

SERFF Tracking Number: FRCS-128084713 State: Arkansas
Filing Company: USAbLe Life State Tracking Number:
Company Tracking Number: 5579
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Individual Term
Project Name/Number: USAbLe/69/69

Filing at a Glance

Company: USAbLe Life
Product Name: Individual Term SERFF Tr Num: FRCS-128084713 State: Arkansas
TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num:
Closed
Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: 5579 State Status: Approved-Closed
Fixed/Indeterminate Premium
Filing Type: Form Reviewer(s): Linda Bird
Author: Kevin Wiggs Disposition Date: 02/16/2012
Date Submitted: 02/13/2012 Disposition Status: Approved-
Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: USAbLe/69 Status of Filing in Domicile: Pending
Project Number: 69 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Arkansas is the
domicile state.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 02/16/2012
State Status Changed: 02/16/2012
Deemer Date: Created By: Kevin Wiggs
Submitted By: Kevin Wiggs Corresponding Filing Tracking Number:
Filing Description:
We have been retained by USAbLe Life to file the enclosed forms for approval in your state.

Our fee of \$350 has been sent by EFT on this same date.

The Company offers their assurances that the Complaint Notice required by Section 23-79-138 and the Guaranty Association notice required by Regulation 49 will be provided.

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Form TL-R (11-11) is an individual term life insurance policy. It is available with 10, 20, or 30 year level premium periods, and separate schedule pages for each of these periods are enclosed. After the level premium period, premiums shall increase. The policy includes a waiver of premium benefit and an accelerated death benefit feature. The notice provided at the time an accelerated benefit is requested is enclosed for your information.

Form LAPP-R (11-07) is the application used to apply for this policy and the riders. It may also be used to effect a change in coverage.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist kevin.wiggs@firstconsulting.com
 1020 Central 800-927-2730 [Phone] 2736 [Ext]
 Suite 201 816-391-2755 [FAX]
 Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

USAbLe Life	CoCode: 94358	State of Domicile: Arkansas
P.O. Box 1650	Group Code:	Company Type:
Little Rock, AR 72203-1650	Group Name:	State ID Number:
(501) 212-8847 ext. [Phone]	FEIN Number: 71-0505232	

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation: AR fee of \$50 per form (7) = \$350
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAbLe Life	\$350.00	02/13/2012	56317539

SERFF Tracking Number: FRCS-128084713

State: Arkansas

Filing Company: US Able Life

State Tracking Number:

Company Tracking Number: 5579

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Individual Term

Project Name/Number: US Able/69/69

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/16/2012	02/16/2012

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*Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium*

Product Name: Individual Term

Project Name/Number: US Able/69/69

Disposition

Disposition Date: 02/16/2012

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Term Life Policy		Yes
Form	10 Year Schedule Page		Yes
Form	20 Year Schedule Page		Yes
Form	30 Year Schedule Page		Yes
Form	Life Policy Application & Change Form		Yes
Form	Accelerated Benefit Disclosure		Yes
Form	Accelerated Benefit Notice		Yes

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Form Schedule

Lead Form Number: TL-R (AR) (11-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL-R (AR) (11-11)	Policy/Contract Certificate	Term Life Policy	Initial		57.600	ITL (AR).pdf
	TL-R (AR) (11-11)	Schedule (10)Pages	10 Year Schedule Page	Initial		68.700	Policy Schedules (10).pdf
	TL-R (AR) (11-11)	Schedule (20)Pages	20 Year Schedule Page	Initial		68.700	Policy Schedules (20).pdf
	TL-R (AR) (11-11)	Schedule (30)Pages	30 Year Schedule Page	Initial		68.700	Policy Schedules (30).pdf
	LAPP-R (AR) (11-07)	Application/Enrollment Form	Life Policy Application & Change Form	Initial		50.500	LAPP-R (AR) (11-07).pdf
	TL-ABD-R (11-11)	Other	Accelerated Benefit Disclosure	Initial		59.900	TL-ABD (11-11) Accelerated Benefit Disclosure.pdf
	TL-ABCD-R (11-11)	Other	Accelerated Benefit Notice	Initial		66.700	Acclerated benefit notice TL-ABCD-R.pdf



Policy Number: [000000000012]
Insured: [JOHN D Doe]
Owner: [JOHN D DOE]
Effective Date: [December 1, 2007]

US Able Life (referred to as "we" "our" or "us") agrees to pay the proceeds of this policy to the beneficiary upon receipt of due proof of the death of the Insured and to provide the other rights and benefits in accordance with the terms of this policy.

30-DAY RIGHT TO EXAMINE AND CANCEL POLICY: It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return this policy to us or our agent within 30 days of the date you received it. The premium you paid, including any fees or charges, will be promptly refunded. Then, the policy will be considered void from the beginning as if it was never in force.

RENEWABILITY: You have the right to renew this policy each year on the Policy Anniversary date. The Policy Schedule shows the annual premium payable on renewal. The policy cannot be renewed on the Policy Anniversary on or following the Expiry Date shown on the Policy Schedule.

NOTICE OF POSSIBLE TAX CONSEQUENCES: Please be advised that receipt of the accelerated benefits may be taxable. Any person who elects to receive accelerated benefits should consult his personal tax advisor. The receipt of accelerated benefit payments may adversely affect the Insured's eligibility for Medicaid or other government benefits or entitlements.

Death Benefit, cash values, if any, and premium payments will be reduced if an accelerated death benefit is paid.

This policy is a legal contract between you and us. **PLEASE READ THIS POLICY CAREFULLY.**

Signed for us at our Home Office on the Effective Date.


Assistant Secretary


President

**Term Life Insurance with Accelerated Death Benefit and Waiver of Premium
Insurance Payable at Death of Insured – Nonparticipating
Annually Renewable After Initial Term Period to Expiry Date – Convertible
During Conversion Period Shown in Policy Schedule
Options for Payment of Proceeds**

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ADDITIONAL BENEFITS

Any additional benefits provided by rider(s) listed on Page 3 are fully described in the riders that immediately precede the copy of your application.

PART A

DEFINITIONS

BENEFICIARY means the person or entity who will receive the death benefits of the policy. The Beneficiary will be the person named in the application unless later changed by the Owner.

INSURANCE AMOUNT means the then current insurance amount shown in the Policy Schedule.

HOME OFFICE means US Able Life, [P. O. Box 1650, Little Rock, AR 72203].

IN WRITING means a written form which satisfies us at the Home Office.

INSURED means the person named as such on the Policy Schedule whose life is covered by this policy.

ISSUE AGE means the age on the Insured's last birthday prior to the Effective Date.

OPTION DATE: The Option Date is the date the Insured dies or any other date the policy terminates.

OWNER means the person named in the application and Policy Schedule as Owner. It may also mean the person named by the first Owner as a later Owner. The Owner may or may not be the Insured.

POLICY ANNIVERSARY means each one-year period measured from the same day and month as the Effective Date.

PROCEEDS means the amount of benefits payable to the Beneficiary at death of the Insured. It may be more or less than the Insurance Amount. It will be less if there is a past due (within the Grace Period) premium or if an Accelerated Death Benefit has been paid. It will be more if there are riders attached to this policy which have a payable death benefit. Premiums that have been paid past the month in which death occurs will be added to the proceeds.

PROOF means written proof of loss acceptable to us.

RIDER means an additional paper attached to and forming a part of this policy.

