

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company

**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal

**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

**Filing at a Glance**

Company: American General Life and Accident Insurance Company

Product Name: AGLA 12LSD R Total Disability Only Policy, etal

State: Arkansas

TOI: H111 Individual Health - Disability Income

Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups

Filing Type: Form

Date Submitted: 08/28/2012

SERFF Tr Num: AGLA-128660798

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: AGLA 12LSD R, ETAL

Implementation: On Approval

Date Requested:

Author(s): Marilyn Ellis

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 12/18/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

**General Information**

Project Name: AGLA 12LSD R Total Disability Only Policy, etal Status of Filing in Domicile: Pending  
 Project Number: AGLA 12LSD R, etal Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 12/18/2012  
 State Status Changed: 12/18/2012  
 Deemer Date: Created By: Marilyn Ellis  
 Submitted By: Marilyn Ellis Corresponding Filing Tracking Number:

Filing Description:  
 AGLA 12LSD R Total Disability Only Policy  
 AGLA8030-AR (0812) Outline of Coverage  
 AGLA8030-OAR (0812) Outline of Coverage – Issued Other Than As Applied For  
 AGLA1000-DB-AR (0812) Application for Disability Insurance  
 AGLA1000-DA-AR (0812) Application For Disability Insurance (Off-The-Job Accident Only)  
 AGLA1000-DB-AR (0812) CR Conditional Receipt For Premium Deposit

The above forms are being submitted for your consideration and approval. All of the referenced forms are new and do not replace any previously approved forms.

Form AGLA 12LSD R is an individual total disability only policy that provides a lump sum benefit in the event the Insured becomes Totally Disabled as defined in the policy, subject to the policy exclusions and limitations. Policy AGLA 12LSD R is guaranteed renewable to the Insured’s age 70. There are two plans that can be issued using policy AGLA 12LSD R.

The two plans are (1) the Off-The-Job Accident Only Total Disability plan, which only pays a benefit for a Covered Injury that occurs while the Insured is not working at his or her job and (2) On- & Off-The-Job Accident & Sickness plan, which pays a benefit for a Covered Sickness and Covered Injury that occurs at any time.

Form AGLA 8030-AR (0812) is the Outline of Coverage that is provided to the applicant at the time he or she applies for policy AGLA 12LSD R. For AGLA8030-OAR (0812) is the Outline of Coverage that accompanies the policy if it is issued other than as applied for.

Form AGLA1000-DB-AR (0812) is the application used to apply for the On- & Off-The-Job Accident & Sickness Total Disability plan. Form AGLA1000-DA-AR (0812) is the application used to apply for the Off-The-Job Accident Only Total Disability plan. Form AGLA1000-DB-AR (0812) CR is the Conditional Receipt that will be used with applications AGLA1000-DB-AR (0812) and AGLA1000-DA-AR (0812).

If I may provide any additional information, please contact me. Thank you.

**Company and Contact**

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

**Filing Contact Information**

Kathryn Mitchell, Kathryn.Mitchell@agla.com  
 American General Center 615-749-1139 [Phone]  
 Nashville, TN 37250-0001

**Filing Company Information**

American General Life and Accident Insurance Company  
 American General Center  
 Nashville, TN 37250-0001  
 (615) 749-1139 ext. [Phone]

CoCode: 66672  
 Group Code: 12  
 Group Name: AIG  
 FEIN Number: 62-0306330

State of Domicile: Tennessee  
 Company Type: L&H  
 State ID Number:

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$300.00  
 Retaliatory? No  
 Fee Explanation: 6 forms x \$50 = \$300.00  
 Per Company: No

Company	Amount	Date Processed	Transaction #
American General Life and Accident Insurance Company	\$300.00	08/28/2012	62082264

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/18/2012	12/18/2012
Approved-Closed	Rosalind Minor	10/22/2012	10/22/2012

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/10/2012	09/10/2012

### Response Letters

Responded By	Created On	Date Submitted
Marilyn Ellis	10/19/2012	10/19/2012

## Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Policy Schedule Page 3	Hyacinth Prince	12/17/2012	12/17/2012
Supporting Document	Statements of Variability	Hyacinth Prince	12/17/2012	12/17/2012

## Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopened Filing	Note To Reviewer	Hyacinth Prince	12/11/2012	12/11/2012
Re-Opened filing	Note To Filer	Rosalind Minor	12/11/2012	12/11/2012
Reopen file	Note To Reviewer	Hyacinth Prince	11/08/2012	11/08/2012
Respond By Date	Note To Filer	Rosalind Minor	10/17/2012	10/17/2012
Filing Extension	Note To Reviewer	Debra French	10/16/2012	10/16/2012
Objection letter of 9/10/12	Note To Filer	Rosalind Minor	10/15/2012	10/15/2012

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Disposition

Disposition Date: 12/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

The filing was reopened in order for you to make changes to the schedule. The schedule, Form AGLA-12LSD Rev 1212, is being approved effective on this date.

The remainder of the submission will maintain the original approval date of 10/22/12.

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document (revised)	Statements of Variability		Yes
Supporting Document	Statements of Variability	Replaced	Yes
Form (revised)	Policy Schedule Page 3		Yes
Form	Total Disability Only Policy	Replaced	Yes
Form	Total Disability Only Policy	Replaced	Yes
Form (revised)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Outline of Coverage - Issued Other Than As Applied For	Approved-Closed	Yes
Form	Outline of Coverage - Issued Other Than As Applied For	Replaced	Yes
Form	Application for Disability Insurance	Approved-Closed	Yes

**SERFF Tracking #:**

AGLA-128660798

**State Tracking #:**

**Company Tracking #:**

AGLA 12LSD R, ETAL

**State:**

Arkansas

**Filing Company:**

American General Life and Accident Insurance Company

**TOI/Sub-TOI:**

H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

**Product Name:**

AGLA 12LSD R Total Disability Only Policy, etal

**Project Name/Number:**

AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Application for Disability Insurance (Off-The-Job Accident Only)	Approved-Closed	Yes
Form	Conditional Receipt For Premium Deposit	Approved-Closed	Yes

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Disposition

Disposition Date: 10/22/2012

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document (revised)	Statements of Variability		Yes
Supporting Document	Statements of Variability	Replaced	Yes
Form (revised)	Policy Schedule Page 3		Yes
Form	Total Disability Only Policy	Replaced	Yes
Form	Total Disability Only Policy	Replaced	Yes
Form (revised)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Outline of Coverage - Issued Other Than As Applied For	Approved-Closed	Yes
Form	Outline of Coverage - Issued Other Than As Applied For	Replaced	Yes
Form	Application for Disability Insurance	Approved-Closed	Yes
Form	Application for Disability Insurance (Off-The-Job Accident Only)	Approved-Closed	Yes
Form	Conditional Receipt For Premium Deposit	Approved-Closed	Yes

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**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/10/2012
Submitted Date	09/10/2012
Respond By Date	11/06/2012

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Dear Kathryn Mitchell,

### Introduction:

This will acknowledge receipt of the captioned filing.

### Objection 1

- Total Disability Only Policy, AGLA 12LSD (Form)
- Outline of Coverage, AGLA8030 (0812) (Form)
- Outline of Coverage - Issued Other Than As Applied For, AGLA8030-O (0812) (Form)

Comments: The definition of "Accident" shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force. Please refer to Rule and Regulations 18, Section 5D.

### Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Response Letter

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Response Letter Status	Submitted to State
Response Letter Date	10/19/2012
Submitted Date	10/19/2012

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Dear Rosalind Minor,

### **Introduction:**

Thank you for your review of this filing,

### **Response 1**

#### **Comments:**

The definition of Accident on page 4 of the policy and on page 3 of each outline has been revised to comply with AR Rule and Regulations 18, Section 5D. The definition now reads as follows: ACCIDENT means something out of the usual course of events that happens independently of disease, bodily infirmity, illness or any other physical condition.

In addition the following phrase has been added to the definition of COVERED INJURY: and causes injury, loss or damage to the Insured within 60 days of such On-The-Job Accident or Off-The-Job Accident.

### **Related Objection 1**

Applies To:

- Total Disability Only Policy, AGLA 12LSD (Form)
- Outline of Coverage, AGLA8030 (0812) (Form)
- Outline of Coverage - Issued Other Than As Applied For, AGLA8030-O (0812) (Form)

Comments: The definition of "Accident" shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force. Please refer to Rule and Regulations 18, Section 5D.

### **Changed Items:**

No Supporting Documents changed.

State: Arkansas

Filing Company:

American General Life and Accident Insurance Company

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AGLA 12LSD R Total Disability Only Policy, etal

Project Name/Number: AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Total Disability Only Policy	AGLA 12LSD	POL	Initial		50.400	Lump Sum Disability (AGLA 12LSD R) - Arkansas.pdf	Date Submitted: 10/19/2012 By: Marilyn Ellis
<i>Previous Version</i>								
1	Total Disability Only Policy	AGLA 12LSD	POL	Initial		50.400	Lump Sum Disability (AGLA 12LSD R) - Arkansas.pdf	Date Submitted: 08/28/2012 By: Marilyn Ellis
2	Outline of Coverage	AGLA8030 (0812)	OUT	Initial		51.100	Income Protection (LSDI) Outline (8030-AR) - Arkansas.pdf	Date Submitted: 10/19/2012 By: Marilyn Ellis
<i>Previous Version</i>								
2	Outline of Coverage	AGLA8030 (0812)	OUT	Initial		51.100	Income Protection (LSDI) Outline (8030-AR) - Arkansas.pdf	Date Submitted: 08/28/2012 By: Marilyn Ellis
3	Outline of Coverage - Issued Other Than As Applied For	AGLA8030-O (0812)	OUT	Initial		51.700	Income Protection (LSDI) Outline (Other) - (8030-OAR) - Arkansas.pdf	Date Submitted: 10/19/2012 By: Marilyn Ellis
<i>Previous Version</i>								
3	Outline of Coverage - Issued Other Than As Applied For	AGLA8030-O (0812)	OUT	Initial		51.700	Income Protection (LSDI) Outline (Other) - (8030-OAR) - Arkansas.pdf	Date Submitted: 08/28/2012 By: Marilyn Ellis

No Rate/Rule Schedule items changed.

**Conclusion:**

**SERFF Tracking #:**

AGLA-128660798

**State Tracking #:**

**Company Tracking #:**

AGLA 12LSD R, ETAL

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**State:**

Arkansas

**Filing Company:**

American General Life and Accident Insurance Company

**TOI/Sub-TOI:**

H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

**Product Name:**

AGLA 12LSD R Total Disability Only Policy, etal

**Project Name/Number:**

AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

*Please contact me if I may provide any additional information.*

Sincerely,

Marilyn Ellis

SERFF Tracking #:

AGLA-128660798

State Tracking #:

Company Tracking #:

AGLA 12LSD R, ETAL

**State:**

Arkansas

**Filing Company:**

American General Life and Accident Insurance Company

**TOI/Sub-TOI:**

H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

**Product Name:**

AGLA 12LSD R Total Disability Only Policy, etal

**Project Name/Number:**

AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Amendment Letter

Submitted Date:

12/17/2012

Comments:

Dear Ms. Minor,

Thank you for reopening this filing for the purpose of submitting a revised Policy Schedule and Statement of Variability.

The policy may be eligible for a discount based on our current premium discount rules. To improve clarity for the consumer, the Premium section of the policy Schedule has been revised to display both the modal and annual discount premium, in cases in which a discount applies, and also the full (non-discounted) modal and full premium. Currently, in situations in which a discount applies, the Premium section only displays the discount modal premium and the full annual premium.

Due to the revisions explained above, the form number of the Policy Schedule has been changed to AGLA 12LSD REV1212.

A revised Statement of Variability is enclosed.

Changed Items:

State: Arkansas

Filing Company: American General Life and Accident Insurance Company

TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name: AGLA 12LSD R Total Disability Only Policy, etal

Project Name/Number: AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Policy Schedule Page 3	AGLA 12LSD REV1212	SCH	Initial		0.000	AGLA 12LSD Policy Schedule - Discounted.pdf	Date Submitted: 12/17/2012 By:
<i>Previous Version</i>								
1	Total Disability Only Policy	AGLA 12LSD	POL	Initial		50.400	Lump Sum Disability (AGLA 12LSD R) - Arkansas.pdf	Date Submitted: 10/19/2012 By: Marilyn Ellis
<i>Previous Version</i>								
1	Total Disability Only Policy	AGLA 12LSD	POL	Initial		50.400	Lump Sum Disability (AGLA 12LSD R) - Arkansas.pdf	Date Submitted: 08/28/2012 By: Marilyn Ellis

No Rate Schedule Items Changed.

SERFF Tracking #:

AGLA-128660798

State Tracking #:

Company Tracking #:

AGLA 12LSD R, ETAL

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

Supporting Document Schedule Item Changes	
Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	
Final Statement of Variability for Outlines.pdf	
Final Statement of Variability for Disability Policy AGLA 12LSD.pdf	
<i>Previous Version</i>	
<i>Satisfied - Item:</i>	<i>Statements of Variability</i>
<i>Comments:</i>	
<i>Attachment(s):</i>	
<i>Final Statement of Variability for Disability Policy.pdf</i>	
<i>Final Statement of Variability for Outlines.pdf</i>	

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**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Note To Reviewer

**Created By:**

Hyacinth Prince on 12/11/2012 10:19 AM

**Last Edited By:**

Hyacinth Prince

**Submitted On:**

12/11/2012 10:19 AM

**Subject:**

Reopened Filing

**Comments:**

Sorry for the delay in getting the revised schedule to you. Thank you for the 12/20/12 I plan on meeting your deadline.

Thank you.

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**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

**Note To Filer**

**Created By:**

Rosalind Minor on 12/11/2012 07:19 AM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

12/11/2012 07:20 AM

**Subject:**

Re-Opened filing

**Comments:**

On 11/8/12, you requested that the submission be re-opened in order for you to revise Schedule Page 3. I re-opened the filing on 11/14/12.

Do you need additional time to submit the revised schedule page? If so, how long do you need?

If we do not hear from you by 12/20/12, the filing will be closed. Thank you.

---

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Note To Reviewer

**Created By:**

Hyacinth Prince on 11/08/2012 10:35 AM

**Last Edited By:**

Hyacinth Prince

**Submitted On:**

11/08/2012 10:36 AM

**Subject:**

Reopen file

**Comments:**

Could you please reopen this filing so we may revise Policy Schedule Page 3 expanding and making clearer for consumers the information regarding premiums that are or may be payable under the policy.

Thank you.

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**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

**Note To Filer**

**Created By:**

Rosalind Minor on 10/17/2012 08:48 AM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

10/22/2012 12:10 PM

**Subject:**

Respond By Date

**Comments:**

I entered the respond by date to reflect November 6, 2012, as requested.

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**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Note To Reviewer

**Created By:**

Debra French on 10/16/2012 01:55 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

10/22/2012 12:10 PM

**Subject:**

Filing Extension

**Comments:**

We would like to request a filing extension for our resubmission until November 6, 2012.

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**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

**Note To Filer**

**Created By:**

Rosalind Minor on 10/15/2012 01:08 PM

**Last Edited By:**

Rosalind Minor

**Submitted On:**

10/22/2012 12:10 PM

**Subject:**

Objection letter of 9/10/12

**Comments:**

I have not received a response to my objection letter of 9/10/12. Do you need additional time?

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Form Schedule

Lead Form Number: AGLA 12LSD, etal								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Policy Schedule Page 3	AGLA 12LSD REV1212	SCH	Initial		0.000	AGLA 12LSD Policy Schedule - Discounted.pdf
2	Approved-Closed 10/22/2012	Outline of Coverage	AGLA8030 (0812)	OUT	Initial		51.100	Income Protection (LSDI) Outline (8030-AR) - Arkansas.pdf
3	Approved-Closed 10/22/2012	Outline of Coverage - Issued Other Than As Applied For	AGLA8030-O (0812)	OUT	Initial		51.700	Income Protection (LSDI)Outline(Other) - (8030-OAR) - Arkansas.pdf
4	Approved-Closed 10/22/2012	Application for Disability Insurance	AGLA1000-DB (0812)	AEF	Initial		51.700	1000-DB-AR JD.pdf
5	Approved-Closed 10/22/2012	Application for Disability Insurance (Off-The-Job Accident Only)	AGLA 1000-DA (0812)	AEF	Initial		51.300	1000-DA-AR JD.pdf
6	Approved-Closed 10/22/2012	Conditional Receipt For Premium Deposit	AGLA1000-DB (0812) CR	AEF	Initial		0.000	AGLA1000-DB-AR (0812) CR.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

**SERFF Tracking #:**

AGLA-128660798

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

AGLA 12LSD R, ETAL

**State:**

Arkansas

**Filing Company:**

American General Life and Accident Insurance Company

**TOI/Sub-TOI:**

H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

**Product Name:**

AGLA 12LSD R Total Disability Only Policy, etal

**Project Name/Number:**

AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

<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

# POLICY SCHEDULE

## TOTAL DISABILITY BENEFITS

### COVERED INJURY

#### ON-THE-JOB ACCIDENT

**Total Disability Benefit Amount**  
[\$5,000]

**Waiting Period**  
0 days

**Elimination Period**  
[60] days

**Expected Duration Period  
For Total Disability**  
[180] days

#### OFF-THE-JOB ACCIDENT

**Total Disability Benefit Amount**  
[\$5,000]

**Waiting Period**  
0 days

**Elimination Period**  
[60] days

**Expected Duration Period  
For Total Disability**  
[180] days

### COVERED SICKNESS

**Total Disability Benefit Amount**  
[\$5,000]

**Waiting Period**  
[30] days

**Elimination Period**  
[60] days

**Expected Duration Period  
For Total Disability**  
[180] days

The Benefit for a Covered Injury or a Covered Sickness can begin on the day after the Elimination Period ends. For a Covered Injury, the Elimination Period begins on the day a Covered Injury is Incurred. For a Covered Sickness, the Elimination Period begins on the day a Covered Sickness First Manifests after the Waiting Period ends. There is NO coverage for a Sickness that First Manifests during the Waiting Period. The Waiting Period begins on the Date of Issue of this Policy. There is NO coverage for a Covered Injury or a Covered Sickness where the Total Disability Amount as to such Covered Injury or Covered Sickness shown above is "\$0/No Coverage".

## PREMIUMS

**Premium** - [\$6.60 [Monthly] Discounted]  
[\$74.40 [Annually] Discounted]  
[\$9.95 [Monthly] Full]  
[\$114.60 [Annually] Full]

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# AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

## LUMP SUM TOTAL DISABILITY ONLY COVERAGE – OUTLINE OF COVERAGE

### Policy Form AGLA 12LSD R

(amended as required by Your State Regulations and indicated by the appropriate state suffix)

#### Read Your Policy Carefully

This Outline of Coverage provides a very brief description of the important features of the Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

#### Total Disability Income Coverage

The Policy You have applied for provides a limited benefit for Total Disability coverage ONLY. It does NOT provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

#### Benefits Of The Policy

If a Sickness First Manifests during the Waiting Period, NO Benefits will be payable. After expiration of the Elimination Period and Our receipt of satisfactory proof of Total Disability, We will pay, in a lump sum, the applicable Total Disability Benefit Amount, subject to the conditions stated in the Policy. We will pay the Total Disability Benefit Amount ONLY once. The Policy will terminate upon payment of the Total Disability Benefit Amount.

**This is NOT A MEDICARE SUPPLEMENT policy.**

#### Exclusions

We will not pay any Benefit for any Accidental Injury or Sickness caused in whole or in part by, or resulting in whole or in part from:

- (a) the Insured's attempt at suicide, or intentional self-inflicted injury or sickness, while sane or insane; or
- (b) the Insured's being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused by the Insured; or
- (c) the Insured's commission of or attempt to commit a felony or assault; or
- (d) the Insured's engagement in an illegal activity or occupation; or
- (e) the Insured's voluntary participation in any riot or civil insurrection; or
- (f) war or any act of war, whether declared or not; or
- (g) the Insured's operating, learning to operate, or serving as a crew member of an aircraft or hot air balloon, including those which are not motor-driven, or jumping, parachuting or falling from an aircraft or hot air balloon; or

- (h) the Insured's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting, or any similar activity; or
- (i) the Insured's riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- (j) the Insured's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is paid or received; or
- (k) the Insured's operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accident was Incurred; or
- (l) the Insured's driving any taxi for wage, compensation or profit; or
- (m) the Insured's engaging in mountaineering or any similar activity using ropes and/or equipment; or
- (n) the Insured's having a neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder of any kind, including but not limited to bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, or post-traumatic stress syndrome or disorder, including any physical manifestations relating to any of these conditions. However, the Policy does not exclude a Covered Sickness resulting from Alzheimer's disease or similar forms of senility or senile dementia, Incurred after the Waiting Period; or
- (o) pregnancy and pregnancy-related conditions, until the Insured has been covered by the Policy for a period of 10 months. However, this subsection will not apply to a Complication of Pregnancy that would otherwise be deemed by Us to be a Covered Sickness; or
- (p) Accidental Injury Incurred or Sickness First Manifested prior to the Date of Issue of the Policy that is aggravated by any event that occurs after the Date of Issue of the Policy; or
- (q) any condition(s) expressly excluded by the Policy.

#### Preexisting Condition Limitation

We will pay **NO** benefits for an Accidental Injury or Sickness that is caused by a Preexisting Condition unless the Accidental Injury or Sickness commences after the Policy has been in force for two (2) years from the Date of Issue or the most recent reinstatement date.

# BENEFITS SCHEDULE

## TOTAL DISABILITY BENEFITS

### COVERED INJURY

#### ON-THE-JOB ACCIDENT

Total Disability Benefit Amount  
[\$0/No Coverage]

Waiting Period  
0 Days

Elimination Period  
[0] Days

Expected Duration Period  
For Total Disability  
[0] Days

#### OFF-THE-JOB ACCIDENT

Total Disability Benefit Amount  
[\$5,000]

Waiting Period  
0 Days

Elimination Period  
[60] Days

Expected Duration Period  
For Total Disability  
[180] Days

### COVERED SICKNESS

Total Disability Benefit Amount  
[\$5,000]

Waiting Period  
[30] Days

Elimination Period  
[60] Days

Expected Duration Period  
For Total Disability  
[180] Days

The Benefit for a Covered Injury or a Covered Sickness can begin on the day after the Elimination Period ends. For a Covered Injury, the Elimination Period begins on the day a Covered Injury is Incurred. For a Covered Sickness, the Elimination Period begins on the day a Covered Sickness First Manifests after the Waiting Period ends. There is NO coverage for a Sickness that First Manifests during the Waiting Period. The Waiting Period begins on the Date of Issue of the Policy. There is NO coverage for a Covered Injury or a Covered Sickness where the Total Disability Amount as to such Covered Injury or Covered Sickness shown above is "\$0/No Coverage".

## DEFINITIONS

**Accident** means something out of the usual course of events that happens independently of disease, bodily infirmity, illness or any other physical condition.

**Accidental Injury** means bodily injury to the Insured as the result of an Accident.

**Covered Injury** means an Accidental Injury that is Incurred and results from an On-The-Job Accident or an Off-The-Job Accident and causes injury, loss or damage to the Insured within 60 days of such On-The-Job Accident or Off-The-Job Accident.

**Covered Sickness** means a Sickness that:

- (a) First Manifests after the Waiting Period; and
- (b) First Manifests while the Policy is in force, and
- (c) First Manifests while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Elimination Period** means the number of consecutive days shown on the Benefit Schedule during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. NO Benefits are payable during the Elimination Period. No Elimination Period can begin until after the Waiting Period has elapsed.

**First Manifests/Manifested/Manifestation** means the existence of a condition or symptom that would initially cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment.

**Gainfully Employed** means employed or self-employed for monetary gain or reward in a business, trade, profession, vocation, calling or occupation for at least 30 hours per week, but shall not include avocations or hobbies.

**Incurs/Incurred** means an event or incident that:

- (a) occurs on or after the Date of Issue of the Policy; and
- (b) occurs while the Policy is in force; and
- (c) occurs while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Job** means work in which the Insured engages for pay and/or benefits.

