

State: Arkansas **Filing Company:** Globe Life and Accident Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: GWLINCR
Project Name/Number: GWLINCR/GWLINCR

Filing at a Glance

Company: Globe Life and Accident Insurance Company
Product Name: GWLINCR
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 11/30/2012
SERFF Tr Num: AMLC-128789462
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GWLINCR
Implementation: On Approval
Date Requested:
Author(s): Monica Spearman
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/04/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Globe Life and Accident Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
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General Information

Project Name: GWLINCR Status of Filing in Domicile: Pending
Project Number: GWLINCR Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments: Rider form GWLINCR has been
filed for approval in NE our state of domicile.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 12/04/2012
State Status Changed: 12/04/2012
Deemer Date: Created By: Monica Spearman
Submitted By: Monica Spearman Corresponding Filing Tracking Number:
Filing Description:
NAIC: 290-91472 FEIN: 63-0782739
RE: FACE AMOUNT INCREASE RIDER - GWLINCR

Attached for your review and approval is Face Amount Increase Rider form GWLINCR which is being submitted for general use with our Life policies previously approved by your department.

This form is being submitted as a new filing and will not replace any previously approved forms.

An Actuarial Memorandum, Statement of Variability, Readability Certification and any other required supporting documentation are provided for your consideration.

I hereby certify that I have carefully reviewed the form and to the best of my knowledge and ability find:

1. The rider conforms to all insurance statutes and department requirements of your jurisdiction.
2. The rider contains no provisions previously disapproved by your department.
3. The rider does not contain any unusual or unorthodox provisions or wording in terms of normal company or industry standards.

Should you require additional information, please feel free to contact me.

Respectfully,

Monica Spearman FLMI, ACS, AIAA, AIRC
Senior Regulatory Compliance Analyst
Globe Life And Accident Insurance Company
214.544.5328
mspearman@torchmarkcorp.com

Company and Contact

Filing Contact Information

Monica Spearman, Compliance Analyst mspearman@torchmarkcorp.com
3700 S. Stonebridge Drive 214-544-5328 [Phone]
McKinney, TX 75070 972-569-3728 [FAX]

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Filing Company Information

Globe Life and Accident Insurance Company	CoCode: 91472	State of Domicile: Nebraska
204 North Robinson Avenue	Group Code: 290	Company Type: Life and Health
Oklahoma City, OK 73102	Group Name: Liberty National	State ID Number:
(405) 270-1400 ext. [Phone]	FEIN Number: 63-0782739	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Policy, contract or annuity forms: filing and review of each life and/or accident and health certificate rider, application, or endorsement, if filed separately from basic form, per insurer, per form...\$50.00.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Globe Life and Accident Insurance Company	\$50.00	11/30/2012	65310296

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/04/2012	12/04/2012

SERFF Tracking #:

AMLC-128789462

State Tracking #:

Company Tracking #:

GWLINCR

State:

Arkansas

Filing Company:

Globe Life and Accident Insurance Company

TOI/Sub-TOI:

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

Product Name:

GWLINCR

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Disposition

Disposition Date: 12/04/2012

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		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	STATEMENT OF VARIABILITY		No
Form	FACE AMOUNT INCREASE RIDER		No

State: Arkansas

Filing Company:

Globe Life and Accident Insurance Company

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

Product Name: GWLINCR

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Form Schedule

Lead Form Number: GWLINCR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		FACE AMOUNT INCREASE RIDER	GWLINCR	CERA	Initial		51.000	GWLINCR.pdf

Form Type Legend:

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

**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
GLOBE LIFE CENTER * OKLAHOMA CITY, OKLAHOMA 73184
A LEGAL RESERVE STOCK COMPANY**

FACE AMOUNT INCREASE RIDER

INSURED: [John Doe]
POLICY NUMBER: [00-1234567]

EFFECTIVE: [1/01/2013]

ORIGINAL AMOUNT OF INSURANCE: [\$10,000]
PREVIOUS ADDITIONS: [\$0]
NEW ADDITIONAL AMOUNT OF INSURANCE: [\$5,000]
NEW TOTAL AMOUNT OF INSURANCE: [\$15,000]
NEW ANNUAL PREMIUM: [\$148.20]

SUICIDE: If within two (2) years from the effective date shown above the Insured shall commit suicide, the liability of the company shall be limited to the amount of additional premiums actually paid the company for the purpose of increasing the face amount pursuant to this Rider.