WE, OUR, US, or THE COMPANY refer to US Able Life.

YOU and YOUR refer to the Owner of this policy.

PART B

PREMIUMS

WHERE PAYABLE: Premiums are payable to the Company at its Home Office. Premiums may also be paid through an authorized representative. We will give you a receipt signed by our president, assistant secretary, or our agent upon request.

AMOUNT AND FREQUENCY: Premiums are payable in advance beginning on the Effective Date in the amounts and at the intervals shown on page 3. Premiums may be paid annually, semiannually, quarterly, or monthly. The Owner may change the frequency of premium payments subject to the Company's rules in effect at the time of the change. The change is made by filing a written request in a form acceptable to the Company at its Home Office.

CHANGE OF PLAN: The Owner may exchange this policy for a policy on another plan of insurance subject to:

- (1) the Company's approval; and
- (2) the requirements and payment the Company may determine.

CONTROL: While the Insured is living, you, as the Owner, have control of this policy. The naming of an irrevocable beneficiary may limit your ownership rights.

Consistent with the terms of any beneficiary designation, you may, during the lifetime of the Insured:

- (1) surrender this policy;
- (2) make or repay a policy loan;
- (3) amend or modify this policy with our consent; and
- (4) exercise any right, receive any benefit, or enjoy any privilege contained in this policy.

We reserve the right to require this policy for endorsement of any policy loan, change of beneficiary designation, amendment, or modification.

CHANGE OF OWNER: You may appoint a new Owner of this policy while the Insured is alive by sending us a written request for such change. The change will take place the date you sign the notice. This is true even if the Insured dies before we receive it. Of course this change will not affect any action we have taken before we received the notice. If you assign ownership of the policy, you may also give up the right to change the beneficiary.

ASSIGNMENT: You may assign this policy by providing us notice in writing. Unless you specify otherwise, the assignment will take effect as of the date it was signed, subject to any actions we took prior to receipt of such assignment. We are not responsible for the validity of any assignment. Any amount payable to the assignee will be paid in a lump sum.

INCONTESTABILITY: We will not contest this policy after it has been in force during the Insured's lifetime for two years from the Effective Date. A separate contestable two year period will apply to any reinstatement or increase in specified amount requiring underwriting. Such contestability period shall be limited to statements made in the application for reinstatement or application for increase in specified amount. Any statements upon which a contest is based shall be material to the risk accepted or the hazard assumed by us.

SUICIDE WITHIN TWO YEARS: If the Insured commits suicide, while sane or insane, within two years from the Effective Date, our liability under this policy will be limited to all premiums paid less any Policy Loan and loan interest.

MISSTATEMENT OF AGE OR SEX: If the age or sex of the Insured has been misstated, the proceeds will then be those which the most recent premium paid would have purchased at the correct age or sex.

INSURANCE FRAUD: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud and prosecuted.

USable Life may terminate this policy if the Owner has filed a fraudulent claim or statement with us.

ELECTIONS, DESIGNATIONS, CHANGES AND REQUESTS: All elections, designations, changes, and requests must be made in a form acceptable to us and become effective when received by the Company at its Home Office.

NONPARTICIPATING: This policy is issued at a guaranteed nonparticipating rate. This policy will not share in the surplus earnings of the Company.

CONVERSION: This policy may be converted if the Insured is not totally disabled at the time of the request for conversion. Evidence of insurability is not required to convert. The new policy will be a whole life policy. It will have level premiums. Its Insurance Amount can be no greater than the then current Insurance Amount of this policy and cannot be less than the Minimum Conversion Amount shown on the Policy Schedule. The Effective Date of the new policy will be the date of conversion. This policy must be in force on a premium paying basis on the date it is converted. The suicide and incontestability provisions of the new policy will start from this Policy's Effective Date.

This policy cannot be converted after the end of the Conversion Period shown on the Policy Schedule.

The premium for the new policy will be at the attained age of the Insured and due on or prior to the issue date of the new policy. The rate class will be the same as this policy.

Any riders and/or endorsements will be issued with the new policy only with our consent. They will be subject to our requirements.

CONFORMITY WITH STATE LAW: This policy is subject to the laws of the state in which it is issued. Any provision of the policy that on the provision's effective date is in conflict with the minimum standards required by such laws and regulations is hereby amended to conform to the minimum standards required.

PART D

PAYMENT OF PROCEEDS

PROCEEDS: Proceeds payable at the death of the Insured will be the sum of:

- (1) the insurance amount then in force;
- (2) any insurance on the life of the Insured provided by benefit riders; and
- (3) the part of any premium paid which applies to a period after the Insured's death;

less:

- (4) the amount of any unpaid policy loan and loan interest;
- (5) the part of any premium due and unpaid which applies to a period before the Insured's death; and
- (6) any Accelerated Benefit previously paid.

We will not refund any premiums waived on this policy under the Waiver of Premium benefit as part of the death benefit.

PAYMENT: Any amount to be paid at the death of the Insured or any other termination of this policy will be paid in one sum unless otherwise provided. All of this sum may be applied to any Payment Option.

In any settlement of this policy by means of death, the proceeds which are payable to a Beneficiary shall include all premiums for any period beyond the end of the policy month in which death occurred.

Interest on death proceeds shall be payable from the date of death to the date of payment at the rate applicable to this policy for funds left on deposit with us on the date of death. Additional interest, at a rate of 10% will be paid if the death benefit is not paid within 31 calendar days from the latest of:

- (1) Our receipt of due proof of the Insured's death,
- (2) Our receipt of sufficient information to determine the extent of liability and payee; and
- (3) Removal of any legal impediments to payment of proceeds that were dependent upon parties other than us.

Due proof of death shall consist of a certified copy of the death certificate of the Insured or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds.

CLAIMS OF CREDITORS: To the extent allowed by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

ELECTION OF PAYMENT OPTIONS

By Owner: While the Insured is alive, the Owner may elect any payment option. The Owner may change any election if that right has been reserved.

By Beneficiary: At the time proceeds are payable, a Beneficiary may elect or change any payment option if proceeds are available to the Beneficiary in one sum.

Any election or change must be in writing in a form acceptable to us.

PAYMENT OPTIONS

Option 1 – Payment for a Designated Number of Years: Payments will begin on the Option Date. Payments will continue for the number of years elected. The number of years may not exceed 30. Payments may be increased by additional interest.

Guaranteed Minimum Monthly Payment for Each \$1,000 of Proceeds					
Years	Payment	Years	Payment	Years	Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18

Option 2 – Payment of Life Income: Payments will begin on the Option Date. Payments will continue while the beneficiary is alive. The amount of payment will depend on the age and sex of the beneficiary. If the beneficiary is not an individual, the amount of payment will depend on the age and sex of a person chosen by the beneficiary and agreed to by the Company. Payments will continue while the chosen person is alive. Payment will be subject to acceptable proof of age. We may require proof that the person on whom the payment is based is alive when each payment is due. One of the following provisions may be chosen.

- (a) *Life Income, Guaranteed Period* – Payments are guaranteed for 10 or 20 years, as elected, and for life thereafter. During the guaranteed period of 10 or 20 years, the payments may be increased by additional interest.
- (b) *Life Income Only* – Payments will be made only while the person on whom the payments are based is alive.