**Material and Substantial Duty/Duties** means those duties that are normally required to be performed at the Insured's Job and cannot be reasonably modified or omitted.

Performing a duty at a particular work site, place or building is not a Material and Substantial Duty of the

Insured's Job, provided the Insured's employer will allow the Insured to perform such duty at a different work site, place or building.

**Off-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is NOT working at any Job.

**On-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is working at any Job and that causes Total Disability within 90 days from the date of such Accident.

**Preexisting Condition** means:

- (a) an existing condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the two (2) year period prior to the Date of Issue of the Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician, or received from a Physician, within the two (2) year period prior to the Date of Issue of the Policy.

**Sickness** means a disease, bodily infirmity, illness, infection or any other similar physical condition that affects the Insured, and is wholly independent of an Accident.

**Total Disability/Totally Disabled** means a condition that, solely as a result of the Incurring of a Covered Injury while the Insured is Gainfully Employed at the Insured's Job or the First Manifestation of a Covered Sickness while the Insured is Gainfully Employed at the Insured's Job, affects the Insured so that such Insured is:

- (a) continuously and totally unable to perform the Material and Substantial Duties of his or her Job in which he or she is Gainfully Employed; and
- (b) not Gainfully Employed in any Job; and
- (c) under the Regular and Appropriate Care of a physician for treatment arising from and related to such Covered Injury or Covered Sickness; and
- (d) expected by a physician to continue to have such Covered Injury or Covered Sickness for at least the number of consecutive days on the Benefit Schedule in the column entitled Expected Duration Period for Total Disability.

**Waiting Period** means the period that begins on the Date of Issue of the Policy and continues for the period shown in the Benefit Schedule. There is NO coverage for a Sickness that First Manifests during the Waiting Period.

**TERMINATION**

The policy will terminate on the earliest of:

- (a) any premium due date requested by You in writing; or
- (b) the end of the grace period following the due date for which a premium is not paid; or
- (c) the death of the Insured; or
- (d) the date on which the policy's Total Disability Benefit Amount is paid; or
- (e) the policy anniversary on or next following the Insured's attained age 70.

**GUARANTEED RENEWABLE TO AGE 70**

The policy may be continued, subject to the policy's conditions, by paying the appropriate premiums when they are due. A grace period of 31 days will be granted for each premium payment after the first. We retain no right to restrict Your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age on the Date of Issue of the policy. Such change will not become effective until you have been notified in writing.

**PLANS AND PREMIUMS**

**Plan**

- On- & Off-the-Job Accident & Sickness Total Disability
- Off-the-Job Accident Only Total Disability

**Premium Mode**

Premiums due           [Monthly]           until the policy anniversary on or next following the Insured's age 70.

**Premium Summary**

	Base	Rider
Insured	\$ <u>          [7.07]          </u>	\$ <u>          [0.00]          </u>
Total Premium for Base and Rider:	\$ <u>          [7.07]          </u>	

**THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

**American General Life and Accident Insurance Company**  
American General Center • Nashville, Tennessee, 37250-0001

*The underwriting risks, financial and contractual obligations and support functions associated with products issued by American General Life and Accident Insurance Company (AGLA) are its responsibility. AGLA does not solicit business in the states of New York and Wyoming.*

**NOTICE:** Read this outline of coverage carefully. It is **not** the same as the outline of coverage for the policy you applied for. The policy you applied for has not been issued.

## AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

### LUMP SUM TOTAL DISABILITY ONLY COVERAGE – OUTLINE OF COVERAGE

#### Policy Form AGLA 12LSD R

(amended as required by Your State Regulations and indicated by the appropriate state suffix)

#### Read Your Policy Carefully

This Outline of Coverage provides a very brief description of the important features of the Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

#### Total Disability Income Coverage

The Policy You have applied for provides a limited benefit for Total Disability coverage **ONLY**. It does **NOT** provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

#### Benefits Of The Policy

If a Sickness First Manifests during the Waiting Period, **NO** Benefits will be payable. After expiration of the Elimination Period and Our receipt of satisfactory proof of Total Disability, We will pay, in a lump sum, the applicable Total Disability Benefit Amount, subject to the conditions stated in the Policy. We will pay the Total Disability Benefit Amount **ONLY** once. The Policy will terminate upon payment of the Total Disability Benefit Amount.

**This is NOT A MEDICARE SUPPLEMENT policy.**

#### Exclusions

We will not pay any Benefit for any Accidental Injury or Sickness caused in whole or in part by, or resulting in whole or in part from:

- (a) the Insured's attempt at suicide, or intentional self-inflicted injury or sickness, while sane or insane; or
- (b) the Insured's being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused by the Insured; or
- (c) the Insured's commission of or attempt to commit a felony or assault; or
- (d) the Insured's engagement in an illegal activity or occupation; or
- (e) the Insured's voluntary participation in any riot or civil insurrection; or
- (f) war or any act of war, whether declared or not; or
- (g) the Insured's operating, learning to operate, or serving as a crew member of an aircraft or hot air balloon, including those which are not motor-driven, or jumping, parachuting or falling from an aircraft or hot air balloon; or

- (h) the Insured's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting, or any similar activity; or
- (i) the Insured's riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- (j) the Insured's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is paid or received; or
- (k) the Insured's operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accident was Incurred; or
- (l) the Insured's driving any taxi for wage, compensation or profit; or
- (m) the Insured's engaging in mountaineering or any similar activity using ropes and/or equipment; or
- (n) the Insured's having a neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder of any kind, including but not limited to bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, or post-traumatic stress syndrome or disorder, including any physical manifestations relating to any of these conditions. However, the Policy does not exclude a Covered Sickness resulting from Alzheimer's disease or similar forms of senility or senile dementia, Incurred after the Waiting Period; or
- (o) pregnancy and pregnancy-related conditions, until the Insured has been covered by the Policy for a period of 10 months. However, this subsection will not apply to a Complication of Pregnancy that would otherwise be deemed by Us to be a Covered Sickness; or
- (p) Accidental Injury Incurred or Sickness First Manifested prior to the Date of Issue of the Policy that is aggravated by any event that occurs after the Date of Issue of the Policy; or
- (q) any condition(s) expressly excluded by the Policy.

#### Preexisting Condition Limitation

We will pay **NO** benefits for an Accidental Injury or Sickness that is caused by a Preexisting Condition unless the Accidental Injury or Sickness commences after the Policy has been in force for two (2) years from the Date of Issue or the most recent reinstatement date.

# BENEFITS SCHEDULE

## TOTAL DISABILITY BENEFITS

### COVERED INJURY

#### ON-THE-JOB ACCIDENT

Total Disability Benefit Amount [ <u>\$0/No Coverage</u> ]	Waiting Period 0 Days	Elimination Period [ <u>0</u> ] Days	Expected Duration Period For Total Disability [ <u>0</u> ] Days
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#### OFF-THE-JOB ACCIDENT

Total Disability Benefit Amount [ <u>\$5,000</u> ]	Waiting Period 0 Days	Elimination Period [ <u>60</u> ] Days	Expected Duration Period For Total Disability [ <u>180</u> ] Days
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### COVERED SICKNESS

Total Disability Benefit Amount [ <u>\$5,000</u> ]	Waiting Period [ <u>30</u> ] Days	Elimination Period [ <u>60</u> ] Days	Expected Duration Period For Total Disability [ <u>180</u> ] Days
---	--------------------------------------	--	---

The Benefit for a Covered Injury or a Covered Sickness can begin on the day after the Elimination Period ends. For a Covered Injury, the Elimination Period begins on the day a Covered Injury is Incurred. For a Covered Sickness, the Elimination Period begins on the day a Covered Sickness First Manifests after the Waiting Period ends. There is NO coverage for a Sickness that First Manifests during the Waiting Period. The Waiting Period begins on the Date of Issue of the Policy. There is NO coverage for a Covered Injury or a Covered Sickness where the Total Disability Amount as to such Covered Injury or Covered Sickness shown above is "\$0/No Coverage".

## DEFINITIONS

**Accident** means something out of the usual course of events that happens independently of disease, bodily infirmity, illness or any other physical condition.

**Accidental Injury** means bodily injury to the Insured as the result of an Accident.

**Covered Injury** means an Accidental Injury that is Incurred and results from an On-The-Job Accident or an Off-The-Job Accident and causes injury, loss or damage to the Insured within 60 days of such On-The-Job Accident or Off-The-Job Accident.

**Covered Sickness** means a Sickness that:

- (a) First Manifests after the Waiting Period; and
- (b) First Manifests while the Policy is in force, and
- (c) First Manifests while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Elimination Period** means the number of consecutive days shown on the Benefit Schedule during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. NO Benefits are payable during the Elimination Period. No Elimination Period can begin until after the Waiting Period has elapsed.

**First Manifests/Manifested/Manifestation** means the existence of a condition or symptom that would initially cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment.

**Gainfully Employed** means employed or self-employed for monetary gain or reward in a business, trade, profession, vocation, calling or occupation for at least 30 hours per week, but shall not include avocations or hobbies.

**Incurs/Incurred** means an event or incident that:

- (a) occurs on or after the Date of Issue of the Policy; and
- (b) occurs while the Policy is in force; and
- (c) occurs while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Job** means work in which the Insured engages for pay and/or benefits.

**Material and Substantial Duty/Duties** means those duties that are normally required to be performed at the Insured's Job and cannot be reasonably modified or omitted.

Performing a duty at a particular work site, place or building is not a Material and Substantial Duty of the

Insured's Job, provided the Insured's employer will allow the Insured to perform such duty at a different work site, place or building.

**Off-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is NOT working at any Job.

**On-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is working at any Job and that causes Total Disability within 90 days from the date of such Accident.

**Preexisting Condition** means:

- (a) an existing condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the two (2) year period prior to the Date of Issue of the Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician, or received from a Physician, within the two (2) year period prior to the Date of Issue of the Policy.

**Sickness** means a disease, bodily infirmity, illness, infection or any other similar physical condition that affects the Insured, and is wholly independent of an Accident.

**Total Disability/Totally Disabled** means a condition that, solely as a result of the Incurring of a Covered Injury while the Insured is Gainfully Employed at the Insured's Job or the First Manifestation of a Covered Sickness while the Insured is Gainfully Employed at the Insured's Job, affects the Insured so that such Insured is:

- (a) continuously and totally unable to perform the Material and Substantial Duties of his or her Job in which he or she is Gainfully Employed; and
- (b) not Gainfully Employed in any Job; and
- (c) under the Regular and Appropriate Care of a physician for treatment arising from and related to such Covered Injury or Covered Sickness; and
- (d) expected by a physician to continue to have such Covered Injury or Covered Sickness for at least the number of consecutive days on the Benefit Schedule in the column entitled Expected Duration Period for Total Disability.

**Waiting Period** means the period that begins on the Date of Issue of the Policy and continues for the period shown in the Benefit Schedule. There is NO coverage for a Sickness that First Manifests during the Waiting Period.

**TERMINATION**

The policy will terminate on the earliest of:

- (a) any premium due date requested by You in writing; or
- (b) the end of the grace period following the due date for which a premium is not paid; or
- (c) the death of the Insured; or
- (d) the date on which the policy's Total Disability Benefit Amount is paid; or
- (e) the policy anniversary on or next following the Insured's attained age 70.

**GUARANTEED RENEWABLE TO AGE 70**

The policy may be continued, subject to the policy's conditions, by paying the appropriate premiums when they are due. A grace period of 31 days will be granted for each premium payment after the first. We retain no right to restrict Your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age on the Date of Issue of the policy. Such change will not become effective until you have been notified in writing.

**PLANS AND PREMIUMS**

**Plan**

- On- & Off-the-Job Accident & Sickness Total Disability
- Off-the-Job Accident Only Total Disability

**Premium Mode**

Premiums due           [Monthly]           until the policy anniversary on or next following the Insured's age 70.

**Premium Summary**

	Base	Rider
Insured	\$ <u>          [7.07]          </u>	\$ <u>          [0.00]          </u>
Total Premium for Base and Rider:	\$ <u>          [7.07]          </u>	

**THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

**American General Life and Accident Insurance Company**  
American General Center • Nashville, Tennessee, 37250-0001

*The underwriting risks, financial and contractual obligations and support functions associated with products issued by American General Life and Accident Insurance Company (AGLA) are its responsibility. AGLA does not solicit business in the states of New York and Wyoming.*

# APPLICATION FOR DISABILITY INSURANCE

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

1. a. Primary Proposed Insured Name (Print full name) <u>John Doe</u>											
b. Address <u>123 4th Street</u>		<u>Little Rock</u>		<u>AR</u>		<u>72203</u>		<u>USA</u>			
<small>Street</small>		<small>City</small>		<small>State</small>		<small>Zip Code</small>		<small>Country</small>			
c. SSN: <u>012-45-6789</u>					Birth Date and Place			Age	Gender		
					<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>State</small>	<small>Country</small>	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female
					<u>01</u>	<u>01</u>	<u>1977</u>	<u>AR</u>	<u>US</u>	<u>35</u>	
d. Marital/Domestic Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____											
e. Driver's License No. <u>12345678</u>					f. State of Issue <u>AR</u>						
If over age 16 and no license, please explain. _____											
g. Occupation <u>Mechanic</u>					h. How long in occupation <u>10 Years</u>						
i. Employer <u>ABC Repair</u>					j. Employer Address <u>567 8th Street</u>						
k. Job duties <u>repairing cars</u>					l. Length of time employed by current employer <u>10 years</u>						
m. Average No. of hours worked per week in occupation <u>40</u>											
n. Is Primary Proposed Insured actively at work and able to perform all regular job duties? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
If "No," explain: _____											
o. If no earned income, provide details of prior employment and job duties _____											
p. If unemployed, retired prior to age 55, disabled or receiving Supplemental Security Income (SSI), provide explanation _____											
q. Do you have any other full- or part-time job? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If "Yes," provide occupation, job duties, hours worked and travel required. _____											
r. Have you had any periods of unemployment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If "Yes," provide details. _____											
s. Do you have any plans to change jobs in the next 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
If "Yes," provide details. _____											
t. Are you aware of any fact(s) that could change your occupation status or financial stability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
u. Are you a business owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is your percentage of ownership? _____											
v. Annual Earned Income (wages, commissions, bonus, profit sharing, or incentive payments) \$ <u>55,000</u>											
w. Unearned Income (dividends and interest, rental income before depreciation, other) \$ <u>0</u> Identify source. _____											
2. Owner Name (If other than Primary Proposed Insured) _____											
Address _____											
<small>Street</small>		<small>City</small>		<small>State</small>		<small>Zip Code</small>					
SSN/TIN: _____					Relationship to Primary Proposed Insured _____						
3. Premium Payor Name (If other than Primary Proposed Insured) _____											
Address _____											
<small>Street</small>		<small>City</small>		<small>State</small>		<small>Zip Code</small>					
SSN/TIN: _____					Relationship to Primary Proposed Insured _____						
4. Plan: <input checked="" type="checkbox"/> On- & Off-the-Job Accident & Sickness Total Disability <input type="checkbox"/> Other _____											
Benefit Amount <u>\$5,000</u>					Elimination Period <input type="checkbox"/> 30 Days <input checked="" type="checkbox"/> 60 Days <input type="checkbox"/> 180 Days						
5. Riders <input type="checkbox"/> Accidental Death & Dismemberment Rider _____ Units (1-6 units at \$20,000 per unit) <input type="checkbox"/> Other _____											
6. Premium and Payment											
a. Premium \$ <u>7.07</u>					Lump Sum _____ <input type="checkbox"/> Other _____						
b. Payment Mode: <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> Q <input checked="" type="checkbox"/> M <input type="checkbox"/> Other _____											
<input type="checkbox"/> Automatic Bank Check					<input type="checkbox"/> Add to existing ABC account, policy no. _____						
<input type="checkbox"/> AG Payroll Deduction (AGLA employees only)					<input type="checkbox"/> New payroll account no. _____						
<input type="checkbox"/> Payroll Deduction					<input type="checkbox"/> Add to existing PD account no. _____						
Anticipated Effective Date of Coverage _____											
<b>Home Office Use Only</b>											

7. First Beneficiary(ies) Jane Doe Wife 33 987-65-1234 100  
Name Relationship Age SSN/TIN Percentage

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Relationship Age SSN/TIN Percentage

\_\_\_\_\_  
Address

Secondary Beneficiary(ies) \_\_\_\_\_  
Name Relationship Age SSN/TIN Percentage

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Relationship Age SSN/TIN Percentage

\_\_\_\_\_  
Address

**BACKGROUND/HEALTH QUESTIONS** **YES NO**

8. Does any proposed insured have any individual or group disability insurance or any accidental death coverage in force or currently applied for with this Company or any other company? .....    
 If "Yes," \_\_\_\_\_  
Co. Name Benefit Period Monthly Benefit Amount Accidental Death Benefit

9. Will the policy applied for replace or change any existing accident or disability insurance now in force? .....    
 If "Yes," complete the necessary replacement forms and provide details below.  
Name Co. Name Type of Coverage Amt. of Coverage/Benefit Pol. No.

10. Has any proposed insured ever had an application for insurance modified, rated, declined, postponed, or withdrawn? .....    
 If "Yes," provide details below.  
Name Type of Coverage Date Details  
Name Type of Coverage Date Details

11. Within the past 5 years, has any proposed insured been convicted of, paid a fine/ticket or pled guilty to reckless driving, driving while intoxicated, or had a driver's license revoked or suspended, or, within the past 3 years, had any moving traffic violations? .....    
 If "Yes," \_\_\_\_\_  
Name Type of Violation Duration (if applicable) Date of Incident State of Incident  
Details

12. Has any proposed insured ever been convicted of, pled guilty to, or pled no contest to a felony, or is any such charge pending against him/her? .....    
 If "Yes," \_\_\_\_\_  
Name Date of Occurrence County and State Disposition  
Details

13. Does any proposed insured intend to travel or reside outside of the United States within the next year? .....    
 If "Yes," \_\_\_\_\_  
Name City/Country where traveling Length of Stay Times Per Year  
Purpose of Travel Do you plan to visit non-urban areas Trips outside of U.S. in prior two years

	YES	NO
14. Is any proposed insured <b>NOT</b> a citizen of the United States? ..... <input type="checkbox"/> <input checked="" type="checkbox"/>		
If "Yes," Name of proposed insured _____ Date of entry into the U.S. _____ Name of country of citizenship _____ Have Permanent Resident Card? ..... <input type="checkbox"/> <input type="checkbox"/> If "Yes," Provide A # _____ If No, does the proposed insured have a Visa? ..... <input type="checkbox"/> <input type="checkbox"/> If "Yes," Type of Visa: _____ (provide copy) Intentions after expiration of Visa _____ Does any proposed insured own a home in the U.S.? ..... <input type="checkbox"/> <input type="checkbox"/> Are any family members U.S. Citizens or Permanent Residents? ..... <input type="checkbox"/> <input type="checkbox"/> If "Yes," give details _____ If no Permanent Resident Card and no Visa, please explain: _____		
15. Within the past 5 years, has any proposed insured flown as a pilot, student pilot or crew member of any aircraft, or does any proposed insured have any intention to do so in the next 2 years? ..... <input type="checkbox"/> <input checked="" type="checkbox"/>		
If "Yes," _____ Name _____ Details _____ If "Yes," submit an Aviation Questionnaire.		
16. Within the past 5 years, has any proposed insured engaged in motor sports events or racing (auto, truck, cycle, boat, etc.); rock or mountain climbing; skin or scuba diving; aeronautics (hang-gliding, sky diving, parachuting, ultra light, soaring, ballooning)? ..... <input type="checkbox"/> <input checked="" type="checkbox"/>		
If "Yes," _____ Name _____ Details _____ If "Yes," submit an Avocation Questionnaire.		
<b>Questions 17 through 32 are only for persons proposed for insurance who are NOT expected to be subject to a Medical Examination. All applicants may, nevertheless, be subject to a Medical Examination at the Company's option.</b>		
17. a. Primary Proposed Insured: Height <u>6'0"</u> Weight <u>190 lbs</u> b. Has any proposed insured had a change in weight of 10 or more pounds in the past year? ..... <input type="checkbox"/> <input checked="" type="checkbox"/>		
If "Yes," _____ Name _____ Details _____		
18. Is any proposed insured currently taking any medication or under medical observation, treatment, or therapy? ..... <input type="checkbox"/> <input checked="" type="checkbox"/>		
If "Yes," Name _____ Give details including reasons for medication, treatment or therapy and name, address and telephone number of physician. _____ _____		
19. Within the past 5 years, has any proposed insured consulted a doctor or been a patient in a hospital, clinic or treatment facility, or gone to a hospital emergency room or walk-in or similar clinic for medical care or consultation? ..... <input type="checkbox"/> <input checked="" type="checkbox"/>		
If "Yes," Name _____ Date(s) _____ Duration _____ Type of Visit/Stay _____ (hospital, clinic, treatment facility, ER, walk-in or clinic) Name, Address, and Telephone Number of the doctor, hospital, clinic, ER or treatment facility _____ _____ Give details _____		

	YES	NO
20. Has any proposed insured ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for high blood pressure? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Date of diagnosis _____ Treatment _____ Last blood pressure reading and date _____ Highest blood pressure reading in past 12 months _____ Average blood pressure reading _____ Name and address of physician treating high blood pressure. _____		
21. Has any proposed insured ever been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for diabetes? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Date of diagnosis _____ Describe treatment _____ List any disability related to diabetes _____ Last blood sugar or HA1C reading and date _____ Has any proposed insured experienced diabetic coma, or vascular, kidney, heart, eye or other problems related to diabetes?..... <input type="checkbox"/> <input type="checkbox"/> If "Yes," provide details. _____ Name and address of physician treating diabetes _____		
22. Within the past 5 years, has any proposed insured consumed alcoholic beverages? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Average No. of drinks per week _____ Maximum No. of drinks per day _____ Type (Beer, Wine, Liquor) and Date of last use _____		
23. Has any proposed insured ever received medical treatment or counseling from a physician for, or been advised by a physician to discontinue or reduce, the use of alcohol or prescribed or non-prescribed drugs (cocaine, marijuana, heroin, methamphetamine) or other controlled substances, or has any proposed insured used such a non-prescribed drug or controlled substance, or any prescription medication other than as prescribed by a physician? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Date(s) _____ Duration _____ Type _____ Details (including name, address and telephone number of the doctor, hospital, clinic or treatment facility) _____ _____		
24. Within the past 10 years, has any proposed insured been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), or tested positive for the Human Immunodeficiency Virus (HIV)? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Details _____ Name and Address of Physician _____		
25. Within the past 12 months, has any proposed insured had one or more sores that have not healed, had changes in the appearance of a mole, experienced bleeding, chest pain, convulsions, dizziness, fatigue, hoarseness, numbness, or paralysis for which the cause is not known and for which a doctor has not been consulted? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Date(s) _____ Duration _____ Type _____ Details _____		
26. In the past 24 months, has any proposed insured been advised by a member of the medical profession concerning any abnormal diagnostic test results, or been advised to have any diagnostic tests (including self-administered), treatment or surgery which was not completed or does the proposed insured have test results pending except those tests related to the Human Immunodeficiency Virus (AIDS virus)? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Date(s) _____ Type _____ Details _____ (including name, address and telephone number of the doctor, hospital, clinic or treatment facility)		

	YES	NO
27. Does any proposed insured have a pending appointment with any physician or other medical professional or have the intent to make such appointment within the next 60 days? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Date(s) _____ Type _____ Details _____ (including name, address and telephone number of the doctor, hospital, clinic or treatment facility)		
28. Is any proposed insured currently a patient in or been advised to enter a hospital, nursing home, hospice or assisted living facility? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Details _____		
29. Has any proposed insured made claim for or received disability (other than for routine pregnancy) or Worker's Compensation benefits in the past 5 years? ..... <input type="checkbox"/> <input checked="" type="checkbox"/> If "Yes," Name _____ Type of Disability _____ Details _____		
30. Within the past 24 months, has any proposed insured: <ul style="list-style-type: none"> <li>(a) been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for fainting, stumbling or falling while walking, problems with balance, deterioration in vision or hearing or shortness of breath? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(b) received home health care services, physical therapy or rehabilitation therapy? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(c) resided in senior citizen's housing or a retirement or assisted living community? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(d) required assistance or supervision with or had any limitations in performing, any of the following daily activities: bathing, bladder and/or bowel control, eating, dressing, toileting or transferring (moving into or out of a bed, chair or wheelchair)? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(e) required assistance with routine activities such as: using the phone, taking medications, paying bills, shopping, driving a car, traveling outside the home or preparing meals? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> </ul>		
31. Has any proposed insured ever been diagnosed as having, or been treated for or consulted a licensed health care provider for any of the following: (If "Yes," check applicable boxes below.) <ul style="list-style-type: none"> <li>(a) heart disease, heart attack, chest pain, shortness of breath, irregular heartbeat, heart murmur, high cholesterol or other disorder of the heart? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(b) a blood clot, aneurysm, stroke, transient ischemic attack, or other disease or disorder of the arteries or veins? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(c) cancer, malignant tumor or growth, leukemia, melanoma, Hodgkin's disease, non-Hodgkin's lymphoma, masses, cysts, polyps or other similar abnormalities? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(d) a disease or disorder of the thyroid or other glands or a disease or disorder of the immune or lymphatic system? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(e) a disease or disorder of the digestive system, throat, esophagus, stomach, intestine, liver, pancreas, or gall bladder? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(f) a disease or disorder of the urinary tract, kidneys, bladder, or prostate, or polycystic kidneys, or protein in the urine? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(g) a disease or disorder of the respiratory system, or asthma, chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or other lung disorder? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(h) a disease or disorder of the nervous system, brain, or spinal cord, or cerebral palsy, multiple sclerosis, paralysis or seizures? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(i) anxiety, depression or other mental disorder? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(j) Alzheimer's disease or dementia? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(k) glaucoma, macular degeneration, optic neuritis? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(l) a disease or disorder of the blood, or anemia, hemophilia, sickle cell anemia? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(m) a disease or disorder of the muscles or bones, including but not limited to the back or joints? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(n) a disease or disorder of the reproductive system? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(o) severe headaches, stress, bipolar or nervous disorder? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(p) memory loss, unconsciousness, attention deficit disorder or loss of concentration? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(q) carpal tunnel syndrome or rheumatoid arthritis? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(r) a disease or disorder of the breast, disorder of menstruation, miscarriage, or complications of pregnancy? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(s) a disease or disorder of the skin, eyes, ears, sinuses or lymph glands? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> <li>(t) chronic fatigue syndrome, Epstein-Barr Virus, fibromyalgia, or Lyme Disease? ..... <input type="checkbox"/> <input checked="" type="checkbox"/></li> </ul>		
32. Has the proposed insured been advised to modify or restrict eating, drinking or living habits because of any health condition? ..... <input type="checkbox"/> <input checked="" type="checkbox"/>		

Explain "Yes" answers to questions 30-32.

