

**State:** Arkansas **Filing Company:** Employees Life Company (Mutual)  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.111 Single Premium - Single Life  
**Product Name:** ELCOSPWLPNAPP  
**Project Name/Number:** ELCOSPWLPNAPP/

## Filing at a Glance

Company: Employees Life Company (Mutual)  
Product Name: ELCOSPWLPNAPP  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.111 Single Premium - Single Life  
Filing Type: Form  
Date Submitted: 12/05/2012  
SERFF Tr Num: BBLB-128781091  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: ELCOSPWLPNAPP  
  
Implementation: On Approval  
Date Requested:  
Author(s): Beth Pestka, Denise Martin  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/11/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Employees Life Company (Mutual)  
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## General Information

Project Name: ELCOSPWLPNAPP Status of Filing in Domicile:  
Project Number: 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: 12/11/2012  
State Status Changed: 12/11/2012  
Deemer Date: Created By: Beth Pestka  
Submitted By: Beth Pestka Corresponding Filing Tracking Number:  
Filing Description:  
December 5, 2012

Arkansas Department of Insurance  
VIA SERFF

RE: EMPLOYEES LIFE COMPANY (MUTUAL), NAIC 84174, FEIN 36-2123818  
Form: DFD0113, Single Premium Whole Life Insurance Policy  
Form: PNAPP13, Individual Life Insurance Application

We enclose the referenced forms for approval.

Policy Issue Ages are 1-110.

The Policy is primarily sold as Guaranteed Issue.

The forms are new and in final print as will be used for issue. The Policy form will not replace any current forms. The life insurance application form will replace application form #APN04, approved 06/21/04.

We have included a Statement of Variability for the Policy and for the Application.

Policy Form DFD0113 is guaranteed issue, and is sold in lieu of preneed insurance, including being available for issue ages over 100.

The minimum amount of insurance is \$300 and the maximum is \$25,000.

The referenced application Form PNAPP13 will be used with the referenced Single Premium Whole Life Insurance Policy in this filing. This application also will be used with Preneed policy forms: PSP99 (approved 06/21/04) and PNGI-02 (approved 06/21/04) and PMP99R2 (approved 06/21/04).

The policy will be sold, on an individual basis, by agents of the Company. There will be no restriction placed on use of the forms by any agent. Commissions will be paid, on premiums received, in accordance with the Company's agreements with its agents. The Company will use reinsurers as necessary for this business, although no reinsurance is anticipated.

In addition to the form, we enclose the following:

**State:** Arkansas **Filing Company:** Employees Life Company (Mutual)  
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1. NAIC Transmittal Document.
2. Authorization to file,
3. Actuarial Demonstration,
4. Readability Certification for the policy,
5. Readability Certification for the application,'
6. Statement of Variability for the policy,
7. Statement of Variability for the application,
8. Filing fee, Retaliatory: \$50 per form; Total \$100.
9. Arkansas Certification Regarding Rule 19.
10. Compliance with Arkansas Code 23-79-138 and Bulleting 6-87 and 11-88.

## Company and Contact

### Filing Contact Information

Jerry Alexander, FLMI jalexander@babco.us.com  
 916 Sherwood Drive 888-278-2310 [Phone]  
 Lake Bluff, IL 60044 847-295-6206 [FAX]

### Filing Company Information

(This filing was made by a third party - bab01)

Employees Life Company (Mutual)	CoCode: 84174	State of Domicile: Illinois
916 Sherwood Drive	Group Code:	Company Type: Commercial
Lake Bluff, IL 60044	Group Name:	State ID Number:
(847) 295-6000 ext. [Phone]	FEIN Number: 36-2123818	

## Filing Fees

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

Company	Amount	Date Processed	Transaction #
Employees Life Company (Mutual)	\$100.00	12/05/2012	65476434

SERFF Tracking #:

BBLB-128781091

State Tracking #:

Company Tracking #:

ELCOSPWLPNAPP

State:

Arkansas

Filing Company:

Employees Life Company (Mutual)

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

ELCOSPWLPNAPP

Project Name/Number:

ELCOSPWLPNAPP/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/11/2012	12/11/2012

**SERFF Tracking #:**

BBLB-128781091

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

ELCOSPWLPNAPP

**State:**

Arkansas

**Filing Company:**

Employees Life Company (Mutual)

