

SERFF Tracking Number: AMFD-128066220 State: Arkansas  
Filing Company: Sagicor Life Insurance Company State Tracking Number:  
Company Tracking Number: 6061  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Accelerated Death Benefit Insurance Rider  
Project Name/Number: 6061/6061

## Filing at a Glance

Company: Sagicor Life Insurance Company

Product Name: Accelerated Death Benefit Insurance Rider SERFF Tr Num: AMFD-128066220 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: L09I.001 Single Life

Co Tr Num: 6061

State Status: Approved-Closed

Filing Type: Form

Author: Francine Cardon

Reviewer(s): Linda Bird

Date Submitted: 02/03/2012

Disposition Date: 02/13/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 6061

Status of Filing in Domicile: Authorized

Project Number: 6061

Date Approved in Domicile: 02/01/2012

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/13/2012

State Status Changed: 02/13/2012

Deemer Date:

Created By: Francine Cardon

Submitted By: Francine Cardon

Corresponding Filing Tracking Number:

Filing Description:

RE: Sagicor Life Insurance Company

NAIC No.: 60445; FEIN: 74-1915841

Form Nos.: 6061 Accelerated Death Benefit Insurance Rider

The above referenced form is submitted for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The document is a final printed version.

SERFF Tracking Number: AMFD-128066220 State: Arkansas  
Filing Company: Sagicor Life Insurance Company State Tracking Number:  
Company Tracking Number: 6061  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Accelerated Death Benefit Insurance Rider  
Project Name/Number: 6061/6061

The Accelerated Death Benefit Insurance Rider, 6061 provides for the payment of an Accelerated Benefit upon certification by a licensed physician that the Insured has a Terminal Condition that is expected to result in death within 12 months or less. The Rider will also provide an Accelerated Benefit upon certification by a licensed physician that the Insured has a Chronic Illness and is unable to perform at least two actives of daily living without substantial assistance from another individual and is expected to permanently remain unable to do so.

The Accelerated Death Benefit Insurance Rider, 6061 will be used with universal life products. Currently 6061 will be attached to the following Universal Life products.

1. Fixed Indexed Universal Life Insurance policy, form number 1004AR approved on 7/15/08 under SERFF tracking number AMFD-125698490.
2. Universal Life Insurance policy form number I010 approved on 9/17/10 under SERFF tracking number SKML-126792037.
3. Universal Life Insurance policy form number 1011 approved on 3/15/11 under SERFF tracking number AMFD-127013369.

Please note that we may change the appearance and pagination but not the text of these forms to comply with future changes in print systems. No font will be less than 10 point size. The color and/or weight of the paper may change. No changes to the text other than corrections of typographical errors will be made to the forms without re-filing them with you.

Should you have any questions, please contact me toll-free at 480.425.5100 ext. 5652, or via electronic mail at francine\_cardon@sagicor.com.

Thank you for your consideration.

Sincerely,

Francine Cardon

## Company and Contact

### Filing Contact Information

Francine Cardon, Compliance Analyst  
4343 N. Scottsdale Road  
Suite 300  
Scottsdale, AZ 85251

Francine\_Cardon@sagicor.com  
480-425-5100 [Phone]  
480-425-5150 [FAX]

SERFF Tracking Number: AMFD-128066220 State: Arkansas  
 Filing Company: Sagicor Life Insurance Company State Tracking Number:  
 Company Tracking Number: 6061  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Accelerated Death Benefit Insurance Rider  
 Project Name/Number: 6061/6061

**Filing Company Information**

Sagicor Life Insurance Company	CoCode: 60445	State of Domicile: Texas
4343 N. Scottsdale Road	Group Code: 3766	Company Type:
Suite 300	Group Name:	State ID Number:
Scottsdale, AZ 85251	FEIN Number: 74-1915841	
(800) 531-5067 ext. 5653[Phone]		

-----

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: Domicile state filing fee is \$100.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sagicor Life Insurance Company	\$100.00	02/03/2012	56056154

SERFF Tracking Number: AMFD-128066220 State: Arkansas  
 Filing Company: Sagicor Life Insurance Company State Tracking Number:  
 Company Tracking Number: 6061  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Accelerated Death Benefit Insurance Rider  
 Project Name/Number: 6061/6061