Name	Date	Duration	Details	Name(s) and Address(es) of Doctor(s) or Hospital(s)
<hr/>				

The space below may also be used to elaborate on any other question on this application.

**OWNER'S CERTIFICATION**

Under penalties of perjury, I certify that the following number, 012-45-6789, is my correct taxpayer identification number, AND

Under penalties of perjury, I certify that I am not subject to backup withholding because:

- (a) I am exempt from backup withholding, or
- (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or
- (c) the IRS has notified me that I am no longer subject to backup withholding, AND

Under penalties of perjury, I certify that I am a U.S. person (including a U.S. resident alien).

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends in your tax return.

X \_\_\_\_\_ *John Doe* \_\_\_\_\_ *August 1, 2012*  
Signature of Owner Date

**AGENT'S CERTIFICATION**

I certify that I have asked each question and that the answers have been truly and accurately recorded as given. I have recorded any unfavorable information which I have knowledge of concerning any proposed insured. I confirm that any and all signatures of the Primary Proposed Insured, Owner and Witness(es) in this application were signed in my presence.

\_\_\_\_\_ *August 1, 2012* \_\_\_\_\_ *Sally Shield*  
Date Signature of Licensed Agent

**ACKNOWLEDGEMENT – AGREEMENT – AUTHORIZATION – UNDERSTAND – NOTICE**

I, the Primary Proposed Insured (and any Owner signing below), by my signature set forth hereafter:

**Acknowledge** that, if a Conditional Receipt was issued to me as a result of this application, I have read, or have been given the opportunity to read or to have read to me, all terms and provisions of such Conditional Receipt.

**Agree** that, under the Conditional Receipt, if any, given to me as the result of this application and under any additional pending application for other life, accident and/or health insurance coverage from American General Life and Accident Insurance Company ("the Company"), the aggregate liability on account of all coverages applied for with the Company will be the amount of coverage applied for or \$250,000, whichever is less.

**Agree** that any temporary insurance arising under the terms of any Conditional Receipt given to me as a result of this application shall become effective only if and when such Conditional Receipt is delivered to the Owner.

**Agree** that all statements and answers in this application are complete and true to the best of my knowledge and belief and are the basis for any policy issued by the Company and agree that no information shall be deemed to have been given to the Company unless it is set forth in this application or in any supplemental application.

**Agree** that, except as stated in any Conditional Receipt, if such Conditional Receipt was given to me as a result of this application, the insurance will take effect on the Date of Issue shown in the Policy if (a) the Policy has been delivered to me; (b) the first full modal premium for the Issued Policy has been paid while each proposed insured is alive; and (c) there has been no change in the health of any proposed insured that would change the answer to any question in this or any supplemental application before the conditions in items (a) and (b) above are met.

**Agree** that no agent of the Company or Medical Examiner has authority to waive any answer or otherwise modify this or any supplemental application or to bind the Company in any way by making any promise or representation which is not set out in writing in this application.

**Authorize:** (a) the Company to obtain an investigative consumer report on me; (b) any consumer reporting agency, employer, the Medical Information Bureau ("MIB"), and any governmental or other entity possessing non-health-related information concerning me to disclose such information to the Company, its reinsurers, and its legal representative. Any data obtained will be used by the Company to determine eligibility for insurance and will not be released by the Company to any person or organization, except to the Company's reinsurers, the MIB, other companies to whom I have applied or may apply for insurance coverage, other persons or organizations who perform business or legal services in connection with my application, and any entity to which release of such data is required by law. I know that I or my authorized representative may request to receive a copy of this Authorization. I agree that a facsimile of this Authorization shall be as valid as the original and that this Authorization shall be valid for the purpose of collecting information in connection with a claim for: (1) two and one-half years from the date shown below for the purpose of collecting information in connection with an application for insurance, (2) the term of coverage of the applied-for insurance policy, and (3) the duration of a claim for benefits.

**ACKNOWLEDGE** receipt of the following notices: (a) "Notice of Information Practices" required by Public Law 91-508 and other information practices statutes; (b) MIB Pre-Notice; (c) Investigative Consumer Report; and (d) Outline of Coverage, if applicable.

**UNDERSTAND** that I am applying for a lump sum disability insurance policy and such policy, if issued, will provide only lump sum disability insurance and will not be a major medical insurance policy.

**NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**NOTICE: If a proposed insured's answers on this application are incorrect or untrue, the Company may have the right to deny benefits and/or rescind coverage.**

**PRIMARY PROPOSED INSURED** - If an investigative consumer report is prepared in connection with this application:

I elect to be interviewed.  I elect NOT to be interviewed.

AGENT - To the best of your knowledge, is the insurance applied for intended to replace any existing insurance?  Yes (Explain)  No

Signed at Little Rock AR August 1, 2012  
City State Date

X John Doe X \_\_\_\_\_  
SIGNATURE OF PRIMARY PROPOSED INSURED SIGNATURE OF OWNER  
(IF OTHER THAN PRIMARY PROPOSED INSURED)

X \_\_\_\_\_ X Sally Shield  
SIGNATURE OF WITNESS (IF APPLICABLE) SIGNATURE OF LICENSED AGENT



**NOTICE TO HOLDER OF CONDITIONAL RECEIPT**

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-DB-AR (0812) CR

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**NOTICE OF INFORMATION PRACTICES**

American General Life and Accident Insurance Company wishes to notify you that in processing your application for insurance, a Consumer Investigative Report may be prepared as to the character, general reputation, personal characteristics and/or mode of living of any person to be insured. The information for this report will be obtained through personal interviews with your friends, neighbors and acquaintances.

You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

**(NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES)  
CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT**

This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received one of the following:  
(Check the appropriate box and complete the statement beside it.)

(1) \$ \_\_\_\_\_ for disability insurance applied for on \_\_\_\_\_ ; or  
Name

(2) a written authorization to initiate the debit entry to a checking/savings account with a financial institution in the amount of \$ \_\_\_\_\_  
for disability insurance applied for on \_\_\_\_\_ .  
Name

We agree to provide temporary insurance if (1) (a) the amount of any deposit shown above is equal to at least one-twelfth (1/12) of the annual premium for the policy applied for or (b) the amount of the debit entry to be initiated and deposited as shown above is equal to at least one-twelfth (1/12) of the annual premium for the policy applied for; and (2) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of the premium deposit or the written authorization to initiate the debit entry, as the case may be, and on the date of any required medical examination.

ANY TEMPORARY INSURANCE UNDER THIS CONDITIONAL RECEIPT IS SUBJECT TO THE AMOUNT AND TERMS OF THE POLICY APPLIED FOR EXCEPT THAT THE AGGREGATE LIABILITY FOR TEMPORARY INSURANCE FOR EACH PROPOSED INSURED UNDER THE CONDITIONAL RECEIPT AND UNDER THE CONDITIONAL RECEIPT FOR ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/ OR HEALTH INSURANCE COVERAGE FROM THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000, WHICHEVER IS LESS. IF TEMPORARY INSURANCE EXISTS UNDER THIS CONDITIONAL RECEIPT, IT WILL END UPON DELIVERY OF A POLICY OR 60 DAYS AFTER THE DATE OF THIS RECEIPT IF EARLIER.

No agent has authority to change or waive the terms and conditions of this Receipt. This Receipt is not valid if its date differs from that in the application, or if any check tendered as a premium deposit shown above is not honored when presented for payment, or if a debit entry authorized for a premium deposit is return unpaid.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Local Office Agency No. Signature of Licensed Agent

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

AGLA1000-DB-AR (0812) CR

**MIB PRE-NOTICE**

Information regarding your insurability will be treated as confidential. American General Life and Accident Insurance Company, or its reinsurer(s) 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 about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in 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, Massachusetts 02184-8734.

American General Life and Accident Insurance Company, or its reinsurer(s), 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 on its website at [www.mib.com](http://www.mib.com).

AGLA1000 MIB (1004)

AGLA1000-DB-AR (0812)

**NOTICE TO HOLDER OF CONDITIONAL RECEIPT**

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-DB-AR (0812) CR

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**NOTICE OF INFORMATION PRACTICES**

American General Life and Accident Insurance Company wishes to notify you that in processing your application for insurance, a Consumer Investigative Report may be prepared as to the character, general reputation, personal characteristics and/or mode of living of any person to be insured. The information for this report will be obtained through personal interviews with your friends, neighbors and acquaintances.

You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

# APPLICATION FOR DISABILITY INSURANCE (OFF-THE-JOB ACCIDENT ONLY)

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

1. a. Primary Proposed Insured Name (Print full name) <u>John Doe</u>					
b. Address <u>123 4th Street</u>		<u>Little Rock</u>	<u>AR</u>	<u>72203</u> <u>USA</u>	
<small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small> <small>Country</small>	
2. SSN: <u>012-45-6789</u>	3. Birth Date and Place			4. Age <u>35</u>	5. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
	<small>Month</small>	<small>Day</small>	<small>Year</small>	<small>State</small>	<small>Country</small>
	<u>01</u>	<u>01</u>	<u>1977</u>	<u>AR</u>	<u>US</u>
6. Is the proposed insured actively at work now and working a minimum of 30 hours per week performing all duties at his/her regular occupation at his/her regular place of employment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
7. Annual Earned Income \$ <u>55,000</u>					
8. Owner Name (If other than Primary Proposed Insured) _____					
Address _____		_____	_____	_____	_____
<small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small>	
SSN/TIN: _____		Relationship to Primary Proposed Insured _____			
9. Premium Payor Name (If other than Primary Proposed Insured) _____					
Address _____		_____	_____	_____	_____
<small>Street</small>		<small>City</small>	<small>State</small>	<small>Zip Code</small>	
SSN/TIN: _____		Relationship to Primary Proposed Insured _____			
10. Plan: <input checked="" type="checkbox"/> Off-the-Job Accident Only Total Disability <input type="checkbox"/> Other _____					
Benefit Amount <u>\$5,000</u>			Elimination Period <input type="checkbox"/> 30 Days <input checked="" type="checkbox"/> 60 Days		
11. Premium and Payment					
a. Premium \$ <u>7.07</u>		<input type="checkbox"/> Other _____			
b. Payment Mode: <input type="checkbox"/> A <input type="checkbox"/> SA <input type="checkbox"/> Q <input checked="" type="checkbox"/> M <input type="checkbox"/> Other _____					
<input type="checkbox"/> Automatic Bank Check			<input type="checkbox"/> Add to existing ABC account, policy no. _____		
<input type="checkbox"/> AG Payroll Deduction (AGLA employees only)			<input type="checkbox"/> New payroll account no. _____		
<input type="checkbox"/> Payroll Deduction			<input type="checkbox"/> Add to existing PD account no. _____		
Anticipated Effective Date of Coverage _____					
<b>Home Office Use Only</b>					

12. First Beneficiary(ies) Jane Doe Wife 33 987-65-1234 100

Name Relationship Age SSN/TIN Percentage

Address

---

Name Relationship Age SSN/TIN Percentage

Address

Secondary Beneficiary(ies) \_\_\_\_\_

Name Relationship Age SSN/TIN Percentage

Address

Name Relationship Age SSN/TIN Percentage

Address

**BACKGROUND/HEALTH QUESTIONS** **YES NO**

13. Does the proposed insured have any individual or group disability insurance in force or currently applied for with this Company or any other company? .....

If "Yes,"

_____	_____	_____
Co. Name	Benefit Period	Monthly Benefit Amount

14. Will the policy applied for replace or change any existing disability insurance now in force? .....

If "Yes," complete the necessary replacement forms and provide details below.

_____	_____	_____	_____	_____
Name	Co.	Type of Coverage	Amt. of Coverage/Benefit	Pol. No.

**OWNER'S CERTIFICATION**

Under penalties of perjury, I certify that the following number, 012-45-6789, is my correct taxpayer identification number, AND

Under penalties of perjury, I certify that I am not subject to backup withholding because:

- (a) I am exempt from backup withholding, or
- (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or
- (c) the IRS has notified me that I am no longer subject to backup withholding, AND

Under penalties of perjury, I certify that I am a U.S. person (including a U.S. resident alien).

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends in your tax return.

X \_\_\_\_\_ *John Doe* \_\_\_\_\_ *August 1, 2012*  
Signature of Owner Date

**AGENT'S CERTIFICATION**

I certify that I have asked each question and that the answers have been truly and accurately recorded as given. I have recorded any unfavorable information which I have knowledge of concerning any proposed insured. I confirm that any and all signatures of the Primary Proposed Insured, Owner and Witness(es) in this application were signed in my presence.

\_\_\_\_\_ *August 1, 2012* \_\_\_\_\_ *Sally Shield*  
Date Signature of Licensed Agent

**ACKNOWLEDGEMENT – AGREEMENT – AUTHORIZATION – NOTICE**

I, the Primary Proposed Insured (and any Owner signing below), by my signature set forth hereafter:

**Acknowledge** that, if a Conditional Receipt was issued to me as a result of this application, I have read, or have been given the opportunity to read or to have read to me, all terms and provisions of such Conditional Receipt.

**Agree** that, under the Conditional Receipt, if any, given to me as the result of this application and under any additional pending application for other life, accident and/or health insurance coverage from American General Life and Accident Insurance Company ("the Company"), the aggregate liability on account of all coverages applied for with the Company will be the amount of coverage applied for or \$250,000, whichever is less.

**Agree** that any temporary insurance arising under the terms of any Conditional Receipt given to me as a result of this application shall become effective only if and when such Conditional Receipt is delivered to the Owner.

**Agree** that all statements and answers in this application are complete and true to the best of my knowledge and belief and are the basis for any policy issued by the Company and agree that no information shall be deemed to have been given to the Company unless it is set forth in this application or in any supplemental application.

**Agree** that, except as stated in any Conditional Receipt, if such Conditional Receipt was given to me as a result of this application, the insurance will take effect on the Date of Issue shown in the Policy if (a) the Policy has been delivered to me; (b) the first full modal premium for the Issued Policy has been paid while each proposed insured is alive; and (c) there has been no change in the health of any proposed insured that would change the answer to any question in this or any supplemental application before the conditions in items (a) and (b) above are met.

**Agree** that no agent of the Company or Medical Examiner has authority to waive any answer or otherwise modify this or any supplemental application or to bind the Company in any way by making any promise or representation which is not set out in writing in this application.

**Authorize:** (a) the Company to obtain an investigative consumer report on me; (b) any consumer reporting agency, employer, the Medical Information Bureau ("MIB"), and any governmental or other entity possessing non-health-related information concerning me to disclose such information to the Company, its reinsurers, and its legal representative. Any data obtained will be used by the Company to determine eligibility for insurance and will not be released by the Company to any person or organization, except to the Company's reinsurers, the MIB, other companies to whom I have applied or may apply for insurance coverage, other persons or organizations who perform business or legal services in connection with my application, and any entity to which release of such data is required by law. I know that I or my authorized representative may request to receive a copy of this Authorization. I agree that a facsimile of this Authorization shall be as valid as the original and that this Authorization shall be valid for the purpose of collecting information in connection with a claim for: (1) two and one-half years from the date shown below for the purpose of collecting information in connection with an application for insurance, (2) the term of coverage of the applied-for insurance policy, and (3) the duration of a claim for benefits.

**ACKNOWLEDGE** receipt of the following notices: (a) "Notice of Information Practices" required by Public Law 91-508 and other information practices statutes; (b) MIB Pre-Notice; (c) Investigative Consumer Report; and (d) Outline of Coverage, if applicable.

**NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

**NOTICE: If a proposed insured's answers on this application are incorrect or untrue, the Company may have the right to deny benefits and/or rescind coverage.**

**PRIMARY PROPOSED INSURED** - If an investigative consumer report is prepared in connection with this application:

I elect to be interviewed.       I elect NOT to be interviewed.

AGENT - To the best of your knowledge, is the insurance applied for intended to replace any existing insurance?     Yes (Explain)     No

Signed at Little Rock AR August 1, 2012  
City State Date

X John Doe X \_\_\_\_\_  
SIGNATURE OF PRIMARY PROPOSED INSURED SIGNATURE OF OWNER  
(IF OTHER THAN PRIMARY PROPOSED INSURED)

X \_\_\_\_\_ X Sally Shield  
SIGNATURE OF WITNESS (IF APPLICABLE) SIGNATURE OF LICENSED AGENT



**NOTICE TO HOLDER OF CONDITIONAL RECEIPT**

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-DB-AR (0812) CR

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**NOTICE OF INFORMATION PRACTICES**

American General Life and Accident Insurance Company wishes to notify you that in processing your application for insurance, a Consumer Investigative Report may be prepared as to the character, general reputation, personal characteristics and/or mode of living of any person to be insured. The information for this report will be obtained through personal interviews with your friends, neighbors and acquaintances.

You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

AGLA1000-DA-AR (0812)

**(NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES)**  
**CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT**  
This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received one of the following:  
(Check the appropriate box and complete the statement beside it.)

- (1) \$ \_\_\_\_\_ for disability insurance applied for on \_\_\_\_\_; or  
Name
- (2) a written authorization to initiate the debit entry to a checking/savings account with a financial institution in the amount of \$ \_\_\_\_\_  
for disability insurance applied for on \_\_\_\_\_  
Name

We agree to provide temporary insurance if (1) (a) the amount of any deposit shown above is equal to at least one-twelfth (1/12) of the annual premium for the policy applied for or (b) the amount of the debit entry to be initiated and deposited as shown above is equal to at least one-twelfth (1/12) of the annual premium for the policy applied for; and (2) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of the premium deposit or the written authorization to initiate the debit entry, as the case may be, and on the date of any required medical examination.

ANY TEMPORARY INSURANCE UNDER THIS CONDITIONAL RECEIPT IS SUBJECT TO THE AMOUNT AND TERMS OF THE POLICY APPLIED FOR EXCEPT THAT THE AGGREGATE LIABILITY FOR TEMPORARY INSURANCE FOR EACH PROPOSED INSURED UNDER THE CONDITIONAL RECEIPT AND UNDER THE CONDITIONAL RECEIPT FOR ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/ OR HEALTH INSURANCE COVERAGE FROM THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000, WHICHEVER IS LESS. IF TEMPORARY INSURANCE EXISTS UNDER THIS CONDITIONAL RECEIPT, IT WILL END UPON DELIVERY OF A POLICY OR 60 DAYS AFTER THE DATE OF THIS RECEIPT IF EARLIER.

No agent has authority to change or waive the terms and conditions of this Receipt. This Receipt is not valid if its date differs from that in the application, or if any check tendered as a premium deposit shown above is not honored when presented for payment, or if a debit entry authorized for a premium deposit is return unpaid.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date Local Office Agency No. Signature of Licensed Agent

**ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

AGLA1000-DB-AR (0812) CR

**MIB PRE-NOTICE**

Information regarding your insurability will be treated as confidential. American General Life and Accident Insurance Company, or its reinsurer(s) 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 about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866 346-3642). If you question the accuracy of the information in 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, Massachusetts 02184-8734.

American General Life and Accident Insurance Company, or its reinsurer(s), 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 on its website at [www.mib.com](http://www.mib.com).

AGLA1000 MIB (1004)

AGLA1000-DA-AR (0812)

**NOTICE TO HOLDER OF CONDITIONAL RECEIPT**

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-DB-AR (0812) CR

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**NOTICE OF INFORMATION PRACTICES**

American General Life and Accident Insurance Company wishes to notify you that in processing your application for insurance, a Consumer Investigative Report may be prepared as to the character, general reputation, personal characteristics and/or mode of living of any person to be insured. The information for this report will be obtained through personal interviews with your friends, neighbors and acquaintances.

You have the right to make a written request within a reasonable time period to receive additional information about the nature and scope of this investigation.

(Printed in compliance with Public Law 91-508 and certain privacy protection statutes)

AGLA1000 NIP (1004)

AGLA1000-DA-AR (0812)

(NOT TO BE COMPLETED FOR PAYROLL DEDUCTION MODES)

CONDITIONAL RECEIPT FOR PREMIUM DEPOSIT

This Receipt is Valuable. Keep It in a Safe Place.

On this date, American General Life and Accident Insurance Company ("the Company") has received one of the following:  
(Check the appropriate box and complete the statement beside it.)

(1) \$ 7.07 for disability insurance applied for on John Doe ; or  
Name

(2) a written authorization to initiate the debit entry to a checking/savings account with a financial institution in the amount of \$ \_\_\_\_\_  
for disability insurance applied for on \_\_\_\_\_ .  
Name

We agree to provide temporary insurance if (1) (a) the amount of any deposit shown above is equal to at least one-twelfth (1/12) of the annual premium for the policy applied for or (b) the amount of the debit entry to be initiated and deposited as shown above is equal to at least one-twelfth (1/12) of the annual premium for the policy applied for; and (2) all persons for whom application is made are insurable in the opinion of the Company's authorized underwriters in Nashville, Tennessee for the plan, insurance amount, and premium applied for on the date of the premium deposit or the written authorization to initiate the debit entry, as the case may be, and on the date of any required medical examination.

ANY TEMPORARY INSURANCE UNDER THIS CONDITIONAL RECEIPT IS SUBJECT TO THE AMOUNT AND TERMS OF THE POLICY APPLIED FOR EXCEPT THAT THE AGGREGATE LIABILITY FOR TEMPORARY INSURANCE FOR EACH PROPOSED INSURED UNDER THE CONDITIONAL RECEIPT AND UNDER THE CONDITIONAL RECEIPT FOR ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/ OR HEALTH INSURANCE COVERAGE FROM THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000, WHICHEVER IS LESS. IF TEMPORARY INSURANCE EXISTS UNDER THIS CONDITIONAL RECEIPT, IT WILL END UPON DELIVERY OF A POLICY OR 60 DAYS AFTER THE DATE OF THIS RECEIPT IF EARLIER.