**TOI/Sub-TOI:**

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

**Product Name:**

ELCOSPWLPNAPP

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ELCOSPWLPNAPP/

## Disposition

Disposition Date: 12/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization		Yes
Supporting Document	Statements of variability		Yes
Supporting Document	Rule 19 Certification		Yes
Supporting Document	Compliance with Code		Yes
Form	Single Premium Whole Life Insurance Policy		Yes
Form	Individual Life Insurance Application		Yes

State: Arkansas

Filing Company:

Employees Life Company (Mutual)

TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life

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## Form Schedule

Lead Form Number: DFD0113

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Single Premium Whole Life Insurance Policy	DFD0113	POLA	Initial		66.200	DFD0113.pdf
2		Individual Life Insurance Application	PNAPP13	AEF	Initial		50.250	PNAPP13.pdf

### Form Type Legend:

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

## EMPLOYEES LIFE COMPANY (MUTUAL)

916 Sherwood Drive  
Lake Bluff, Illinois 60044-2285  
847-295-6000  
800-321-ELCO

We will pay a Death Benefit upon Our receipt of due proof that Your death occurred while this policy was in full force and effect. Such payment, or the exercise of the rights and options in this policy, will be in accordance with its terms and provisions.

This policy is a legal contract between its Owner and Us. The rights and obligations of each are set forth on this and the pages which follow. We have issued this policy in consideration of: (1) the Application, a copy of which is included in and made a part of this policy; and (2) payment of the single premium for this policy. We have issued this policy in the belief the information shown in the Application is correct and complete. An index to the contents of this policy is on page 2.

We will answer any questions regarding this policy on request. The above telephone numbers may be used to obtain information or to present inquiries regarding this policy. The numbers may also be used for assistance in resolving any complaint.

Signed at Our Home Office on the policy Date of Issue.



Secretary



President

We have issued this contract in the belief that the information shown in the Application is correct and complete. Please review the attached copy of the Application and inform Us of any errors or omissions.

**READ THIS CONTRACT CAREFULLY.** An index to the contents of this contract is included on page 2. We will answer any questions regarding this contract on request. The above telephone numbers may be used:

1. to obtain information or to present inquiries; or
2. for assistance in resolving any complaint.

**RIGHT TO CANCEL.** *You may cancel this contract before midnight of the 30<sup>th</sup> day from the date of its receipt. You may return this contract to Us, at the address shown above, or to our authorized agent. Return by mail is effective on being postmarked, properly addressed, with prepaid postage. We will return all amounts paid for this contract to You in not more than 10 days from the date of receipt of cancellation notice. Cancellation will void this contract as if it had not been issued.*

## SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

SCHEDULE OF BENEFITS AND PREMIUMS ON PAGE 3.

PARTICIPATING

## INDEX

	Page		Page
Cash Value .....	6	Loans.....	5
Control of the Policy .....	5	Schedule.....	3
Death Benefit.....	3	Table of Cash Values.....	6
Definitions.....	2	The Policy .....	4
Dividends .....	4		

A copy of the Application and any Amendment or Endorsement follow page 6.

## DEFINITIONS

**AGE.** Your Age on the Date of Issue is shown on page 3. Your Age in any policy year after the first may be determined by adding the number of full years that this policy has continued in force to the issue Age.

**ANNIVERSARY.** Each annual interval from the policy Date of Issue.

**BENEFICIARY.** The person(s) or entity named as such in the Application. The Owner may change the Beneficiary as provided in this policy.

**DATE OF ISSUE.** The effective date for this policy. The Date of Issue is shown on page 3. All policy years and anniversaries are measured from this date. All periods of insurance begin and end at 12:01 a.m., standard time, at the place where this policy was delivered.

**LOAN, DEBT.** Any unpaid policy Loan including interest.

**OWNER.** The person or entity named as such in the Application. When an Owner is not so named, You are the Owner. The Owner may be changed as provided in this policy.

**WE, US, OUR.** Employees Life Company (Mutual).

**WRITTEN, IN WRITING.** A Written form which is dated and signed by the Owner. All communications to Us should include the name of the Insured and the policy number.