THE CONTRACT: This Rider and the application, a copy of which is attached hereto and made a part hereof, constitute the entire modification of this contract between the parties. All statements made by the Insured or on his behalf shall be deemed representations and not warranties, and no such statement shall be used in defense to a claim under this Rider unless it is contained in the application and a copy of the application is attached to this Rider when issued.

INCONTESTABILITY: The increased amount of insurance under this Rider shall be incontestable after it has been in force during the lifetime of the Insured for a period of two (2) years from the effective date shown above except for the nonpayment of premiums.

CONSIDERATION: This Rider increasing the insurance amount is issued in consideration of the payment in advance of the additional premium simultaneously with and under the same conditions as the regular premium under the policy.

APPLICABLE POLICY PROVISIONS: This Rider shall be subject to all the conditions and provisions of the policy to which it is attached except as are otherwise provided in the Rider.

In witness whereof, Globe Life And Accident Insurance Company has issued this Rider as of the effective date shown above.



Secretary



President

ADDITIONAL INSURANCE AMOUNT

TABLE OF LOAN AND NONFORFEITURE VALUES

This table shows the values available under the policy for the additional insurance amount at the end of the completed policy years. All values are subject to the amount of indebtedness on the policy. When you have paid premiums for part of the policy year, We adjust the values to fit the part paid for. If You ask, We will supply the values for any years not shown.

RIDER YEAR	ADDITIONAL AMOUNT OF INSURANCE	ADDITIONAL CASH VALUE	ADDITIONAL PAID-UP INSURANCE	ADDITIONAL EXTENDED INSURANCE	
				YEARS	DAYS
1	\$5,000	\$ 0.00	\$ 0.00	0	0
2	5,000	0.00	0.00	0	0
3	5,000	26.74	135.00	3	226
4	5,000	74.99	363.00	8	124
5	5,000	125.00	582.00	12	11
6	5,000	176.72	792.00	14	279
7	5,000	230.14	994.00	16	273
8	5,000	285.22	1,186.00	18	115
9	5,000	341.87	1,369.00	19	175
10	5,000	400.05	1,544.00	20	130
11	5,000	459.86	1,712.00	21	17
12	5,000	521.37	1,872.00	21	221
13	5,000	584.88	2,025.00	22	21
14	5,000	650.71	2,173.00	22	147
15	5,000	718.79	2,316.00	22	235
16	5,000	789.06	2,453.00	22	290
17	5,000	861.33	2,584.00	22	318
18	5,000	935.37	2,709.00	22	323
19	5,000	1,011.07	2,829.00	22	308
20	5,000	1,088.15	2,942.00	22	273

The cash surrender values are not less than those required by law. Nonforfeiture values and net single premiums are calculated using the 2001 Commissioner's Standard Ordinary (CSO) Age Last Birthday Mortality Table at 4.50% and curtate functions.

The mortality tables above are adjusted to age last birthday. Deaths are assumed to occur at the end of policy years.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
S-1351 GWLINCR.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		

		Item Status:	Status Date:
Satisfied - Item:	STATEMENT OF VARIABILITY		
Comments:			
Attachment(s):			
SOV GWLINCR.pdf			

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

FORM
FACE AMOUNT INCREASE RIDER – GWLINCR

SCORE
51



Michael J. Gaisbauer, Vice President

November 30, 2012
Date

Statement of Variability Globe Form GWLINCR

Available Values for bracketed/variable sections of the form:

Page 1

Insured

Name of the insured

Effective

The Date in which the additional coverage becomes inforce

Policy Number

Policy number in which the insured increased coverage

Original Amount of Insurance:

Amount of Insurance the policy originally offered

Range: \$1,000 to \$100,000

Previous Additions:

Additional coverage that had been previously added after the issue date

Range: \$1,000 to \$25,000

New Additional Amount of Insurance:

Additional coverage that is being added as of the effective date above

Range: \$1,000 to \$25,000

New Total Amount of Insurance:

Sum of the 3 amounts above

= Original Amount + Previous Additions + New Addition

New Annual Premium:

Annual premium for the New Total Amount of Insurance