No agent has authority to change or waive the terms and conditions of this Receipt. This Receipt is not valid if its date differs from that in the application, or if any check tendered as a premium deposit shown above is not honored when presented for payment, or if a debit entry authorized for a premium deposit is return unpaid.

August 1 , 2012  
Date

123  
Local Office

4567  
Agency No.

Sally Shield  
Signature of Licensed Agent

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

**NOTICE TO HOLDER OF CONDITIONAL RECEIPT**

This Receipt is Valuable. Do Not Destroy or Lose.

We will refund the premium deposit if we:

- (a) decline to issue insurance; or
- (b) issue a policy other than as applied for and you do not accept it.

If you do not receive a policy within 60 days from the date of deposit, return this Receipt for refund to our Local Office or to our Home Office, American General Center, Nashville, TN 37250-0001.

AGLA1000-DB-AR (0812) CR

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/22/2012
Comments:			
Attachment(s):			
87-1.pdf AGLA120Z49 REV0807.pdf ARCERT2.pdf ARCert5.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/22/2012
Comments:	The two applications enclosed with this filing will be used with the Disability Policy, along with application AGLA1000-LDC-AR (0812) that was recently approved by your department on 8/23/12 under Serff Tracking No. AGLA-128640850.		
		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	10/22/2012
Comments:			
Attachment(s):			
DisabilityCare Plus - Lump Sum DB - Arkansas Standard Memorandum.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	10/22/2012
Comments:	The Outlines of Coverage are also being submitted in the filing and are attached under the Form Schedule Tab.		
		Item Status:	Status Date:
Satisfied - Item:	Statements of Variability		
Comments:			
Attachment(s):			

**SERFF Tracking #:**

AGLA-128660798

**State Tracking #:**

**Company Tracking #:**

AGLA 12LSD R, ETAL

**State:**

Arkansas

**Filing Company:**

American General Life and Accident Insurance Company

**TOI/Sub-TOI:**

H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

**Product Name:**

AGLA 12LSD R Total Disability Only Policy, etal

**Project Name/Number:**

AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

Final Statement of Variability for Outlines.pdf

Final Statement of Variability for Disability Policy AGLA 12LSD.pdf

**AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY**

A Member Company of American International Group, Inc.

American General Center • Nashville, Tennessee 37250-0001

(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services  
American General Life and Accident Insurance Company  
American General Center - 305N  
Nashville, Tennessee 37250  
PH: 1-800-888-2452

State of Arkansas  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904  
PH: 1-800-852-5494

## **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 insurance 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**

(please turn to back of page)

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.

## **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 insureds 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 contractholders, 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.

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### **American General Life and Accident Insurance Company**

*A member company of American International Group, Inc.*  
American General Center • Nashville, Tennessee 37250-0001





American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 12LSD R	Total Disability Only Policy
AGLA8030-AR (0812)	Outline of Coverage
AGLA8030-OAR (0812)	Outline of Coverage – Issued Other Than As Applied For
AGLA1000-DB-AR (0812)	Application for Disability Insurance
AGLA1000-DA-AR (0812)	Application For Disability Insurance (Off-The-Job Accident Only)
AGLA1000-DB-AR (0812) CR	Conditional Receipt For Premium Deposit

This is to certify that, to the best of my knowledge and belief, the above forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

---

Leo W. Grace, ASA, MAAA  
Vice President

DATE: August 28, 2012



American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 12LSD R	Total Disability Only Policy
AGLA8030-AR (0812)	Outline of Coverage
AGLA8030-OAR (0812)	Outline of Coverage – Issued Other Than As Applied For
AGLA1000-DB-AR (0812)	Application for Disability Insurance
AGLA1000-DA-AR (0812)	Application For Disability Insurance (Off-The-Job Accident Only)
AGLA1000-DB-AR (0812) CR	Conditional Receipt For Premium Deposit

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.

---

Leo W. Grace  
Vice President

DATE: August 28, 2012

**American General Life and Accident Insurance Company**  
American General Center • Nashville, Tennessee 37250-0001

**Lump Sum Disability Benefit Policy Form: AGLA 12LSD R**

Actuarial Memorandum

Scope and Purpose: The purpose of this actuarial memorandum is to present information to demonstrate the reasonableness of the work performed in determining the premium rates to be used for the forms and to demonstrate compliance with the state's requirements. This rate filing is not intended to be used for any other purpose.

Benefits: The policy provides for a one-time lump sum payment of a predetermined amount if the insured incurs a Total and Permanent Disability while the Policy is in force while meeting all other eligibility requirements. The policy provides a onetime lump sum benefit in the event the insured becomes totally disabled as defined in the policy while the policy is in force.

The following benefit designs are included in this memorandum:

- Lump sum benefit for a qualifying total disability
- The benefit will be paid only once
- Pre-determined amount and No coordination of benefits
- Elimination periods available; 30-day with an expected duration of 90 days, 60-day with an expected duration of 180 days and 180-day with an expected duration of 360 days
- Premium available only on a Level to age 70 basis

The policy will be sold on both a Standalone and One Solution (in connection with a life policy) arrangement.

Renewability: Guaranteed Renewable until age 70

Marketing Method: Product will be sold to individuals using agents, brokers and direct mail.

Issue Ages: 18 – 67

Issue Limits:

- Accident and Sickness (A&S) from \$5,000 to \$120,000
- Off-the-job Accident Only (AO) from \$5,000 to \$60,000

Part-time employees (work less 30 hours per week) are not eligible for coverage;

Applicability: This form is only for new issues.

Premiums:

Premium classes are available for the Primary Insured only

There will be 2 sets of rates used to calculate premiums – the stand-alone rates and the one solution rates.

A&S

- There will be 2 premium schedules available:

Level to age 70- One Solution and Stand Alone

- One Solution Discounting –

If applicant submits a Qualified Life application along with a Lump Sum Disability Income application at the same time, with the same insured, same owner, with the same billing, and the life Amount minimum must be at least 2x the LSDB, then the applicant has the right to purchase a Lump Sum

Benefit at the One Solution rate. The premium due will continue to be calculated based on the One Solution rates as long as a policy continues to satisfy the discount rules. The discount will be eliminated if a policy no longer satisfies the One Solution discount rules. The premium due after a policy ceases to be eligible for a discounted premium will be calculated based on the stand-alone rate. The same rate structure will apply to both versions.

- Issue Ages: 18 to 67
- Rates vary by issue age, gender, elimination period, & occupation class code.
- Plan Tiers - Individual Only

AO

- Rates do not vary - sold as a standalone policy with a single level premium paid until age 70
- Issue Ages: 18 to 60
- This rate does not require an Occupational Class Codes, as rate is uni-sex, uni-age, uni-occ and uni-tobacco.
- Plan Tiers - Individual Only

Preferred or Substandard Classes – None as the policy is not rated.

Age Basis: Age Last Birthday

Rate basis: specified on a **per 1,000 basis**; there may be a policy fee.

Premium Modalization Rates

Semi-annual = Annual x 0.52 + 0.40

Quarterly = Annual x .265 + 0.40

Monthly = Annual x 0.095 + 0.40

Annual Premiums: See Attachment A

Underwriting:

A&S

Policies issued are fully underwritten, the applicant must be an actively at work full time employees (must work 30 hours or more per week) and must meet income requirements. The expected result is a reduction in incidence rates of up to 30% in the first year and 10% in the second year.

AO

Policies issued using accept/reject simplified issued based on the answer to a list of questions, the applicant must be an actively at work full time employees (must work 30 hours or more per week) and must meet income requirements. There is no expected the reduction in incidence rates.

Mortality: 1990-1995 Select & Ultimate Mortality Table, ALB

Morbidity: The incidence rates are based upon the recent SOA IDEC individual disability accident incidence & termination experience for both Accident and Sickness disabilities. The following lists of adjustments/assumptions were made to the incidence rates: the impact of recent experience, exclusion of Mental & Nervous claims, smoker content in base table, impact of a lump sum benefit, the change in the definition of disability to reflect an expectation that the disability lasts for a period of time, Male/Female split and for the AO the impact for off-the job only accidents.

Acquisition & Maintenance Expense:

- Acquisition \$34.79 (A&S one solution & AO ) + (UW cost A&S stand alone) per policy

Per Policy				
Issue Ages	\$5k to \$18k	>\$18k to \$30k	>\$30k to \$60k	>\$60k to \$72k
18-50	\$113.99	\$115.79	\$263.39	\$277.19
51-60	\$117.87	\$119.73	\$275.35	\$234.75
61+	\$281.14	\$287.64	\$305.19	\$648.39

37.68% of premium

Arkansas

- ❑ Maintenance           \$28.02 per policy  
                                  9.81% of premium
- ❑ Claim Expense         \$75.00 per claim

Persistency:

A&S One Solution

<u>Pol Yr</u>	<u>20</u>	<u>25</u>	<u>30</u>	<u>35</u>	<u>40</u>	<u>45</u>	<u>50</u>	<u>55</u>	<u>60</u>	<u>65</u>
1	0.348	0.348	0.312	0.278	0.232	0.185	0.162	0.139	0.139	0.139
2	0.234	0.234	0.211	0.188	0.156	0.125	0.109	0.094	0.094	0.094
3	0.164	0.164	0.150	0.136	0.116	0.096	0.082	0.068	0.068	0.068
4	0.100	0.100	0.095	0.090	0.075	0.060	0.055	0.050	0.050	0.050
5	0.090	0.090	0.085	0.080	0.070	0.060	0.055	0.050	0.050	0.050
6	0.088	0.088	0.083	0.078	0.069	0.060	0.054	0.050	0.050	0.050
7	0.086	0.086	0.081	0.076	0.068	0.060	0.053	0.050	0.050	0.050
8	0.084	0.084	0.079	0.074	0.067	0.060	0.052	0.050	0.050	0.050
9	0.082	0.082	0.077	0.072	0.066	0.060	0.051	0.050	0.050	0.050
10	0.080	0.080	0.075	0.070	0.065	0.060	0.050	0.050	0.050	0.050
11	0.072	0.072	0.068	0.064	0.060	0.056	0.050	0.050	0.050	0.050
12	0.064	0.064	0.061	0.058	0.055	0.052	0.050	0.050	0.050	0.050
13	0.056	0.056	0.054	0.052	0.050	0.050	0.050	0.050	0.050	0.050
14	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050
15+	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050	0.050

Stand Alone A&S and AO

<u>Pol Yr</u>	<u>Age</u>								
	<u>22</u>	<u>27</u>	<u>32</u>	<u>37</u>	<u>42</u>	<u>47</u>	<u>52</u>	<u>57</u>	<u>62</u>
1	0.4050	0.4050	0.3600	0.3600	0.3150	0.2550	0.2400	0.2250	0.2175
2	0.2925	0.2925	0.2550	0.2550	0.2325	0.1800	0.1650	0.1575	0.1425
3	0.2100	0.2100	0.1725	0.1725	0.1650	0.1350	0.1350	0.1350	0.1350
4	0.1875	0.1875	0.1350	0.1350	0.1200	0.1125	0.1125	0.1125	0.1125
5	0.1725	0.1725	0.1200	0.1200	0.1200	0.1125	0.1125	0.1125	0.1125
6	0.1350	0.1350	0.1200	0.1200	0.1200	0.0975	0.0975	0.0975	0.0975
7	0.1125	0.1125	0.1125	0.1050	0.1050	0.0825	0.0825	0.0825	0.0825
8	0.1050	0.1050	0.1050	0.0825	0.0825	0.0825	0.0825	0.0825	0.0825
9	0.0900	0.0900	0.0900	0.0825	0.0825	0.0825	0.0825	0.0825	0.0825
10	0.0825	0.0825	0.0825	0.0825	0.0825	0.0825	0.0825	0.0825	0.0825
11	0.0750	0.0750	0.0750	0.0750	0.0750	0.0750	0.0750	0.0750	0.0750
12+	0.0675	0.0675	0.0675	0.0675	0.0675	0.0675	0.0675	0.0675	0.0675

- **Interest**           4.0%
- **Inflation**           2.0%
- **Reserve Basis**
  - Statutory           2 Year FPT @ 4.0%; 2001 CSO Mortality  
                                  Morbidity - 1.075 time pricing
  - GAAP                 FAS 60
  - Tax                    Statutory @ 4.0%

- **Target Surplus** 3.50 times RPC requirements; i.e.,
  - Statutory Reserve 3.757%
  - Premium 12.803%
  - Claim Reserves 2.363%

Average Annual Premium: \$996

Premium Modalization Rates: Semi-annual = Annual x 0.52 + 0.40  
 Quarterly = Annual x .265 + 0.40  
 Monthly = Annual x 0.095 + 0.40

Claim Reserves: This is a new policy form. No claim reserves have been developed.

Anticipated Loss Ratio: The anticipated lifetime loss ratio, calculated as the present value of incurred claims divided by the present value of annual premiums, meets or **exceeds 50%** for all forms. This satisfies the NAIC model regulation for 'Filing of Rates for Individual Health Insurance'

Distribution of Business:

<u>Age</u>	<u>A&amp;S</u>	<u>AO</u>
18 - 30	0.5%	0.5%
31 - 35	0.5%	0.5%
36 - 40	3.0%	0.5%
41 - 45	11.0%	25.0%
46 - 50	20.0%	29.5%
51 - 55	30.0%	34.0%
56 - 60	30.0%	5.0%
61 - 67	5.0%	5.0%
Total	100.0%	100.0%

<u>Plan Option</u>	<u>Distribution</u>
A&S One Solution – 30/90	46.0%
A&S One Solution – 60/180	31.0%
A&S One Solution – 180/360	10.0%
A&S Stand Alone – 30/90	1.0%
A&S Stand Alone – 60/180	1.0%
A&S Stand Alone – 180/360	1.0%
A&O Stand Alone – 30/90	8.0%
A&O Stand Alone – 60/180	2.0 %
Total	100.0%

Contingency and Risk Margin: No explicit contingency or risk margin was included in the pricing.

Lifetime Loss Ratio: This is a new policy form filing. The expected lifetime loss ratio under this form **exceeds 50%**.

Effective Date: Upon approval by **the state**.

Actuarial Certification:

To the best of my knowledge, this rate filing is in compliance with all applicable laws of the state, the rules of the Department of Insurance and the Actuarial Standards of Practice No. 8, "**Regulatory Filings for Health Plan Entities**". In addition, the benefits provided under this form are reasonable in relation to the proposed premium and the premium schedule is not excessive, inadequate nor unfairly discriminatory.



August 21, 2012

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Michael S. Johnson, FSA, MAAA  
Director

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Date

## Attachment A

### Annual Premiums Per 1,000 Benefit – Males Occupation Class 1

Issue Age	30 EP & Expected 90 Duration		60 EP & Expected 180 Duration		180 EP & Expected 360 Duration	
	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	18.84	26.04	9.84	15.36	7.32	12.24
19	18.84	26.04	9.84	15.36	7.32	12.24
20	18.96	26.16	9.96	15.48	7.44	12.36
21	18.96	26.16	9.96	15.48	7.44	12.36
22	18.96	26.16	9.96	15.48	7.44	12.36
23	19.08	26.28	10.08	15.60	7.56	12.48
24	19.08	26.28	10.08	15.60	7.56	12.48
25	19.08	26.28	10.08	15.60	7.56	12.48
26	19.08	26.28	10.20	15.72	7.68	12.60
27	19.08	26.28	10.32	15.84	7.80	12.72
28	19.08	26.40	10.44	15.96	7.92	12.84
29	19.08	26.40	10.56	16.08	7.92	12.96
30	19.20	26.52	10.56	16.08	7.92	13.08
31	19.20	26.76	10.68	16.20	7.92	13.32
32	19.20	27.00	10.80	16.32	7.92	13.56
33	19.20	27.24	10.92	16.44	7.92	13.80
34	19.20	27.36	11.04	16.56	7.92	14.04
35	19.32	27.48	11.04	16.56	8.04	14.04
36	19.44	27.60	11.28	16.56	8.04	14.16
37	19.56	27.72	11.52	16.56	8.04	14.28
38	19.68	27.84	11.76	16.56	8.04	14.40
39	19.80	27.96	12.00	16.56	8.16	14.52
40	19.92	28.08	12.12	16.68	8.28	14.52
41	20.16	28.32	12.24	16.68	8.40	14.64
42	20.40	28.56	12.36	16.68	8.52	14.76
43	20.64	28.80	12.48	16.80	8.64	14.88
44	20.88	29.04	12.60	16.80	8.76	15.00
45	21.36	29.16	12.96	16.92	8.76	15.24
46	22.20	29.52	13.20	17.04	9.00	15.24
47	23.04	30.00	13.44	17.16	9.24	15.24
48	23.88	30.48	13.68	17.28	9.48	15.36
49	24.72	30.96	13.92	17.28	9.72	15.36
50	25.68	31.32	14.40	17.28	10.08	15.48
51	26.40	32.28	14.88	17.76	10.32	15.60
52	27.24	33.36	15.36	18.24	10.56	15.72
53	28.08	34.44	15.84	18.72	10.80	15.84
54	28.92	35.52	16.32	19.20	11.04	15.96
55	29.76	36.72	16.92	19.92	11.52	16.08
56	32.04	44.28	18.48	22.44	12.24	17.28
57	34.56	53.52	20.16	25.32	12.96	18.60
58	37.20	64.56	21.96	28.56	13.80	20.04
59	40.08	78.00	23.88	32.16	14.64	21.48
60	43.32	94.20	25.92	36.24	15.60	23.04
61	46.20	98.28	27.36	40.44	16.56	26.52
62	49.20	102.60	28.80	45.12	17.64	30.48
63	52.44	107.04	30.36	50.40	18.72	35.04
64	55.80	111.72	32.04	56.28	19.92	40.32
65	59.40	116.52	33.84	63.00	21.12	46.32
66	82.80	151.08	42.60	77.40	29.04	64.56
67	115.44	195.96	53.64	95.16	39.84	90.00

**Attachment A**

**Annual Premiums Per 1,000 Benefit – Males Occupation Class 2**

30 EP & Expected 90 Duration

60 EP & Expected 180 Duration

180 EP & Expected 360 Duration

Issue Age	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	22.44	32.04	13.32	21.60	7.68	14.04
19	22.44	32.04	13.32	21.60	7.68	14.04
20	22.56	32.16	13.44	21.72	7.80	14.16
21	22.56	32.16	13.44	21.72	7.80	14.16
22	22.56	32.16	13.44	21.72	7.80	14.16
23	22.68	32.28	13.56	21.84	7.92	14.28
24	22.68	32.28	13.56	21.84	7.92	14.28
25	22.68	32.28	13.56	21.84	7.92	14.28
26	22.80	32.40	13.68	21.96	8.04	14.40
27	22.92	32.52	13.80	22.08	8.16	14.52
28	23.04	32.64	13.92	22.20	8.28	14.64
29	23.16	32.76	14.04	22.32	8.40	14.76
30	23.40	32.76	14.16	22.32	8.64	14.88
31	23.76	33.00	14.28	22.44	8.64	15.00
32	24.12	33.24	14.40	22.56	8.64	15.12
33	24.48	33.48	14.52	22.68	8.76	15.24
34	24.84	33.72	14.64	22.80	8.76	15.36
35	25.08	33.96	14.88	22.92	8.88	15.36
36	25.32	34.08	15.12	23.04	9.00	15.48
37	25.56	34.20	15.36	23.16	9.12	15.60
38	25.80	34.32	15.60	23.28	9.24	15.72
39	26.04	34.44	15.84	23.40	9.36	15.72
40	26.28	34.56	16.32	23.52	9.48	15.72
41	26.64	34.80	16.32	23.64	9.48	15.72
42	27.00	35.04	16.32	23.76	9.48	15.84
43	27.36	35.28	16.32	23.88	9.60	15.84
44	27.72	35.52	16.32	24.00	9.60	15.84
45	28.32	35.64	16.56	24.00	9.72	15.96
46	29.16	36.12	17.04	24.24	10.32	16.08
47	30.00	36.60	17.64	24.48	11.04	16.20
48	30.84	37.08	18.24	24.72	11.76	16.32
49	31.68	37.56	18.84	24.96	12.60	16.44
50	32.52	38.28	19.44	25.20	13.44	16.44
51	33.72	39.36	20.16	25.68	13.92	17.04
52	35.04	40.44	20.88	26.16	14.40	17.64
53	36.36	41.52	21.72	26.76	14.88	18.24
54	37.68	42.60	22.56	27.36	15.36	18.84
55	39.12	43.68	23.40	27.96	15.96	19.56
56	42.36	51.12	24.48	29.88	16.92	20.40
57	45.96	59.76	25.68	31.92	17.88	21.36
58	49.80	69.96	26.88	34.08	18.96	22.32
59	54.00	81.84	28.08	36.48	20.04	23.28
60	58.44	95.76	29.40	39.12	21.24	24.36
61	61.08	97.56	31.56	42.84	22.32	27.96
62	63.84	99.48	33.84	46.92	23.52	32.16
63	66.72	101.40	36.36	51.48	24.72	36.96
64	69.72	103.32	39.00	56.40	26.04	42.48
65	72.84	105.36	41.76	62.04	27.48	48.84
66	98.64	140.64	59.28	76.92	38.88	68.16
67	133.68	187.80	84.00	95.40	55.08	95.16

**Attachment A**

**Annual Premiums Per 1,000 Benefit – Males Occupation Class 3**

30 EP & Expected 90 Duration

60 EP & Expected 180 Duration

180 EP & Expected 360 Duration

Issue Age	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	25.80	36.84	15.96	25.92	9.24	16.44
19	25.80	36.84	15.96	25.92	9.24	16.44
20	25.92	36.96	16.08	26.04	9.36	16.56
21	25.92	36.96	16.08	26.04	9.36	16.56
22	25.92	36.96	16.08	26.04	9.36	16.56
23	26.04	37.08	16.20	26.16	9.48	16.68
24	26.04	37.08	16.20	26.16	9.48	16.68
25	26.04	37.08	16.20	26.16	9.48	16.68
26	26.28	37.20	16.32	26.28	9.60	16.80
27	26.52	37.32	16.44	26.40	9.72	16.92
28	26.76	37.44	16.56	26.52	9.84	17.04
29	27.00	37.56	16.68	26.64	9.96	17.16
30	27.12	37.56	16.68	26.64	9.96	17.16
31	27.24	37.80	16.80	26.76	9.96	17.28
32	27.36	38.04	16.92	26.88	9.96	17.40
33	27.48	38.28	17.04	27.00	9.96	17.52
34	27.60	38.52	17.16	27.00	9.96	17.52
35	27.96	38.76	17.16	27.00	10.20	17.52
36	28.44	38.88	17.40	27.12	10.44	17.52
37	28.92	39.00	17.64	27.24	10.68	17.64
38	29.40	39.12	17.88	27.36	10.92	17.64
39	29.88	39.24	18.12	27.48	11.16	17.64
40	30.36	39.36	18.24	27.60	11.28	17.76
41	30.96	39.60	18.48	27.96	11.64	17.88
42	31.56	39.84	18.72	28.32	12.00	18.00
43	32.16	40.08	18.96	28.68	12.36	18.12
44	32.76	40.32	19.20	29.04	12.84	18.24
45	33.60	40.44	19.44	29.64	13.32	18.24
46	34.68	41.16	20.28	30.24	13.68	18.48
47	35.76	41.88	21.24	30.84	14.04	18.72
48	36.96	42.60	22.20	31.56	14.40	18.96
49	38.16	43.32	23.16	32.28	14.76	19.20
50	39.48	44.28	24.24	33.00	15.00	19.20
51	40.68	45.84	25.20	33.36	15.48	19.92
52	41.88	47.52	26.28	33.72	15.96	20.64
53	43.08	49.20	27.36	34.08	16.56	21.36
54	44.28	50.88	28.44	34.44	17.16	22.08
55	45.60	52.68	29.64	34.68	17.76	22.92
56	48.84	59.88	31.20	37.44	18.96	23.76
57	52.20	68.04	32.88	40.44	20.28	24.60
58	55.80	77.28	34.68	43.68	21.72	25.44
59	59.76	87.72	36.60	47.16	23.16	26.28
60	63.96	99.60	38.52	50.88	24.72	27.24
61	67.68	101.28	41.40	56.28	26.52	31.20
62	71.64	102.96	44.52	62.28	28.44	35.76
63	75.84	104.64	47.88	68.88	30.48	40.92
64	80.28	106.32	51.48	76.20	32.64	46.92
65	84.84	108.00	55.20	84.12	34.80	53.76
66	119.76	144.60	72.60	105.48	48.12	73.32
67	169.20	193.68	95.52	132.36	66.48	99.96