PAYMENT OF LIFE INCOME OPTIONS

Age of Beneficiary, Last Birthday, When First Payment is Payable	MALE and FEMALE Monthly Payment for Each \$1,000 of Proceeds		
	<i>Life Income, Guaranteed Period</i>		<i>Life Income Only</i>
	10 Years Guaranteed	20 Years Guaranteed	
45	\$3.66	\$3.62	\$3.67
46	3.71	3.66	3.72
47	3.76	3.71	3.78
48	3.81	3.75	3.83
49	3.87	3.80	3.89
50	3.93	3.85	3.95
51	3.99	3.91	4.01
52	4.05	3.96	4.08
53	4.12	4.02	4.15
54	4.19	4.07	4.23
55	4.27	4.13	4.31
56	4.34	4.19	4.39
57	4.43	4.26	4.48
58	4.51	4.32	4.57
59	4.61	4.39	4.67
60	4.70	4.45	4.78
61	4.80	4.52	4.89
62	4.91	4.59	5.01
63	5.03	4.66	5.14
64	5.15	4.73	5.27
65	5.27	4.79	5.42
66	5.40	4.86	5.58
67	5.54	4.93	5.74
68	5.68	4.99	5.92
69	5.83	5.05	6.11
70	5.99	5.11	6.32
71	6.15	5.16	6.53
72	6.32	5.21	6.77
73	6.50	5.26	7.02
74	6.68	5.30	7.29
75	6.86	5.33	7.59
76	7.05	5.37	7.90
77	7.23	5.39	8.24
78	7.42	5.42	8.60
79	7.61	5.44	8.99
80	7.79	5.45	9.41
81	7.97	5.47	9.87
82	8.15	5.48	10.36
83	8.31	5.49	10.88
84	8.47	5.50	11.45
85 and Over*	8.61	5.50	12.06

**Monthly payment rates at other ages available on request.*

Option 3 – Payment of a Designated Amount: The Company will make equal monthly, quarterly, semiannual, or annual payments. The payment elected must be at least \$70 a year for each \$1,000 of proceeds applied. Payments will begin on the Option Date. Payments will continue until the proceeds applied and interest at 3% and any additional interest are exhausted.

Option 4 – Proceeds Left At Interest: For any period agreed on, the proceeds may be left with the Company. Interest on the proceeds will be paid at the guaranteed rate of 3% and may be increased by additional interest. The interest may be paid monthly, quarterly, semiannually, or annually, as elected, or may be left with the Company to accumulate.

Other Payment Options: The Proceeds will be paid in any other manner agreed to by the Company.

More Favorable Payment Amounts: Higher guaranteed minimum payment amounts may be in use at the time proceeds are payable. If so, the more favorable Payment Options will be available.

PAYMENT CONTRACTS:

Issue: When proceeds become payable under a Payment Option, a Payment Contract will be issued to the beneficiary in exchange for this policy. The effective date of a Payment Contract will be the Option Date. At the time proceeds become payable, any benefits provided by a Payment Options below will not be less than those provided by the application of the surrender value to purchase a single consideration immediate annuity at purchase rates offered by us at the time to the same class of annuitants.

CHANGE IN PAYMENT: Change in payment may be made only if it is provided for in the Payment Contract.

WITHDRAWAL OF PROCEEDS: Proceeds may be withdrawn under a Payment Option if provided in the Payment Contract. Under *Option 1 – Payment for a Designated Number of Years*, the sum of the remaining guaranteed payments discounted at an interest rate of 3 1/2% compounded annually, may be withdrawn. Under *Option 3 – Payment of a Designated Amount* and *Option 4 – Proceeds Left at Interest*, all or part of the remaining proceeds and any interest earned but not paid may be withdrawn. Proceeds may not be withdrawn from either of the *Option 2 – Payment of Life Income* options.

DEATH OF BENEFICIARY: If any payments remain to be paid under a Payment Option when the Beneficiary dies, payment will be made according to the terms of the Payment Contract.

AMOUNT REQUIREMENTS FOR PAYMENT OPTIONS AND PAYMENTS: The minimum Proceeds that may be applied for any one Beneficiary or that may remain after a withdrawal under any one Payment Option is \$2,000. Proceeds less than this amount will be paid in one sum to that Beneficiary.

The payment elected under any one Payment Option may not be less than \$20.00.

LIMITATIONS ON WITHDRAWALS AND CHANGES: Any withdrawal or change will be subject to the “Amount Requirements for Payment Options and Payments” provision. We may postpone payment of any withdrawal for not more than six months from the date the written request is received in the Home Office.

All policy benefits remain in force while premiums are waived. Premiums waived shall not be deducted from policy proceeds.

Payment of the premiums when due is required to avoid a lapse of insurance before we approve the claim for the waiver benefit. If we approve the claim for the waiver benefit after the 6 month period of disability, we shall refund the premiums paid after the first of the benefit month on or following the date the Insured's total disability began.

DEFINITION OF TOTAL DISABILITY: For the purposes of waiver of premium, "total disability" or "totally disabled" means that you are under the regular care of a physician, and prevented by injury or physical or mental sickness from performing the material and substantial duties of any occupation for which the Insured is reasonably suited based on their training, education, background or experience.

DEFINITION OF REGULAR CARE: For the purposes of waiver of premium, "regular care" means you personally visit a physician as often as is medically required to effectively manage and treat your disabling condition(s), according to generally accepted medical standards, and you are receiving appropriate treatment and care, according to generally accepted medical standards. Treatment and care for the sickness or injury causing your disability must be given by a physician whose specialty or experience is appropriate.

ITEMS NOT COVERED: Premiums will not be waived if the Insured intentionally caused the totally disabling injury. Premiums will not be waived if total disability results from military service for a country at war, declared or undeclared.

NOTICE AND PROOF OF CLAIM: Written notice of total disability must be sent to us in writing to our Home Office. This notice must be sent while the Insured is alive and before the end of the total disability period for which claim is made. Written proof of total disability must be received by us no later than one year after the date the Insured became totally disabled.

PROOF OF CONTINUED TOTAL DISABILITY: We may from time to time require proof that the Insured is still totally disabled. We may require a physical exam by a physician of our choice. During the first two years of total disability, we cannot require proof of continuing disability more frequently than once every 30 days. After total disability has continued for two years, we cannot require these things more than once a year. Three things may cause you to pay premiums again. (1) The total disability ends. (2) The Insured fails to furnish proof of total disability. (3) The Insured refuses to be examined. Premiums must then be paid as shown in the Policy Schedule.

TOTAL DISABILITY STARTING DURING GRACE PERIOD: Total disability may start during the Grace Period and before the premium is paid. Premiums may still be waived. You must then send the late premium with interest at the time you send proof of total disability. Interest is at the rate of 5% per annum.

TERMINATION: This benefit will terminate for any one of the following reasons: (1) You let the Grace Period expire and don't pay the premiums. This does not apply if premiums are waived. (2) Surrender of the policy. (3) The arrival of the policy anniversary on or following the Insured's 65th birthday.

GENERAL: Premium will be waived on a monthly basis in the amount of 1/12 the annual premium in force at the time of the total disability.

PART G

ACCELERATED BENEFITS

TERMINAL ILLNESS means a medical condition commencing while this policy is in force:

- (1) which is expected to result in the Insured's death within 12 months; and
- (2) from which the Insured is not expected to recover.