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/13/2012	02/13/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	02/09/2012	02/09/2012	Francine Cardon	02/09/2012	02/09/2012

*SERFF Tracking Number:* AMFD-128066220      *State:* Arkansas  
*Filing Company:* Sagicor Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* 6061  
*TOI:* L09I Individual Life - Flexible Premium      *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* Accelerated Death Benefit Insurance Rider  
*Project Name/Number:* 6061/6061

## **Disposition**

Disposition Date: 02/13/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* AMFD-128066220      *State:* Arkansas  
*Filing Company:* Sagicor Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* 6061  
*TOI:* L09I Individual Life - Flexible Premium      *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* Accelerated Death Benefit Insurance Rider  
*Project Name/Number:* 6061/6061

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Health - Actuarial Justification		No
<b>Supporting Document</b>	Outline of Coverage		No
<b>Supporting Document</b>	Actuarial Memorandum		No
<b>Form</b>	Accelerated Death Benefit Insurance Rider		Yes
<b>Form</b>	Accelerated Death Benefit Insurance Rider Disclosure Statement		Yes

SERFF Tracking Number: AMFD-128066220 State: Arkansas  
Filing Company: Sagicor Life Insurance Company State Tracking Number:  
Company Tracking Number: 6061  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: Accelerated Death Benefit Insurance Rider  
Project Name/Number: 6061/6061

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 02/09/2012  
Submitted Date 02/09/2012  
Respond By Date 03/09/2012

Dear Francine Cardon,

This will acknowledge receipt of the captioned filing.

### Objection 1

#### Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

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,

Linda Bird

SERFF Tracking Number: AMFD-128066220 State: Arkansas  
 Filing Company: Sagicor Life Insurance Company State Tracking Number:  
 Company Tracking Number: 6061  
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life  
 Adjustable Life  
 Product Name: Accelerated Death Benefit Insurance Rider  
 Project Name/Number: 6061/6061

## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 02/09/2012  
 Submitted Date 02/09/2012

Dear Linda Bird,

### Comments:

### Response 1

Comments: The Accelerated Death Benefit Insurance Rider Disclosure Statement has been placed under the Form Schedule tab.

### Related Objection 1

Comment:

The Accelerated Benefit Rider issued with life insurance policies require a disclosure statement as outlined in Rule and Regulation 60s8.

### Changed Items:

No Supporting Documents changed.

### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accelerated Death Benefit Insurance Rider Disclosure Statement	7087		Other	Initial			ADBR Disc Stmt 7087 2.9.12.pdf

No Rate/Rule Schedule items changed.

Thank you for your consideration.

*SERFF Tracking Number:* AMFD-128066220      *State:* Arkansas  
*Filing Company:* Sagicor Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* 6061  
*TOI:* L09I Individual Life - Flexible Premium      *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* Accelerated Death Benefit Insurance Rider  
*Project Name/Number:* 6061/6061

Sincerely,  
Francine Cardon

SERFF Tracking Number: AMFD-128066220 State: Arkansas  
 Filing Company: Sagicor Life Insurance Company State Tracking Number:  
 Company Tracking Number: 6061  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Accelerated Death Benefit Insurance Rider  
 Project Name/Number: 6061/6061

## Form Schedule

### Lead Form Number: 6061

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	6061	Policy/Cont	Accelerated Death Benefit Insurance Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.400	6061 file copy 2.2.12.pdf
	7087	Other	Accelerated Death Benefit Insurance Rider Disclosure Statement	Initial			ADBR Disc Stmt 7087 2.9.12.pdf



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300  
Scottsdale, Arizona 85251/1-888-724-4267  
SagicorLifeUSA.com

**A STOCK INSURANCE COMPANY**

## **ACCELERATED DEATH BENEFIT INSURANCE RIDER**

**You should consult with a personal tax advisor if You are considering electing an Accelerated Death Benefit. The Death Benefit, Face Amount, Accumulation Value, Guaranteed Accumulation Value, Cash Surrender Value and any Indebtedness, as specified in Your Policy, will be reduced upon an Accelerated Death Benefit Payment being made to You. An Accelerated Death Benefit Payment may be taxable to You or may affect Your eligibility for benefits under state or federal law.**

**This Rider is not intended to provide coverage primarily for confinement in a Nursing Home Facility or long term care benefits.**

This Rider is part of the Policy to which it is attached. It is subject to all the provisions of the Policy that are not in conflict with the provisions of this Rider. All capitalized and other terms used in the Rider that are not otherwise defined shall have the meaning set forth in the Policy. The Effective Date of this Rider is shown on the Policy Data Page.

