

State: Arkansas **Filing Company:** Federal Life Insurance Company (Mutual)
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name: Single Premium Juvenile Term
Project Name/Number: SPJT Filing/FLIC182

Filing at a Glance

Company: Federal Life Insurance Company (Mutual)
Product Name: Single Premium Juvenile Term
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life
Filing Type: Form
Date Submitted: 11/20/2012
SERFF Tr Num: FDLF-128768901
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: FLIC182AR

Implementation: On Approval
Date Requested:
Author(s): Steve Mink, Matt Kindelin, PW Calfas
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/29/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Federal Life Insurance Company (Mutual)
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
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General Information

Project Name: SPJT Filing	Status of Filing in Domicile: Not Filed
Project Number: FLIC182	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Illinois is Compact State.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/29/2012
	State Status Changed: 11/29/2012
Deemer Date:	Created By: Matt Kindelin
Submitted By: Matt Kindelin	Corresponding Filing Tracking Number:

Filing Description:
 Filing is for Policy Form L-8105 Single Premium Term Life Insurance Policy. Filed along side is Form L-8112 Juvenile Single Premium Individual Life Insurance Application (APP), which is to be used with Policy Form L-8105.

Company and Contact

Filing Contact Information

Matthew Kindelin, Actuarial Student mkindelin@federallife.com
 Federal Life Insurance Company 847-850-3263 [Phone]
 (Mutual)
 3750 W. Deerfield Road
 Riverwoods, IL 60015

Filing Company Information

Federal Life Insurance Company	CoCode: 63223	State of Domicile: Illinois
(Mutual)	Group Code:	Company Type:
3750 W. Deerfield Road	Group Name:	State ID Number:
Riverwoods, IL 60015	FEIN Number: 36-1063550	
(847) 520-1900 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50 per Form
Per Company:	No

Company	Amount	Date Processed	Transaction #
Federal Life Insurance Company (Mutual)	\$100.00	11/20/2012	65073005

SERFF Tracking #: FDLF-128768901

State Tracking #:

Company Tracking #:

FLIC182AR

State: Arkansas

Filing Company:

Federal Life Insurance Company (Mutual)

TOI/Sub-TOI: L041 Individual Life - Term/L041.203 Specified Age or Duration - Single Premium - Single Life

Product Name: Single Premium Juvenile Term

Project Name/Number: SPJT Filing/FLIC182

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/29/2012	11/29/2012

SERFF Tracking #:

FDLF-128768901

State Tracking #:

Company Tracking #:

FLIC182AR

State:

Arkansas

Filing Company:

Federal Life Insurance Company (Mutual)

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life

Product Name:

Single Premium Juvenile Term

Project Name/Number:

SPJT Filing/FLIC182

Disposition

Disposition Date: 11/29/2012

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
Form	Single Premium Term Life Insurance Policy		Yes
Form	Juvenile Single Premium Individual Life Insurance Application		Yes

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TOI/Sub-TOI: L041 Individual Life - Term/L041.203 Specified Age or Duration - Single Premium - Single Life
Product Name: Single Premium Juvenile Term
Project Name/Number: SPJT Filing/FLIC182

Form Schedule

Lead Form Number: L-8105

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Single Premium Term Life Insurance Policy	L-8105	POL	Initial		47.000	L-8105 Single Premium Term Life 20121024.pdf
2		Juvenile Single Premium Individual Life Insurance Application	L-8112	AEF	Initial			L-8112 Juvenile Single Premium Individual Life Insurance Application 20121030.pdf

Form Type Legend:

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

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)

3750 WEST DEERFIELD ROAD • RIVERWOODS, ILLINOIS 60015 • 1-800-233-3750

www.federallife.com

Single Premium Term Life Insurance Policy

Federal Life Insurance Company (Mutual) will pay the Proceeds of this Policy to the Beneficiary when due proof of the Insured's death is received. Payment is subject to the provisions on this and the following pages of this Policy.

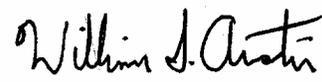
Right to Examine and Cancel: Please examine this Policy carefully. If you are not satisfied with this Policy for any reason, you may return it within 30 days after receipt for a refund of the single premium. Return may be made to Federal Life or to a Federal Life agent. If returned, this Policy will be void from the Policy Date.

Please Read This Policy Carefully. This is a legal contract between you and Federal Life. This Policy is issued in consideration of the attached Application and the payment of the single premium. If you have questions or concerns regarding this Policy, you may contact your Federal Life agent. You may also contact Federal Life at our Home Office by phone, email or written correspondence.

If you surrender this Policy, such surrender may result in substantial penalty because the Cash Value of the Policy may be less than the single premium paid.

