

SERFF Tracking Number: AMLC-128395039 State: Arkansas  
Filing Company: Globe Life and Accident Insurance Company State Tracking Number:  
Company Tracking Number: GLCCADR  
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
Product Name: Common Carrier Death Benefit Rider  
Project Name/Number: Common Carrier Death Benefit Rider/GLCCADR

## Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Common Carrier Death Benefit SERFF Tr Num: AMLC-128395039 State: Arkansas  
Rider

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: GLCCADR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Mary Johnson

Disposition Date: 05/29/2012

Date Submitted: 05/23/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Common Carrier Death Benefit Rider

Project Number: GLCCADR

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Discretionary

Filing Status Changed: 05/29/2012

State Status Changed: 05/29/2012

Created By: Mary Johnson

Corresponding Filing Tracking Number:

Filing Description:

NAIC: 290-91472

FEIN: 63-0782739

RE: Accidental Death Benefit Rider Form GLCCADR

Actuarial Memorandum

Readability Certification

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/03/2012

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Mary Johnson

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Attached for your review and approval is a copy the above mentioned form GLCCADR, Common Carrier Accidental Death Benefit rider that is being submitted for general use with our Group Term Group Certificate/or Individual Whole Life policy(ies) portfolio, and has never been filed.

This rider does not contain any unusual or unorthodox provisions or wording. The readability certification form is enclosed.

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

1. This rider conforms to all insurance statutes and department requirements of your jurisdiction.
2. This rider contains no provisions previously disapproved by your department.
3. The form has been filed in Nebraska, our state of domicile, and has been filed in all jurisdictions

State Narrative:

## Company and Contact

### Filing Contact Information

Mary Johnson, Compliance Analyst mjohanson@torchmarkcorp.com  
 3700 S. Stonebridge Drive 214-544-5335 [Phone]  
 McKinney, TX 75070 972-569-3728 [FAX]

### Filing Company Information

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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form x 1 = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Globe Life and Accident Insurance Company \$50.00 05/23/2012 59363091

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/29/2012	05/29/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Actuarial Memorandum	Mary Johnson	05/23/2012	05/23/2012
Supporting Document	Statement of Variability	Mary Johnson	05/23/2012	05/23/2012
Form	Common Carrier Accidental Death Benefit Rider	Mary Johnson	05/23/2012	05/23/2012

*SERFF Tracking Number:*      *AMLC-128395039*                      *State:*                      *Arkansas*  
*Filing Company:*              *Globe Life and Accident Insurance Company*      *State Tracking Number:*  
*Company Tracking Number:*      *GLCCADR*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium*  
*Product Name:*                      *Common Carrier Death Benefit Rider*  
*Project Name/Number:*              *Common Carrier Death Benefit Rider/GLCCADR*

## **Disposition**

Disposition Date: 05/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Actuarial Memorandum		No
Form (revised)	Common Carrier Accidental Death Benefit Rider		Yes
Form	Common Carrier Accidental Death Benefit Replaced Rider		Yes

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**Amendment Letter**

Submitted Date: 05/23/2012

**Comments:**

I noticed in revisiting another submission, that the actuarial memorandum also needed to be added.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Actuarial Memorandum**

Comment:

GLCCADR Actuarial Memorandum.pdf

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**Amendment Letter**

Submitted Date: 05/23/2012

**Comments:**

Statement of Variability has also been added.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

GLCCADR SOV.pdf

SERFF Tracking Number: AMLC-128395039 State: Arkansas  
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**Amendment Letter**

Submitted Date: 05/23/2012

**Comments:**

Inadvertently attached the incorrect form

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GLCCADR	Policy/Contract/Fraternal Certificate: Amendment, Death Insert Page, Endorsement or Rider	Common Carrier Accidental Death Benefit Rider	Initial					GLCCADR(1).pdf

SERFF Tracking Number: AMLC-128395039 State: Arkansas  
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 Product Name: Common Carrier Death Benefit Rider  
 Project Name/Number: Common Carrier Death Benefit Rider/GLCCADR

## Form Schedule

Lead Form Number: GLCCADR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GLCCADR	Policy/Contract	Common Carrier Accidental Death Benefit Rider	Initial			GLCCADR(1).pdf
		Certificate:					
		Amendment, Insert					
		Page,					
		Endorsement or Rider					

**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY**  
GLOBE LIFE CENTER \* OKLAHOMA CITY, OKLAHOMA 73184 \* (405) 270-1400

**COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER**  
Forming a part of any Policy or Certificate to which it is attached

Effective the date shown below (or the Date of Issue of the Policy or Certificate), We have issued this rider for Your policy or certificate. Please keep this agreement with Your policy or certificate number as shown.