### **DEFINITIONS**

**Accelerated Death Benefit**, as used in this Rider, means an advance, due to a Terminal Condition or a Chronic Illness, of a portion of the Death Benefit Amount prior to Insured's death.

**Terminal Condition**, as used in this Rider, means that a Licensed Physician has certified In Writing that the Insured's imminent death is expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of 12 months or less.

**Chronic Illness**, as used in this Rider, means that a Licensed Physician has certified In Writing within the last 30 days that the Insured, due to a loss of functional capacity, is unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living, and has been unable to perform these activities for at least 60 consecutive days and is expected to Permanently remain unable to do so.

Loss of functional capacity due to Dementia, Alzheimer's, Delirium, or Amnesia will not be considered a Chronic Illness and will not be covered under this Rider.

**Permanently**, as used in this Rider, means for the remainder of the Insured's lifetime.

**Licensed Physician**, as used in this Rider, means a trained physician who is licensed to practice medicine in the United States and is not the Insured, the Owner, or a member of any of their Immediate Family by blood or marriage.

**Immediate Family**, as used in this Rider, means spouse, children, siblings, parents, grandparents, grandchildren, and any of their spouses.

**Activities Of Daily Living**, as used in this Rider, are the following; eating, toileting, transferring, bathing, dressing, continence.

**Substantial Assistance**, as used in this Rider, means stand-by or hands-on assistance from another person without which the Insured receiving such assistance would be unable to perform Activities of Daily Living. Stand-by assistance means the presence of another person within arm's reach of the Insured that is necessary to prevent, by physical intervention, injury to the Insured while he/she is performing Activities of Daily Living. Hands-on assistance means the direct physical assistance of another person.

**Accelerated Death Benefit Amount**, as used in this Rider, means the portion of the Death Benefit Amount that has been elected for advancement. The maximum Accelerated Death Benefit Amount, both in one Election and in an aggregate of Elections, is shown on the Policy's Schedule of Additional Benefits Page.

**Accelerated Death Benefit Payment or Payment**, as used in this Rider, means the amount We pay to an Owner pursuant to an Election for an Accelerated Death Benefit.

**Administrative Fee**, as used in this Rider, means a charge equaling the lesser of [\$250] or the maximum allowed by law in the state in which this Policy was issued.

**Proof of Claim**, as used in this Rider, means a Licensed Physician's written certification that the Insured has a Terminal Condition or Chronic Illness. This written certification must be submitted each time an Election for an Accelerated Death Benefit is made.

## **ACCELERATED DEATH BENEFIT**

We will pay an Accelerated Death Benefit Payment when We receive Proof of Claim and the other documents We require for Election of Benefits. While the Insured is alive, We will make the Accelerated Death Benefit Payment to You or Your estate, unless You have otherwise assigned the Payment.

In addition We reserve the right to have the Insured examined by a Licensed Physician of Our choice, at Our expense, as part of any proof to establish eligibility for an Accelerated Death Benefit. In a case of dispute, eligibility for benefits will be determined by a third medical opinion that is provided by a physician that is mutually acceptable to You and Us.

### **Accelerated Death Benefit Amount**

Upon written certification by a Licensed Physician that the Insured has a Terminal Condition or Chronic Illness, You may elect an Accelerated Death Benefit. We will pay the Accelerated Death Benefit Payment in a lump sum. For each Accelerated Death Benefit Payment, the Administrative Fee will be deducted from the Payment.

The minimum Accelerated Death Benefit Amount that must be elected at each Election, except the Final Election, is \$5,000. This amount may be smaller for a Final Election.

You may make multiple Chronic Illness Accelerated Death Benefit Elections. You may only make one Terminal Condition Accelerated Death Benefit Election. An Election of either type may not be made more frequently than once every twelve (12) months.

### **Accelerated Death Benefit Payments**

The Accelerated Death Benefit Payment will be determined by Us, as of each Election Date. The following factors are used in the determination of the Accelerated Death Benefit Payment:

1. The Accelerated Death Benefit Amount; and
2. The Accumulation Value of the Policy; and
3. The Guaranteed Maximum Cost of Insurance Rates; and
4. The future expected lifetime of the Insured; and
5. An assumed mortality table; and

6. Cash Surrender Value; and
7. The Accelerated Death Benefit Interest Rate in effect; and
8. The Administrative Fee; and
9. Repayment of Indebtedness, if any.