Signed for the Company by:


Assistant Secretary


President

**Single Premium Term Life Insurance • Proceeds Payable Upon Death of Insured •
Participating as Described Herein**

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Policy Schedule

Policy Identification

Policy Number	[FF0999999]	Policy Date	[January 1, 2012]
Insured	[John Smith]	Issue Date	[January 1, 2012]
Issue Age and Sex of Insured	[10 Male]	Risk Classification	Standard

The Owner and the Beneficiary are as stated in the Application for the Policy unless subsequently changed in accordance with Policy provisions.

Schedule of Benefits

<u>Form Number</u>	<u>Description</u>	<u>Insurance Amount</u>	<u>Benefit Period Ends</u>
L-8105	Single Premium Term Life Insurance	[\$10,000]	Upon First of Death or Age 26

Premium

Single Premium: [\$605.00]
The Single Premium includes a \$20 policy fee.

Annual Dividends

Dividends for this Policy are not guaranteed, nor is it expected or anticipated that any dividends will be paid.

If you have any questions or concerns, contact your Federal Life agent. You may also write to or call us at:

FEDERAL LIFE INSURANCE COMPANY (MUTUAL)
3750 W. DEERFIELD ROAD
RIVERWOODS, IL 60015
1-800-233-3750
www.federallife.com

Policy Schedule (Continued)

Table of Guaranteed Cash Values

	End of Policy Year	Attained Age	Guaranteed Cash Value	
[	1	11	\$59.30]
[	2	12	\$59.70]
[	3	13	\$59.60]
[	4	14	\$59.10]
[	5	15	\$57.80]
[	6	16	\$55.60]
[	7	17	\$52.50]
[	8	18	\$48.70]
[	9	19	\$44.10]
[	10	20	\$39.10]
[	11	21	\$33.70]
[	12	22	\$27.90]
[	13	23	\$21.80]
[	14	24	\$15.10]
[	15	25	\$7.80]
[	16	26	\$0.00]

Basis of Computation

Cash Values for Policy Years not shown will be furnished upon request. Cash Values are calculated using the 2001 CSO Ultimate Mortality Table (ALB) for 50% Male/Female Composite at [5]% interest.

If you have any questions or concerns, contact your Federal Life agent. You may also write to or call us at:

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Terms and Definitions

Age 26 means the Policy Anniversary that coincides with or next follows the Insured's 26th birthday.

Application: Includes any life insurance application, medical history, questionnaire, and other documents from you or any other person proposed for insurance which are made part of this Policy.

Attained Age: This is the Insured's age as of his or her last birthday at any time other than the Policy Date.

Base Plan: The part of this Policy that is exclusive of any Riders.

Benefit Period Ends: The coverage for this Policy extends until the earliest of (a) Termination of this Policy or (b) Age 26.

Cash Value: The sum of the Cash Values provided by the Base Plan and any Riders.

Code: The U.S. Internal Revenue Code, as amended from time to time.

Home Office: Federal Life Insurance Company (Mutual), 3750 W. Deerfield Road, Riverwoods, Illinois, 60015.

Insured: The person whose life is insured under this Policy.

Issue Age: The Insured's age at his or her last birthday as of the Policy Date.

Issue Date: The date this Policy is issued as shown on the Policy Schedule.

Officer: The president, a vice president, the secretary, or an assistant secretary of Federal Life Insurance Company (Mutual).

Payee: On the Insured's death, the Payee is the Beneficiary shown in the Application, unless changed. If you surrender this Policy while the Insured is alive, the Payee is the person that you have named to receive the Cash Value. A Payee can be other than a natural person only if we agree.

Policy: Unless provided otherwise, Policy means this Policy and all its Riders.

Policy Date: The date that coverage begins under the Base Plan and any Riders issued at the same time. It is shown on the Policy Schedule pages.

Policy Month, Year or Anniversary: A policy month, year or anniversary is measured from the Policy Date.

Proceeds: The sum of the insurance amounts payable under the Base Plan, shown on the Policy Schedule, and any Rider on the Insured.

Request: Any written request signed by the person making the Request. Such Request must be received by us and either be on our request form or include the information required by our request form.

Rider: Any benefit, other than the Base Plan, which is made a part of this Policy.

Parties to the Policy

Company: Federal Life Insurance Company (Mutual). The Company is also referred to in this Policy as “Federal Life”, “we”, “us” and “our”.

Owner: The Owner is as named in the Application, unless changed. The Owner is also referred to as “you,” “your” or “yours” in this Policy. While the Insured is alive and this Policy is in force, you may exercise all rights provided by your Policy, subject to the rights of any assignee that we have on record and to the rights of any irrevocably designated Beneficiary. The Successor Owner will become the Owner of this Policy if you die while this Policy is in force.