## Attachment A

### Annual Premiums Per 1,000 Benefit – Males Occupation Class 4

Issue Age	30 EP & Expected 90 Duration		60 EP & Expected 180 Duration		180 EP & Expected 360 Duration	
	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	39.36	47.88	23.88	33.24	10.80	18.12
19	39.36	47.88	23.88	33.24	10.80	18.12
20	39.48	48.00	24.00	33.36	10.92	18.24
21	39.48	48.00	24.00	33.36	10.92	18.24
22	39.48	48.00	24.00	33.36	10.92	18.24
23	39.60	48.12	24.12	33.48	11.04	18.36
24	39.60	48.12	24.12	33.48	11.04	18.36
25	39.60	48.12	24.12	33.48	11.04	18.36
26	39.60	48.24	24.12	33.48	11.16	18.48
27	39.60	48.36	24.24	33.48	11.28	18.60
28	39.72	48.48	24.24	33.60	11.40	18.72
29	39.72	48.60	24.24	33.60	11.52	18.84
30	39.84	48.84	24.36	33.72	11.52	18.84
31	40.08	48.96	24.48	33.84	11.64	18.96
32	40.32	49.08	24.60	33.96	11.76	19.08
33	40.56	49.20	24.72	34.08	11.88	19.20
34	40.80	49.44	24.84	34.20	12.12	19.20
35	41.16	49.68	25.08	34.20	12.36	19.20
36	42.12	50.52	25.20	34.56	12.60	19.20
37	43.08	51.36	25.32	34.92	12.84	19.20
38	44.04	52.20	25.44	35.28	13.08	19.32
39	45.00	53.04	25.56	35.64	13.32	19.32
40	46.08	54.00	25.68	35.76	13.44	19.44
41	46.56	54.48	26.04	36.00	14.04	19.68
42	47.04	54.96	26.40	36.24	14.64	19.92
43	47.52	55.44	26.76	36.48	15.24	20.16
44	48.12	55.92	27.24	36.84	15.84	20.40
45	48.72	56.40	27.72	37.20	16.44	20.64
46	50.52	57.84	28.56	37.80	17.16	21.24
47	52.44	59.28	29.52	38.40	17.88	21.84
48	54.48	60.84	30.48	39.00	18.72	22.44
49	56.52	62.40	31.44	39.60	19.56	23.04
50	58.68	64.08	32.52	40.44	20.40	23.52
51	59.40	65.76	33.36	41.04	21.12	24.60
52	60.12	67.44	34.20	41.64	21.84	25.80
53	60.84	69.24	35.16	42.24	22.56	27.00
54	61.68	71.04	36.12	42.84	23.28	28.32
55	62.52	72.96	37.08	43.32	24.12	29.64
56	65.76	77.76	39.24	46.80	25.68	31.32
57	69.12	82.80	41.52	50.52	27.36	33.12
58	72.72	88.20	43.92	54.60	29.16	34.92
59	76.44	93.96	46.44	59.04	31.08	36.84
60	80.52	100.20	48.84	63.72	33.12	38.88
61	86.64	104.88	52.68	70.80	36.00	42.96
62	93.24	109.68	56.88	78.72	39.24	47.52
63	100.32	114.72	61.44	87.48	42.72	52.56
64	107.88	120.00	66.36	97.20	46.56	58.08
65	115.92	125.64	71.64	107.88	50.64	64.32
66	153.36	163.44	92.76	138.60	69.00	80.88
67	202.92	212.76	120.00	178.08	93.96	101.76

## Attachment A

### Annual Premiums Per 1,000 Benefit – Males Occupation Class 5

Issue Age	30 EP & Expected 90 Duration		60 EP & Expected 180 Duration		180 EP & Expected 360 Duration	
	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	54.00	62.52	33.72	43.56	13.32	19.92
19	54.00	62.52	33.72	43.56	13.32	19.92
20	54.12	62.64	33.84	43.68	13.44	20.04
21	54.12	62.64	33.84	43.68	13.44	20.04
22	54.12	62.64	33.84	43.68	13.44	20.04
23	54.24	62.76	33.96	43.80	13.56	20.16
24	54.24	62.76	33.96	43.80	13.56	20.16
25	54.24	62.76	33.96	43.80	13.56	20.16
26	54.36	63.72	34.32	43.92	13.68	20.52
27	54.48	64.68	34.68	44.04	13.80	20.88
28	54.60	65.64	35.04	44.16	13.92	21.24
29	54.72	66.60	35.40	44.28	14.04	21.60
30	54.84	67.44	35.64	44.52	14.04	21.84
31	55.80	68.04	35.76	44.64	14.40	21.96
32	56.76	68.64	35.88	44.76	14.76	22.08
33	57.72	69.24	36.00	44.88	15.12	22.20
34	58.68	69.84	36.12	45.12	15.60	22.20
35	59.64	70.20	36.12	45.36	16.08	22.20
36	60.84	71.40	36.24	45.60	16.44	22.44
37	62.04	72.60	36.36	45.84	16.80	22.68
38	63.24	73.80	36.48	46.08	17.16	23.04
39	64.56	75.12	36.60	46.32	17.52	23.28
40	65.88	76.44	36.84	46.56	17.88	23.64
41	67.44	77.88	37.08	46.68	18.60	24.12
42	69.00	79.32	37.32	46.80	19.44	24.60
43	70.68	80.76	37.68	47.04	20.28	25.08
44	72.36	82.32	37.92	47.16	21.12	25.56
45	74.04	83.88	38.28	47.40	21.96	25.92
46	76.20	85.80	39.96	49.68	23.04	26.88
47	78.36	87.72	41.76	52.08	24.24	27.84
48	80.64	89.76	43.56	54.60	25.44	28.80
49	82.92	91.80	45.48	57.24	26.76	29.88
50	85.32	93.84	47.52	60.24	28.08	30.96
51	87.60	96.36	48.96	60.72	29.52	32.52
52	89.88	98.88	50.40	61.20	30.96	34.20
53	92.28	101.52	51.84	61.68	32.52	36.00
54	94.68	104.16	53.40	62.16	34.20	37.92
55	97.20	106.92	54.84	62.76	35.88	39.84
56	101.40	110.64	58.08	70.92	38.28	42.00
57	105.84	114.48	61.56	80.16	40.92	44.28
58	110.40	118.44	65.28	90.60	43.68	46.68
59	115.20	122.52	69.24	102.48	46.68	49.20
60	120.12	126.60	73.44	115.92	49.92	51.72
61	126.84	133.32	81.72	123.72	54.12	57.24
62	133.92	140.40	90.96	132.00	58.68	63.36
63	141.36	147.84	101.16	140.88	63.60	70.08
64	149.16	155.76	112.56	150.24	69.00	77.52
65	157.44	164.04	125.16	160.20	74.88	85.68
66	198.72	205.44	148.92	201.00	88.08	103.20
67	250.68	257.40	177.12	252.24	103.56	124.32

## Attachment A

### Annual Premiums Per 1,000 Benefit – Females Occupation Class 1

Issue Age	30 EP & Expected 90 Duration		60 EP & Expected 180 Duration		180 EP & Expected 360 Duration	
	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	32.04	39.84	14.04	24.12	8.04	14.04
19	32.04	39.84	14.04	24.12	8.04	14.04
20	32.16	39.96	14.16	24.24	8.16	14.16
21	32.16	39.96	14.16	24.24	8.16	14.16
22	32.16	39.96	14.16	24.24	8.16	14.16
23	32.28	40.08	14.28	24.36	8.28	14.28
24	32.28	40.08	14.28	24.36	8.28	14.28
25	32.28	40.08	14.28	24.36	8.28	14.28
26	32.40	40.20	14.40	24.48	8.28	14.40
27	32.52	40.32	14.52	24.60	8.28	14.52
28	32.64	40.44	14.64	24.72	8.28	14.64
29	32.76	40.56	14.76	24.84	8.28	14.76
30	32.88	40.68	14.76	24.84	8.52	14.88
31	32.88	40.80	14.88	24.96	8.76	15.12
32	33.00	40.92	15.00	25.08	9.00	15.36
33	33.00	41.04	15.12	25.20	9.24	15.60
34	33.00	41.16	15.24	25.32	9.48	15.84
35	33.12	41.28	15.24	25.56	9.48	15.84
36	33.12	41.40	15.24	25.68	9.60	15.96
37	33.12	41.52	15.24	25.80	9.72	16.08
38	33.12	41.64	15.24	25.92	9.84	16.20
39	33.12	41.76	15.24	26.04	9.96	16.32
40	33.24	41.88	15.36	26.28	9.96	16.32
41	33.24	42.00	15.48	26.40	10.20	16.44
42	33.24	42.12	15.60	26.52	10.44	16.56
43	33.24	42.24	15.72	26.64	10.68	16.68
44	33.24	42.36	15.72	26.76	10.92	16.80
45	33.36	42.48	15.72	27.00	11.28	17.04
46	33.60	43.08	16.08	27.12	11.52	17.04
47	33.84	43.68	16.44	27.24	11.88	17.04
48	34.20	44.28	16.80	27.36	12.24	17.04
49	34.44	44.88	17.16	27.48	12.60	17.04
50	34.80	45.48	17.28	27.84	12.84	17.28
51	35.04	45.84	17.64	28.20	13.32	17.64
52	35.28	46.20	18.00	28.56	13.80	18.00
53	35.52	46.56	18.48	29.04	14.28	18.48
54	35.76	46.92	18.84	29.40	14.76	18.84
55	35.88	47.28	19.32	29.88	15.12	19.32
56	38.40	53.64	20.88	32.76	15.96	19.92
57	41.04	60.96	22.56	35.88	16.80	20.52
58	43.92	69.24	24.36	39.36	17.76	21.24
59	46.92	78.60	26.40	43.20	18.72	21.96
60	50.16	89.28	28.56	47.40	19.68	22.68
61	51.72	91.20	30.24	49.68	20.88	26.04
62	53.28	93.12	32.04	52.08	22.20	29.88
63	54.84	95.04	33.84	54.60	23.64	34.32
64	56.52	97.08	35.76	57.24	25.08	39.36
65	58.20	99.00	37.80	60.24	26.76	45.12
66	62.52	133.92	50.64	72.84	36.96	60.60
67	119.88	181.20	67.80	88.08	51.12	81.48

## Attachment A

### Annual Premiums Per 1,000 Benefit – Females Occupation Class 2

30 EP & Expected 90 Duration

60 EP & Expected 180 Duration

180 EP & Expected 360 Duration

Issue Age	30 EP & Expected 90 Duration		60 EP & Expected 180 Duration		180 EP & Expected 360 Duration	
	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	41.52	45.84	20.28	27.00	9.24	15.84
19	41.52	45.84	20.28	27.00	9.24	15.84
20	41.64	45.96	20.40	27.12	9.36	15.96
21	41.64	45.96	20.40	27.12	9.36	15.96
22	41.64	45.96	20.40	27.12	9.36	15.96
23	41.76	46.08	20.52	27.24	9.48	16.08
24	41.76	46.08	20.52	27.24	9.48	16.08
25	41.76	46.08	20.52	27.24	9.48	16.08
26	41.88	46.20	20.64	27.36	9.60	16.20
27	42.00	46.32	20.76	27.48	9.72	16.32
28	42.12	46.44	20.88	27.60	9.84	16.44
29	42.24	46.56	21.00	27.60	9.96	16.56
30	42.36	46.68	21.24	27.60	10.08	16.68
31	42.48	46.80	21.36	27.72	10.32	16.92
32	42.60	46.92	21.48	27.84	10.56	17.16
33	42.72	47.04	21.60	27.96	10.80	17.40
34	42.84	47.16	21.60	28.08	11.04	17.64
35	42.84	47.28	21.60	28.20	11.28	17.64
36	42.84	47.40	21.60	28.80	11.40	17.76
37	42.96	47.52	21.60	29.40	11.52	17.88
38	42.96	47.64	21.60	30.00	11.64	18.00
39	42.96	47.76	21.60	30.60	11.76	18.12
40	43.08	47.88	21.72	31.08	11.76	18.12
41	43.20	48.00	21.72	31.44	12.00	18.24
42	43.32	48.12	21.72	31.80	12.36	18.36
43	43.44	48.24	21.72	32.28	12.72	18.48
44	43.44	48.36	21.72	32.64	13.08	18.60
45	43.44	48.48	21.84	33.12	13.32	18.84
46	43.56	49.08	21.96	33.48	13.80	18.84
47	43.68	49.68	22.08	33.84	14.28	18.84
48	43.80	50.28	22.20	34.20	14.88	18.84
49	43.80	50.88	22.32	34.56	15.48	18.84
50	43.80	51.48	22.56	34.80	16.08	19.08
51	43.92	51.84	23.16	35.04	16.68	19.92
52	44.04	52.20	23.76	35.28	17.28	20.88
53	44.16	52.56	24.36	35.64	17.88	21.84
54	44.28	52.92	24.96	35.88	18.48	22.80
55	44.28	53.28	25.68	36.24	19.08	23.88
56	45.24	59.88	26.52	39.48	20.40	24.96
57	46.20	67.32	27.36	43.08	21.84	26.04
58	47.16	75.72	28.32	46.92	23.28	27.24
59	48.12	85.20	29.28	51.12	24.84	28.44
60	49.08	95.76	30.24	55.80	26.52	29.76
61	51.24	97.56	31.56	57.72	28.20	33.12
62	53.52	99.48	33.00	59.76	30.00	36.96
63	55.92	101.40	34.44	61.92	31.92	41.16
64	58.44	103.32	36.00	64.08	33.96	45.84
65	61.20	105.36	37.56	66.36	36.36	51.24
66	84.60	140.64	50.52	83.16	48.12	67.56
67	117.00	187.80	67.80	104.28	63.84	88.92

**Attachment A**

**Annual Premiums Per 1,000 Benefit – Females Occupation Class 3**

30 EP & Expected 90 Duration

60 EP & Expected 180 Duration

180 EP & Expected 360 Duration

Issue Age	30 EP & Expected 90 Duration		60 EP & Expected 180 Duration		180 EP & Expected 360 Duration	
	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	46.32	53.64	22.68	30.24	11.04	18.84
19	46.32	53.64	22.68	30.24	11.04	18.84
20	46.44	53.76	22.80	30.36	11.16	18.96
21	46.44	53.76	22.80	30.36	11.16	18.96
22	46.44	53.76	22.80	30.36	11.16	18.96
23	46.56	53.88	22.92	30.48	11.28	19.08
24	46.56	53.88	22.92	30.48	11.28	19.08
25	46.56	53.88	22.92	30.48	11.28	19.08
26	46.80	54.00	23.04	30.60	11.40	19.20
27	47.04	54.12	23.16	30.72	11.52	19.32
28	47.28	54.24	23.28	30.84	11.64	19.44
29	47.52	54.36	23.40	30.96	11.76	19.56
30	47.52	54.48	23.40	30.96	11.88	19.68
31	47.52	54.60	23.52	31.08	12.12	19.92
32	47.64	54.72	23.64	31.20	12.36	20.16
33	47.64	54.84	23.76	31.32	12.60	20.40
34	47.64	54.96	23.88	31.44	12.84	20.64
35	47.76	55.08	23.88	31.68	13.08	20.64
36	47.88	55.20	23.88	32.40	13.56	20.76
37	48.00	55.32	23.88	33.12	14.04	20.88
38	48.12	55.44	23.88	33.84	14.52	21.00
39	48.12	55.56	23.88	34.68	15.00	21.12
40	48.12	55.68	24.00	35.52	15.36	21.12
41	48.36	55.80	24.00	35.76	15.84	21.24
42	48.60	55.92	24.00	36.00	16.32	21.36
43	48.84	56.04	24.00	36.24	16.80	21.48
44	49.08	56.16	24.00	36.48	17.28	21.60
45	49.32	56.28	24.12	36.72	17.88	21.84
46	49.56	56.52	24.36	37.20	18.60	22.44
47	49.80	56.76	24.60	37.68	19.44	23.04
48	50.04	57.00	24.96	38.16	20.28	23.64
49	50.28	57.24	25.20	38.64	21.12	24.36
50	50.28	57.48	25.56	38.88	21.96	25.08
51	50.76	57.84	26.40	39.12	22.80	26.28
52	51.24	58.20	27.24	39.36	23.64	27.48
53	51.60	58.56	28.20	39.60	24.48	28.80
54	52.08	58.92	29.16	39.84	25.32	30.12
55	52.44	59.28	30.12	39.84	26.28	31.68
56	53.64	66.12	32.52	43.56	28.56	33.48
57	54.84	73.68	35.04	47.64	31.08	35.28
58	56.04	82.20	37.80	52.08	33.84	37.20
59	57.24	91.68	40.80	56.88	36.84	39.24
60	58.44	102.12	44.04	62.04	40.08	41.40
61	59.88	104.04	46.56	65.28	42.36	45.84
62	61.32	105.96	49.20	68.76	44.76	50.76
63	62.76	107.88	52.08	72.36	47.28	56.16
64	64.32	109.80	55.08	76.20	50.04	62.16
65	65.88	111.84	58.32	80.16	53.04	68.76
66	94.08	147.48	68.52	100.56	64.80	84.12
67	134.52	194.40	80.64	126.12	79.08	102.84

**Attachment A**

**Annual Premiums Per 1,000 Benefit – Females Occupation Class 4**

30 EP & Expected 90 Duration

60 EP & Expected 180 Duration

180 EP & Expected 360 Duration

Issue Age	30 EP & Expected 90 Duration		60 EP & Expected 180 Duration		180 EP & Expected 360 Duration	
	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	53.64	62.64	31.80	40.20	12.84	21.84
19	53.64	62.64	31.80	40.20	12.84	21.84
20	53.76	62.76	31.92	40.32	12.96	21.96
21	53.76	62.76	31.92	40.32	12.96	21.96
22	53.76	62.76	31.92	40.32	12.96	21.96
23	53.88	62.88	32.04	40.44	13.08	22.08
24	53.88	62.88	32.04	40.44	13.08	22.08
25	53.88	62.88	32.04	40.44	13.08	22.08
26	54.24	63.00	32.04	40.56	13.44	22.20
27	54.60	63.12	32.04	40.68	13.80	22.32
28	54.96	63.24	32.04	40.80	14.16	22.44
29	55.32	63.36	32.04	40.92	14.52	22.56
30	55.44	63.48	32.28	41.16	15.12	22.68
31	55.56	63.60	32.40	41.28	15.48	22.92
32	55.68	63.72	32.52	41.40	15.84	23.16
33	55.80	63.84	32.64	41.52	16.20	23.40
34	56.04	63.96	32.76	41.64	16.56	23.64
35	56.28	64.08	32.76	41.88	16.92	23.64
36	56.28	64.20	32.88	42.00	17.28	24.00
37	56.40	64.32	33.00	42.12	17.64	24.36
38	56.40	64.44	33.12	42.24	18.00	24.72
39	56.40	64.56	33.24	42.36	18.36	25.08
40	56.52	64.68	33.24	42.36	18.84	25.56
41	56.52	64.80	33.36	42.84	19.56	25.92
42	56.64	64.92	33.48	43.32	20.28	26.40
43	56.64	65.04	33.60	43.80	21.00	26.88
44	56.64	65.16	33.72	44.28	21.84	27.36
45	56.76	65.28	33.84	44.88	22.68	27.72
46	56.88	65.52	34.56	46.92	23.76	28.56
47	57.00	65.76	35.28	49.08	24.84	29.52
48	57.12	66.00	36.00	51.24	26.04	30.48
49	57.24	66.24	36.72	53.52	27.24	31.44
50	57.24	66.48	37.32	55.92	28.44	32.52
51	57.36	66.84	38.16	56.52	30.00	34.20
52	57.48	67.20	39.00	57.12	31.56	36.00
53	57.60	67.56	39.96	57.72	33.24	37.92
54	57.72	67.92	40.92	58.32	35.04	39.84
55	57.72	68.28	41.88	59.16	36.84	41.88
56	60.36	74.88	43.92	62.16	39.48	44.28
57	63.12	82.20	46.08	65.28	42.24	46.80
58	66.00	90.24	48.36	68.52	45.24	49.44
59	69.00	99.00	50.76	72.00	48.36	52.20
60	72.12	108.60	53.28	75.48	51.72	55.08
61	76.44	110.52	58.56	82.08	55.56	60.72
62	81.00	112.44	64.44	89.28	59.64	66.96
63	85.80	114.36	70.92	97.08	64.08	73.92
64	90.84	116.28	78.00	105.48	68.88	81.60
65	96.24	118.32	85.68	114.60	73.92	90.00
66	121.20	154.20	104.04	136.32	88.80	108.48
67	152.64	201.00	126.48	162.24	106.68	130.80

**Attachment A**

**Annual Premiums Per 1,000 Benefit – Females Occupation Class 5**

30 EP & Expected 90 Duration

60 EP & Expected 180 Duration

180 EP & Expected 360 Duration

Issue Age	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone	Level Premium One Solution	Level Premium Stand Alone
18	80.64	92.64	45.48	69.12	17.52	23.64
19	80.64	92.64	45.48	69.12	17.52	23.64
20	80.76	92.76	45.60	69.24	17.64	23.76
21	80.76	92.76	45.60	69.24	17.64	23.76
22	80.76	92.76	45.60	69.24	17.64	23.76
23	80.88	92.88	45.72	69.36	17.76	23.88
24	80.88	92.88	45.72	69.36	17.76	23.88
25	80.88	92.88	45.72	69.36	17.76	23.88
26	81.12	93.48	45.96	69.96	18.36	24.24
27	81.36	94.08	46.20	70.56	18.96	24.60
28	81.60	94.68	46.44	71.16	19.56	24.96
29	81.84	95.28	46.68	71.76	20.16	25.32
30	82.08	95.88	46.68	72.36	20.88	25.68
31	82.32	96.12	46.80	72.84	21.36	26.40
32	82.56	96.36	46.92	73.32	21.84	27.12
33	82.80	96.60	47.04	73.80	22.44	27.84
34	83.04	96.84	47.16	74.28	23.04	28.68
35	83.40	97.20	47.40	74.76	23.64	29.52
36	83.52	97.32	47.52	75.60	24.24	30.12
37	83.64	97.44	47.64	76.44	24.84	30.72
38	83.76	97.56	47.76	77.28	25.44	31.32
39	83.88	97.68	47.88	78.12	26.04	31.92
40	84.12	97.92	47.88	78.84	26.52	32.64
41	84.24	98.04	48.12	79.08	27.36	33.24
42	84.36	98.16	48.36	79.32	28.32	33.84
43	84.48	98.28	48.60	79.56	29.28	34.44
44	84.60	98.40	48.84	79.80	30.24	35.04
45	84.60	98.40	48.96	80.04	31.20	35.88
46	84.60	98.40	49.80	81.12	32.76	37.44
47	84.72	98.52	50.64	82.20	34.44	39.12
48	84.72	98.52	51.48	83.28	36.12	40.80
49	84.72	98.52	52.32	84.36	37.92	42.60
50	84.84	98.64	53.16	85.32	39.84	44.52
51	84.84	98.64	54.84	85.92	42.12	47.04
52	84.96	98.76	56.64	86.52	44.52	49.68
53	84.96	98.76	58.44	87.12	47.04	52.44
54	84.96	98.76	60.24	87.72	49.68	55.32
55	85.08	98.88	62.16	88.20	52.44	58.44
56	86.88	107.28	64.68	96.84	56.16	61.80
57	88.68	116.40	67.20	106.32	60.12	65.28
58	90.60	126.36	69.84	116.64	64.32	69.00
59	92.52	137.16	72.60	128.04	68.88	72.96
60	94.44	148.80	75.48	140.52	73.68	77.16
61	103.44	160.44	85.20	152.76	82.20	86.52
62	113.40	173.04	96.24	166.08	91.68	97.08
63	124.32	186.60	108.60	180.48	102.36	108.96
64	136.20	201.24	122.64	196.20	114.24	122.28
65	149.28	216.84	138.48	213.24	127.56	137.16
66	200.76	264.36	189.84	254.40	178.80	190.08
67	269.88	322.32	260.28	303.48	250.56	263.40