Each Payment will be paid in a lump sum.

**Accelerated Death Benefit Interest Rate**

The Accelerated Death Benefit Interest Rate will not exceed the maximum adjustable Policy loan interest rate allowed by law on the Election Date.

**ELECTION OF BENEFITS**

**Election**

To elect an Accelerated Death Benefit, You must complete and submit to Our Home Office an Application for Election of Accelerated Death Benefit. You must also provide Us with Proof of Claim, and written consent of all assignees and all Irrevocable Beneficiaries to the payment of the Accelerated Death Benefit. We will not make a payment if we do not receive the written consent. Written assignee consent is not necessary if We are the sole assignee under the Policy.

We will send the Application for Election of Accelerated Death Benefit to You, at the last address You provided, upon Your request to accelerate the benefit. If the Election of Accelerated Death Benefit form is not provided to you within 15 days of Your acceleration request, it is considered that You have complied with the claim requirements if the You submit Proof of Claim and all other required documentation covering the occurrence, the character and the extent of the occurrence for which claim is made.

Before or at the time an Election of the Accelerated Death Benefit is made, We will provide You and any Irrevocable Beneficiaries and assignees with a description of the effect of the acceleration of the payment of a portion of the Death Benefit Amount on the benefits and values of the Policy to which this Rider is attached.

Once Proof of Claim and all other required documentation is received, payment of the Accelerated Death Benefit will be made immediately.

Each Election is effective for twelve (12) months starting from the Election Date and only one Election can be made in this twelve (12) month period. If the Insured dies after You elect to receive Accelerated Death Benefits, but before the Payment is made, the Election will be cancelled and the Death Benefit will be paid as described in the Policy.

**Election Date**

The Election Date is the Monthly Processing Day immediately following the date on which We approve the Application for Election of Accelerated Death Benefits for Chronic Illness which You have signed and submitted to Us.

**Initial Election Date**

The first Election Date You elect an Accelerated Death Benefit under this Rider.

**Final Election**

A Final Election is available if the maximum Accelerated Death Benefit Amount less the sum of the Accelerated Death Benefit Amounts elected is less than the minimum Accelerated Death Benefit Amount. To make a Final Election, You must choose to accelerate the entire remaining portion of the maximum Accelerated Death Benefit. On Final Election a portion of the Payment will be used to repay any Indebtedness, as described under the Indebtedness provision. The Administrative Fee will also be deducted from the final Payment.

## **DEATH OF INSURED**

If You request a benefit payment under this Rider and death of the Insured occurs before Our payment of the Accelerated Benefit, no Accelerated Benefit will be payable. In the event We make an Accelerated Benefit payment in good faith and the death occurs before such payment is received, We will be released from liability to the extent of such payment made or action taken prior to Our receipt of proof of death.

## **EFFECT ON YOUR POLICY**

### **Face Amount**

If You elect to receive Accelerated Death Benefits under this Rider, the Face Amount will be reduced on each Election Date by the ratio of 1. divided by 2., as described below:

1. Accelerated Death Benefit on the Election Date.
2. Death Benefit Amount immediately prior to the Election Date.

### **Death Benefit**

If You elect to receive an Accelerated Death Benefit under this Rider, the Death Benefit Amount payable to the beneficiary upon the death of the Insured will be reduced. We will reduce the Death Benefit Amount on each Election Date by an amount equal to the Accelerated Death Benefit Amount.

### **Monthly Deductions**

Twelve months after an election we will resume deducting the Monthly Deductions as described in the Policy. After each Election, future Monthly Deductions will be calculated as if the Policy had been originally issued at the reduced Face Amount.

### **Accumulation Value Reduction**

If You elect to receive an Accelerated Death Benefit under this Rider, the Accumulation Value will be reduced. The percentage reduction of the Accumulation Value on the Election Date will be the ratio of 1. divided by 2., as described below

1. Accelerated Death Benefit on the Election Date.
2. Death Benefit Amount immediately prior to the Election Date.

The Accumulation Value Reduction will be treated as a Partial Withdrawal, except that no Surrender Charge or Withdrawal fee will apply.

