CONTRACT.** The entire contract consists of this policy, any riders or endorsements, the attached copy of the initial application and all supplemental applications to change this policy. All statements in the application and any supplemental applications will be deemed representations and not warranties. No statement will be used to contest this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications in the policy, which are to be based upon additional evidence of insurability, shall be attached to the policy in order to become part of the contract between the parties.

**MODIFICATION OF POLICY.** Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of this policy and then only in writing. No agent, broker, or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions.

**INCONTESTABILITY.** Except in the case of fraud, We will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, and was in force two years from the Policy Effective Date prior to reinstatement, only statements made in the application for reinstatement may be contested. The reinstatement application will be subject to underwriting.

**CHOICE OF LAW.** The insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Owner, exclusive of such state's choice of laws provisions.

**MISSTATEMENT OF AGE.** If the Insured's Age is misstated in the application, the Death Benefit will be adjusted. The adjusted amount will be the Death Benefit the premium paid would have provided based on the Insured's correct Age. The Age shown on the Policy Specifications Page is the Insured's Age as of the Policy Effective Date.

**SUICIDE.** If the Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid.

**TERMINATION.** This policy and its attached riders, if any, will terminate:

- (1) upon the death of the Insured; or
- (2) the Policy Anniversary date coinciding with or next following the Insured's 98<sup>th</sup> birthday; or
- (3) at the expiration of the grace period; or
- (4) on the premium due date following receipt of a written request from You.

## SETTLEMENT OPTIONS/PAYOUT PROVISIONS

**ELECTION OF OPTIONS.** Any amount payable at the death of the Insured will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent. We have the right to change the frequency of payment in order to make a payment of at least \$25.

Any election must be made in writing to Us.

**ELECTION BY OWNER.** During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the payment options in this policy.

**ELECTION BY BENEFICIARY.** If no settlement option is in effect when the Insured dies, a Beneficiary may elect payment according to the provisions of this section by filing a request after the death of the Insured and before any settlement is made. The beneficiary's election is subject to any existing assignment of this policy, and will take effect when We record it. Once recorded, the effective date is the date the request was signed. The election is subject to any Proceeds paid or other action taken by Us before the election was recorded.

**SUPPLEMENTARY CONTRACT.** When We receive a request for a settlement option, We will issue a supplementary contract in exchange for the policy stating the terms under which We will make payments. The supplementary contract will state to whom We will pay any remaining Proceeds if the Beneficiary dies.

If the Beneficiary dies before payments under the supplementary contract are complete, We will pay any remaining balance at least as rapidly as under the method of payment in effect on the date of death.

**INTEREST ON SETTLEMENT OPTIONS.** We will pay the greater of:

- (1) the current rate of interest on settlement options We declare; or
- (2) the minimum rate required.

**EXCESS INTEREST.** Excess interest is the difference between the current rate We declare, and the minimum rate required. We will determine excess interest, if any, on settlement option amounts. We will pay this excess under Options 1, 2, and 4, and will add it to the period of payment under Option 3.

**OPTION 1. EQUAL PAYMENTS FOR A GUARANTEED PERIOD** – Equal monthly payments for the number of years elected, not to exceed 25 years. Payment will begin on the option date.

**Guaranteed Minimum Payment for each \$1,000 of net proceeds**

**Guaranteed interest rate: 1.00%**

<b>ANNUAL YEARS</b>	<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>MONTHLY</b>
1	\$1,000.00	\$501.24	\$250.93	\$83.71
2	502.49	251.87	126.09	42.07
3	336.66	168.75	84.48	28.18
4	253.74	127.19	63.67	21.24
5	204.00	102.25	51.19	17.08
6	170.84	85.63	42.87	14.30
7	147.16	73.76	36.93	12.32
8	129.40	64.86	32.47	10.83
9	115.58	57.94	29.00	9.68
10	104.54	52.40	26.23	8.75
11	95.50	47.87	23.96	7.99
12	87.97	44.09	22.07	7.36
13	81.60	40.90	20.48	6.83
14	76.14	38.16	19.11	6.37
15	71.41	35.79	17.92	5.98
16	67.27	33.72	16.88	5.63
17	63.62	31.89	15.96	5.33
18	60.38	30.26	15.15	5.05
19	57.48	28.81	14.42	4.81
20	54.87	27.50	13.77	4.59
21	52.51	26.32	13.18	4.40
22	50.36	25.24	12.64	4.22
23	48.40	24.26	12.15	4.05
24	46.61	23.36	11.70	3.90
25	44.96	22.53	11.28	3.76