THE ACCELERATED BENEFIT: The accelerated benefit is an advance payment to the Owner when:

- (1) the Insured is terminally ill; and
- (2) the Owner elects to receive part of the insurance amount under the policy, subject to the maximum benefit requirements stated below.

We will pay an accelerated benefit when we receive the following:

- (1) a written request for payment of the accelerated benefit; and
- (2) proof that the Insured is terminally ill.

The accelerated benefit will be paid once as a lump sum payment. If the Insured dies after the Owner elects to receive accelerated death benefits but before any such benefits are received, the election shall be cancelled and the death benefit paid pursuant to the policy.

AMOUNT OF ACCELERATED BENEFIT: The maximum accelerated benefit will be equal to the Acceleration Percentage shown in the Policy Schedule, multiplied by the Insurance Amount of the policy, and then reduced by the amount of any unpaid policy loan and loan interest.

WRITTEN REQUEST FOR PAYMENT OF THE ACCELERATED BENEFIT: The Owner must request payment of the accelerated benefit in writing. If the Owner is incompetent, his guardian or legal representative must request payment of the accelerated benefit in writing.

PROOF OF TERMINAL ILLNESS: Proof that the Insured is terminally ill must be given to us. The proof must be certified by a licensed physician and in a form that is satisfactory to us. We are not obligated to ask for any proof. Any delay in submitting proof will not cause a request to be denied so long as the proof is given to us as soon as reasonably possible.

After receipt of such proof, we may require the Insured to be examined by a licensed physician of our choice, at our expense. If there is a disagreement between the two physicians, we may require the Insured to be examined by another licensed physician of our choice, at our expense. The decision of the third physician will be final.

EFFECT OF PAYMENT OF AN ACCELERATED BENEFIT ON PROCEEDS AND GENERAL PROVISIONS: The Insurance Amount of life insurance under this policy will be reduced by the amount of an accelerated benefit paid to you. As a result, the following will be based on such reduced life insurance amount:

- (1) the amount of life insurance payable to the beneficiary when the Insured dies;
- (2) the premiums payable for the Insured's life insurance under the policy after an accelerated benefit is paid;
- (3) the cash value of the policy, if any; and
- (4) any unpaid policy loans.

EXCLUSIONS: We will not pay an accelerated benefit if:

- (1) all or part of the Insured's life insurance under this policy is to be paid to his child(ren) or former spouse as part of a court approved divorce agreement;
- (2) we do not receive written consent by any irrevocable beneficiary; or
- (3) the terminal illness is a result of intentional self-inflicted injury or attempted suicide.

DATE THIS BENEFIT ENDS: This benefit will end at the earliest of:

- (1) the date any accelerated benefit is paid; or
- (2) the date this policy terminates for any reason.

PART H POLICY VALUES

CASH VALUES: This policy may provide a cash value. The cash value at the end of certain policy years, if any, is shown in the "Table of Policy Values" starting on page 4. The cash value at times not shown in the table, if any, will be furnished upon request. The cash value of this policy, if it is continuing under a Surrender Value Option, will be furnished on request. The benefit of the cash value may be obtained from the Company by Policy Loan or election of a Surrender Value Option as described in this section.

POLICY LOANS

Loan Value

The Loan Value of this policy will be the cash value of this policy and the cash value of any riders attached.

The cash value will be calculated as of the next policy anniversary or the next premium due date, whichever is earlier.

Amount of Loan Available

The Amount of Loan Available will be the Loan Value less:

- (1) any due and unpaid premium;
- (2) any existing Policy Loan; and
- (3) any loan interest to the next policy anniversary or the next premium due date, whichever is earlier.

Any due and unpaid premium used in arriving at the Amount of Loan Available will be a Policy Loan subject to loan interest.

Loans and Repayment

The Owner may obtain all or part of the amount of Loan Available by written request to the Home Office. The request must be in a form acceptable to us. This policy assigned to the Company is the only security needed. We may postpone making a Policy Loan for not more than six months from the date the request is received at the Home Office. However, Policy Loans used to pay premiums on policies issued by the Company may not be postponed. We may require this policy for endorsement of a Policy Loan.

A Policy Loan may be repaid in full or in part at the Home Office while this policy is in force if the Insured is alive. The amount repaid may not be less than \$10.00. If this policy is in force under a Surrender Value Option, the amount of loan deducted in determining the Surrender Value may be repaid only if this policy is reinstated.

If this policy provides a cash value, it is possible near the end of the premium paying period for a Policy Loan to exceed the Loan Value. If this should happen, we will inform you of the amount of Policy Loan which must be repaid to prevent termination of policy.

Termination of Policy

If at any time the Policy Loan and loan interest equal or exceed the Loan Value, this policy will terminate without further value. However, in no event, will this policy terminate until 31 days after a notice has been mailed to the last known address of the Owner. A notice will also be mailed to any assignee of record.

Interest on Policy Loans

Interest will be charged on a Policy Loan at the annual Policy Loan Interest Rate of 7.4%. Interest is payable in advance on each Policy Anniversary date. Interest is also payable on the date the loan is repaid. If interest is not paid when due, it will be added to the loan amount and will accrue interest at the same rate.

GUARANTEED SURRENDER VALUE AND OPTIONS

Surrender Value

The Surrender Value of this policy will be:

- (1) the cash value of this policy, not including the cash value of any riders attached, on the date of surrender or the date of the first due and unpaid premium, whichever is later. Within 60 days after the due date of the first unpaid premium, the cash value used in determining the Surrender Value will be the cash value on that premium due date ;

less:

- (2) any Policy Loan and loan interest.

If the policy is surrendered within 30 days of a Policy Anniversary, the surrender value shall not be less than the value on the Policy Anniversary, less any new policy debt accrued after such anniversary.

Election of Surrender Value Options

The Owner may elect a Surrender Value Option not later than 60 days after the due date of the first unpaid premium if the Insured is alive. Election is made by filing a written request at the Home Office. The request must be in a form acceptable to the Company.

Surrender Value Options

The Table of Policy Values starting on page 4 shows the cash value and the amount of Paid-Up Insurance at the end of certain policy years. Values for times not shown are available on request.

Option 1 – Paid in Cash: The Owner may surrender this policy for its Surrender Value. Upon surrender, this insurance terminates. The Surrender Value will be:

- (1) paid in one sum to the Owner; or
- (2) applied under a Payment Option elected by the Owner.

Surrender will be effective on the date the Company has received both this policy and a written request in a form acceptable to the Company. The Company may postpone payment for not more than 6 months from the effective date of surrender.

If the Company postpones payment more than 30 days, interest will be paid on the Surrender Value at the current rate required by law but not less than 3%. The interest will be paid from the date of surrender to the date payment is made.

Option 2 – Paid-Up Insurance: This policy may be continued in force as Paid-Up Insurance. The amount of Paid-Up Insurance will be calculated using the Surrender Value of this policy as a net single premium as of the due date of the first unpaid premium at the then current age of the Insured.

Surrender of Paid-Up Insurance

The Owner may surrender Paid-Up Insurance at any time for the then current value.

If the Paid-Up Insurance is surrendered within 31 days after a policy anniversary, the cash value used in determining the Surrender Value will not be less than the cash value on that anniversary.

Surrender will be effective on the date the Company has received both this policy and a written request in a form acceptable to the Company. The Company may postpone payment for not more than six months.

If the payment is postponed more than 30 days, interest at a rate of not less than 3% will be paid on the Surrender Value. The interest will be paid from the date of surrender to the date payment is made.