INSURED: [John Doe]

COMMON CARRIER ACCIDENTAL  
DEATH BENEFIT: [\$1,000,000]

POLICY OR CERTIFICATE NO: [00-1234567]

ANNUAL PREMIUM OF RIDER: [\$3.00]

DATE OF ISSUE: [05/01/12]

POLICY EXPIRES AT AGE: [100]

We agree to pay the Beneficiary the Common Carrier Accidental Death Benefit stated above if:

1. This rider is in force,
2. We receive due proof of the Insured's Accidental Death at Our Administrative Offices in Oklahoma City, Oklahoma.
3. The Insured's Accidental Death is a direct result of a collision, crash, burning or sinking of a duly licensed Common Carrier while the Insured is riding as a fare paying passenger inside such Common Carrier.

Such payment is subject to the provisions of this rider. The Common Carrier Accidental Death Benefit is in addition to other sums due under the policy or certificate. The Common Carrier Accidental Death Benefit will decrease by 50% on the Policy or certificate Anniversary following the Insured's 70th birthday with no change in premium.

**DEFINITIONS:**

**ACCIDENTAL DEATH:** Accidental Death means death:

1. As a direct result of bodily injury sustained by the Insured independent of disease or bodily infirmity; and
2. Within 90 days of such bodily injury; and
3. Which does not result:
  - a. from a war or act of war, whether declared or not;
  - b. while the Insured is committing or attempting to commit an assault or felony;
  - c. while the Insured is acting as other than a fare paying passenger on the Common Carrier;
  - d. from travel on a Common Carrier that does not depart from or arrive within the United States or Canada;
  - e. while the Insured is a resident outside of the United States or Canada.

**COMMON CARRIER:** Common Carrier means a public conveyance which is:

1. licensed to transport passengers for hire; and
2. provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with a definite regularly published schedule of departures and arrivals between established and recognized points of departure and arrival, and
3. provided and operated under a valid common carrier license issued by a duly constituted authority having jurisdiction in the state or country in which said conveyance operates at the time of its collision, crash, burning or sinking.

The following modes of transportation are specifically excluded under Common Carrier:

1. chartered transportation, including buses, airplanes, helicopters and boats
2. taxis, limousines and shuttle services
3. school buses and vans.

**GENERAL PROVISIONS:**

**AUTOPSY:** We may ask for an autopsy unless prohibited by law. We will pay for the autopsy.

**NONPARTICIPATING:** This contract does not participate in Our surplus or earnings.

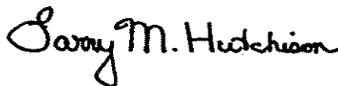
**TERMINATION OF RIDER:** This rider will end without notice when the first of these occurs:

1. The attached policy or certificate is surrendered, or lapsed or expires.
2. You do not pay the premium for the attached policy or certificate or for this rider when due or within the grace period.
3. The attached policy or certificate expires at age shown above.
4. You convert the attached policy or certificate.
5. You ask Us in writing to cancel this rider and send the policy or certificate for endorsement. You must make the request within 31 days after a premium due date.

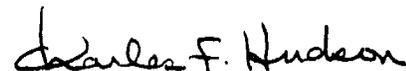
**PAYMENT OF PREMIUMS:** The Annual premium for this rider is shown either above or in the Policy or certificate Specifications. The consideration for this rider is the attached application, if any, and the first premium. The premiums for this rider do not increase any guaranteed values in the attached policy or certificate.

**EFFECTIVE DATE:** This rider is effective from the Date of Issue of the attached policy or certificate unless stated otherwise above.

**OTHER COVERAGE WITH THIS COMPANY OR ITS AFFILIATES:** If an Insured is insured under more than one accidental death policy, certificate, rider or endorsement in effect with Us or any Torchmark Corporation affiliate at the time of the Insured's Accidental Death, the total amount of Common Carrier Accidental Death Benefit payable for such Insured's Accidental Death is limited to \$1,000,000. Any Common Carrier Accidental Death Benefit in excess of \$1,000,000 will be void and all premiums paid for such excess shall be returned to your beneficiary.



Secretary



President

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## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> GLCCADR SOV.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Actuarial Memorandum		
<b>Comments:</b>		
<b>Attachment:</b> GLCCADR Actuarial Memorandum.pdf		

# GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

## READABILITY CERTIFICATION

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

	<u>FORM</u>	<u>SCORE</u>
RIDER	GLCCADR	58.0

May 23, 2012

Date



Michael J. Gaisbauer, Vice President

# Statement of Variability

## Globe Common Carrier ADB Rider Form GLCCADR

Available Values for bracketed/variable sections of this form:

Insured

Insured's name

Policy or Certificate No.