**STATEMENT OF VARIABILITY FOR OUTLINES  
AGLA8030 (0812) AND AGLA8030-O (0812)**

<b>BENEFITS SCHEDULE – PAGE 2</b>	
<b>ON-THE-JOB ACCIDENT</b>	
<p><b>Total Disability Benefit Amount</b> [\$0/No Coverage]</p> <p><b>Elimination Period</b> [0] days</p> <p><b>Expected Duration Period For Total Disability</b> [0] days</p>	<p>This field must be variable to reflect the dollar amount payable as a lump sum if a Covered Injury results from an On-The-Job-Accident. The range of values is \$0 to \$120,000.</p> <p>This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.</p> <p>This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Injury. The range of value is 0 days to 360 days.</p>
<b>OFF-THE-JOB ACCIDENT</b>	
<p><b>Total Disability Benefit Amount</b> [\$5,000]</p> <p><b>Elimination Period</b> [60] days</p> <p><b>Expected Duration Period For Total Disability</b> [180] days</p>	<p>This field must be variable to reflect the dollar amount payable as a lump sum if a Covered Injury results from an Off-The-Job-Accident. The range of values is \$0 to \$120,000.</p> <p>This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.</p> <p>This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Injury. The range of value is 0 days to 360 days.</p>

<b>BENEFITS SCHEDULE – PAGE 2 (Continued)</b>		
<b>COVERED SICKNESS</b>		
<b>Total Disability Benefit Amount</b> [\$5,000]		This field must be variable to reflect the dollar amount payable as a lump sum for a Covered Sickness. The range of values is \$0 to \$120,000.
<b>Waiting Period</b> [30] days		This field must be variable to reflect the period of days that begins on the Date of Issue of the policy, during which no coverage is provided for a sickness that first manifests during such period. The range of values is 0 days to 180 days.
<b>Elimination Period</b> [60] days		This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.
<b>Expected Duration Period For Total Disability</b> [180] days		This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Sickness. The range of value is 0 days to 360 days.
<b>PLANS AND PREMIUMS – PAGE 4</b>		
<b>Premium Mode</b>		
Premiums due [Monthly] until the policy anniversary on or next following the Insured's age 70.		This field must be variable to reflect the frequency of premium payment. Possible values are: Monthly Quarterly Semi-Annually Annually
<b>Premium Summary</b>		
Base Insured \$[7.07]	Rider \$[0.00]	This field must be variable to reflect premiums payable. The range of values is \$3.48 Monthly to \$36,418 Annually.
Total Premium for Base and Rider \$[7.07]		

## STATEMENT OF VARIABILITY FOR POLICY AGLA 12LSD

<b>POLICY DATA – PAGE 1</b>	
<b>Insured</b> – [John Doe]	This field must be variable to reflect the name of the Insured. The name is fixed at issue.
<b>Age</b> – [35]	This field must be variable to reflect the issue age of the Insured. The range of values is 20 to 67. The age is fixed at issue.
<b>Gender</b> – [Male]	This field must be variable to reflect the gender of the Insured. The possible values are either Male or Female. The gender is fixed at issue.
<b>Policy Number</b> – [123456789]	This field must be variable to reflect the policy number. The policy number is a nine digit number that is fixed at issue.
<b>Premium Period</b> – [Monthly]	This field must be variable to reflect the time period in which one renewal premium is due. Each renewal premium is due at the expiration of the premium period for which the preceding premium was paid. The possible values are: Monthly Quarterly Semi-Annually Annually
<b>Date of Issue</b> – [August 1, 2012]	This field must be variable to reflect the policy issue date. The range of values is 08-01-2012 to 12-31-9999. This date is fixed at issue.
<b>Risk Class</b> - [Class 2]	The field must be variable to the morbidity risk of the Insured's occupation. The possible values are: Class 1 to Class 5, or "Not Applicable" if accident only plan.
<b>POLICY SCHEDULE – PAGE 3</b>	
<b>ON-THE-JOB ACCIDENT</b>	
<b>Total Disability Benefit Amount</b> [\$0/No Coverage]	This field must be variable to reflect the dollar amount payable as a lump sum if a Covered Injury results from an On-The-Job-Accident. The range of values is \$0 to \$120,000.
<b>Elimination Period</b> [0] days	This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.
<b>Expected Duration Period For Total Disability</b> [0] days	This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Injury. The range of

	value is 0 days to 360 days.
<b>POLICY SCHEDULE – PAGE 3 (con.)</b>	
<b>OFF-THE-JOB ACCIDENT</b>	
<b>Total Disability Benefit Amount</b> [\$5,000]	This field must be variable to reflect the dollar amount payable as a lump sum if a Covered Injury results from an Off-The-Job-Accident. The range of values is \$0 to \$120,000.
<b>Elimination Period</b> [60] days	This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.
<b>Expected Duration Period For Total Disability</b> [180] days	This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Injury. The range of value is 0 days to 360 days.
<b>COVERED SICKNESS</b>	
<b>Total Disability Benefit Amount</b> [\$5,000]	This field must be variable to reflect the dollar amount payable as a lump sum for a Covered Sickness. The range of values is \$0 to \$120,000.
<b>Waiting Period</b> [30] days	This field must be variable to reflect the period of days that begins on the Date of Issue of the policy, during which no coverage is provided for a sickness that first manifests during such period. The range of values is 0 days to 180 days.
<b>Elimination Period</b> [60] days	This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.
<b>Expected Duration Period For Total Disability</b> [180] days	This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Sickness. The range of value is 0 days to 360 days.

<b>POLICY SCHEDULE – PAGE 3 (con.)</b>	
<p><b>Premiums -</b> [\$x.xx [Monthly] Discounted]</p> <p style="padding-left: 40px;">[\$xx.xx Annually Discounted]</p> <p style="padding-left: 40px;">[\$x.xx [Monthly] [Full]]</p> <p style="padding-left: 40px;">[\$xxx.xx Annually [Full]]</p>	<p>This line will print if policy is issued with premium discount. The modal premium will be shown.</p> <p>This line will print if policy is issued with premium discount and the modal premium shown on the application is other than annual.</p> <p>This line will show the modal premium. The word “Full” will print only if the policy is issued with a premium discount.</p> <p>This line will show the annual premium and will print only if the modal premium shown on the application is other than usual. The word “Full” will print only if the policy issued with a premium discount.</p>

**State:** Arkansas **Filing Company:** American General Life and Accident Insurance Company  
**TOI/Sub-TOI:** H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups  
**Product Name:** AGLA 12LSD R Total Disability Only Policy, etal  
**Project Name/Number:** AGLA 12LSD R Total Disability Only Policy, etal /AGLA 12LSD R, etal

## Superseded Schedule Items

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

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/19/2012	Replaced 12/18/2012	Form	Total Disability Only Policy	12/17/2012	Lump Sum Disability (AGLA 12LSD R) - Arkansas.pdf (Superceded)
08/28/2012	Replaced 12/18/2012	Supporting Document	Statements of Variability	12/17/2012	Final Statement of Variability for Disability Policy.pdf (Superceded) Final Statement of Variability for Outlines.pdf
08/28/2012	Replaced 10/22/2012	Form	Total Disability Only Policy	10/19/2012	Lump Sum Disability (AGLA 12LSD R) - Arkansas.pdf (Superceded)
08/28/2012	Approved-Closed 10/22/2012	Form	Outline of Coverage	10/19/2012	Income Protection (LSDI) Outline (8030-AR) - Arkansas.pdf (Superceded)
08/28/2012	Replaced 10/22/2012	Form	Outline of Coverage - Issued Other Than As Applied For	10/19/2012	Income Protection (LSDI) Outline (Other) - (8030-OAR) - Arkansas.pdf (Superceded)

# American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

(A STOCK COMPANY)

1-800-888-2452

**THE COMPANY AGREES TO PAY** the benefits described in this Policy, subject to its provisions, exclusions and limitations.

**LEGAL CONTRACT.** This Policy is a legal contract between You and Us. You should **READ THIS CONTRACT CAREFULLY.** Refer to **DEFINITIONS** to understand the meaning of defined words.

**GUARANTEED RENEWABLE TO AGE 70 - SUBJECT TO CHANGE IN PREMIUMS BY CLASS.** You may continue the coverage provided by this Policy until the Policy anniversary on or next following the Insured's 70<sup>th</sup> birthday, subject to the Termination provision, by payment of the required premiums when they are due. While this Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for this Policy. Any premium change will be on a class basis only, as We determine, and will be based on the Insured's Age on the Date of Issue. No change in premiums will be effective until 40 days after We deliver to You, or mail to Your last known address on Our Home Office records, a written notice of change.

**TEN DAYS TO EXAMINE POLICY.** You may return this Policy within ten (10) days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Date of Issue and any premium paid will be refunded.

**CAUTION: THIS IS A LIMITED BENEFIT POLICY...PLEASE READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE**

## POLICY DATA

<b>Insured</b> - [John Doe]	<b>Age</b> - [35]
<b>Gender</b> - [Male]	<b>Policy Number</b> - [123456789]
<b>Premium Period</b> - [Monthly]	<b>Date of Issue</b> - [August 1, 2012]
<b>Risk Class</b> - [Class 2]	<b>Premium</b> - See Policy Schedule

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.



SECRETARY



PRESIDENT

**THIS IS A LIMITED BENEFIT POLICY FOR TOTAL DISABILITY COVERAGE ONLY  
AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE**

**PLEASE READ IT CAREFULLY – IT CONTAINS WAITING PERIODS, ELIMINATION PERIODS AND EXCLUSIONS**  
AGLA 12LSD R **NONPARTICIPATING** Page 1

## CONTENTS OF POLICY

Policy Data	Page 1	Exclusions	Page 6
Policy Schedule	Page 3	Premiums	Page 7
Definitions	Page 4	Claims	Page 8
Total Disability Benefit	Page 6	General Provisions	Page 9

A copy of the application, and any supplemental applications, are included after Page 11.

## POLICY PROVISIONS IN ALPHABETICAL ORDER

Age and Gender Incorrectly Stated	Page 9	Notice Of Claim	Page 8
Agent's Authority	Page 9	Owner	Page 9
Assignment	Page 8	Payment Of Claims	Page 8
Beneficiary	Page 10	Physical Examination	Page 8
Change Of Owner Or Beneficiary	Page 10	Preexisting Condition Limitation	Page 6
Claim Forms	Page 8	Premium Refund At Death	Page 7
Conformity With State Statutes	Page 10	Premiums	Page 7
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Entire Contract	Page 9	Risk Class	Page 7
Exclusions	Page 6	Tax Consequences	Page 10
Grace Period	Page 7	Termination	Page 9
Incontestability	Page 9	Time Limit On Certain Defenses	Page 9
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Nonparticipation	Page 10	Unpaid Premiums	Page 8

## POLICY SCHEDULE

<b>TOTAL DISABILITY BENEFITS</b>
----------------------------------

### COVERED INJURY

#### ON-THE-JOB ACCIDENT

<b>Total Disability Benefit Amount</b> [\$0/No Coverage]	<b>Waiting Period</b> 0 days	<b>Elimination Period</b> [0] days	<b>Expected Duration Period For Total Disability</b> [0] days
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#### OFF-THE-JOB ACCIDENT

<b>Total Disability Benefit Amount</b> [\$5,000]	<b>Waiting Period</b> 0 days	<b>Elimination Period</b> [60] days	<b>Expected Duration Period For Total Disability</b> [180] days
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### COVERED SICKNESS

<b>Total Disability Benefit Amount</b> [\$5,000]	<b>Waiting Period</b> [30] days	<b>Elimination Period</b> [60] days	<b>Expected Duration Period For Total Disability</b> [180] days
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The Benefit for a Covered Injury or a Covered Sickness can begin on the day after the Elimination Period ends. For a Covered Injury, the Elimination Period begins on the day a Covered Injury is Incurred. For a Covered Sickness, the Elimination Period begins on the day a Covered Sickness First Manifests after the Waiting Period ends. There is NO coverage for a Sickness that First Manifests during the Waiting Period. The Waiting Period begins on the Date of Issue of this Policy. There is NO coverage for a Covered Injury or a Covered Sickness where the Total Disability Amount as to such Covered Injury or Covered Sickness shown above is "\$0/No Coverage".

<b>PREMIUMS</b>
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Premium - [\$7.07 [Monthly]; \$74.40 Annually]

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## DEFINITIONS

**ACCIDENT** means something out of the usual course of events that happens independently of disease, bodily infirmity, illness or any other physical condition; and

**ACCIDENTAL INJURY** means bodily injury to the Insured as the result of an Accident.

**AGE** means the age on the Insured's last birthday as shown in the Policy Data.

**ATTAINED AGE** means the Insured's Age plus the number of full years from the Date of Issue of this Policy.

**COMPLICATION(S) OF PREGNANCY** means a condition (when the pregnancy is not terminated), the diagnosis of which is distinct from pregnancy but which is adversely affected by pregnancy or caused by pregnancy, and includes: acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, a non-elective cesarean section, an ectopic pregnancy which is surgically terminated or spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible; and pernicious vomiting (hyperemesis gravidarum), preeclampsia and toxemia with convulsions (eclampsia of pregnancy).

Complications of Pregnancy do not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as distinct Complications of Pregnancy.

**COVERED INJURY** means an Accidental Injury that is Incurred and results from an On-The-Job Accident or an Off-The-Job Accident and causes injury, loss or damage to the Insured within 60 days of such On-The-Job Accident or Off-The-Job Accident.

**COVERED SICKNESS** means a Sickness that:

- (a) First Manifests after the Waiting Period; and
- (b) First Manifests while this Policy is in force; and

- (c) First Manifests while the Insured is in the United States; and

- (d) is not excluded by specific name or specific description in this Policy.

**ELIMINATION PERIOD** means the number of consecutive days shown on the Policy Schedule during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. NO Benefits are payable during the Elimination Period. No Elimination Period can begin until after the Waiting Period has elapsed.

**FIRST MANIFESTS/MANIFESTED/MANIFESTATION** means the existence of a condition or symptom that would initially cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment.

**GAINFULLY EMPLOYED** means employed or self-employed for monetary gain or reward in a business, trade, profession, vocation, calling or occupation for at least 30 hours per week, but shall not include avocations or hobbies.

**IMMEDIATE FAMILY MEMBER** means a person who is related to the Insured or Owner in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), child (includes legally adopted child or stepchild), or grandchild.

**INCURS/INCURRED** means an event or incident that:

- (a) occurs on or after the Date of Issue of this Policy; and
- (b) occurs while this Policy is in force; and
- (c) occurs while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in this Policy.

## DEFINITIONS

(Continued)

**JOB** means work in which the Insured engages for pay and/or benefits.

**MATERIAL AND SUBSTANTIAL DUTY/DUTIES** means those duties that are normally required to be performed at the Insured's Job and cannot be reasonably modified or omitted.

Performing a duty at a particular work site, place or building is not a Material and Substantial Duty of the Insured's Job, provided the Insured's employer will allow the Insured to perform such duty at a different work site, place or building.

**OFF-THE-JOB ACCIDENT** means an Accidental Injury that is Incurred while the Insured is NOT working at any Job.

**ON-THE-JOB ACCIDENT** means an Accidental Injury that is Incurred while the Insured is working at any Job and that causes Total Disability within 90 days from the date of such Accident.

**PHYSICIAN** means a person who:

- (a) is a legally qualified practitioner of the healing arts licensed in the United States or its territories by a federal, state or territorial licensing authority for such practitioners; and
- (b) practices within the scope of his or her license in the United States or its territories; and
- (c) is not the Insured; and
- (d) is not an Immediate Family Member; and
- (e) does not customarily reside in the same household as the Insured.

**PREEXISTING CONDITION** means:

- (a) an existing condition or symptom that would cause an ordinarily prudent person to seek diagnosis, medical advice, care, attention or treatment within the two (2) year period prior to the Date of Issue of this Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician or received from a Physician within the two (2) year period prior to the Date of Issue of this Policy.

**REGULAR AND APPROPRIATE CARE** means regular medical care by a Physician that is appropriate for the condition(s) that Totally Disabled the Insured and that is

provided at such intervals and frequency as may lead, where reasonably possible, to the Insured's return to the duties of his or her Job.

**SATISFACTORY PROOF** means proof determined to be satisfactory by Us.

**SICKNESS** means a disease, bodily infirmity, illness, infection or any other similar physical condition that affects the Insured and is wholly independent of an Accident.

**TOTAL DISABILITY/TOTALLY DISABLED** means a condition that, solely as a result of the Incurring of a Covered Injury while the Insured is Gainfully Employed at the Insured's Job or the First Manifestation of a Covered Sickness while the Insured is Gainfully Employed at the Insured's Job, affects the Insured so that such Insured is:

- (a) continuously and totally unable to perform the Material and Substantial Duties of his or her Job in which he or she is Gainfully Employed; and
- (b) not Gainfully Employed in any Job; and
- (c) under the Regular and Appropriate Care of a Physician for treatment arising from and related to such Covered Injury or Covered Sickness; and
- (d) expected by a Physician to continue to have such Covered Injury or Covered Sickness for at least the number of consecutive days on the Policy Schedule in the column entitled Expected Duration Period for Total Disability.

**UNITED STATES (U.S.)** means the 50 states, plus the District of Columbia, and includes Guam, the U.S. Virgin Islands and Puerto Rico.

**WAITING PERIOD** means the period that begins on the Date of Issue of this Policy and continues for the period shown in the Policy Schedule. There is NO coverage for a Sickness that First Manifests during the Waiting Period.

**WE, OUR, COMPANY** or **US** refer to American General Life and Accident Insurance Company.

**YOU** or **YOUR** refer to the Owner of this Policy, which means the Insured unless otherwise stated in the application or later changed.

## TOTAL DISABILITY BENEFIT

If a Sickness First Manifests during the Waiting Period, NO Benefits will be payable. After expiration of the Elimination Period and receipt of Satisfactory Proof of Total Disability, We will pay, in a lump sum, the

applicable Total Disability Benefit Amount shown on the Policy Schedule. We will pay the Total Disability Benefit Amount ONLY once. This Policy will terminate upon payment of the Total Disability Benefit Amount.

## EXCLUSIONS

We will not pay any Benefit for any Accidental Injury or Sickness caused in whole or in part by, or resulting in whole or in part from:

- (a) the Insured's attempt at suicide, or intentional self-inflicted injury or sickness, while sane or insane; or
- (b) the Insured's being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused by the Insured; or
- (c) the Insured's commission of or attempt to commit a felony or assault; or
- (d) the Insured's engagement in an illegal activity or occupation; or
- (e) the Insured's voluntary participation in any riot or civil insurrection; or
- (f) war or any act of war, whether declared or not; or
- (g) the Insured's operating, learning to operate, or serving as a crew member of an aircraft or hot air balloon, including those which are not motor driven, or jumping, parachuting, or falling from an aircraft or hot air balloon; or
- (h) the Insured's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting, or any similar activity; or
- (i) the Insured's riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- (j) the Insured's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is paid or received; or
- (k) the Insured's operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accident was Incurred; or

- (l) the Insured's driving any taxi for wage, compensation or profit; or
- (m) the Insured's engaging in mountaineering or any similar activity using ropes and/or equipment; or
- (n) the Insured's having a neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder of any kind, including but not limited to bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, or post-traumatic stress syndrome or disorder, including any physical manifestations relating to any of these conditions. However, this Policy does not exclude a Covered Sickness resulting from Alzheimer's disease or similar forms of senility or senile dementia, Incurred after the Waiting Period; or
- (o) pregnancy and pregnancy-related conditions, until the Insured has been covered by this Policy for a period of 10 months. However, this subsection will not apply to a Complication of Pregnancy that would otherwise be deemed by Us to be a Covered Sickness; or
- (p) Accidental Injury Incurred or Sickness First Manifested prior to the Date of Issue of this Policy that is aggravated by any event that occurs after the Date of Issue of this Policy; or
- (q) any condition(s) expressly excluded by this Policy.

### PREEXISTING CONDITION LIMITATION

We will pay **NO** benefits for an Accidental Injury or Sickness that is caused by a Preexisting Condition unless the Accidental Injury or Sickness commences after this Policy has been in force for two (2) years from the Date of Issue or the most recent date of reinstatement.

# PREMIUMS

## PREMIUMS

This Policy is issued for an initial term of one Premium Period, as stated in the Policy Data. Subject to the Termination provision, it may be renewed by timely payment of the renewal premium. The first premium is due on or before the Date of Issue. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Home Office or to Our authorized representative. You may, by written request to Us, change the Premium Period for this Policy, subject to Our rules at the time of change.

## RISK CLASS

The Risk Class for the Insured under this Policy is shown on the Policy Data.

## GRACE PERIOD

If a premium other than the first, has not been paid on its due date, Your Policy will remain in force for a period of 31 days from the premium due date which is the Policy's Grace Period.

## LAPSE

If any premium is not paid before the end of its Grace Period, this Policy will lapse. The date of lapse is the date on which the Grace Period ends. Lapse will terminate this Policy unless it is later reinstated.

## REINSTATEMENT

This Policy may be reinstated after the end of the Grace Period and before the Policy termination date. We will reinstate this Policy by written request if the conditions below are met. To reinstate this Policy You must:

- (a) submit an application for reinstatement, if We require such application; and
- (b) present evidence of insurability satisfactory to Us; and
- (c) pay any required premiums.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the date of reinstatement by Us. If We disapprove the application, We will notify You in writing. If We fail to notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

No Benefit will be payable between the date of lapse and the date of reinstatement.

The reinstated Policy will cover only a Covered Injury that is Incurred on or after the date of reinstatement by Us and a Covered Sickness that First Manifests more than 10 days after the date of reinstatement by Us.

Except for the above and any new provisions We may require for reinstatement, Your rights and Ours under this Policy will be the same as just before the Policy lapsed.

## PREMIUM REFUND AT DEATH

If the Insured dies before the end of the Premium Period for which a premium has been paid, We will refund the portion of any premium paid that applies to coverage for the Insured for the time period beyond the end of the month in which death occurred.

## CLAIMS

### NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days after a covered loss is incurred or as soon thereafter as possible, but in no event more than 180 days thereafter. You may give notice at Our Home Office. Your notice should include the Insured's name and Policy Number as shown in the Policy Data.

### CLAIM FORMS

When We receive Your notice, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 days, You will have met the time frame for filing proof of loss if you provide Us written proof of the occurrence, nature and extent of Your loss within the time allowed for filing proof of loss.

### PROOF OF LOSS

You must give Us written proof of loss within 90 days after the date of loss. If it is not reasonably possible to give written proof within that time, Your claim will not be affected if You send Us written proof as soon as possible. However, unless You are legally incapable, You must give Us written proof within 15 months from the date of loss.

We will not pay any Total Disability Benefit Amount if Satisfactory Proof is not furnished as required. You must provide to Us any authorizations necessary to obtain medical or other records to verify Total Disability.

### TIME OF PAYMENT OF CLAIMS

We will pay Benefits upon receipt of Satisfactory Proof of loss.

### PAYMENT OF CLAIMS

All Benefits becoming payable will be paid to You, or to Your Beneficiary in the event of Your death, unless You have assigned the Benefits.

If any Benefits are payable to Your estate or to a person who is without legal capacity, We can pay up to \$1,000 of Benefits to any relative by blood or connection by marriage whom We determine is entitled to payment. Such payment will discharge Our liability for that payment.