**YOU, YOUR.** The Insured named in the Application and on page 3.

## **DEATH BENEFIT**

**PAYMENT.** In the event of Your death while this policy is in full force and effect, a Death Benefit will be paid within 30 days after Our receipt of due proof of Your death. Payment will be in one sum. Payment will be in equal shares when the designation of Beneficiary does not specify the share of each of two or more Beneficiaries. To the extent permitted by law, payment will not be subject to the claims of creditors.

**AMOUNT.** The Death Benefit will be the sum of:

1. the then in force face amount of insurance; plus
2. the amount of any then one year term life insurance dividend addition; less
3. any Debt.

**INTEREST.** We will add interest, at the rate then prescribed by law, to the Death Benefit from the date of Your death to the date of payment. The interest rate will not be less than 4.5%.

**SUICIDE.** In the event of Your death by suicide within a period of two years (one year when this policy is written in North Dakota) from its Date of Issue, the Death Benefit will be: (1) the single premium paid; less (2) any Debt; less (3) any dividend paid in cash.

## **SCHEDULE**

**POLICY NUMBER:**

**INSURED:**

**DATE OF ISSUE:**

**ISSUE AGE:**

**FACE AMOUNT:**

**SEX:**

**SINGLE PREMIUM:**

**PREMIUM CLASS:**

## DIVIDENDS

**PAYMENT.** Each year, this policy will share in Our divisible surplus. Its share, if any, shall be as We determine. At the end of any policy year for which such surplus has been apportioned to this policy as a dividend, the Owner may elect to apply the dividend under one of the following options:

1. **CASH.** The dividend will be paid to the Owner in cash.
2. **ADDITIONS.** The dividend will be applied to purchase a one year term life insurance addition to this policy. The amount will be as purchased by the dividend when applied as a net single premium: (1) at Your sex and then Age; and (2) using Our table of one year term life insurance premium rates at the premium class for this policy. The Owner may, at any time during the one year term period, withdraw the then cash value of the addition. The cash value will be a pro-rata refund of the dividend applied to purchase the addition.

**OPTION ELECTION.** We will apply any dividend under the option elected in the Application. The Owner may change the option by Written notice. Any change will apply only to dividends credited after We receive notice. When the Owner has not elected an option, and does not do so within 60 days after We send notice of dividend, the dividend automatically will be applied under option 2.

## THE POLICY

**ENTIRE CONTRACT.** The entire contract between the Owner and Us shall consist of: (1) this policy including the attached copy of the Application; and (2) any Amendment or Endorsement We included in this policy.

**REPRESENTATIONS.** We consider all statements in the Application to be representations and not warranties.

**INCONTESTABLE.** This policy is incontestable from its Date of Issue.

**MODIFICATION OR CHANGE.** This policy may be modified or changed only with Our written consent. No agent or other person has authority to: (1) change this policy; or (2) waive any of its terms or provisions.

**INCORRECT SEX OR AGE.** Any amount to be paid under this policy may be adjusted if Your sex or date of birth is misstated in the Application. The amount paid will be that which the single premium paid will purchase at the correct sex or date of birth according to the table of rates in use for this policy on its Date of Issue.

**GOVERNING LAWS.** This policy is subject to the laws of the state in which it was delivered. If part of it does not follow those laws, it will be treated as if it did. Such laws shall at all times govern Our and the Owner's rights and obligations and those of all others who may make a claim against this policy.

## CONTROL OF THE POLICY

**OWNER.** The Owner may exercise the rights and options in this policy, unless such rights or options have been reserved by assignment.

**CHANGE OF OWNER.** While this policy is in force and during Your lifetime, the Owner may by Written notice: (1) name a new Owner; or (2) when the Owner is other than You, name or change a designee to become Owner in the event of the Owner's death. Upon Our receipt, the notice will be effective on the later of: (1) the notice signing date; or (2) an effective date requested in the notice. Any benefit paid or action taken prior to Our receipt of notice will not be affected. In the event of the death of an Owner other than You without a designee, You shall be the Owner.

**CHANGE OF BENEFICIARY.** The Owner may change the Beneficiary by Written notice. Any change must: (1) be made during Your lifetime; and (2) be filed with Us. Upon Our receipt, the change will be effective as of the date signed, even though You may not be then living. Any benefit paid or action taken prior to Our receipt of the notice will not be affected.