Riders

When a Surrender Value Option becomes effective, all benefit riders attached to this policy will terminate unless otherwise provided in the rider.

BASIS OF COMPUTATION: All Policy Values are based on Issue Age, the nonforfeiture interest rate shown in the Policy Schedule, and curtate functions. All nonforfeiture values are based on the 2001 CSO Mortality Table, sex distinct and smoker/nonsmoker. Policy Values for fractions of a year will be calculated with an allowance for the premiums paid and the time elapsed in the policy year.

All Policy Values are determined in accordance with those required by statute of the jurisdiction in which this policy is delivered. A detailed statement of the method of computing Policy Values has been filed with the jurisdiction in which this policy is delivered. The values equal or exceed the minimum values required.

Cash values of Paid-Up Insurance are equal to the net single premiums for the benefit provided.

IMPORTANT NOTICE

The following information is provided to assist you in answering any questions you might have:

Soliciting Agent

The name, address and telephone number of our soliciting agent is available to you, if needed, by calling our Customer Service Department at [501-375-7200].

USAbLe Life

USAbLe Life
[P. O. Box 1650
Little Rock, AR 72203-1650]
Phone [(501) 375-7200 or
Toll Free (800) 648-0271]

If we fail to provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
[1200 West Third Street
Little Rock, AR 72201-1904
Phone (501) 371-2640 or
Toll Free 1-800-852-5494]

We appreciate the opportunity to serve your insurance needs.

POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

Policy Number: [000000000012]	Issue Age: [35]
Insured: [JOHN D Doe]	Sex: [M]
Effective Date: [December 1, 2007]	Rate Class: [Non-Tobacco]
Owner: [JOHN D DOE]	Premium Period: To Age 80
Conversion Period: [The Insured's 75th Birthday]	Expiry Date: [December 1, 2062]
Minimum Conversion Amount: [\$10,000]	
Acceleration Percentage: [50%]	
Beneficiary: As Stated in the Application Unless Subsequently Changed	

Policy or Rider(s)	Insurance Amount or # of Units	Initial Monthly Premiums:	Years Payable
10 Year Term Life Policy	[\$60,000]	[\$17.05]	10 Years*

*Initial monthly premium is payable during the "Years Payable" as shown above. Premiums will increase thereafter as shown in the Term Life Policy Schedule of Renewal Premiums, below.

Total Initial Monthly Premium: [\$40.70]	Total Initial Annual Premiums: [\$488.38]
---	---

Term Life Policy Schedule of Renewal Premiums

Policy Year	Attained Age	Annual Premium
1	[45]	[\$204.60]
11	[55]	[\$499.20]
21	[65]	[\$1270.20]
31	[75]	[\$3305.40]

Jurisdiction of Issue: [Arkansas]

Department Phone Number: [501-371-2640]

Unearned Premium: If premiums are paid in advance and if the Owner cancels this policy, we will refund the unearned part of premiums paid for any period beyond the end of the policy month in which cancellation occurs.

Nonforfeiture Interest Rate: 5%

Policy Fee (included in total premiums): \$36 Annually

TABLE OF POLICY VALUES
10 YEAR TERM LIFE POLICY – [\$60,000]

If All Premiums Due Have Been Paid the Guaranteed Policy Values Will Be:

End of Policy Year	Cash Value	Paid-Up Insurance
[1	\$0.00	\$0.00]
[2	\$0.00	\$0.00]
[3	\$0.00	\$0.00]
[4	\$0.00	\$0.00]
[5	\$0.00	\$0.00]
[6	\$0.00	\$0.00]
[7	\$0.00	\$0.00]
[8	\$0.00	\$0.00]
[9	\$0.00	\$0.00]
[10	\$0.00	\$0.00]
[11	\$0.00	\$0.00]
[12	\$0.00	\$0.00]
[13	\$0.00	\$0.00]
[14	\$0.00	\$0.00]
[15	\$0.00	\$0.00]
[16	\$0.00	\$0.00]
[17	\$0.00	\$0.00]
[18	\$0.00	\$0.00]
[19	\$0.00	\$0.00]
[20	\$0.00	\$0.00]
[Age 60	\$0.00	\$0.00]
[Age 65	\$0.00	\$0.00]

POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

Policy Number: [000000000012]	Issue Age: [35]
Insured: [JOHN D Doe]	Sex: [M]
Effective Date: [December 1, 2007]	Rate Class: [Non-Tobacco]
Owner: [JOHN D DOE]	Premium Period: To Age 80
Conversion Period: [The Insured's 75th Birthday]	Expiry Date: [December 1, 2062]
Minimum Conversion Amount: [\$10,000]	
Acceleration Percentage: [50%]	
Beneficiary: As Stated in the Application Unless Subsequently Changed	

Policy or Rider(s)	Insurance Amount or # of Units	Initial Monthly Premiums:	Years Payable
20 Year Term Life Policy	[\$60,000]	[\$20.70]	20 Years*

*Initial monthly premium is payable during the "Years Payable" as shown above. Premiums will increase thereafter as shown in the Term Life Policy Schedule of Renewal Premiums, below.

Total Initial Monthly Premium: [\$40.70]	Total Initial Annual Premiums: [\$488.38]
---	---

Term Life Policy Schedule of Renewal Premiums

Policy Year	Attained Age	Annual Premium
1	[55]	[\$248.40]
21	[75]	[\$1800.00]

Jurisdiction of Issue: [Arkansas]

Department Phone Number: [501-371-2640]

Unearned Premium: If premiums are paid in advance and if the Owner cancels this policy, we will refund the unearned part of premiums paid for any period beyond the end of the policy month in which cancellation occurs.

Nonforfeiture Interest Rate: 5%

Policy Fee (included in total premiums): \$36 Annually

TABLE OF POLICY VALUES
20 YEAR TERM LIFE POLICY – [\$60,000]

If All Premiums Due Have Been Paid the Guaranteed Policy Values Will Be:

End of Policy Year	Cash Value	Paid-Up Insurance
[1	\$0.00	\$0.00]
[2	\$0.00	\$0.00]
[3	\$0.00	\$0.00]
[4	\$0.00	\$0.00]
[5	\$0.00	\$0.00]
[6	\$0.00	\$0.00]
[7	\$0.00	\$0.00]
[8	\$0.00	\$0.00]
[9	\$0.00	\$0.00]
[10	\$0.00	\$0.00]
[11	\$0.00	\$0.00]
[12	\$0.00	\$0.00]
[13	\$0.00	\$0.00]
[14	\$0.00	\$0.00]
[15	\$0.00	\$0.00]
[16	\$0.00	\$0.00]
[17	\$0.00	\$0.00]
[18	\$0.00	\$0.00]
[19	\$0.00	\$0.00]
[20	\$0.00	\$0.00]
[Age 60	\$0.00	\$0.00]
[Age 65	\$0.00	\$0.00]

POLICY SCHEDULE

This page shows specific information about this policy and is referred to throughout this policy.

