

SERFF Tracking Number: AFLC-127995654 State: Arkansas
Filing Company: Americo Financial Life and Annuity Insurance Company State Tracking Number:
Company
Company Tracking Number: 1330
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 1330: 2169 ADB Rider
Project Name/Number: 1330: 2169 ADB Rider/1330

Filing at a Glance

Company: Americo Financial Life and Annuity Insurance Company

Product Name: 1330: 2169 ADB Rider SERFF Tr Num: AFLC-127995654 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num:
Adjustable Life Closed
Sub-TOI: L09I.001 Single Life Co Tr Num: 1330 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Ronni Jones Disposition Date: 02/02/2012
Date Submitted: 01/25/2012 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: 1330: 2169 ADB Rider
Project Number: 1330
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Ronni Jones
Filing Description:

Submission description

The enclosed Accidental Death Benefit Rider is being submitted for review and approval. The form is new and does not replace any previously approved form. The form contains no unusual or controversial elements, and to the best of our knowledge and belief, complies with the laws and regulations of your jurisdiction.

Marketing

The Rider will be used in the individual life insurance market and may be used with previously approved universal life

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insurance policies and universal life insurance policies approved in the future.

Thank you in advance for your time and consideration.

Company and Contact

Filing Contact Information

Ronni Jones, Associate Compliance Analyst ronni.jones@americo.com
 300 W. 11th Street 816-512-2831 [Phone]
 Kansas City, MO 64105 816-391-2083 [FAX]

Filing Company Information

Americo Financial Life and Annuity Insurance CoCode: 61999 State of Domicile: Texas
 Company
 300 West 11th Street Group Code: 449 Company Type:
 Kansas City, MO 64105 Group Name: State ID Number:
 (800) 231-0801 ext. [Phone] FEIN Number: 35-0810610

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Our Domicile fee for this type of filing is \$100.00 per filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Americo Financial Life and Annuity Insurance Company	\$100.00	01/25/2012	55787990

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/02/2012	02/02/2012

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Disposition

Disposition Date: 02/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Form	Accidental Death Benefit Rider		Yes

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Form Schedule

Lead Form Number: AAA2169

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AAA2169	Policy/Cont	Accidental Death ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.700	AAA2169 [FILING FORM 2012- 01-24].pdf

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

ACCIDENTAL DEATH BENEFIT RIDER

Americo Financial Life and Annuity Insurance Company has issued this Rider as a part of the Policy to which it is attached, provided this Rider is listed on a Policy Data Page.

This Rider has no cash or loan value. All terms of the Policy which are not inconsistent with this Rider apply to this Rider. Rider provisions apply in lieu of any Policy provisions to the contrary.

DEFINITIONS

Accidental Death Benefit is the amount We are required to pay under the terms of the Accidental Death Benefit provisions of this Rider.

Accidental Injury means an accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease, bodily or mental illness, infirmity, or any other cause, which occurs while the Policy is in force.

Act of War means any act particular to military, naval or air operations in time of War.

Common Carrier means a public passenger conveyance operated by a duly licensed common carrier for regular passenger service by land, water, or air with definite schedules of departures and arrivals.

Common Carrier Accident means an accident where the Insured sustains an Accidental Injury while riding as a fare-paying passenger in a Common Carrier.

Common Carrier Accidental Death Benefit is the amount We are required to pay under the terms of the Common Carrier Accidental Death Benefit provisions of this Rider.

Home Area means the fifty (50) states of the United States and its territories, the District of Columbia and Canada.

War means including, but not limited to, declared war and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

ACCIDENTAL DEATH BENEFIT

If the Insured dies of Accidental Injury, the Company will pay the Accidental Death Benefit shown on a Policy Data Page. The Company will pay such a benefit in addition to the Death Benefit payable under the Policy if the Insured's death:

- (a) Was caused directly by an Accidental Injury, independent of all other causes;
- (b) Occurred within 90 days from the date of the Accidental Injury;
- (c) Occurred while this Accidental Death Benefit Rider was in force; and
- (d) Is not excluded or limited as listed in the **Exclusions and Limitations** provision.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT

If the Insured dies of Accidental Injury sustained in a Common Carrier Accident, subject to the same exclusions and limitations applicable to the Accidental Death Benefit, the Company will pay the Common Carrier Accidental Death Benefit shown on a Policy Data Page. The Company will pay such benefit in addition to the Death Benefit payable under the Policy and the Accidental Death Benefit payable under this Rider. Death resulting from Accidental Injury as a result of a Common Carrier Accident must occur within 90 days from the date of the Common Carrier Accidental Injury.

ACCIDENTAL DEATH BENEFIT EXCLUSIONS AND LIMITATIONS

The Company will not pay an Accidental Death Benefit if the Insured's death results from, or is materially contributed to, by any of the following:

- (a) Disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
- (b) Infection not occurring as a direct result or consequence of the Accidental Injury;
- (c) Any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
- (d) Travel in or descent from an aircraft if the Insured acted in a capacity other than as a passenger;
- (e) Travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
- (f) Insured's incarceration;
- (g) Insured's voluntary participation in a riot, insurrection or terrorist activity;
- (h) Insured's committing or attempting to commit a felony;
- (i) Voluntary intake or use by any means of:
 - 1. Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instruction, or
 - 2. Poison, gas or fumes, unless a direct result of an occupational accident;
- (j) Insured's intoxication as defined by the jurisdiction where the accident occurred;
- (k) Riding or driving an air, land or water vehicle in a race, speed or endurance contest;
- (l) Participating in an illegal occupation or activity;
- (m) Rock or mountain climbing, bungee jumping;
- (n) Aeronautics (hang-gliding, skydiving, parachuting, ultra-light soaring, ballooning and parasailing);
- (o) "War" or "Act of War" within two (2) years from the Issue Date of the Policy, while the Insured is not serving in such forces or units, if the cause of death occurs while the Insured is outside the Home Area, provided the death occurs outside the Home Area or within six (6) months of the Insured's return to the Home Area.

TERMINATION

This Accidental Death Benefit Rider will terminate on the date the Policy terminates for any reason.

EFFECTIVE DATE

The Effective Date of this Rider is the Policy Date shown on a Policy Data Page.

CONSIDERATION

This Rider is issued in consideration of the application, a copy of which is attached to the Policy, and the deduction of the charge for this Rider, as shown on a Rider Data Page.

A handwritten signature in black ink, reading "J. L. Fortini". The signature is written in a cursive style with a large initial "J" and "F".

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification [G].pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This filing requirement is not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: This filing requirement is not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: This filing requirement is not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum		
Comments:		
Attachment:		

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2169 Actuarial Memorandum.pdf

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

NAIC number: 0449-61999

FEIN number: 35-0810610

Readability Certification

I, Eric H. Petersen – FSA, MAAA hereby certify that the form listed below has the following readability score as calculated by the Flesch Reading Ease Test.

<u>Form Number</u>	<u>Form Description</u>	<u>Readability Score</u>
AAA2169	Accidental Death Benefit Rider	50.7



Digitally signed by Eric H. Petersen
DN: cn=Eric H. Petersen, o, ou,
email=eric.petersen@americo.com, c=US
Date: 2012.01.18 16:34:15 -06'00'

Eric H. Petersen – FSA, MAAA

Assistant Vice President – Product Development
Title

January 18, 2012

Date