**DEATH OF BENEFICIARY.** Unless otherwise provided by the Owner, the interest of a Beneficiary in this contract ends at death, when such death occurs: (1) prior to or within 15 days after the date of Your death; and (2) prior to the payment of the Death Benefit. When there is no surviving Beneficiary, the Death Benefit will be paid to: (1) the Owner, if then living; or (2) Your estate, when the Owner is not then living.

**ASSIGNMENT.** The Owner may assign all or specific rights or benefits in this policy. An assignment will not take effect until filed with Us. When so filed, the assignment will be effective as of its signing date. Any benefit paid or action taken prior to Our receipt of the assignment will not be affected. We assume no responsibility for the validity or effect of any assignment. Any Debt will have prior claim over an assignment.

## LOANS

**POLICY LOAN.** The Owner may make a Loan by assigning this policy to Us. This policy will be the sole security for the Loan. A Loan may be made at any time while this policy is in full force and effect. The amount of a Loan may not exceed the Loan value. Any prior Loan will be included in and made a part of a new Loan.

**LOAN VALUE.** The loan value will be:

1. the Cash Value as determined from the table of Cash Values but not beyond the next Anniversary; less
2. an amount equal to the Loan interest which will be due on the Anniversary first following the date of the Loan.

**LOAN INTEREST.** Debt will bear accrual interest at a compound rate of 6.0% per year. Interest will be due each year on the Anniversary date. The interest due on the Anniversary which first follows a Loan will be determined from the date of the Loan. If not paid when due, the interest will be added to and become a part of the Debt.

**DEFERRAL.** We may defer the granting of a Loan for a period of six months. The period will start on the date of Our receipt of the Loan request. Interest will not be charged during a deferral period. A Loan made solely for payment of a premium due Us will not be deferred.

**REPAYMENT.** Debt may be repaid at any time during Your lifetime. Payment may be in whole or in part. When in part, a payment may not be less than \$25. Debt will be repaid automatically by deduction from: (1) the Death Benefit; or (2) any settlement of this policy.

**TERMINATION.** Debt may not exceed the loan value. In such event, We may terminate this policy. We will send notice of termination to the Owner and any assignee of record not less than 31 days in advance of the termination date. The notice will include the minimum payment amount required to continue this policy in force.

## CASH VALUE

We will, at any time, pay the net Cash Value to the Owner upon receipt of: (1) a Written request for payment; and (2) this policy. The net Cash Value will be:

1. the Cash Value as determined from the table of Cash Values; plus
2. the then cash value, if any, of any one year term life insurance dividend addition; less
3. any Debt.

In the 60 days after an Anniversary the Cash Value will not be less than it was on that Anniversary. We may defer payment of the net Cash Value for a period of six months. If payment is deferred for more than 10 days, We will pay interest on the deferred amount at the rate We then pay, but not less than the greater of: (1) 4.5% per year or; (2) the rate that may be required by law in the state where this policy is issued.

The Cash Values shown in the following table are exclusive of any Debt or dividends. The Cash Value of this policy will be determined: (1) on any Anniversary, by Your sex and Age on the Anniversary; and (2) at any time during a policy year, with due allowance for the time elapsed in that year. The Cash Values shown in the table are for each \$1,000 of face amount.

Cash Value per \$1,000 Face Amount

<u>Age</u>	<u>Male</u>	<u>Female</u>									
0	49	40	30	150	130	60	446	391	90	857	809
1	50	42	31	156	135	61	460	404	91	865	820
2	52	43	32	162	141	62	474	416	92	873	831
3	54	45	33	168	146	63	489	429	93	880	843
4	56	47	34	175	152	64	503	442	94	886	854
5	59	49	35	182	158	65	518	456	95	892	863
6	61	51	36	189	165	66	532	469	96	898	871
7	63	53	37	196	171	67	547	483	97	904	878
8	66	55	38	204	178	68	562	497	98	909	884
9	69	57	39	212	185	69	577	512	99	914	891
10	72	59	40	220	192	70	592	526	100	918	899
11	75	62	41	229	199	71	608	541	101	922	906
12	78	64	42	237	207	72	623	556	102	926	913
13	81	67	43	246	215	73	639	571	103	929	919
14	84	70	44	256	224	74	654	585	104	933	925
15	87	72	45	265	232	75	669	601	105	937	931
16	91	75	46	275	241	76	684	616	106	940	936
17	94	78	47	285	250	77	700	631	107	944	941
18	97	81	48	296	260	78	714	646	108	947	945
19	101	85	49	307	269	79	729	661	109	950	949
20	105	88	50	318	279	80	743	676	110	953	953
21	108	91	51	329	290	81	757	691	111	956	956
22	112	95	52	341	300	82	770	706	112	959	959
23	116	99	53	354	311	83	783	720	113	962	962
24	121	103	54	366	321	84	796	734	114	965	965
25	125	107	55	379	332	85	807	748	115	967	967
26	130	111	56	392	344	86	819	761	116	970	970
27	135	116	57	405	355	87	829	774	117	972	972
28	140	120	58	418	367	88	839	786	118	975	974
29	145	125	59	432	379	89	849	798	119	977	976
									120	979	979
									121	1000	1000