Change of Ownership: You may change the Owner or Successor Owner of this Policy by Request while the Insured is alive and this Policy is in force. The change will take effect the date you sign the Request, but the change will not affect any action we have taken before we receive the Request. A change of Owner or Successor Owner does not change the beneficiary designation.

Beneficiary: The Beneficiary is as shown in the Application, unless you have made a change by Request. If you name “estate” as the Beneficiary, it means the executors or administrators of the last survivor of you and all beneficiaries. If you name “children” of a person as Beneficiary, only children born to or legally adopted by that person will be included. We may rely on an affidavit as to ages, names, and other facts about all beneficiaries. We will incur no liability if we act on such affidavit.

Change of Beneficiary: You may make a Beneficiary change by Request while the Insured is alive and this Policy is in force. The change will take effect on the date your Request is signed, but the change will not affect any action we have taken before we receive the Request. To change a named irrevocable beneficiary, the Request must include a written consent from the irrevocable beneficiary who is being changed.

General Provisions

Contract: This Policy is comprised of the Base Plan, any amendments, endorsements, any Riders, and a copy of the Application. This Policy is the entire contract. We relied on statements in the Application in issuing this Policy. We reserve the right to investigate the truth and completeness of those statements. In the absence of fraud, those statements are representations and not warranties. Only statements in the Application will be used to rescind this Policy or to deny a claim within the time period specified in the Incontestability provision.

Only an Officer has the right to change this Policy. No Federal Life agent has the authority to change the Policy or to waive any of its terms. All endorsements, amendments and Riders must be signed by an Officer to be valid.

We may modify this Policy after we notify you to assure continued qualification of this Policy as a life insurance contract under any section of, regulation or ruling under, the Code. If we modify this Policy, we will send you the appropriate endorsement to be placed with this Policy. Such endorsement is subject to regulatory approval.

Incontestability: We will not contest the Base Plan after it has been in force during the Insured’s lifetime for two years from the Issue Date. Any contest will be based on statements made in the Application that are material to the risk or hazard assumed by us.

Each Rider has its own incontestability provision.

Misstatement of Age or Sex: If the Insured's age or sex has been misstated on the Application, then the benefits payable under this Policy will be adjusted. The adjusted benefits will be those that would have been purchased by the premium paid based on the correct age and sex. However, the amount payable at death on the Policy after an adjustment under this section shall not be less than the Cash Value would have been on the date of death based on the misstated age or sex. If the coverage issued in this Policy would not have been available based on the correct date of birth, the Insured will have no coverage, and we will refund the single premium paid.

Suicide: If the Insured dies by suicide while sane or insane, within two years from the Issue Date and while this Policy is in force, the Base Plan amount will not be paid. The Proceeds in this case will be limited to the single premium paid on the Base Plan less any dividends paid.

Periods of Insurance: All periods of insurance begin and end at 12:01 AM Standard Time at the Insured's residence.

Assignment: You may assign this Policy or any interest in it. We will recognize an assignment only if it is in writing and filed with us. We are not responsible for the validity of any assignment. An assignment may limit the interest of any Beneficiary. The assignment will take effect the date you sign the notice or on any date you choose, subject to any payments made or actions taken by us prior to receipt of this notice.

Surrender: You may surrender this Policy at any time by Request. All coverage ceases on the date we receive your Request or on a later date if you so indicate in your Request. We will pay you the Cash Value as of the date coverage ceases. If this Policy is surrendered within 30 days after a Policy Anniversary, then the Cash Value shall not be less than the value on that anniversary. We may defer paying you the Cash Value for up to 6 months after receiving your Request.

Termination: All coverage under this Policy will terminate if you surrender this Policy or if the Insured dies while this Policy is in force.

Transaction Delay: Any payment of the Cash Value will usually be made within 7 days of receipt of the Request for payment. We may defer payment of any Cash Value for up to 6 months from the date we receive your Request.

If we defer any such payment for 30 days or more, we will pay interest in addition to such payment. Such interest accrues from the date the payment becomes payable to the date of the payment at 2% per year or at the interest rate and time required by law, if greater.

Conformity with Regulations: This Policy was approved under the authority of the jurisdiction in which it was issued. Any provision of this Policy which, on the provision's effective date, is in conflict with the regulations of that jurisdiction is hereby amended to conform to the minimum requirements of those regulations.

Premium Provisions

Payment of Premium: You may pay the single premium at our Home Office or to a Federal Life agent. The single premium is due on the Issue Date. A receipt signed by an Officer will be furnished upon Request.

Guaranteed Values Provisions

Cash Value: The Cash Values are shown on the Policy Schedule. These values are as of the end of the Policy Years shown. If requested, we will furnish you with any values not shown. Any Cash Values on the Base Plan not shown in the Policy Schedule will be calculated as specified in the Basis of Computation provision. The Cash Value on any date between Policy Anniversaries is determined by interpolating between the Cash Values on the Policy Anniversaries immediately before and after that date for the time period from the previous Policy Anniversary to that date.