### ASSIGNMENT

You may assign the Benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment.

### UNPAID PREMIUMS

We will deduct any premium due from any Benefit that becomes payable under this Policy.

### PHYSICAL EXAMINATION

At Our expense, We can require physical examination of the Insured by a Physician of Our choice in the United States while a claim is pending or when You are required to provide proof of Total Disability.

If the Insured refuses to submit to such an examination within 30 days after the date of Our request, no Benefit under this Policy will be payable until the Insured submits to the examination from which We receive Satisfactory Proof of the Insured's Total Disability.

We reserve the right to request that a Physician of Our choice review any finding of Total Disability in the event of a dispute or disagreement regarding the appropriateness or accuracy of such finding. We reserve the right to require that the Insured submit to an examination to confirm a disputed finding of Total Disability. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed finding. We will pay for any such requested examination or review.

### LEGAL ACTIONS

No legal action may be brought to recover any Benefit provided by this Policy until 60 days after the date We receive written proof of loss. No action may be brought after three (3) years from the date written proof must have been provided.

## GENERAL PROVISIONS

### ENTIRE CONTRACT

This Policy, riders, endorsements and the attached application and any application for reinstatement are the entire contract. This contract is made in consideration of the application and the payment of premiums as required. We rely on all statements in the application and any application for reinstatement as being complete and true to the best of the knowledge and belief of the person signing the application(s).

### AGENT'S AUTHORITY

No change to this Policy will be valid unless it is in writing and signed by one of Our officers at Our Home Office. No agent or other representative has authority to change or waive any Policy provision or extend the time for paying a premium.

### AGE AND GENDER INCORRECTLY STATED

If the Insured's Age or Gender, as shown in the Policy Data, is incorrectly stated, any Benefit payable under this Policy will be adjusted to be such as the premium paid would have purchased at the correct Age and Gender.

If the correct Age is such that We would not have issued this Policy or the Insured's coverage under this Policy would have terminated, We will be liable only for a refund of any premiums paid for the period for which there was no coverage.

### INCONTESTABILITY

After this Policy has been in force for two years during the lifetime of the Insured, it shall be incontestable as to the statements contained in the application, except for any fraudulent misrepresentation. After this Policy has been in force for two years during the lifetime of the Insured following any reinstatement, it shall be incontestable as to the statements contained in any reinstatement application, except for any fraudulent misrepresentation.

### TIME LIMIT ON CERTAIN DEFENSES

We will not deny a claim for an Accidental Injury or Sickness after two (2) years from the Date of Issue of this Policy on the basis that a disease or physical condition existed prior to the Date of Issue of this Policy.

### EFFECTIVE DATE

This Policy's Effective Date is the Date of Issue shown in the Policy Data. This Policy will take effect at 12:01 AM (Central Time) on the Effective Date and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement provision.

### TERMINATION

This Policy will terminate on the earliest of:

- (a) any premium due date requested by You in writing; or
- (b) the end of the Grace Period following the due date for which a premium was not paid; or
- (c) the death of the Insured; or
- (d) the date on which this Policy's Total Disability Benefit Amount is paid; or
- (e) the policy anniversary date on or next following the Insured's Attained Age 70.

### OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) a legally appointed Guardian responsible for Your property; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You change Your beneficiary, address, or request any other action by Us, You should do so on the form prepared for each purpose. You may obtain such forms from Our Home Office.

## GENERAL PROVISIONS

(Continued)

### **BENEFICIARY**

The beneficiary designated by You in the application or later changed on Our records will receive any benefits unpaid at Your death. Each beneficiary is classified as a First or Second Beneficiary. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated beneficiary is living at the time of Your Death, We will pay:

- (a) the executor or administrator of Your estate; or
- (b) Your spouse, child, or parent who We determine is entitled to payment.

### **CHANGE OF OWNER OR BENEFICIARY**

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation, if it is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date Your

change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Home Office.

### **CONFORMITY WITH STATE STATUTES**

Any provision that conflicts with any laws of the state where You lived, when this Policy was issued, is amended to conform with that law.

### **NONPARTICIPATION**

This Policy does not participate in surplus, and its premiums do not include a charge for participation in surplus.

### **TAX CONSEQUENCES**

Any Benefit paid under this Policy may be taxable. If so, You or Your Beneficiary may incur tax obligation. As with all tax matters, You should consult Your personal tax advisor for more information about how this may affect You.

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# **American General Life and Accident Insurance Company**

American General Center • Nashville, Tennessee 37250-0001

## STATEMENT OF VARIABILITY FOR POLICY AGLA 12LSD

<b>POLICY DATA – PAGE 1</b>	
<b>Insured</b> – [John Doe]	This field must be variable to reflect the name of the Insured. The name is fixed at issue.
<b>Age</b> – [35]	This field must be variable to reflect the issue age of the Insured. The range of values is 20 to 67. The age is fixed at issue.
<b>Gender</b> – [Male]	This field must be variable to reflect the gender of the Insured. The possible values are either Male or Female. The gender is fixed at issue.
<b>Policy Number</b> – [123456789]	This field must be variable to reflect the policy number. The policy number is a nine digit number that is fixed at issue.
<b>Premium Period</b> – [Monthly]	This field must be variable to reflect the time period in which one renewal premium is due. Each renewal premium is due at the expiration of the premium period for which the preceding premium was paid. The possible values are: Monthly Quarterly Semi-Annually Annually
<b>Date of Issue</b> – [August 1, 2012]	This field must be variable to reflect the policy issue date. The range of values is 08-01-2012 to 12-31-9999. This date is fixed at issue.
<b>Risk Class</b> - [Class 2]	The field must be variable to the morbidity risk of the Insured's occupation. The possible values are: Class 1 to Class 5, or "Not Applicable" if accident only plan.
<b>POLICY SCHEDULE – PAGE 3</b>	
<b>ON-THE-JOB ACCIDENT</b>	
<b>Total Disability Benefit Amount</b> [\$0/No Coverage]	This field must be variable to reflect the dollar amount payable as a lump sum if a Covered Injury results from an On-The-Job-Accident. The range of values is \$0 to \$120,000.
<b>Elimination Period</b> [0] days	This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.
<b>Expected Duration Period For Total Disability</b> [0] days	This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Injury. The range of

	value is 0 days to 360 days.
<b>POLICY SCHEDULE – PAGE 3 (con.)</b>	
<b>OFF-THE-JOB ACCIDENT</b>	
<b>Total Disability Benefit Amount</b> [\$5,000]	This field must be variable to reflect the dollar amount payable as a lump sum if a Covered Injury results from an Off-The-Job-Accident. The range of values is \$0 to \$120,000.
<b>Elimination Period</b> [60] days	This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.
<b>Expected Duration Period For Total Disability</b> [180] days	This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Injury. The range of value is 0 days to 360 days.
<b>COVERED SICKNESS</b>	
<b>Total Disability Benefit Amount</b> [\$5,000]	This field must be variable to reflect the dollar amount payable as a lump sum for a Covered Sickness. The range of values is \$0 to \$120,000.
<b>Waiting Period</b> [30] days	This field must be variable to reflect the period of days that begins on the Date of Issue of the policy, during which no coverage is provided for a sickness that first manifests during such period. The range of values is 0 days to 180 days.
<b>Elimination Period</b> [60] days	This field must be variable to reflect the number of consecutive days during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. The range of values is 0 days to 180 days.
<b>Expected Duration Period For Total Disability</b> [180] days	This field must be variable to reflect the number of consecutive days that the Insured is expected by a physician to continue to be Total Disabled due to a Covered Sickness. The range of value is 0 days to 360 days.

<b>POLICY SCHEDULE – PAGE 3 (con.)</b>	
<b>Premiums-</b> Policy Schedule AGLA 12LSD <b>Premium*</b> - [\$xx.xx [Monthly]; \$xxx.xx Annually]	This field must be variable to reflect premiums due for the policy. The modal and annual premiums will be shown. The range of values is \$3.48 Monthly to \$36,418 Annually.

# American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

(A STOCK COMPANY)

1-800-888-2452

**THE COMPANY AGREES TO PAY** the benefits described in this Policy, subject to its provisions, exclusions and limitations.

**LEGAL CONTRACT.** This Policy is a legal contract between You and Us. You should **READ THIS CONTRACT CAREFULLY.** Refer to **DEFINITIONS** to understand the meaning of defined words.

**GUARANTEED RENEWABLE TO AGE 70 - SUBJECT TO CHANGE IN PREMIUMS BY CLASS.** You may continue the coverage provided by this Policy until the Policy anniversary on or next following the Insured's 70<sup>th</sup> birthday, subject to the Termination provision, by payment of the required premiums when they are due. While this Policy is in force, We will not add any restrictive riders or endorsements. We can change the premiums for this Policy. Any premium change will be on a class basis only, as We determine, and will be based on the Insured's Age on the Date of Issue. No change in premiums will be effective until 40 days after We deliver to You, or mail to Your last known address on Our Home Office records, a written notice of change.

**TEN DAYS TO EXAMINE POLICY.** You may return this Policy within ten (10) days after delivery, either to Us or to Our authorized agent, if You are not satisfied with it for any reason. The return of this Policy will void it from the Date of Issue and any premium paid will be refunded.

**CAUTION: THIS IS A LIMITED BENEFIT POLICY...PLEASE READ IT CAREFULLY WITH THE OUTLINE OF COVERAGE**

## POLICY DATA

<b>Insured</b> - [John Doe]	<b>Age</b> - [35]
<b>Gender</b> - [Male]	<b>Policy Number</b> - [123456789]
<b>Premium Period</b> - [Monthly]	<b>Date of Issue</b> - [August 1, 2012]
<b>Risk Class</b> - [Class 2]	<b>Premium</b> - See Policy Schedule

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.

[

SECRETARY

[

PRESIDENT

**THIS IS A LIMITED BENEFIT POLICY FOR TOTAL DISABILITY COVERAGE ONLY  
AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE**

**PLEASE READ IT CAREFULLY - IT CONTAINS WAITING PERIODS, ELIMINATION PERIODS AND EXCLUSIONS**

## CONTENTS OF POLICY

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A copy of the application, and any supplemental applications, are included after Page 11.

## POLICY PROVISIONS IN ALPHABETICAL ORDER

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Conformity With State Statutes	Page 10	Premiums	Page 7
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## POLICY SCHEDULE

<b>TOTAL DISABILITY BENEFITS</b>
----------------------------------

### COVERED INJURY

#### ON-THE-JOB ACCIDENT

<b>Total Disability Benefit Amount</b> [\$0/No Coverage]	<b>Waiting Period</b> 0 days	<b>Elimination Period</b> [0] days	<b>Expected Duration Period For Total Disability</b> [0] days
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#### OFF-THE-JOB ACCIDENT

<b>Total Disability Benefit Amount</b> [\$5,000]	<b>Waiting Period</b> 0 days	<b>Elimination Period</b> [60] days	<b>Expected Duration Period For Total Disability</b> [180] days
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### COVERED SICKNESS

<b>Total Disability Benefit Amount</b> [\$5,000]	<b>Waiting Period</b> [30] days	<b>Elimination Period</b> [60] days	<b>Expected Duration Period For Total Disability</b> [180] days
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The Benefit for a Covered Injury or a Covered Sickness can begin on the day after the Elimination Period ends. For a Covered Injury, the Elimination Period begins on the day a Covered Injury is Incurred. For a Covered Sickness, the Elimination Period begins on the day a Covered Sickness First Manifests after the Waiting Period ends. There is NO coverage for a Sickness that First Manifests during the Waiting Period. The Waiting Period begins on the Date of Issue of this Policy. There is NO coverage for a Covered Injury or a Covered Sickness where the Total Disability Amount as to such Covered Injury or Covered Sickness shown above is "\$0/No Coverage".

<b>PREMIUMS</b>
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Premium - [\$7.07 [Monthly]; \$74.40 Annually]

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## DEFINITIONS

**ACCIDENT** means something out of the usual course of events that:

- (a) happens: (1) suddenly and unexpectedly; and (2) without the design or intent of the person injured; and (3) wholly and entirely independent of disease, bodily infirmity, illness, infection or any other physical condition; and
- (b) is definite as to time and place; and
- (c) directly produces objective findings of an injury which is more than a gradual deterioration or progressive degeneration; and
- (d) causes injury, loss or damage to the Insured within 60 days of the Accident.

**ACCIDENTAL INJURY** means bodily injury to the Insured as the result of an Accident.

**AGE** means the age on the Insured's last birthday as shown in the Policy Data.

**ATTAINED AGE** means the Insured's Age plus the number of full years from the Date of Issue of this Policy.

**COMPLICATION(S) OF PREGNANCY** means a condition (when the pregnancy is not terminated), the diagnosis of which is distinct from pregnancy but which is adversely affected by pregnancy or caused by pregnancy, and includes: acute nephritis, nephrosis, cardiac decompensation, missed abortion and similar medical and surgical conditions of comparable severity, a non-elective cesarean section, an ectopic pregnancy which is surgically terminated or spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible; and pernicious vomiting (hyperemesis gravidarum), preeclampsia and toxemia with convulsions (eclampsia of pregnancy).

Complications of Pregnancy do not include false labor, occasional spotting, physician-prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as distinct Complications of Pregnancy.

**COVERED INJURY** means an Accidental Injury that is Incurred and results from an On-The-Job Accident or an Off-The-Job Accident.

**COVERED SICKNESS** means a Sickness that:

- (a) First Manifests after the Waiting Period; and
- (b) First Manifests while this Policy is in force; and
- (c) First Manifests while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in this Policy.

**ELIMINATION PERIOD** means the number of consecutive days shown on the Policy Schedule during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. NO Benefits are payable during the Elimination Period. No Elimination Period can begin until after the Waiting Period has elapsed.

**FIRST MANIFESTS/MANIFESTED/MANIFESTATION** means the existence of a condition or symptom that would initially cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment.

**GAINFULLY EMPLOYED** means employed or self-employed for monetary gain or reward in a business, trade, profession, vocation, calling or occupation for at least 30 hours per week, but shall not include avocations or hobbies.

**IMMEDIATE FAMILY MEMBER** means a person who is related to the Insured or Owner in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), grandparent, brother or sister (includes stepbrother or stepsister), child (includes legally adopted child or stepchild), or grandchild.

**INCURS/INCURRED** means an event or incident that:

- (a) occurs on or after the Date of Issue of this Policy; and
- (b) occurs while this Policy is in force; and
- (c) occurs while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in this Policy.

## DEFINITIONS

(Continued)

**JOB** means work in which the Insured engages for pay and/or benefits.

**MATERIAL AND SUBSTANTIAL DUTY/DUTIES** means those duties that are normally required to be performed at the Insured's Job and cannot be reasonably modified or omitted.

Performing a duty at a particular work site, place or building is not a Material and Substantial Duty of the Insured's Job, provided the Insured's employer will allow the Insured to perform such duty at a different work site, place or building.

**OFF-THE-JOB ACCIDENT** means an Accidental Injury that is Incurred while the Insured is NOT working at any Job.

**ON-THE-JOB ACCIDENT** means an Accidental Injury that is Incurred while the Insured is working at any Job and that causes Total Disability within 90 days from the date of such Accident.

**PHYSICIAN** means a person who:

- (a) is a legally qualified practitioner of the healing arts licensed in the United States or its territories by a federal, state or territorial licensing authority for such practitioners; and
- (b) practices within the scope of his or her license in the United States or its territories; and
- (c) is not the Insured; and
- (d) is not an Immediate Family Member; and
- (e) does not customarily reside in the same household as the Insured.

**PREEXISTING CONDITION** means:

- (a) an existing condition or symptom that would cause an ordinarily prudent person to seek diagnosis, medical advice, care, attention or treatment within the two (2) year period prior to the Date of Issue of this Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician or received from a Physician within the two (2) year period prior to the Date of Issue of this Policy.

**REGULAR AND APPROPRIATE CARE** means regular medical care by a Physician that is appropriate for the condition(s) that Totally Disabled the Insured and that is

provided at such intervals and frequency as may lead, where reasonably possible, to the Insured's return to the duties of his or her Job.

**SATISFACTORY PROOF** means proof determined to be satisfactory by Us.

**SICKNESS** means a disease, bodily infirmity, illness, infection or any other similar physical condition that affects the Insured and is wholly independent of an Accident.

**TOTAL DISABILITY/TOTALLY DISABLED** means a condition that, solely as a result of the Incurring of a Covered Injury while the Insured is Gainfully Employed at the Insured's Job or the First Manifestation of a Covered Sickness while the Insured is Gainfully Employed at the Insured's Job, affects the Insured so that such Insured is:

- (a) continuously and totally unable to perform the Material and Substantial Duties of his or her Job in which he or she is Gainfully Employed; and
- (b) not Gainfully Employed in any Job; and
- (c) under the Regular and Appropriate Care of a Physician for treatment arising from and related to such Covered Injury or Covered Sickness; and
- (d) expected by a Physician to continue to have such Covered Injury or Covered Sickness for at least the number of consecutive days on the Policy Schedule in the column entitled Expected Duration Period for Total Disability.

**UNITED STATES (U.S.)** means the 50 states, plus the District of Columbia, and includes Guam, the U.S. Virgin Islands and Puerto Rico.

**WAITING PERIOD** means the period that begins on the Date of Issue of this Policy and continues for the period shown in the Policy Schedule. There is NO coverage for a Sickness that First Manifests during the Waiting Period.

**WE, OUR, COMPANY** or **US** refer to American General Life and Accident Insurance Company.

**YOU** or **YOUR** refer to the Owner of this Policy, which means the Insured unless otherwise stated in the application or later changed.

## TOTAL DISABILITY BENEFIT

If a Sickness First Manifests during the Waiting Period, NO Benefits will be payable. After expiration of the Elimination Period and receipt of Satisfactory Proof of Total Disability, We will pay, in a lump sum, the

applicable Total Disability Benefit Amount shown on the Policy Schedule. We will pay the Total Disability Benefit Amount ONLY once. This Policy will terminate upon payment of the Total Disability Benefit Amount.

## EXCLUSIONS

We will not pay any Benefit for any Accidental Injury or Sickness caused in whole or in part by, or resulting in whole or in part from:

- (a) the Insured's attempt at suicide, or intentional self-inflicted injury or sickness, while sane or insane; or
- (b) the Insured's being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused by the Insured; or
- (c) the Insured's commission of or attempt to commit a felony or assault; or
- (d) the Insured's engagement in an illegal activity or occupation; or
- (e) the Insured's voluntary participation in any riot or civil insurrection; or
- (f) war or any act of war, whether declared or not; or
- (g) the Insured's operating, learning to operate, or serving as a crew member of an aircraft or hot air balloon, including those which are not motor driven, or jumping, parachuting, or falling from an aircraft or hot air balloon; or
- (h) the Insured's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting, or any similar activity; or
- (i) the Insured's riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- (j) the Insured's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is paid or received; or
- (k) the Insured's operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accident was Incurred; or

- (l) the Insured's driving any taxi for wage, compensation or profit; or
- (m) the Insured's engaging in mountaineering or any similar activity using ropes and/or equipment; or
- (n) the Insured's having a neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder of any kind, including but not limited to bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, or post-traumatic stress syndrome or disorder, including any physical manifestations relating to any of these conditions. However, this Policy does not exclude a Covered Sickness resulting from Alzheimer's disease or similar forms of senility or senile dementia, Incurred after the Waiting Period; or
- (o) pregnancy and pregnancy-related conditions, until the Insured has been covered by this Policy for a period of 10 months. However, this subsection will not apply to a Complication of Pregnancy that would otherwise be deemed by Us to be a Covered Sickness; or
- (p) Accidental Injury Incurred or Sickness First Manifested prior to the Date of Issue of this Policy that is aggravated by any event that occurs after the Date of Issue of this Policy; or
- (q) any condition(s) expressly excluded by this Policy.

### PREEXISTING CONDITION LIMITATION

We will pay **NO** benefits for an Accidental Injury or Sickness that is caused by a Preexisting Condition unless the Accidental Injury or Sickness commences after this Policy has been in force for two (2) years from the Date of Issue or the most recent date of reinstatement.

# PREMIUMS

## PREMIUMS

This Policy is issued for an initial term of one Premium Period, as stated in the Policy Data. Subject to the Termination provision, it may be renewed by timely payment of the renewal premium. The first premium is due on or before the Date of Issue. Each renewal premium is due at the expiration of the period for which the preceding premium was paid. Each renewal premium must be paid on or before its due date, or within the Grace Period. You may pay premiums at Our Home Office or to Our authorized representative. You may, by written request to Us, change the Premium Period for this Policy, subject to Our rules at the time of change.

## RISK CLASS

The Risk Class for the Insured under this Policy is shown on the Policy Data.

## GRACE PERIOD

If a premium other than the first, has not been paid on its due date, Your Policy will remain in force for a period of 31 days from the premium due date which is the Policy's Grace Period.

## LAPSE

If any premium is not paid before the end of its Grace Period, this Policy will lapse. The date of lapse is the date on which the Grace Period ends. Lapse will terminate this Policy unless it is later reinstated.

## REINSTATEMENT

This Policy may be reinstated after the end of the Grace Period and before the Policy termination date. We will reinstate this Policy by written request if the conditions below are met. To reinstate this Policy You must:

- (a) submit an application for reinstatement, if We require such application; and
- (b) present evidence of insurability satisfactory to Us; and
- (c) pay any required premiums.

If We ask for an application, We will issue a receipt for the premium. If We approve the application, this Policy will be reinstated as of the date of reinstatement by Us. If We disapprove the application, We will notify You in writing. If We fail to notify You of Our disapproval, this Policy will be reinstated 45 days after the date of the premium receipt.

No Benefit will be payable between the date of lapse and the date of reinstatement.

The reinstated Policy will cover only a Covered Injury that is Incurred on or after the date of reinstatement by Us and a Covered Sickness that First Manifests more than 10 days after the date of reinstatement by Us.

Except for the above and any new provisions We may require for reinstatement, Your rights and Ours under this Policy will be the same as just before the Policy lapsed.

## PREMIUM REFUND AT DEATH

If the Insured dies before the end of the Premium Period for which a premium has been paid, We will refund the portion of any premium paid that applies to coverage for the Insured for the time period beyond the end of the month in which death occurred.

# CLAIMS

## NOTICE OF CLAIM

You must provide to Us written notice of loss within 60 days after a covered loss is incurred or as soon thereafter as possible, but in no event more than 180 days thereafter. You may give notice at Our Home Office. Your notice should include the Insured's name and Policy Number as shown in the Policy Data.

## CLAIM FORMS

When We receive Your notice, We will send You forms for filing proof of loss. If these forms are not sent to You within 15 days, You will have met the time frame for filing proof of loss if you provide Us written proof of the occurrence, nature and extent of Your loss within the time allowed for filing proof of loss.

## PROOF OF LOSS

You must give Us written proof of loss within 90 days after the date of loss. If it is not reasonably possible to give written proof within that time, Your claim will not be affected if You send Us written proof as soon as possible. However, unless You are legally incapable, You must give Us written proof within 15 months from the date of loss.

We will not pay any Total Disability Benefit Amount if Satisfactory Proof is not furnished as required. You must provide to Us any authorizations necessary to obtain medical or other records to verify Total Disability.

## TIME OF PAYMENT OF CLAIMS

We will pay Benefits upon receipt of Satisfactory Proof of loss.

## PAYMENT OF CLAIMS

All Benefits becoming payable will be paid to You, or to Your Beneficiary in the event of Your death, unless You have assigned the Benefits.

If any Benefits are payable to Your estate or to a person who is without legal capacity, We can pay up to \$1,000 of Benefits to any relative by blood or connection by marriage whom We determine is entitled to payment. Such payment will discharge Our liability for that payment.

## ASSIGNMENT

You may assign the Benefits payable under this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and until a duplicate of the original assignment has been filed at Our Home Office. We assume no responsibility regarding the validity of any assignment.

## UNPAID PREMIUMS

We will deduct any premium due from any Benefit that becomes payable under this Policy.