**ACTUARIAL BASIS.** Cash values for this policy are based on the 2001 CSO Mortality Tables, male and female, with age at last birthday. Cash values are based on continuous functions with interest at 4.5% per year. On any Anniversary, the Cash Value is equal to the present value of future benefits. A statement, including the basis for calculations has been filed with the insurance regulatory authority in the state where this policy was delivered. The Cash Values are not less than as required by law.

**ATTACH  
COPY OF APPLICATION  
ANY AMENDMENT OR ENDORSEMENT**

## **ANNUAL MEETING**

An annual policyowners' meeting is held at Our Home Office each year on the second Thursday in February at 7:00 p.m., central standard time. Each policyowner is entitled to appear in person or by power of attorney or proxy.

### **Employees Life Company (Mutual)**

**916 Sherwood Drive  
Lake Bluff, Illinois 60044-2285**

**847-295-6000  
800-321-ELCO**

**SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY**  
SCHEDULE OF BENEFITS AND PREMIUMS ON PAGE 3.  
PARTICIPATING

INDIVIDUAL LIFE INSURANCE APPLICATION

Employees Life Company (Mutual)
916 Sherwood Dr., Lake Bluff, IL 60044

Referred to as ELCO in this application
Please Print in Dark Ink

Proposed Insured:
Address:
Phone #:
Birthdate: Age: Sex: M F

Owner:
Address:
Phone #:
Relationship:

Direction for payment of Policy Proceeds: Payment of policy proceeds will be to the Funeral Provider (named below) up to the total of goods and services. Any remaining proceed will be paid to the named beneficiary.

Funeral Provider:
Address:
Beneficiary:
Address:
Relationship: Phone #:

Plan Type and Payment Plan:

Single Pay Premium Plan DFD Plan
Multi-Pay(Check One) 3 Year 5 Year 7 Year 10 Year
Face Initial
Amount: Payment:
Payment Mode:
Automatic Premium Loan? YES NO

Health Questions: If the Proposed Insured answers "Yes" to either question, or if unanswered, or if physically or mentally unable to answer the questions, the Single-Pay plan or the DFD plan must be chosen. The Proposed Insured is required to sign the application and initial the health questions.

See Special Minnesota HIV Notice on reverse side.

- 1) During the past 5 years, has the Proposed Insured been diagnosed as having or received treatment from a medical practitioner for any of the following disorders: AIDS or HIV positive, chest pain, congestive heart failure, heart problems, cancer, stroke, alcoholism, drug abuse, complications of diabetes, Alzheimer's, dementia, or disorders of the lungs, liver, or kidneys? YES NO Initials
2) During the last 6 months, has the Proposed Insured been: hospitalized; in a nursing home; in assisted living; had hospice care; or been home confined? YES NO Initials

Replacement: Does the proposed insured have any existing life insurance policies or annuity contracts? Yes NO
Is this insurance intended to replace any life insurance or annuity now in force? Yes NO
If yes, complete and attach any/all required replacement forms.
Company Name:

The undersigned: REPRESENTS that the information shown in this application is, to the best of their knowledge and belief, complete and true; AGREES that this application will be the basis for and a part of any contract issued; and UNDERSTANDS that: a) no insurance coverage will take effect until the policy is issued and the first full premium has been paid during the lifetime of the proposed insured; b) no agent of the company has the authority to alter any contract, or waive any of the Company's other rights or requirements; and AUTHORIZES the Company to share information about my life insurance policy with the named Funeral Provider.
See Fraud Warning on reverse side of this application.