Basis of Computation: Cash Values will not be less than the minimum required by the insurance laws of the state in which this Policy is delivered. The basis for the calculation of Cash Values is shown in the Policy Schedule. A detailed statement of the method of computation of values and benefits has been filed as required.

Dividend Provisions

Annual Dividends: We shall annually determine and apportion any divisible surplus beginning with year 2. Your share of this surplus, if any, is called a dividend. Dividends will be paid only at the end of a Policy Year. There is no right to a partial or pro-rated dividend prior to the end of a Policy Year. Any dividends that arise will be paid in cash to you. It is not expected that any dividends will be payable on this Policy.

Post-Mortem Dividend: We may pay a dividend when the Insured dies. Such dividend will be a partial or prorated amount based on the period from the start of a Policy Year to the Insured's death.

Death Benefit Provisions

Payment of Proceeds: We will pay the Proceeds of this Policy to the Beneficiary if the Insured dies while this Policy is in force and upon receipt of proof of the Insured's death. Such amount will be paid in a lump sum unless a Payment Option is elected. If there is more than one Beneficiary, we will pay Proceeds to the Beneficiaries in equal shares, unless you instruct otherwise by Request. Our payment of any death benefit is subject to the other terms of this Policy. This Policy must be returned to us when we pay the Proceeds.

Claim Settlement: Settlement will be made within 31 days after we receive in writing due proof of the Insured's death. We may also require due proof of the existence, identity, or age of the Insured or of a Beneficiary before we pay any death benefits. Interest will be added to the death benefit as required by law. Any payment we make in good faith fully discharges us to the extent of our payment.

Claims of Creditor: To the extent permitted by law, the Proceeds will be exempt from the claims of creditors of any Payee.

Payment of Benefits Provision

Methods of Payments: We will pay the Proceeds or the Cash Value in a lump sum unless you choose one of the Payment Options then available. If the Payee is other than a natural person, we will make payment in a single sum.

During the lifetime of the Insured and subject to any assignment, you may elect any one of our Payment Options and change any election if you have reserved the right to do so.

If you did not elect a Payment Option, the Beneficiary may elect any one of our Payment Options when the Proceeds are payable.

Conditions: Payment Options are not available if the Proceeds or Cash Value to be used is less than \$3,000 or any payment would be less than \$30. Options involving life income are not available for Payees over age 85.

Death of Payee: At the death of the Payee, we will pay any remaining payments under the terms of the Payment Option, unless the Payee's beneficiary elects, in writing, to receive the present value of any remaining guaranteed payments in a single sum.

If the Payee's beneficiary has not been named or dies before the Payee, we will pay the present value of any remaining guaranteed payments under the terms of the Payment Option in a single sum to the estate of the Payee.

Payment Options: You may select from among the Payment Options listed below.

- 1) **Life Income:** The amount to be paid under this option will be paid during the lifetime of the Payee. Payments will cease with the last payment due prior to the death of the Payee.
- 2) **Life Income with 120 Monthly Income Payments Guaranteed:** The amount to be paid under this option will be paid during the lifetime of the Payee with a guaranteed period of 120 months. If the Payee dies prior to the end of this guaranteed period, then the Payee's beneficiary will receive the remaining guaranteed payments.
- 3) **Joint and Survivor Income:** The amount to be paid under this option will be paid during the joint lifetimes of the Payee and a designated second person. Payments will continue as long as either is living.

Other Payment Options: Payment options not set forth in the contract are available only if they are approved by both you and us. Amounts paid under such options are subject to the guaranteed interest rate and mortality basis described in the Guaranteed Purchase Rates section below. We may elect to make available an immediate annuity contract as a settlement option if requested by the Owner.

Frequency and Amount of Payments: All payments will be mailed within 10 business days of the scheduled payment date. Payments will be made based on the Payment Option and the frequency of payments selected.

If any payment would be or becomes less than \$30, we may change the frequency of payments to an interval that results in payments of at least \$30. In no event will we make payments under a Payment Option less frequently than annually.

Guaranteed Purchase Rates: The guaranteed interest basis for Payment Options is 1.50%. The mortality basis is the Annuity 2000 Mortality Table projected with Scale G to the year of annuitization. Upon request, we will furnish you the guaranteed purchase rates for ages and periods not shown in the Tables for Payment Options section below. Payments under any Payment Option will not be less than those provided by the application of an equivalent amount to the purchase of a single premium immediate annuity offered by us at that time to persons of the same class and age for the same Payment Option.