## PHYSICAL EXAMINATION

At Our expense, We can require physical examination of the Insured by a Physician of Our choice in the United States while a claim is pending or when You are required to provide proof of Total Disability.

If the Insured refuses to submit to such an examination within 30 days after the date of Our request, no Benefit under this Policy will be payable until the Insured submits to the examination from which We receive Satisfactory Proof of the Insured's Total Disability.

We reserve the right to request that a Physician of Our choice review any finding of Total Disability in the event of a dispute or disagreement regarding the appropriateness or accuracy of such finding. We reserve the right to require that the Insured submit to an examination to confirm a disputed finding of Total Disability. We reserve the right to request that an independent and acknowledged expert in the applicable field of medicine review the evidence used in making any disputed finding. We will pay for any such requested examination or review.

## LEGAL ACTIONS

No legal action may be brought to recover any Benefit provided by this Policy until 60 days after the date We receive written proof of loss. No action may be brought after three (3) years from the date written proof must have been provided.

## GENERAL PROVISIONS

### ENTIRE CONTRACT

This Policy, riders, endorsements and the attached application and any application for reinstatement are the entire contract. This contract is made in consideration of the application and the payment of premiums as required. We rely on all statements in the application and any application for reinstatement as being complete and true to the best of the knowledge and belief of the person signing the application(s).

### AGENT'S AUTHORITY

No change to this Policy will be valid unless it is in writing and signed by one of Our officers at Our Home Office. No agent or other representative has authority to change or waive any Policy provision or extend the time for paying a premium.

### AGE AND GENDER INCORRECTLY STATED

If the Insured's Age or Gender, as shown in the Policy Data, is incorrectly stated, any Benefit payable under this Policy will be adjusted to be such as the premium paid would have purchased at the correct Age and Gender.

If the correct Age is such that We would not have issued this Policy or the Insured's coverage under this Policy would have terminated, We will be liable only for a refund of any premiums paid for the period for which there was no coverage.

### INCONTESTABILITY

After this Policy has been in force for two years during the lifetime of the Insured, it shall be incontestable as to the statements contained in the application, except for any fraudulent misrepresentation. After this Policy has been in force for two years during the lifetime of the Insured following any reinstatement, it shall be incontestable as to the statements contained in any reinstatement application, except for any fraudulent misrepresentation.

### TIME LIMIT ON CERTAIN DEFENSES

We will not deny a claim for an Accidental Injury or Sickness after two (2) years from the Date of Issue of this Policy on the basis that a disease or physical condition existed prior to the Date of Issue of this Policy.

### EFFECTIVE DATE

This Policy's Effective Date is the Date of Issue shown in the Policy Data. This Policy will take effect at 12:01 AM (Central Time) on the Effective Date and will terminate at 11:59 PM (Central Time) on the date provided for termination. If this Policy lapses and is reinstated, the Effective Date is as described in the Reinstatement provision.

### TERMINATION

This Policy will terminate on the earliest of:

- (a) any premium due date requested by You in writing; or
- (b) the end of the Grace Period following the due date for which a premium was not paid; or
- (c) the death of the Insured; or
- (d) the date on which this Policy's Total Disability Benefit Amount is paid; or
- (e) the policy anniversary date on or next following the Insured's Attained Age 70.

### OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) a legally appointed Guardian responsible for Your property; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You must follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You change Your beneficiary, address, or request any other action by Us, You should do so on the form prepared for each purpose. You may obtain such forms from Our Home Office.

## GENERAL PROVISIONS

(Continued)

### **BENEFICIARY**

The beneficiary designated by You in the application or later changed on Our records will receive any benefits unpaid at Your death. Each beneficiary is classified as a First or Second Beneficiary. All surviving beneficiaries of the same class will share equally in any payments to that class, unless otherwise designated by You.

If no stated beneficiary is living at the time of Your Death, We will pay:

- (a) the executor or administrator of Your estate; or
- (b) Your spouse, child, or parent who We determine is entitled to payment.

### **CHANGE OF OWNER OR BENEFICIARY**

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation, if it is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date Your

change request was signed, except that it will not apply to any payment We make or any action We take before We record or acknowledge Your request in Our Home Office.

### **CONFORMITY WITH STATE STATUTES**

Any provision that conflicts with any laws of the state where You lived, when this Policy was issued, is amended to conform with that law.

### **NONPARTICIPATION**

This Policy does not participate in surplus, and its premiums do not include a charge for participation in surplus.

### **TAX CONSEQUENCES**

Any Benefit paid under this Policy may be taxable. If so, You or Your Beneficiary may incur tax obligation. As with all tax matters, You should consult Your personal tax advisor for more information about how this may affect You.

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# **American General Life and Accident Insurance Company**

American General Center • Nashville, Tennessee 37250-0001

# AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

## LUMP SUM TOTAL DISABILITY ONLY COVERAGE – OUTLINE OF COVERAGE

### Policy Form AGLA 12LSD R

(amended as required by Your State Regulations and indicated by the appropriate state suffix)

#### Read Your Policy Carefully

This Outline of Coverage provides a very brief description of the important features of the Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

#### Total Disability Income Coverage

The Policy You have applied for provides a limited benefit for Total Disability coverage ONLY. It does NOT provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

#### Benefits Of The Policy

If a Sickness First Manifests during the Waiting Period, NO Benefits will be payable. After expiration of the Elimination Period and Our receipt of satisfactory proof of Total Disability, We will pay, in a lump sum, the applicable Total Disability Benefit Amount, subject to the conditions stated in the Policy. We will pay the Total Disability Benefit Amount ONLY once. The Policy will terminate upon payment of the Total Disability Benefit Amount.

**This is NOT A MEDICARE SUPPLEMENT policy.**

#### Exclusions

We will not pay any Benefit for any Accidental Injury or Sickness caused in whole or in part by, or resulting in whole or in part from:

- (a) the Insured's attempt at suicide, or intentional self-inflicted injury or sickness, while sane or insane; or
- (b) the Insured's being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused by the Insured; or
- (c) the Insured's commission of or attempt to commit a felony or assault; or
- (d) the Insured's engagement in an illegal activity or occupation; or
- (e) the Insured's voluntary participation in any riot or civil insurrection; or
- (f) war or any act of war, whether declared or not; or
- (g) the Insured's operating, learning to operate, or serving as a crew member of an aircraft or hot air balloon, including those which are not motor-driven, or jumping, parachuting or falling from an aircraft or hot air balloon; or

- (h) the Insured's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting, or any similar activity; or
- (i) the Insured's riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- (j) the Insured's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is paid or received; or
- (k) the Insured's operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accident was Incurred; or
- (l) the Insured's driving any taxi for wage, compensation or profit; or
- (m) the Insured's engaging in mountaineering or any similar activity using ropes and/or equipment; or
- (n) the Insured's having a neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder of any kind, including but not limited to bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, or post-traumatic stress syndrome or disorder, including any physical manifestations relating to any of these conditions. However, the Policy does not exclude a Covered Sickness resulting from Alzheimer's disease or similar forms of senility or senile dementia, Incurred after the Waiting Period; or
- (o) pregnancy and pregnancy-related conditions, until the Insured has been covered by the Policy for a period of 10 months. However, this subsection will not apply to a Complication of Pregnancy that would otherwise be deemed by Us to be a Covered Sickness; or
- (p) Accidental Injury Incurred or Sickness First Manifested prior to the Date of Issue of the Policy that is aggravated by any event that occurs after the Date of Issue of the Policy; or
- (q) any condition(s) expressly excluded by the Policy.

#### Preexisting Condition Limitation

We will pay **NO** benefits for an Accidental Injury or Sickness that is caused by a Preexisting Condition unless the Accidental Injury or Sickness commences after the Policy has been in force for two (2) years from the Date of Issue or the most recent reinstatement date.

# BENEFITS SCHEDULE

## TOTAL DISABILITY BENEFITS

### COVERED INJURY

#### ON-THE-JOB ACCIDENT

Total Disability Benefit Amount  
[\$0/No Coverage]

Waiting Period  
0 Days

Elimination Period  
[0] Days

Expected Duration Period  
For Total Disability  
[0] Days

#### OFF-THE-JOB ACCIDENT

Total Disability Benefit Amount  
[\$5,000]

Waiting Period  
0 Days

Elimination Period  
[60] Days

Expected Duration Period  
For Total Disability  
[180] Days

### COVERED SICKNESS

Total Disability Benefit Amount  
[\$5,000]

Waiting Period  
[30] Days

Elimination Period  
[60] Days

Expected Duration Period  
For Total Disability  
[180] Days

The Benefit for a Covered Injury or a Covered Sickness can begin on the day after the Elimination Period ends. For a Covered Injury, the Elimination Period begins on the day a Covered Injury is Incurred. For a Covered Sickness, the Elimination Period begins on the day a Covered Sickness First Manifests after the Waiting Period ends. There is NO coverage for a Sickness that First Manifests during the Waiting Period. The Waiting Period begins on the Date of Issue of the Policy. There is NO coverage for a Covered Injury or a Covered Sickness where the Total Disability Amount as to such Covered Injury or Covered Sickness shown above is "\$0/No Coverage".

## DEFINITIONS

**Accident** means something out of the usual course of events that:

- (a) happens: (1) suddenly and unexpectedly; and (2) without the design or intent of the person injured; and (3) wholly and entirely independent of disease, bodily infirmity, illness, infection or any other physical condition; and
- (b) is defined as to time and place; and
- (c) directly produces objective findings of an injury which is more than a gradual deterioration or progressive degeneration; and
- (d) causes injury, loss or damage to the Insured within 60 days of the Accident.

**Accidental Injury** means bodily injury to the Insured as the result of an Accident.

**Covered Injury** means an Accidental Injury that is Incurred and results from an On-The-Job Accident or an Off-The-Job Accident.

**Covered Sickness** means a Sickness that:

- (a) First Manifests after the Waiting Period; and
- (b) First Manifests while the Policy is in force, and
- (c) First Manifests while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Elimination Period** means the number of consecutive days shown on the Benefit Schedule during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. NO Benefits are payable during the Elimination Period. No Elimination Period can begin until after the Waiting Period has elapsed.

**First Manifests/Manifested/Manifestation** means the existence of a condition or symptom that would initially cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment.

**Gainfully Employed** means employed or self-employed for monetary gain or reward in a business, trade, profession, vocation, calling or occupation for at least 30 hours per week, but shall not include avocations or hobbies.

**Incurs/Incurred** means an event or incident that:

- (a) occurs on or after the Date of Issue of the Policy; and
- (b) occurs while the Policy is in force; and
- (c) occurs while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Job** means work in which the Insured engages for pay and/or benefits.

**Material and Substantial Duty/Duties** means those duties that are normally required to be performed at the

Insured's Job and cannot be reasonably modified or omitted.

Performing a duty at a particular work site, place or building is not a Material and Substantial Duty of the Insured's Job, provided the Insured's employer will allow the Insured to perform such duty at a different work site, place or building.

**Off-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is NOT working at any Job.

**On-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is working at any Job that causes Total Disability within 90 days from the date of such Accident.

**Pre-existing Condition** means:

- (a) an existing condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the two (2) year period prior to the Date of Issue of the Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician, or received from a Physician, within the two (2) year period prior to the Date of Issue of the Policy.

**Sickness** means a disease, bodily infirmity, illness, infection or any other similar physical condition that affects the Insured, and is wholly independent of an Accident.

**Total Disability/Totally Disabled** means a condition that, solely as a result of the Incurring of a Covered Injury while the Insured is Gainfully Employed at the Insured's Job or the First Manifestation of a Covered Sickness while the Insured is Gainfully Employed at the Insured's Job, affects the Insured so that such Insured is:

- (a) continuously and totally unable to perform the Material and Substantial Duties of his or her Job in which he or she is Gainfully Employed; and
- (b) not Gainfully Employed in any Job; and
- (c) under the Regular and Appropriate Care of a physician for treatment arising from and related to such Covered Injury or Covered Sickness; and
- (d) expected by a physician to continue to have such Covered Injury or Covered Sickness for at least the number of consecutive days on the Benefit Schedule in the column entitled Expected Duration Period for Total Disability.

**Waiting Period** means the period that begins on the Date of Issue of the Policy and continues for the period shown in the Benefit Schedule. There is NO coverage for a Sickness that First Manifests during the Waiting Period.

**TERMINATION**

The policy will terminate on the earliest of:

- (a) any premium due date requested by You in writing; or
- (b) the end of the grace period following the due date for which a premium is not paid; or
- (c) the death of the Insured; or
- (d) the date on which the policy's Total Disability Benefit Amount is paid; or
- (e) the policy anniversary on or next following the Insured's attained age 70.

**GUARANTEED RENEWABLE TO AGE 70**

The policy may be continued, subject to the policy's conditions, by paying the appropriate premiums when they are due. A grace period of 31 days will be granted for each premium payment after the first. We retain no right to restrict Your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age on the Date of Issue of the policy. Such change will not become effective until you have been notified in writing.

**PLANS AND PREMIUMS**

**Plan**

- On- & Off-the-Job Accident & Sickness Total Disability
- Off-the-Job Accident Only Total Disability

**Premium Mode**

Premiums due           [Monthly]           until the policy anniversary on or next following the Insured's age 70.

**Premium Summary**

	Base	Rider
Insured	\$ <u>          [7.07]          </u>	\$ <u>          [0.00]          </u>
Total Premium for Base and Rider:	\$ <u>          [7.07]          </u>	

**THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

**American General Life and Accident Insurance Company**  
American General Center • Nashville, Tennessee, 37250-0001

*The underwriting risks, financial and contractual obligations and support functions associated with products issued by American General Life and Accident Insurance Company (AGLA) are its responsibility. AGLA does not solicit business in the states of New York and Wyoming.*

**NOTICE:** Read this outline of coverage carefully. It is **not** the same as the outline of coverage for the policy you applied for. The policy you applied for has not been issued.

## AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

### LUMP SUM TOTAL DISABILITY ONLY COVERAGE – OUTLINE OF COVERAGE

#### Policy Form AGLA 12LSD R

(amended as required by Your State Regulations and indicated by the appropriate state suffix)

#### Read Your Policy Carefully

This Outline of Coverage provides a very brief description of the important features of the Policy. This is not the insurance contract, and only the actual Policy provisions will control. The Policy itself sets forth, in detail, the rights and obligations of both You and Your insurance company. It is, therefore, important that You **READ YOUR POLICY CAREFULLY!**

#### Total Disability Income Coverage

The Policy You have applied for provides a limited benefit for Total Disability coverage **ONLY**. It does **NOT** provide comprehensive medical or hospital insurance, long-term care insurance or nursing home and home care insurance.

#### Benefits Of The Policy

If a Sickness First Manifests during the Waiting Period, **NO** Benefits will be payable. After expiration of the Elimination Period and Our receipt of satisfactory proof of Total Disability, We will pay, in a lump sum, the applicable Total Disability Benefit Amount, subject to the conditions stated in the Policy. We will pay the Total Disability Benefit Amount **ONLY** once. The Policy will terminate upon payment of the Total Disability Benefit Amount.

**This is NOT A MEDICARE SUPPLEMENT policy.**

#### Exclusions

We will not pay any Benefit for any Accidental Injury or Sickness caused in whole or in part by, or resulting in whole or in part from:

- (a) the Insured's attempt at suicide, or intentional self-inflicted injury or sickness, while sane or insane; or
- (b) the Insured's being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused by the Insured; or
- (c) the Insured's commission of or attempt to commit a felony or assault; or
- (d) the Insured's engagement in an illegal activity or occupation; or
- (e) the Insured's voluntary participation in any riot or civil insurrection; or
- (f) war or any act of war, whether declared or not; or
- (g) the Insured's operating, learning to operate, or serving as a crew member of an aircraft or hot air balloon, including those which are not motor-driven, or jumping, parachuting or falling from an aircraft or hot air balloon; or

- (h) the Insured's engaging in hang gliding, bungee jumping, parachuting, sail gliding, parasailing or parakiting, or any similar activity; or
- (i) the Insured's riding in or driving any motor-driven vehicle in a race, stunt show or speed test; or
- (j) the Insured's practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating, coaching or umpiring, for which compensation or remuneration is paid or received; or
- (k) the Insured's operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal for operation of such vehicle by the jurisdiction where the Accident was Incurred; or
- (l) the Insured's driving any taxi for wage, compensation or profit; or
- (m) the Insured's engaging in mountaineering or any similar activity using ropes and/or equipment; or
- (n) the Insured's having a neurosis, psychoneurosis, psychopathy, psychosis, or emotional disease or disorder of any kind, including but not limited to bipolar affective disorder (manic depressive syndrome), delusional (paranoid) disorders, psychotic disorders, somatoform disorders (psychosomatic illness), eating disorders, schizophrenia, anxiety disorders, depression, stress, post-partum depression, or post-traumatic stress syndrome or disorder, including any physical manifestations relating to any of these conditions. However, the Policy does not exclude a Covered Sickness resulting from Alzheimer's disease or similar forms of senility or senile dementia, Incurred after the Waiting Period; or
- (o) pregnancy and pregnancy-related conditions, until the Insured has been covered by the Policy for a period of 10 months. However, this subsection will not apply to a Complication of Pregnancy that would otherwise be deemed by Us to be a Covered Sickness; or
- (p) Accidental Injury Incurred or Sickness First Manifested prior to the Date of Issue of the Policy that is aggravated by any event that occurs after the Date of Issue of the Policy; or
- (q) any condition(s) expressly excluded by the Policy.

#### Preexisting Condition Limitation

We will pay **NO** benefits for an Accidental Injury or Sickness that is caused by a Preexisting Condition unless the Accidental Injury or Sickness commences after the Policy has been in force for two (2) years from the Date of Issue or the most recent reinstatement date.

# BENEFITS SCHEDULE

## TOTAL DISABILITY BENEFITS

### COVERED INJURY

#### ON-THE-JOB ACCIDENT

Total Disability Benefit Amount  
[\$0/No Coverage]

Waiting Period  
0 Days

Elimination Period  
[0] Days

Expected Duration Period  
For Total Disability  
[0] Days

#### OFF-THE-JOB ACCIDENT

Total Disability Benefit Amount  
[\$5,000]

Waiting Period  
0 Days

Elimination Period  
[60] Days

Expected Duration Period  
For Total Disability  
[180] Days

### COVERED SICKNESS

Total Disability Benefit Amount  
[\$5,000]

Waiting Period  
[30] Days

Elimination Period  
[60] Days

Expected Duration Period  
For Total Disability  
[180] Days

The Benefit for a Covered Injury or a Covered Sickness can begin on the day after the Elimination Period ends. For a Covered Injury, the Elimination Period begins on the day a Covered Injury is Incurred. For a Covered Sickness, the Elimination Period begins on the day a Covered Sickness First Manifests after the Waiting Period ends. There is NO coverage for a Sickness that First Manifests during the Waiting Period. The Waiting Period begins on the Date of Issue of the Policy. There is NO coverage for a Covered Injury or a Covered Sickness where the Total Disability Amount as to such Covered Injury or Covered Sickness shown above is "\$0/No Coverage".

## DEFINITIONS

**Accident** means something out of the usual course of events that:

- (a) happens: (1) suddenly and unexpectedly; and (2) without the design or intent of the person injured; and (3) wholly and entirely independent of disease, bodily infirmity, illness, infection or any other physical condition; and
- (b) is defined as to time and place; and
- (c) directly produces objective findings of an injury which is more than a gradual deterioration or progressive degeneration; and
- (d) causes injury, loss or damage to the Insured within 60 days of the Accident.

**Accidental Injury** means bodily injury to the Insured as the result of an Accident.

**Covered Injury** means an Accidental Injury that is Incurred and results from an On-The-Job Accident or an Off-The-Job Accident.

**Covered Sickness** means a Sickness that:

- (a) First Manifests after the Waiting Period; and
- (b) First Manifests while the Policy is in force, and
- (c) First Manifests while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Elimination Period** means the number of consecutive days shown on the Benefit Schedule during which the Insured must be continuously Totally Disabled prior to being eligible for Total Disability Benefit. NO Benefits are payable during the Elimination Period. No Elimination Period can begin until after the Waiting Period has elapsed.

**First Manifests/Manifested/Manifestation** means the existence of a condition or symptom that would initially cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment.

**Gainfully Employed** means employed or self-employed for monetary gain or reward in a business, trade, profession, vocation, calling or occupation for at least 30 hours per week, but shall not include avocations or hobbies.

**Incurs/Incurred** means an event or incident that:

- (a) occurs on or after the Date of Issue of the Policy; and
- (b) occurs while the Policy is in force; and
- (c) occurs while the Insured is in the United States; and
- (d) is not excluded by specific name or specific description in the Policy.

**Job** means work in which the Insured engages for pay and/or benefits.

**Material and Substantial Duty/Duties** means those duties that are normally required to be performed at the

Insured's Job and cannot be reasonably modified or omitted.

Performing a duty at a particular work site, place or building is not a Material and Substantial Duty of the Insured's Job, provided the Insured's employer will allow the Insured to perform such duty at a different work site, place or building.

**Off-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is NOT working at any Job.

**On-The-Job Accident** means an Accidental Injury that is Incurred while the Insured is working at any Job that causes Total Disability within 90 days from the date of such Accident.

**Pre-existing Condition** means:

- (a) an existing condition or symptom that would cause an ordinary prudent person to seek diagnosis, medical advice, care, attention or treatment within the two (2) year period prior to the Date of Issue of the Policy; or
- (b) a condition or symptom for which medical advice, care, attention or treatment was recommended by a Physician, or received from a Physician, within the two (2) year period prior to the Date of Issue of the Policy.

**Sickness** means a disease, bodily infirmity, illness, infection or any other similar physical condition that affects the Insured, and is wholly independent of an Accident.

**Total Disability/Totally Disabled** means a condition that, solely as a result of the Incurring of a Covered Injury while the Insured is Gainfully Employed at the Insured's Job or the First Manifestation of a Covered Sickness while the Insured is Gainfully Employed at the Insured's Job, affects the Insured so that such Insured is:

- (a) continuously and totally unable to perform the Material and Substantial Duties of his or her Job in which he or she is Gainfully Employed; and
- (b) not Gainfully Employed in any Job; and
- (c) under the Regular and Appropriate Care of a physician for treatment arising from and related to such Covered Injury or Covered Sickness; and
- (d) expected by a physician to continue to have such Covered Injury or Covered Sickness for at least the number of consecutive days on the Benefit Schedule in the column entitled Expected Duration Period for Total Disability.

**Waiting Period** means the period that begins on the Date of Issue of the Policy and continues for the period shown in the Benefit Schedule. There is NO coverage for a Sickness that First Manifests during the Waiting Period.

**TERMINATION**

The policy will terminate on the earliest of:

- (a) any premium due date requested by You in writing; or
- (b) the end of the grace period following the due date for which a premium is not paid; or
- (c) the death of the Insured; or
- (d) the date on which the policy's Total Disability Benefit Amount is paid; or
- (e) the policy anniversary on or next following the Insured's attained age 70.

**GUARANTEED RENEWABLE TO AGE 70**

The policy may be continued, subject to the policy's conditions, by paying the appropriate premiums when they are due. A grace period of 31 days will be granted for each premium payment after the first. We retain no right to restrict Your benefits after the policy has been issued. The premiums can be changed on a class basis only. Any such change will be based on the Insured's age on the Date of Issue of the policy. Such change will not become effective until you have been notified in writing.

**PLANS AND PREMIUMS**

**Plan**

- On- & Off-the-Job Accident & Sickness Total Disability
- Off-the-Job Accident Only Total Disability

**Premium Mode**

Premiums due           [Monthly]           until the policy anniversary on or next following the Insured's age 70.

**Premium Summary**

	Base	Rider
Insured	\$ <u>          [7.07]          </u>	\$ <u>          [0.00]          </u>
Total Premium for Base and Rider:	\$ <u>          [7.07]          </u>	

**THIS OUTLINE OF COVERAGE IS ONLY A SUMMARY OF THE COVERAGE PROVIDED; THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE GOVERNING CONTRACTUAL PROVISIONS.**

**American General Life and Accident Insurance Company**  
American General Center • Nashville, Tennessee, 37250-0001

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