Proposed Insured's Signature:

Owner's Signature: (If other than Proposed Insured)

Signed at: City / State Date:

Agent: Does the Proposed Insured have any existing life insurance policies or annuity contracts? YES NO
Do you have knowledge or reason to believe that replacement of existing insurance is involved? YES NO
If YES, submit any/all special forms required by the state.

I hereby certify that: I have personally asked each question on this application of the Proposed Insured; and I have truly and accurately recorded the information supplied by him/her. I have made reasonable inquiries of the Proposed Insured/Applicant. I believe that the recommended purchase of life insurance is suitable for the Proposed Insured.

Agent's Name: (print)

Agent's Signature:

Agent #: Date:

ASSIGNMENT OF LIFE INSURANCE PROCEEDS

Irrevocable Assignment: Owner understands that he/she or his/her successors will not be allowed to cancel this agreement.

Owner hereby assigns and transfers the rights of the benefit designated by his/her life insurance policy applied for today which is equal to the price of the funeral goods and services to be provided upon the insured's death.

I understand that any proceeds in excess of the funeral provided will be paid to the named Beneficiary of the Insured; or to the state as may be required by law.

FROM: Owner(Assignor)

Address:

TO: Funeral Provider (Assignee)

Address:

I have read and agree to all the terms and conditions relating to this assignment on the reverse side of this page.

Owner (Assignor) Authorized Funeral Provider Representative

Date Date

Proxy

Do you hereby constitute and appoint the Proxy Committee of Employees Life Company (Mutual), as established in the bylaws, as your lawful attorney and proxy and in your name and stead hereby authorize and empower it to cast our vote at any meeting of the policyholders of the company? This proxy shall continue in force except when you are present in person or revoke it by giving the company written notice in accordance with the Employees Life Company (Mutual) bylaws.

Answer: YES NO
PROXY 2002 Proposed Owner's Signature Date

### Terms and Conditions of the Assignment

Owner agrees not to surrender or borrow against the life insurance policy applied for on the reverse of this page, or do anything to reduce the amount of the policy death benefit. Funeral Provider agrees it will not request that ELCO pay any portion of the death benefit until the agreed goods and services have been provided by the Funeral Provider. The Funeral provider further agrees that it will provide ELCO with a copy of the funeral bill.

If the life insurance policy supporting the benefits hereby assigned terminates for any reason other than death of the insured person, the Funeral Provider may terminate the funeral contract, if any. This assignment shall be controlled by the laws of the state governing the life insurance policy issued.

### Fraud Warning

#### Arkansas

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

#### Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

#### Florida

**FRAUD WARNING:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

#### Nebraska

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.

#### Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

#### Oklahoma

Warning: Any person who knowingly and with intent to injure, defraud or deceive any insurer makes any claim, containing any false, incomplete or misleading information, for the proceeds of an insurance policy is guilty of a felony.

### Special Minnesota HIV Notice

The applicant does not have to disclose an HIV (AIDS virus) test which was administered: 1) to a criminal offender or crime victim as a result of a crime that was reported to the police; 2) to a patient who received the services of emergency medical services at a hospital or medical care facility; 3) to emergency medical personnel who were tested as a result of performing emergency medical services.

Emergency medical personnel includes individuals employed to provide pre-hospital emergency services; licensed police officers, firefighters, paramedics, emergency medical technicians, licensed nurses, rescue squad personnel, or other individuals who serve as volunteers of an ambulance service who provide emergency medical services; crime lab personnel, correctional guards, including security guards at the Minnesota security hospital, who experience a significant exposure to an inmate who is transported to a facility for emergency medical care; and other persons who render emergency care or assistance at the scene of an emergency, or while an injured person is being transported to receive medical care and who would qualify for immunity under the good Samaritan law.