Policy Number: [000000000012]	Issue Age: [35]
Insured: [JOHN D Doe]	Sex: [M]
Effective Date: [December 1, 2007]	Rate Class: [Non-Tobacco]
Owner: [JOHN D DOE]	Premium Period: To Age 80
Conversion Period: [The Insured's 75th Birthday]	Expiry Date: [December 1, 2062]
Minimum Conversion Amount: [\$10,000]	
Acceleration Percentage: [50%]	
Beneficiary: As Stated in the Application Unless Subsequently Changed	

Policy or Rider(s)	Insurance Amount or # of Units	Initial Monthly Premiums:	Years Payable
30 Year Term Life Policy	[\$60,000]	[\$30.35]	30 Years*

*Initial monthly premium is payable during the "Years Payable" as shown above. Premiums will increase thereafter as shown in the Term Life Policy Schedule of Renewal Premiums, below.

Total Initial Monthly Premium: [\$40.70]	Total Initial Annual Premiums: [\$488.38]
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Term Life Policy Schedule of Renewal Premiums

Policy Year	Attained Age	Annual Premium
1	[65]	[\$364.20]

Jurisdiction of Issue: [Arkansas]

Department Phone Number: [501-371-2640]

Unearned Premium: If premiums are paid in advance and if the Owner cancels this policy, we will refund the unearned part of premiums paid for any period beyond the end of the policy month in which cancellation occurs.

Nonforfeiture Interest Rate: 5%

Policy Fee (included in total premiums): \$36 Annually

TABLE OF POLICY VALUES

30 YEAR TERM LIFE POLICY – [\$60,000]

If All Premiums Due Have Been Paid the Guaranteed Policy Values Will Be:

End of Policy Year	Cash Value	Paid-Up Insurance
[1	\$0.00	\$0.00]
[2	\$0.00	\$0.00]
[3	\$0.00	\$0.00]
[4	\$0.00	\$0.00]
[5	\$0.00	\$0.00]
[6	\$0.00	\$0.00]
[7	\$0.00	\$0.00]
[8	\$0.00	\$0.00]
[9	\$0.00	\$0.00]
[10	\$0.00	\$0.00]
[11	\$0.00	\$0.00]
[12	\$0.00	\$0.00]
[13	\$0.00	\$0.00]
[14	\$0.00	\$0.00]
[15	\$0.00	\$0.00]
[16	\$0.00	\$0.00]
[17	\$0.00	\$0.00]
[18	\$0.00	\$0.00]
[19	\$0.00	\$0.00]
[20	\$0.00	\$0.00]
[Age 60	\$0.00	\$0.00]
[Age 65	\$0.00	\$0.00]



Office Use Only	
Effective Date	
Policy Number	
Dept./Loc.	

[P.O. Box 1650
Little Rock, Arkansas 72203]

LIFE POLICY APPLICATION & CHANGE FORM

New Application Change Form Reinstatement Policy Replaces Policy No. _____

Proposed Insured

Primary Applicant Child

SECTION 1 - PERSONAL IDENTIFICATION

Name (First, MI, Last)	For Name Change, Give Prior Last Name	Social Security No.
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Home Address	City	State	Zip	County
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Date of Birth	Age	Birth State or Country	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (ft-in)	Weight (lbs.)
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Home Phone () ()	Other Phone () ()	Applicant's email address (if any)
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Occupation	Name of Employer	Type of Business	Base Annual Salary
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1. Are you a US citizen? Yes No 2. If no to question 1, have you been issued a permanent residency VISA? Yes No

3. If yes to question 2, have you lived continuously in the US or Canada for the last 6 months? Yes No

CHILDREN INFORMATION - Complete only if Applying for Children Term Rider

Full Name (First, MI, Last)	Relationship	Date of Birth			Gender	Birth State or Country	Height ft/in	Weight lbs
		mo	day	yr				
a.								
b.								
c.								
d.								
e.								

SECTION 2 - PLAN SELECTION New Applicant Application for Change

CHECK COVERAGE DESIRED:

Term Life coverage available in \$20,000 increments beginning with \$20,000 to a total maximum of [\$100,000] per person.

<input type="checkbox"/> Base Policy ([10] Year Term)	Amount \$ _____	Monthly Premium \$ _____
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Optional Benefits with Base Policy

<input type="checkbox"/> Accidental Death Rider	Amount Applied for same as Base Policy	\$ _____
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<input type="checkbox"/> Child Term Rider	Number of units* _____	\$ _____
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*Maximum of 5 units

TOTAL PREMIUM	\$ _____
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Applicant's Name (Last, First, M.I.)	Social Security No.
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SECTION 3 – Personal Information

1. If over age 17, have you used any tobacco products within the past 12 months? Yes No If Yes, list tobacco products used:

2. If the Policyowner is other than Primary Insured, indicate Owner and relationship to Insured*:

** The Primary Insured will be the owner unless otherwise specified above.*

3. Is the Applicant actively at work on the date of this application and has he/she been actively at work for the 31 days prior to such date?
 Applicant Yes No If "No", give full details. _____

SECTION 4 – BENEFICIARY Name Beneficiary Change of Beneficiary

I hereby revoke the appointment of any existing beneficiary and designate the following beneficiary under this policy.

Name	Birthdate	Relationship	Primary or Contingent	Indicate Percentage
			<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	
			<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent	

Total Primary and Secondary Distribution Must Each Total 100%

SECTION 5 – GENERAL INFORMATION – ALL INSURED

	Yes	No			
1. Has anyone to be insured:					
a. In the past 12 months been hospitalized or treated by a member of the medical profession, including medication, because of sickness or injury (excluding pregnancy, colds, flu, allergies, and back problems)?	<input type="checkbox"/>	<input type="checkbox"/>			
b. Had a blood pressure reading in the past 2 years of greater than 150 over 100? (If yes, list medications taken, medication dosage, and two current blood pressure readings with dates in Additional Data section.)	<input type="checkbox"/>	<input type="checkbox"/>			
c. Been hospitalized for any reason during the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>			
2. Has anyone to be insured ever been diagnosed or treated by a member of the medical profession for any of the following (If Yes, give details in Additional Data Section):					
a. Disease of the heart, blood vessels, or stroke?	<input type="checkbox"/>	<input type="checkbox"/>	g. Disease of the nervous system including epilepsy, myasthenia gravis, paralysis, multiple sclerosis, or Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease)?	<input type="checkbox"/>	<input type="checkbox"/>
b. Lung, liver, pancreas, or blood disorder?	<input type="checkbox"/>	<input type="checkbox"/>	h. Systematic Lupus Erythematosus Disease (SLE)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Cancer, leukemia or any cancer related disease?	<input type="checkbox"/>	<input type="checkbox"/>	i. Asthma, emphysema, chronic obstructive pulmonary disease (COPD)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Acquired Immunodeficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	j. Manic depressive disorder (bipolar) or schizophrenia?	<input type="checkbox"/>	<input type="checkbox"/>
e. Kidney disease, genitourinary disease or disorder, insulin-dependent diabetes, or diabetes diagnosed prior to age 40?	<input type="checkbox"/>	<input type="checkbox"/>	k. Gastrointestinal or digestive disease disorder?	<input type="checkbox"/>	<input type="checkbox"/>
f. Chronic hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	l. Skin, bone, muscle or joint disorder?	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past 5 years, had any disease, disorder, operation or injury other than as state above?	<input type="checkbox"/>	<input type="checkbox"/>			
4. In the past 5 years, been treated for alcoholism or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>			
5. IN the past 2 years, been put on probation or convicted of: a felony; a misdemeanor; driving under the influence (DUI); or driving while intoxicated (DWI)?	<input type="checkbox"/>	<input type="checkbox"/>			
6. Have your parents, brothers, or sisters been diagnosed or treated for cancer, heart trouble, stroke, or diabetes? If "yes", list relative, disorder, age of onset, and age at death in the Additional Data Section.	<input type="checkbox"/>	<input type="checkbox"/>			
7. Within the past 24 months, have you engaged in hang gliding, mountain climbing, flying ultralights, parachuting, sky diving, ballooning, or scuba diving to depths of more than 75 feet? If "yes", provide details in the Additional Data Section.	<input type="checkbox"/>	<input type="checkbox"/>			