Insurability at Age 26 Option

Insurability at Age 26: Within 30 days of Age 26, while this Policy is in force, the Owner and the Insured may make a Request to purchase on the life of the Insured a separate permanent life insurance contract we are then issuing at the Insured's Attained Age. Such a Request will be granted without evidence of insurability, subject to the following conditions:

1. Any new policy we issue will be for a face amount at least as great as, but not more than two times, the Base Plan's insurance amount on the Insured just prior to Age 26;
2. The amount of coverage under any new policy may not be less than our minimum issue amount for such coverage;
3. The Owner and the Insured under this Policy must make a Request for such purchase;
4. This Policy must have been in force just prior to Age 26;
5. The Policy Date or Coverage Date for any new policy will be the later of the date the Request for purchase is received or Age 26;
6. The first premium for any new policy is due on the Policy Date or Coverage Date for any new policy;
7. Premiums for any new policy shall be based on our rate for the new policy at the Attained Age of the Insured on the Policy Date or Coverage Date for any new policy;
8. Contestability and suicide provisions for any new policy shall be measured using the Policy Date or Coverage Date for any new policy;
9. Apart from an update to the smoking status of the Insured as of Age 26, the Insured's risk classification under any new policy will be the same as under this Policy;
10. The beneficiary under any new policy will be the same as the Beneficiary under this Policy, unless changed;
11. Unless agreed to by you and us, any new policy will cover only the Insured covered under this Policy; and
12. This Policy, including any attached Riders, will be terminated at Age 26.
13. Any new policy will be issued without provisions for benefits in the event of total disability or those granting additional insurance specifically against death by accidental means, unless agreed to by you and the Company, subject to such requirements as the Company may make at the time any new policy is applied for.

Tables for Payment Options

Option 1: Monthly Life Income per \$1,000

Year of Annuitization	2010		2020		2030		2040	
Age	Male	Female	Male	Female	Male	Female	Male	Female
30	2.14	2.05	2.11	2.02	2.09	2.00	2.06	1.99
35	2.28	2.17	2.25	2.14	2.21	2.11	2.18	2.09
40	2.46	2.31	2.41	2.28	2.37	2.24	2.33	2.22
45	2.68	2.50	2.62	2.45	2.57	2.41	2.52	2.37
50	2.95	2.73	2.87	2.67	2.81	2.61	2.75	2.57
55	3.30	3.02	3.20	2.94	3.12	2.87	3.04	2.81
60	3.75	3.40	3.63	3.30	3.52	3.21	3.42	3.13
65	4.38	3.93	4.21	3.79	4.06	3.66	3.93	3.56
70	5.25	4.65	5.02	4.46	4.81	4.29	4.63	4.14
75	6.44	5.71	6.12	5.43	5.83	5.19	5.58	4.98
80	8.13	7.28	7.67	6.86	7.27	6.50	6.91	6.19
85	10.53	9.65	9.89	9.02	9.34	8.48	8.85	8.02

Option 2: Monthly Life Income with 10 Year Guarantee per \$1,000

Year of Annuitization	2010		2020		2030		2040	
Age	Male	Female	Male	Female	Male	Female	Male	Female
30	2.14	2.05	2.11	2.02	2.09	2.00	2.06	1.98
35	2.28	2.17	2.24	2.14	2.21	2.11	2.18	2.09
40	2.45	2.31	2.41	2.28	2.37	2.24	2.33	2.22
45	2.67	2.49	2.61	2.45	2.56	2.41	2.51	2.37
50	2.93	2.72	2.86	2.66	2.80	2.61	2.74	2.56
55	3.27	3.01	3.18	2.93	3.10	2.87	3.03	2.81
60	3.70	3.38	3.59	3.28	3.49	3.20	3.39	3.12
65	4.27	3.87	4.12	3.74	3.99	3.63	3.87	3.53
70	4.99	4.53	4.80	4.36	4.64	4.21	4.49	4.08
75	5.85	5.39	5.63	5.18	5.44	4.99	5.25	4.81
80	6.80	6.43	6.58	6.19	6.37	5.96	6.18	5.76
85	7.71	7.49	7.53	7.27	7.36	7.07	7.19	6.87

Option 3: Monthly Joint and Last Survivor Income per \$1,000

Year of Annuitization	2020				2040			
Female Age	45	55	65	75	45	55	65	75
Male Age								
45	2.28	2.44	2.54	2.59	2.23	2.37	2.45	2.49
55	2.37	2.67	2.93	3.09	2.31	2.59	2.81	2.95
65	2.42	2.83	3.33	3.79	2.35	2.72	3.17	3.57
75	2.44	2.90	3.60	4.55	2.36	2.78	3.41	4.24