### **Guaranteed Accumulation Value Reduction**

If You elect to receive an Accelerated Death Benefit under this Rider, the Guaranteed Accumulation Value will be reduced. The percentage reduction of the Guaranteed Accumulation Value on the Election Date will be the ratio of 1. divided by 2., as described below

1. Accelerated Death Benefit on the Election Date.
2. Death Benefit Amount immediately prior to the Election Date.

The Guaranteed Accumulation Value Reduction will be treated as a Partial Withdrawal, except that no Surrender Charge or Withdrawal fee will apply.

### **Grace Period and No Lapse Guarantee**

If You elect to receive an Accelerated Death Benefit under this Rider, while an Election is in effect:

1. The Policy's Grace and Lapse provisions will not be in effect; and
2. If the Policy contains a No Lapse Guarantee provision, the No Lapse Guarantee period will not change and We will consider the Monthly No Lapse Guarantee Premium as having been paid for the purpose of the No Lapse Guarantee calculation. We will establish a new No Lapse Guarantee Premium, calculated as if the Policy had been originally issued at the reduced Face Amount.

Whenever no Election is in effect, the Policy's Grace and Lapse provisions will be in effect and any Monthly No Lapse Guarantee Premium required to continue the No Lapse Guarantee will be due.

**Indebtedness**

If You elect to receive an Accelerated Death Benefit under this Rider while the Policy has a Policy Loan, a portion of the Accelerated Death Benefit Payment will be used to reduce the Indebtedness. On the Election Date, Indebtedness and the Accelerated Death Benefit Payment will be reduced by the Policy Loan Repayment Amount. The Policy Loan Repayment Amount is equal to the Indebtedness on the Election Date multiplied by the ratio of 1. divided by 2., as described below:

1. Accelerated Death Benefit Amount on the Election Date.
2. Death Benefit Amount plus Indebtedness immediately prior to the Election Date.

**Other Riders**

Upon any Election, all Riders attached to the Policy will continue to be effective subject to the terms and conditions of each Rider. After the Initial Election Date, no additional Riders may be added to the Policy.

**Policy Loans**

After any Election, You may obtain a Policy Loan as described under the Policy Loan provisions of the Policy. As described under the Indebtedness provision, a portion of each Payment will be used to repay any Indebtedness.

**Partial Withdrawal Availability**

If You elect to receive Accelerated Death Benefits under this Rider, Partial Withdrawals are not available while an Election is in effect. If no Election is in effect, You may take a Partial Withdrawal.

**Policy Changes**

If You elect to receive Accelerated Death Benefits under this Rider, You cannot elect to increase or decrease the Face Amount or change the Death Benefit Option on the Policy while an Election is in effect. If no Election is in effect, You may elect to increase or decrease the Face Amount or change the Death Benefit Option, subject to the terms of the Policy.

**INCONTESTABILITY**

This Rider is incontestable on the same basis as the Policy.

**EXCLUSIONS AND LIMITATIONS**

Your right to be paid an Accelerated Death Benefit is subject to the following conditions:

1. The Proof of Claim occurred while the Policy and Rider are in force.
2. If the Policy or this Rider is subject to an irrevocable Beneficiary designation or an assignment, except to Us as security for a Policy Loan, You must provide Us with written consent by any such Beneficiary or assignee to any payment under this Rider.
3. In order to prevent involuntary advance of proceeds, the Accelerated Benefit is not available if the Owner or Insured:
  - a. is required by law to elect an Accelerated Benefit in order to meet the claims of creditors, whether in bankruptcy or otherwise; or
  - b. is required by a governmental agency to elect an Accelerated Benefit in order to apply for, obtain, or keep a government benefit or entitlement.
4. You are not eligible to elect and We will not pay an Accelerated Death Benefit under this Rider if the Insured's Terminal Condition or Chronic Illness results from any intentional self-inflicted injury or attempted suicide, while sane or insane.

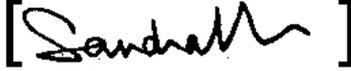
**REINSTATEMENT**

If the Policy terminates and is reinstated, this Rider, if not fully paid out at the time the Policy is Reinstated, will also be Reinstated.