Applicant's Name (Last, First, M.I.) _____	Social Security No. _____
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SECTION 5 – GENERAL INFORMATION – ALL INSURED (CONT.)	Yes	No
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8. Within the past 24 months, have you flown as a student pilot or private pilot; engaged in auto, motorcycle, or boat racing; or participated in any similar sport or avocation? If "yes", provide: Type of avocation _____ Number of times per year _____ Number of hours per year _____	<input type="checkbox"/>	<input type="checkbox"/>
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9. Primary Physician's Name: _____ City, State, Zip: _____	Address: _____ Phone #: _____
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Additional Data: Give details to any "Yes" answers to Questions 1 through 7.

Item#	Person	Diagnosis	Date/Duration	Treatment/Result	Name & Address of Physician and/or Hospital

SECTION 6 – AUTHORIZATION	Yes	No
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1. Does any person applying for coverage currently have any existing life insurance policies or annuity contracts with us or any other insurance company? If yes, give name of company, list type of policy and amount of coverage. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
2. REPLACEMENT: Is this insurance to replace or change other insurance? If "Yes", give details including name of company. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

In signing below, I (a) represent that the statements and answers given on all pages of this application are true and complete to the best of my knowledge and belief; (b) state that I read and understood the "Important Note" on page 3 of this application; (c) authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance or reinsurance company, or Medical Information Bureau, Inc. having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USABLE Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (d) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (e) agree that this authorization shall be valid for two (2) years from the date the authorization is signed; (f) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (g) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act, the Notice of Information Practices, and receipt of the required Accelerated Benefit Disclosure. I have read and understand the above statements and agreements. In applying for insurance, I authorize my employer to make necessary payroll deductions to pay for my insurance. I understand failure to disclose a proposed insured person's true health condition may void this policy. I understand that statements and answers in the application are the basis for any policy issued by the company, and that no information about them will be considered to have been given to the company unless it is stated in the application. I understand the agent does not have the USABLE Life's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application or policy. I acknowledge that USABLE Life shall have no liability for any insurance coverage until a policy is issued on this application and accepted by the owner and the first full premium is paid as due while each proposed insured is alive.

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

Signed at _____	City	State	on _____	Month Day Year	
X _____	Signature of Proposed Insured		X _____	Signature of Applicant, Owner, if other than Proposed Insured	

Applicant's Name (Last, First, M.I.)	Social Security No.
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SECTION 6 – AUTHORIZATION (CONT.)

Agent's Statement

To the best of your knowledge, does any person to be insured have any existing life insurance policies or annuity contracts? Yes No
If Yes, the Important Notice Regarding Replacement of Life Insurance must be completed.

I have explained to any person to be insured(s) all exceptions and limitations pertaining to the coverage(s) applied for. I hereby certify that I know nothing affecting the insurability of any person to be insured(s), which is not fully set forth as requested in this application. I have not made, not agreed to make, any rebate for insurance. I further certify that I am a licensed agent in the state where this application is taken. I have truly and accurately recorded the information supplied by the applicant and provided the applicant with the required Accelerated Benefit Disclosure.

Agent's Signature	Date	Agency	Phone Number
Agent's Printed name	Agent's License ID Number	Email Address	

Date Received Home Office



Disclosure for Accelerated Benefit

This disclosure provides a very brief description of the important features of your Accelerated Benefit. 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 US Able Life. It is, therefore, important that you **READ YOUR POLICY CAREFULLY**.

ACCELERATED BENEFIT PLAN

The accelerated benefit is advance payment of part of the life insurance amount under the policy, subject to the maximum benefit requirements stated below. You may request payment of an accelerated benefit in the event that the insured is diagnosed with a terminal illness which is expected to result in his death within 12 months, and from which he is not expected to recover.

The receipt of accelerated benefit payments may adversely affect the insured's eligibility for Medicaid or other government benefits or entitlements.

On Your Tax Status: The payment of an accelerated benefit may result in a taxable event to you. You should consult a tax advisor before requesting such benefit payment.

Amount of Accelerated Benefit: The accelerated benefit will be paid once and in one lump sum to you. The maximum accelerated benefit will be 50% of the face amount shown in the policy schedule reduced by the amount of any unpaid policy loan and loan interest.

EFFECT OF PAYMENT OF AN ACCELERATED BENEFIT ON THE DEATH BENEFIT

On Policy Provisions: The amount of life insurance under the policy will be reduced by the amount of an accelerated benefit paid to you. As a result, the following will be based on such reduced life insurance amount:

- (1) the amount of insurance payable to the beneficiary when the insured dies;
- (2) the premiums payable for the life insurance under the policy after an accelerated benefit is paid;
- (3) the cash value of the policy, if any; and
- (4) any unpaid policy loans.

If an accelerated benefit is paid, a Benefit Payment Notice will be provided to you.

Sample Illustration of Death Benefit and Premium Reduction – 10 Year Term Life Policy

- Assumptions:
- Issued to an age 35 male, non-tobacco user
 - The life insurance amount is \$60,000
 - The gross annual premium is \$167.04
 - After 20 years, a \$30,000 accelerated benefit is exercised

Illustration: The following table illustrates the policy status before and after the benefit

amount is paid:

	BEFORE	AFTER
Gross Annual Premium	\$167.04	\$83.52
Insurance Face Amount	\$60,000.00	\$30,000.00

EXCLUSIONS

We will not pay an accelerated benefit if:

- (1) the owner has made an absolute assignment of the life insurance under the policy;
- (2) all or part of the insured's life insurance under the policy is to be paid to his child(ren) or former spouse as part of a court approved divorce agreement;
- (3) we do not receive written consent by any irrevocable beneficiary; or
- (4) the terminal illness is a result of intentional self-inflicted injury or attempted suicide.

DATE THE ACCELERATED BENEFIT ENDS

The Accelerated Benefit will end at the earliest of:

- (1) the date the accelerated benefit is paid;
- (2) the date the policy cancels; or
- (3) the policy anniversary on or following the insured's attainment of age 75.



[320 West Capitol • P.O. Box 1650 • Little Rock, AR 72203-1650]
[(501) 375-7200 • (800) 648-0271]

ACCELERATED DEATH BENEFIT PAYMENT NOTICE

IMPORTANT NOTICE: The Insurance Amount of life insurance of the policy will be reduced if an accelerated benefit payment is made. Accelerated benefits paid under the policy may be taxable. As with all tax matters, You should consult a tax advisor to assess the impact of any accelerated death benefit.

Receipt of an accelerated benefit payment may affect your eligibility for government programs such as Medicaid or other benefits under state or federal benefit programs.

ACCELERATED DEATH BENEFIT PAYMENT

You have requested an accelerated benefit payment. This notice shows the effect the accelerated benefit payment will have on your policy.