FEDERAL LIFE

INSURANCE COMPANY (MUTUAL)
3750 WEST DEERFIELD ROAD
RIVERWOODS, ILLINOIS 60015
1-800-233-3750

**Single Premium Term Life Insurance
Policy**

Proceeds Payable Upon Death of Insured

Participating as Described Herein



Federal Life Insurance Company (Mutual) ("The Company")

3750 West Deerfield Road • Riverwoods, Illinois 60015 • 800-233-3750 • federallife.com

PART I

Juvenile Single Premium Individual Life Insurance Application (APP)

Proposed Insured

Full Name (first, middle, last): _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Birthdate (mm/dd/yyyy): _____ Age: _____ Place of Birth: _____

Social Security Number: _____

Is the Proposed Insured a US citizen or permanent resident of the United States? Yes No

Owner (Parent, Grandparent or other Legal Guardian only)

Full Name (first, middle, last): _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Social Security Number: _____

Daytime Phone Number: _____ Relationship to Proposed Insured: _____

We invite you to provide us with the name and address of a second addressee in the space below. This is intended to provide additional assurance that you receive notice if your policy enters its grace period or lapses.

Second Addressee Name and Address:

Life Insurance Requested

Plan: Single Premium Term Life Single Premium Whole Life Other: _____ Face Amount \$ _____

Beneficiary Information

Primary	Contingent	Print Full Name	Allocation	Relationship	SSN
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ %	_____	_____

(Allocations in whole percentages only; Allocations to all Primary must equal 100%; Allocations to all Contingents must also equal 100%)

Signature of Spouse of Owner: _____ Date (mm/dd/yyyy): _____

spouse's signature required in the following states: (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

Replacement

Do you have any existing life insurance in force or pending with this or any other company? Yes No

Will this policy, if issued, result in the replacement, termination or change in value of any existing life insurance in this or any other company? Yes No

If yes, please provide the information below and attach any required state replacement forms.

Insurance Company Name(s): _____

Contract Number(s): _____

Purchase Payment

Amount Paid with Application: \$ _____

Payment Submitted Via: COD (Collect On Delivery) Check 1035 Exchange

Make check payable only to Federal Life Insurance Company (Mutual). Do not make check payable to the agent. Do not leave payee blank.

PART II

Background Information

Yes No

- 1. Are the Proposed Insured's siblings all equally insured?
If not, why? _____
- 2. Are the parents insured?
If yes, what amount for Father \$ _____ Mother \$ _____
If not, why? _____
- 3. Is any party to the application being paid cash by any person or any entity as an inducement to enter into this application for life insurance?
- 4. Is the purpose of this insurance application to sell it to any third party entity?

Medical Questions

PART III - IF ANY OF THE FOLLOWING QUESTIONS, 6 THROUGH 10, ARE ANSWERED 'YES', NO COVERAGE CAN BE ISSUED

- 5. Present height and weight of Proposed Insured: ____ ft. ____ in. _____ lbs.
- 6. In the past 5 years has the Proposed Insured been under observation, care or treatment in any hospital or similar institution (excluding birth without complications)?
- 7. In the past 7 years has the Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for:
 - a. Elevated blood pressure; cancer; blood disorder; diabetes?
 - b. Paralysis; seizures; anorexia, bulimia, mental disorder; behavior disorder; or any disease, disorder or injury of the brain or nervous system?
 - c. Any disease or disorder of the heart; circulatory system; liver; kidneys; pancreas; lungs or respiratory system? ...
 - d. Any disease or disorder of the lymph nodes, or disease or disorder of the immune system unrelated to the Human Immunodeficiency Virus (AIDS virus)?
 - e. Any congenital disease or disorder?
- 8. Has the Proposed Insured ever been diagnosed or treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS) or been tested positive by a medical professional for Human Immunodeficiency Virus (HIV)?
- 9. Is the Proposed Insured currently hospitalized, or in a rehabilitation or nursing facility, for any reason; or in the past 12 months been hospitalized for five or more days?
- 10. Has the Proposed Insured been advised by a medical professional, to have, or are they currently awaiting the results of, medical tests or procedures that are not related to the Human Immunodeficiency Virus (AIDS virus)

I declare that all answers written on Parts I, II and III of this APP are full and correct, to the best of my knowledge and belief. Any statements made in this APP are representations and not warranties. Federal Life Insurance Company (Mutual) ("The Company") is not presumed to know any information not in this APP. I agree that:

- A. The Company has the right to require a medical exam of any person proposed for insurance.
- B. Written agreement will be obtained from me for any change in insurance amount, plan, benefits or payment class.
- C. I understand that the USAPATRIOT Act requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and social security number allows us to verify your identity.
- D. Prior to any Contract going into effect, insurance will be in effect only as provided in the Conditional Receipt issued in connection with this APP. If no such receipt is issued, no insurance will start by reason of this APP unless and until: a Contract is delivered; and the first payment for it is made while all persons to be covered under it are alive and their health remains as described in this APP. In that case, the insurance under the Contract will begin on the date it provides that such coverage becomes effective.
- E. Only an officer of The Company may change the APP or waive a right or requirement. No agent may do this.