## **TERMINATION OF THIS RIDER**

This Rider will terminate upon the earliest of:

1. The Monthly Deduction Day following Our receipt of Your written request to terminate this Rider; or
2. The date the Policy terminates, or
3. On the date that We pay an Accelerated Death Benefit Payment for the Final Election.

 [Sandral]  
[Secretary]



LIFE INSURANCE COMPANY

4343 N. Scottsdale Rd., Suite 300  
Scottsdale, Arizona 85251/1-888-724-4267  
SagicorLifeUSA.com

## ACCELERATED DEATH BENEFIT INSURANCE RIDER DISCLOSURE STATEMENT

This Disclosure Statement describes and summarizes certain key terms and conditions of the Accelerated Benefit Insurance Rider. Please review the Rider for the complete terms and conditions of the coverage it provides. The Rider is part of the Policy to which it is attached, and is subject to all the provisions of the Policy that are not in conflict with the provisions of the Rider.

To understand the tax status of an Accelerated Death Benefit payment, You should consult with a personal tax advisor if You are considering electing a payment. Receipt of Accelerated Death Benefit payments may be taxable to you or may affect Your eligibility for benefits under state or federal law. The Death Benefit, Face Amount, Accumulation Value, Guaranteed Accumulation Value, Cash Surrender Value and any Indebtedness, as specified in Your Policy, will be reduced upon receipt of an Accelerated Death Benefit payment.

This Rider is not intended to provide coverage primarily for confinement in a Nursing Home Facility or long term care benefits.

### DEFINITIONS

**Accelerated Death Benefit**, as used in this Rider, means an advance, due to a Terminal Condition or a Chronic Illness, of a portion of the Death Benefit Amount prior to Insured's death.

**Terminal Condition**, as used in this Rider, means that a Licensed Physician has certified In Writing that the Insured's imminent death is expected as a result of a non-correctable medical condition that with reasonable medical certainty will result in a drastically limited life span of 12 months or less.

**Chronic Illness**, as used in this Rider, means that a Licensed Physician has certified In Writing within the last 30 days that the Insured, due to a loss of functional capacity, is unable to perform without Substantial Assistance from another individual at least two Activities of Daily Living, and has been unable to perform these activities for at least 60 consecutive days and is expected to Permanently remain unable to do so.

Loss of functional capacity due to Dementia, Alzheimer's, Delirium, or Amnesia will not be considered a Chronic Illness and will not be covered under this Rider.

**Activities Of Daily Living**, as used in this Rider, are the following; eating, toileting, transferring, bathing, dressing, continence.

**Accelerated Death Benefit Amount**, as used in this Rider, means the portion of the Death Benefit Amount that has been elected for advancement. The maximum Accelerated Death Benefit Amount, both in one Election and in an aggregate of Elections, is shown on the Policy's Schedule of Additional Benefits Page.

**Administrative Fee**, as used in this Rider, means a charge equaling the lesser of [\$250] or the maximum allowed by law in the state in which this Policy was issued.



SERFF Tracking Number: AMFD-128066220 State: Arkansas  
 Filing Company: Sagicor Life Insurance Company State Tracking Number:  
 Company Tracking Number: 6061  
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
 Adjustable Life  
 Product Name: Accelerated Death Benefit Insurance Rider  
 Project Name/Number: 6061/6061

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> 6061 Read Cert.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not applicable to this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Actuarial Memorandum		
<b>Comments:</b>		
<b>Attachments:</b> 6061 ACT MEMO 2 2 12.pdf		

*SERFF Tracking Number:* AMFD-128066220      *State:* Arkansas  
*Filing Company:* Sagicor Life Insurance Company      *State Tracking Number:*  
*Company Tracking Number:* 6061  
*TOI:* L09I Individual Life - Flexible Premium      *Sub-TOI:* L09I.001 Single Life  
Adjustable Life  
*Product Name:* Accelerated Death Benefit Insurance Rider  
*Project Name/Number:* 6061/6061  
ABR 6061 exh 2 1.30.12.xls

# READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

<u>Form #</u>	<u>Title</u>	<u>Flesch Score</u>
6061	Accelerated Death Benefit Insurance Rider	51.4

Sagicor Life Insurance Company



\_\_\_\_\_  
Name: James Golembiewski  
Title: VP Compliance & Associate General Counsel

February 3, 2012  
\_\_\_\_\_  
Date