EFFECT OF PAYMENT OF AN ACCELERATED BENEFIT ON PROCEEDS AND GENERAL PROVISIONS: The Insurance Amount of life insurance under the policy will be reduced by the amount of an accelerated benefit paid to you. As a result, the following will be based on such reduced life insurance amount:

- (1) the amount of life insurance payable to the beneficiary when the Insured dies;
- (2) the premiums payable for the Insured's life insurance under the policy after an accelerated benefit is paid;
- (3) the cash value of the policy, if any; and
- (4) any unpaid policy loans.

Prepared for: [John D. Doe]

Date Prepared: [January 1, 2020]

Policy Number [000000000012]

ACCELERATED DEATH BENEFIT COMPARISON

POLICY STATUS BEFORE AND AFTER ELECTION:

Accelerated benefit amount requested: [\$30,000]

POLICY STATUS BEFORE AND AFTER ELECTION:

	BEFORE	AFTER
Face Amount	[\$60,000.00]	[\$30,000.00]
Premium [annual]	[\$167.04]	[\$83.52]
Cash Value	[\$0.00]	[\$0.00]
Policy Loans	[\$0.00]	[\$0.00]

ACKNOWLEDGMENT

I/We, the undersigned, hereby acknowledge that I/we have received and read the above Accelerated Death Benefit Payment Notice and the attached Accelerated Death Benefit Comparison.

Owner's Signature

Date

SERFF Tracking Number: FRCS-128084713

State: Arkansas

Filing Company: US Able Life

State Tracking Number:

Company Tracking Number: 5579

TOI: L041 Individual Life - Term

Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Individual Term

Project Name/Number: US Able/69/69

Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR CoC.pdf

AR RDB.pdf

Auth_1-3-12.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Application

Comments:

Please see the Form Schedule tab.

Item Status:

**Status
Date:**

Satisfied - Item: Life & Annuity - Actuarial Memo

Comments:

Attachment:

AR Actuarial memo.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

AR SOV.pdf

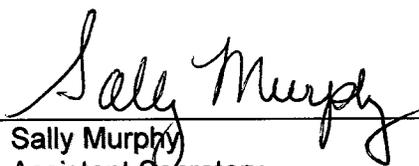
**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: USAble Life

Form Title(s): Term Life Policy
10 Year Schedule Page
20 Year Schedule Page
30 Year Schedule Page
Life Policy Application & Change Form
Accelerated Benefit Disclosure
Accelerated Benefit Notice

Form Number(s): TL-R (AR) (11-11)
TL-R (AR) (11-11) (10)
TL-R (AR) (11-11) (20)
TL-R (AR) (11-11) (30)
LAPP-R (AR) (11-07)
TL-ABD-R (11-11)
TL-ABCD-R (11-11)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Sally Murphy
Assistant Secretary

February 6, 2012

Date

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: USABLE Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
TL-R (AR) (11-11)	57.6
TL-R (AR) (11-11) (10)	68.7
TL-R (AR) (11-11) (20)	68.7
TL-R (AR) (11-11) (30)	68.7
LAPP-R (AR) (11-07)	50.5
TL-ABD-R (11-11)	59.9
TL-ABCD-R (11-11)	66.7



 Sally Murphy
 Assistant Secretary

February 6, 2012

Date



January 3, 2012

Date

To The Insurance Commissioner

AUTHORIZATION

This letter, or a copy thereof, authorizes the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, and its employees, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

US Able Life

Company

Signature: _____

A handwritten signature in cursive script, appearing to read 'Zane Chrisman', is written over a horizontal line.

Name: _____
Zane Chrisman

Title: _____
Regulatory Counsel

STATEMENT OF VARIABILITY

Form Numbers TL-R (AR) (11-11), TL-R (AR) (11-11) (10), TL-R (AR) (11-11) (20), TL-R (AR) (11-11) (30), LAPP-R (AR) (11-07)

Policy Form TL-R (AR) (11-11)

Cover page:

1. Company address and phone number are bracketed to allow for change if contact information changes.
2. Policy Number is "John Doe" information and will vary by individual insured.
3. Insured is "John Doe" information and will show name of insured.
4. Owner is "John Doe" information and will show name of owner.
5. Effective Date will show the effective date for the individual policy.
6. Officer signatures may vary if officers change.

Page 5:

1. Definition of "Home Office": Company address is bracketed to allow for change.

Page 19:

1. Company's customer service phone number is bracketed to allow for change in phone number.
2. Company's address and phone number are bracketed to allow for change if contact information change.
3. Contact information for Arkansas Insurance Department, the Company's domicile state, is bracketed should the department contact information change.

Data pages TL-R (AR) (11-11) (10), TL-R (AR) (11-11) (20), TL-R (AR) (11-11) (30)

Page 3:

1. Policy Number is "John Doe" information and will vary by individual insured.
2. Issue Age is "John Doe" information and will show insured's age at issue. Issue ages are 18 to 70 for the 10 year plan, 18 to 60 for the 20 year plan, and 18 to 50 for the 30 year plan.
3. Insured is "John Doe" information and will show name of insured
4. Sex will show "M" or "F"
5. Effective Date will show the effective date for the individual policy.
6. Rate Class will show "Tobacco" or "Non-Tobacco"
7. Owner is "John Doe" information and will show name of owner.
8. Conversion Period will show "The Insured's 75th birthday" or may show a specific date equivalent.
9. Expiry Date will show the policy anniversary following the insured's 80th birthday.
10. Minimum Conversion Amount will show between \$10,000 and \$100,000.
11. Acceleration Percentage will show either 50% or 75% as elected by owner.
12. 10 year Term Life Policy
 - a. Insurance Amounts will show face amount elected by Owner. It will be between \$25,000 and \$500,000.
 - b. Initial Monthly Premium is "John Doe" information and will vary based on face amount, issue age, rate class and gender.
13. Accidental Death Benefit Rider
 - a. Entire entry will be deleted if rider is not elected.
 - b. Insurance amount will show value elected by owner. It will be between \$25,000 and \$500,000.
 - c. Initial Monthly Premium is "John Doe" information and will vary based on face amount and issue age.
14. Children Term Life Rider
 - a. Entire entry will be deleted if rider is not elected.
 - b. Number of units will show between 2 and 10 units, as elected by owner.
 - c. Initial Monthly Premium is "John Doe" information and will vary based on number of units.
15. Total Initial Monthly Premium is "John Doe" information and will vary based on face amount, issue age, rate class, riders elected and gender.

16. Total Initial Annual Premium is "John Doe" information and will vary based on face amount, issue age, rate class, riders elected and gender.
17. Term Life Policy Schedule of Renewal Premiums:
 - a. Attained age will show relevant attained ages. These will be based on issue age and will be listed in 10, 20 or 30 year increments depending upon the term period.
 - b. Annual premium is "John Doe" information and will vary based on face amount, issue age, rate class, riders elected and gender.
18. Jurisdiction of issue will show name of state where policy is issued.
19. Department phone number will show the phone number for the insurance department in the jurisdiction of issue.

Page 4:

1. Table of Policy Values:
 - a. Below title, face amount is bracketed and will reflect amount of insurance for policy corresponding with the amount shown on page 3.
 - b. Values are "John Doe" information and will be based on face amount, issue age, rate class and gender. If cash values are not generated in policy, all values will be zero.

LAPP-R (AR) (11-07)

1. Company address is bracketed to allow for change if contact information changes.