**OPTION 2. EQUAL PAYMENTS FOR LIFE** – Equal monthly payments for a guaranteed period of 10, 15, or 20 years as elected and for life thereafter as shown in the table below. Amount of each monthly installment per \$1,000 net proceeds. Amounts based on 2000 IAM Table age last birthday and an annual interest rate of 1.00%.

**OPTION 2/MALE**

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$1.78	\$1.78	\$1.78	52	\$3.11	\$3.08	\$3.02
19	1.80	1.80	1.80	53	3.19	3.15	3.08
20	1.82	1.82	1.82	54	3.27	3.22	3.15
21	1.84	1.84	1.84	55	3.35	3.30	3.21
22	1.87	1.86	1.86	56	3.44	3.38	3.28
23	1.89	1.89	1.88	57	3.53	3.46	3.35
24	1.91	1.91	1.91	58	3.62	3.55	3.42
25	1.94	1.93	1.93	59	3.73	3.63	3.49
26	1.96	1.96	1.96	60	3.83	3.73	3.56
27	1.99	1.98	1.98	61	3.94	3.82	3.63
28	2.01	2.01	2.01	62	4.06	3.92	3.70
29	2.04	2.04	2.04	63	4.19	4.02	3.77
30	2.07	2.07	2.06	64	4.31	4.12	3.84
31	2.10	2.10	2.09	65	4.45	4.23	3.91
32	2.13	2.13	2.12	66	4.59	4.34	3.98
33	2.16	2.16	2.15	67	4.74	4.45	4.05
34	2.20	2.19	2.19	68	4.89	4.55	4.11
35	2.23	2.23	2.22	69	5.05	4.66	4.17
36	2.27	2.26	2.26	70	5.22	4.77	4.22
37	2.31	2.30	2.29	71	5.39	4.88	4.27
38	2.35	2.34	2.33	72	5.56	4.98	4.32
39	2.39	2.38	2.37	73	5.74	5.08	4.36
40	2.43	2.42	2.41	74	5.92	5.18	4.40
41	2.48	2.47	2.45	75	6.10	5.27	4.43
42	2.52	2.51	2.49	76	6.29	5.36	4.46
43	2.57	2.56	2.54	77	6.47	5.44	4.49
44	2.62	2.61	2.59	78	6.66	5.51	4.51
45	2.67	2.66	2.63	79	6.84	5.58	4.53
46	2.73	2.71	2.68	80	7.01	5.64	4.55
47	2.79	2.77	2.74	81	7.19	5.70	4.56
48	2.85	2.82	2.79	82	7.35	5.75	4.57
49	2.91	2.88	2.84	83	7.51	5.79	4.58
50	2.97	2.95	2.90	84	7.66	5.83	4.58
51	3.04	3.01	2.96	85	7.80	5.86	4.59