Make checks payable only to Federal Life Insurance Company (Mutual). Do not make checks payable to the agent or leave payee blank.

Dated at _____ City _____ State _____ On ____/____/____ Mo. Day Yr.

X _____
Proposed Insured (if under age 18, Parent or Legal Guardian must sign)

Is there existing life insurance and/or annuity contract(s) on the life of the proposed insured. Yes No

X _____
Owner

Is replacement of life insurance or annuity contracts included in this transaction? Yes No

Agent's Signature _____

If Yes, I presented and read the applicant any required notice regarding replacement. Yes No

Agent's Number _____ - _____

Agent's Printed Name _____

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading may be committing a crime which is subject to criminal and civil penalties.

AR: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

DC: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to the claim was provided by the applicant.

----- DETACH HERE -----

Fair Credit Reporting Act

Notice to Applicant: Federal law requires that notice of investigation be given to persons applying for insurance.

In making this application for insurance to Federal Life Insurance Company (Mutual) ("The Company"), it is understood that an investigative consumer report may be prepared by an outside insurance reporting organization whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, health and mode of living except as may be related directly or indirectly to your sexual orientation. If an interview is conducted with someone other than you, we will inform you of your right to be interviewed in connection with the preparation of the investigative consumer report. You have the right to make a written request to the Home Office of The Company within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. (See MIB, Inc. Notice)

Notice Of Information Practices – To our Contractholders, Applicants and Insureds:

In the course of properly underwriting and administering your insurance coverage, we will rely heavily on the information provided by you. We may also seek information from others, such as medical professionals who have treated you or family members covered under such insurance, pharmacy benefit managers, the DMV, employers and other insurance companies.

A personal history interview may also be conducted by phone to assure that the application information is complete. When done, you will be contacted by either a member of our underwriting department or an outside insurance reporting organization. The nature of the information discussed is always treated as personal and confidential and will only be used to assess your eligibility for insurance.

Personal information we obtain during the underwriting process is private and confidential. We will not disclose such information to other persons or organizations without your written authorization, except to the extent necessary to conduct our business, or as permitted or required by law.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

The above is a general description of The Company's and its agents' information practices. If you would like to receive a more detailed explanation of those practices, please contact: **Customer Service – Federal Life Insurance Company (Mutual)**

3750 West Deerfield Road – Riverwoods, Illinois 60015

Agent's Report – To be completed by Field Underwriter (“APP” means Application)

Proposed Insured

1. a. Prior residential addresses within 2 years _____

b. Prior employers and addresses within 2 years _____

2. Has the name of the proposed insured changed in the past 7 years? If **Yes**, complete below: **Yes** **No**

Person _____ Former Name _____ Date Changed _____ Reason _____

3. How long have you known proposed insured? _____ How known? _____

4. Who first suggested the purchase of this insurance? Agent Proposed Insured Owner Other _____

5. Purpose of insurance (Insurable Interest): _____

6. a. Did you personally see the proposed insured? **Yes** **No**

b. Was the APP signed by the proposed insured (Parent, or Legal Guardian) in your presence after all questions were answered? **Yes** **No**

If either **6a.** or **6b.** are answered No, explain: _____

7. Are you aware of anything about the health, habits, hobbies, or other factors which might affect the insurability of the proposed insured? **Yes** **No**

If **Yes**, explain: _____

8. Your calculation of the annual premium:	a. Life Insurance	Base Plan	\$ _____
		Policy Fee	\$ _____
	b. Amount of money submitted with APP:		\$ _____

Remarks: _____

9. Agent's Commission to be shared with: Name _____ % _____ No. _____ Situation Code _____

I certify that:

Statements By Agent:

- I asked and carefully explained each question to the proposed insured and owner/applicant before recording each answer prior to the APP being signed;
- The answers in this APP and Agent's Report are complete and accurate to the best of my knowledge and belief;
- The proposed insured and agent know that any fraudulent statement of material misrepresentation in the application may result in loss of coverage under the contract;
- I have no personal knowledge of any other factors which may have an effect on the proposed insured's insurability;
- If I become aware of a change in the health or habits of the proposed insured occurring after the date of the application and before I deliver the contract, I will inform The Company of the change and agree to withhold delivery of the contract until instructed by The Company to do so;
- I have explained to the proposed insured that if money is submitted with this APP, conditions of the Conditional Receipt must be met;
- I have made no agreement whereby anyone has received or is to receive directly or indirectly, in settlement of the premium on the proposed insurance any concession or rebate from the full regular premium according to The Company's table of rates.
- The owner, Proposed Insured, or any person or entity is not being paid cash or promised services as an inducement to enter into this insurance transaction and that this insurance transaction will not be sold or assigned for any type of viatical settlement, senior settlement, life settlement, or any other secondary market.