SERFF Tracking #:

BBLB-128781091

State Tracking #:

Company Tracking #:

ELCOSPWLPNAPP

State: Arkansas

Filing Company: Employees Life Company (Mutual)

TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name: ELCOSPWLPNAPP

Project Name/Number: ELCOSPWLPNAPP/

### Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
DEF0113 Readability Cert.pdf			
PNAPP13 Readability Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization		
Comments:			
Attachment(s):			
ELCO Authorization 2012.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statements of variability		
Comments:			
Attachment(s):			
DFD0113 Statement of Variability.pdf			
PNAPP13 Statement of Variability.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Rule 19 Certification		
Comments:			
Attachment(s):			
elco_ar_rule_19_cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Compliance with Code		

**SERFF Tracking #:**

BBLB-128781091

**State Tracking #:**

**Company Tracking #:**

ELCOSPWLPNAPP

**State:**

Arkansas

**Filing Company:**

Employees Life Company (Mutual)

**TOI/Sub-TOI:**

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

**Product Name:**

ELCOSPWLPNAPP

**Project Name/Number:**

ELCOSPWLPNAPP/

Comments:

Attachment(s):

elco\_cert\_code\_23-79-138.pdf

READABILITY CERTIFICATION

A. Form

Form No.

Single Premium Whole Life Insurance Policy

DFD0113

[ ] Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

[x] Score shown in D, below, is for the form listed.

B. [x] Test applied to entire form.

[ ] Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

[x] the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

[x] the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

[x] the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

[x] the section titles are captioned in bold face or otherwise stand out significantly from the text.

[x] unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

[x] the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

[x] a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 66.20

Number of:  
Sentences: 159

Ratio of:  
Words to Sentences: 13.950

Words: 2,218

Syllables to Words: 1.495

Syllables: 3,315

Bruce and Bruce Company

Consulting Actuaries for: Employees Life Company (Mutual) Date 11/5/2012

By: \_\_\_\_\_

Jerry L. Alexander, FLMI, Consultant

And:

\_\_\_\_\_  
Executive Vice President

READABILITY CERTIFICATION

A. Form

Form No.

Life Insurance Application

PNAPP13

[ ] Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

[x] Score shown in D, below, is for the form listed.

B. [x] Test applied to entire form.

[ ] Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

[x] the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

[x] the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

[x] the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

[x] the section titles are captioned in bold face or otherwise stand out significantly from the text.

[x] unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

[ ] the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

[ ] a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 50.25

Number of:  
Sentences: 41

Ratio of:  
Words to Sentences: 15.415

Words: 6.32

Syllables to Words: 1.666

Syllables: 1,053

Bruce and Bruce Company

Consulting Actuaries for: Employees Life Company (Mutual) Date 11/15/2012



By: \_\_\_\_\_

Jerry L. Alexander, FLMI, Consultant

And:



\_\_\_\_\_  
Executive Vice President

**EMPLOYEES LIFE COMPANY (MUTUAL)**  
Lake Bluff, IL 60044-2285

**AUTHORIZATION**

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2285, is hereby authorized to submit policies, riders and other forms on our behalf. Bruce and Bruce Company is authorized to represent the Company, by telephone, letter, fax and email in matters relating to such submission.



Date: 2-13-12

its \_\_\_\_\_ President

# **EMPLOYEES LIFE COMPANY (MUTUAL)**

Statement of Variability

Form: DFD0113

Page 1

Address may change if Company moves  
Phone number may change  
Officers may change

Page 3 Schedule

The Insured information is based on information in the application.

The Policy Number is assigned by the Company.

The Premium Class is either Standard or Substandard as determined by the Company Underwriting Department.

The Single Premium is based on the Face Amount and Premium Class.

Last Page

Address may change if Company moves  
Phone number may change

# **EMPLOYEES LIFE COMPANY (MUTUAL)**

Statement of Variability

Form: PNAPP13

Page 1

Address may change if Company moves  
Phone number may change

Employees Life Company (Mutual)

Certification Regarding Rule 19.

On behalf of Employees Life Company (Mutual), I certify that the Forms submission meets the requirement of Rule 19, as well as all applicable requirements of the Department.

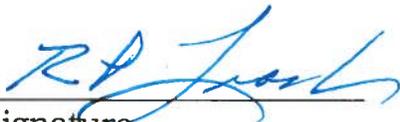
  
Signature

  
Date

Employees Life Company (Mutual)

Compliance with Arkansas Code 23-79-138 and Bulletins 6-87 and 11-88.

On behalf of Employees Life Company (Mutual), I certify the Company will comply with Arkansas Code 23-79-138 as well as Bulletins 6-87 and 11-88.

  
Signature

  
Date