**OPTION 2/FEMALE**

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$1.71	\$1.70	\$1.70	52	\$2.87	\$2.85	\$2.82
19	1.72	1.72	1.72	53	2.93	2.91	2.88
20	1.74	1.74	1.74	54	3.00	2.98	2.94
21	1.76	1.76	1.76	55	3.07	3.05	3.00
22	1.78	1.78	1.78	56	3.15	3.12	3.07
23	1.80	1.80	1.80	57	3.23	3.19	3.13
24	1.82	1.82	1.82	58	3.31	3.27	3.20
25	1.84	1.84	1.84	59	3.40	3.36	3.27
26	1.86	1.86	1.86	60	3.50	3.44	3.35
27	1.89	1.89	1.88	61	3.60	3.53	3.42
28	1.91	1.91	1.91	62	3.70	3.62	3.50
29	1.94	1.93	1.93	63	3.81	3.72	3.58
30	1.96	1.96	1.96	64	3.93	3.82	3.65
31	1.99	1.99	1.98	65	4.05	3.93	3.73
32	2.01	2.01	2.01	66	4.18	4.04	3.81
33	2.04	2.04	2.04	67	4.31	4.15	3.89
34	2.07	2.07	2.07	68	4.46	4.26	3.96
35	2.10	2.10	2.10	69	4.61	4.38	4.03
36	2.13	2.13	2.13	70	4.77	4.50	4.10
37	2.17	2.16	2.16	71	4.94	4.62	4.17
38	2.20	2.20	2.19	72	5.11	4.74	4.23
39	2.24	2.23	2.23	73	5.30	4.86	4.28
40	2.27	2.27	2.26	74	5.49	4.98	4.34
41	2.31	2.31	2.30	75	5.69	5.09	4.38
42	2.35	2.35	2.34	76	5.89	5.20	4.42
43	2.39	2.39	2.38	77	6.10	5.30	4.45
44	2.44	2.43	2.42	78	6.30	5.39	4.48
45	2.48	2.48	2.46	79	6.51	5.48	4.51
46	2.53	2.52	2.51	80	6.72	5.56	4.53
47	2.58	2.57	2.56	81	6.93	5.63	4.54
48	2.63	2.62	2.60	82	7.12	5.69	4.56
49	2.69	2.68	2.66	83	7.31	5.75	4.57
50	2.74	2.73	2.71	84	7.49	5.79	4.58
51	2.80	2.79	2.76	85	7.66	5.83	4.58

**OPTION 3. Income of Specified Amount**

We will pay an income of a specified amount until the principal and interest are exhausted.

**OPTION 4. Interest Payments**

We will hold the Proceeds as principal and pay interest at the current rate We declare annually. By Notifying Us, the Beneficiary may withdraw the Proceeds at any time, in amounts of at least \$1,000.

**WASHINGTON NATIONAL INSURANCE COMPANY**  
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]  
[Telephone: 1-800-888-4918]

**RENEWABLE TERM LIFE INSURANCE TO AGE 98  
CONVERSION OPTION  
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED  
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD  
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE  
NONPARTICIPATING**

## Disposition for CNSC-127041271

<b>SERFF Tracking Number:</b>	CNSC-127041271	<b>State:</b>	Arkansas
<b>Filing Company:</b>	Washington National Insurance Company	<b>State Tracking Number:</b>	48017
<b>Company Tracking Number:</b>	WNIC-3000		
<b>TOI:</b>	L04I Individual Life - Term	<b>Sub-TOI:</b>	L04I.500 Other
<b>Product Name:</b>	WNIC-3000 & WNIC-3001R		
<b>Project Name:</b>			

**Disposition Date:**

02/24/2011

**Implementation Date:**

**Status: \***

Approved-Closed

**Comments:**

**Schedule Items**

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statements of Variability		Yes
Form	WNIC-3000-AR, Policy/Contract/Fraternal Certificate, Renewable Term Life Insurance to Age 98		Yes
Form	WNIC-3001R-AR, Policy/Contract/Fraternal Certificate, Renewable Term Life Insurance To 98 with Return of Premium Available		Yes
Form	WNIC-8000-SI, Application/Enrollment Form, Application for Life Insurance		Yes
Form	WNIC-8000-CR, Other, Conditional Receipt		Yes
Form	WNIC-6019, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Accelerated Benefit Rider For Terminal Illness		Yes
Form	WNIC-6020, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Children's Term Insurance Rider		Yes
Form	WNIC-6021, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Total and Permanent Disability Benefits Waiver of Premium		Yes
Form	WNIC-6022-AR, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Critical Illness Rider		Yes
Form	WNIC-6026, Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider, Accidental Death Benefit Rider		Yes
Form	DISC-6019, Other, Disclosure Statement For Accelerated Benefit For Terminal Illness		Yes
Form	CLAIM-6019, Other, Benefit Payment Notice		Yes

**WASHINGTON NATIONAL INSURANCE COMPANY**

DATE: 11/1/2012

**STATEMENT OF VARIABILITY  
FOR  
REVISED PAGE 3 OF POLICY WNIC-3000-AR**

Policy form WNIC-3000-AR is Renewable Term Life Insurance To Age 98 with partial return of premium to be issued by Washington National Insurance Company. The language that is bracketed in the policy specifications page 3 is intended to be illustrative and variable, and may be modified by Washington National Insurance Company as described below.