Agent's Signature _____ Agent's Printed Name _____ Date _____

CONDITIONAL RECEIPT (“APP” means Application)

Federal Life Insurance Company (Mutual) (“The Company”) has received from _____

a payment of \$ _____ for the insurance applied for with the APP.

This receipt is not valid unless it is signed by an agent of The Company. This receipt is not valid unless the amount paid with the APP if paid by check, is honored on first presentation for payment.

IMPORTANT: The payment of premiums is received subject to the following conditions:

- (A) 1. If the medical examinations required by The Company are completed; and
- 2. If The Company at its Home Office is satisfied that, at the time of completing Part I and Part II of the APP the person to be covered was insurable under The Company’s rules for insurance on the plan, in the amount and at the class of risk to be applied for in Part I of the APP;

Then, and only after these conditions are met, the insurance applied for shall be effective from the date of Part II, or the date requested in the APP, whichever is the latest, regardless of any change of insurability of the person to be covered occurring after completion of both parts of the APP.

The amount of insurance which may become effective under this conditional receipt shall not exceed the greater of \$50,000 or the amount of the single premium paid to The Company. Any insurance applied for as alternative or additional to the plan and amount of insurance applied for in the APP shall not become effective under this conditional receipt.

Except as provided in this conditional receipt, any Contract issued by The Company shall not take effect unless the full first premium is paid and such Contract is delivered to the Owner during the lifetime of each person to be covered by such Contract, and all the statements and answers given in the APP continue to be true and complete to the best of the Proposed Insured’s (Owner’s) knowledge and belief as of the date of delivery of such Contract.

Neither the agent nor the medical examiner is authorized to accept risks or pass upon insurability, to modify contracts, or to waive any of The Company’s rights or requirements.

IMPORTANT: The payment is received subject to the conditions of this receipt. This conditional receipt does not provide any insurance until after its conditions are met.

Agent Name _____ Agent Signature _____ Date _____

If you do not hear from The Company regarding the proposed insurance within 30 days, notify The Company at its Home Office in Riverwoods, Illinois, giving the name of the agent, date and amount paid.

Make check payable only to Federal Life Insurance Company (Mutual). Do not make check payable to the agent. Do not leave payee blank.

----- DETACH HERE -----

MIB, Inc.

Notice to Applicant: Information regarding your insurability will be treated as confidential. Federal Life Insurance Company (Mutual) or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in the MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB’s information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Federal Life Insurance Company (Mutual) or its reinsurers may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained at its website www.mib.com.

SERFF Tracking #:

FDLF-128768901

State Tracking #:

Company Tracking #:

FLIC182AR

State:

Arkansas

Filing Company:

Federal Life Insurance Company (Mutual)

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life

Product Name:

Single Premium Juvenile Term

Project Name/Number:

SPJT Filing/FLIC182

Supporting Document Schedules

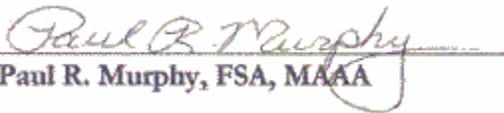
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Our company complies with the Guaranty Association Notice distribution requirement at time of issue or prospective issue.		
Attachment(s):	Rule 19 Certification L-8105.pdf CERTIFICATION OF READABILITY.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Application to be used is attached under the Form Schedule Tab.		

RULE 19 CERTIFICATION
for our
Single Premium Term Life Insurance Product
(L-8105)

I, Paul Murphy, Actuary for Federal Life Insurance Company (Mutual), hereby certify that this submission meets the provisions of Rule 19, the Unfair Sex Discrimination in the Sale of Insurance regulation, and all applicable requirements.

I affirm that this certification is being made on behalf of Federal Life Insurance Company (Mutual) and that the company is bound hereby.


Paul R. Murphy, FSA, MAAA

November 14, 2012

CERTIFICATION OF READABILITY

I, PW Calfas, Associate Actuary for Federal Life Insurance Company (Mutual), hereby certify that the following form(s) meet the minimum Flesch Readability Score of 40 required under ACA 23-80-206.

Form L-8105: Single Premium Term Life Insurance Policy
Score = 47.0

Form L-8112 w/ Form L-8105: Juvenile Single Premium Individual Life Insurance Application (APP) attached
Score = 46.8

I affirm that this certification is being made on behalf of Federal Life Insurance Company (Mutual) and that the company is bound hereby.



PW Calfas, ASA MAAA
November 14, 2012