Bracketed Item	Description
<i>Page 3</i>	
Policy Number	Policy Number for that particular issue
Policy Effective Date	Policy Effective Date for that particular issue
Expiry Date	Expiry Date for that particular issue.
	The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98 <sup>th</sup> birthday.
Initial Annual Premium	Initial Annual Premium for that particular issue
Premium Mode	Premium Mode for that particular issue.
	Premium Mode is elected at time of application.
	<ul style="list-style-type: none"> <li>• Current Direct Bill premium modes are: Annual, Semi-Annual, Quarterly; Monthly (Electronic Funds Transfer only).</li> <li>• Current Payroll premium modes are: 9-pay, 10-pay, 12-pay, 13-pay, 24-pay; 26-pay and 52-pay</li> </ul>
Issue Date	Issue Date for that particular issue
Insured	Name of Insured for that particular issue
Age	Age of that particular Insured
	Issue Ages:
	<ul style="list-style-type: none"> <li>• Ages 18 - 65 / 15 yr. level premium period</li> </ul>
	Ages 18 – 55 / To-Age-65 level premium period
Rating Class	Rating class for that particular issue.
	There are two risk classification: non-tobacco and tobacco
Level Premium Period	Level Premium Period for that particular issue.
	At time of application, the applicant elects either a 15 Year Level Premium Period or To-Age-65 Level Premium Period.
Death Benefit	Death Benefit for that particular issue
	Minimum Face Amount: \$5,000
	Maximum Face Amount: \$250,000
Payroll Deduction Mode:	Payroll Deduction Mode for that particular issue
	We will only show the payroll deduction mode that is chosen for the policy, The payroll deduction mode will only appear if the policy premium is paid by payroll deduction. Current Payroll Deduction Modes: 9-pay, 10-pay, 12-pay, 13-pay, 24-pay, 26-pay, and 52-pay.

Bracketed Item	Description
<i>Page 3 (cont'd)</i>	
Payroll Deduction Modal Factor:	This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode factor if the policy premium is paid by payroll deduction. Current Model Factors for Payroll Deduction is: 9-pay – 0.11111 10-pay – 0.10 12-pay – 0.08333 13-pay – 0.07692 24-pay – 0.04167 26-pay – 0.3846 52-pay – 0.01923
Premium / Payroll Deduction	Premium shown for the payroll deduction mode. This premium will only be shown if the policy premium is paid by payroll deduction.
Modal Factors	Annual – 1.00; Semiannual – 0.50; quarterly – 0.25; monthly (EFT) – 0.08333
Annual Premium	Premium shown for the Annual Premium mode
Semiannual Premium	Premium shown for the Semiannual Premium Mode
Quarterly Premium	Premium shown for the Quarterly Premium Mode
Monthly (EFT) Premium	Premium shown for the Monthly (electronic funds transfer) Premium Mode
**Footnote on Policy Specification	The following footnote will appear on the Policy Specification Page if the policy premium is paid by payroll deduction .... **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE.
Policy/Rider Benefit Schedule Form Number Column	The form number column is bracketed as is will show the optional benefit riders form numbers the applicant has elected to have on his/her policy. Each rider's form number will appear in this column,
Policy/Rider Benefit Schedule – Description of Benefit Column	This column will show the description of the optional benefit riders the applicant has elected for his/her policy.
Policy/Rider Benefit Schedule - Insurance Amount	This column will show the insurance amount, if applicable, for each optional benefit rider elected.
Policy/Rider Benefit Schedule – Annual Premium column	This column will show the annual premium, if applicable, for each optional benefit rider elected.
Policy/Rider Benefit Schedule - Years Payable column	This column will show the number of years premiums are payable, if applicable, for each optional benefit rider elected.