Alpha-numerical policy or certificate number of the base policy (to which this rider is attached)

Date of Issue

The Date the Rider's coverage begins

Common Carrier Accidental Death Benefit

Amount of coverage for accidental death. (\$1,000 - \$2,000,000)

Annual Premium of Rider

The annual amount of premium required 1 year of ADB coverage

Policy Expires at Age

Insured's age at the time the base policy (to which this rider is attached) expires

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/22/2012	Form	Common Carrier Accidental Death Benefit Rider	05/23/2012	GLCCADR.pdf (Superceded)

**GLOBE LIFE AND ACCIDENT INSURANCE COMPANY**  
GLOBE LIFE CENTER \* OKLAHOMA CITY, OKLAHOMA 73184 \* (405) 270-1400

**COMMON CARRIER ACCIDENTAL DEATH BENEFIT RIDER**  
Forming a part of any Policy or Certificate to which it is attached

Effective the date shown below (or the Date of Issue of the Policy or Certificate), We have issued this rider for Your policy or certificate. Please keep this agreement with Your policy or certificate number as shown.

INSURED: [John Doe]

COMMON CARRIER ACCIDENTAL  
DEATH BENEFIT: [\$1,000,000]

POLICY OR CERTIFICATE NO: [00-1234567]

ANNUAL PREMIUM OF RIDER: [\$3.00]

DATE OF ISSUE: [05/01/12]

POLICY EXPIRES AT AGE: [100]

We agree to pay the Beneficiary the Common Carrier Accidental Death Benefit stated above if:

1. This rider is in force,
2. We receive due proof of the Insured's Accidental Death at Our Administrative Offices in Oklahoma City, Oklahoma.
3. The Insured's Accidental Death is a direct result of a collision, crash, burning or sinking of a duly licensed Common Carrier while the Insured is riding as a fare paying passenger inside such Common Carrier.

Such payment is subject to the provisions of this rider. The Common Carrier Accidental Death Benefit is in addition to other sums due under the policy or certificate. The Common Carrier Accidental Death Benefit will decrease by 50% on the Policy or certificate Anniversary following the Insured's 70th birthday with no change in premium.

**DEFINITIONS:**

**ACCIDENTAL DEATH:** Accidental Death means death:

1. As a direct result of bodily injury sustained by the Insured independent of disease or bodily infirmity; and
2. Within 90 days of such bodily injury; and
3. Which does not result:
  - a. from a war or act of war, whether declared or not;
  - b. while the Insured is committing or attempting to commit an assault or felony;
  - c. while the Insured is acting as other than a fare paying passenger on the Common Carrier;
  - d. from travel on a Common Carrier that does not depart from or arrive within the United States or Canada;
  - e. while the Insured is a resident outside of the United States or Canada.

**COMMON CARRIER:** Common Carrier means a public conveyance which is:

1. licensed to transport passengers for hire; and
2. provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with a definite regularly published schedule of departures and arrivals between established and recognized points of departure and arrival, and
3. provided and operated under a valid common carrier license issued by a duly constituted authority having jurisdiction in the state or country in which said conveyance operates at the time of its collision, crash, burning or sinking.

The following modes of transportation are specifically excluded under Common Carrier:

1. chartered transportation, including buses, airplanes, helicopters and boats
2. taxis, limousines and shuttle services
3. school buses and vans.

**GENERAL PROVISIONS:**

**AUTOPSY:** We may ask for an autopsy unless prohibited by law. We will pay for the autopsy.

**NONPARTICIPATING:** This contract does not participate in Our surplus or earnings.

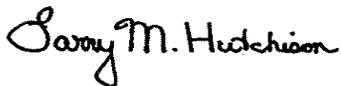
**TERMINATION OF RIDER:** This rider will end without notice when the first of these occurs:

1. The attached policy or certificate is surrendered, or lapsed or expires.
2. You do not pay the premium for the attached policy or certificate or for this rider when due or within the grace period.
3. The attached policy or certificate expires at age shown above.
4. You convert the attached policy or certificate.
5. You ask Us in writing to cancel this rider and send the policy or certificate for endorsement. You must make the request within 31 days after a premium due date.

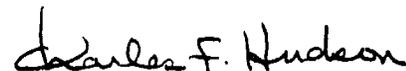
**PAYMENT OF PREMIUMS:** The Annual premium for this rider is shown either above or in the Policy or certificate Specifications. The consideration for this rider is the attached application, if any, and the first premium. The premiums for this rider do not increase any guaranteed values in the attached policy or certificate.

**EFFECTIVE DATE:** This rider is effective from the Date of Issue of the attached policy or certificate unless stated otherwise above.

**OTHER COVERAGE WITH THIS COMPANY OR ITS AFFILIATES:** If an Insured is insured under more than one accidental death policy, certificate, rider or endorsement in effect with Us or any Torchmark Corporation affiliate at the time of the Insured's Accidental Death, the total amount of Common Carrier Accidental Death Benefit payable for such Insured's Accidental Death is limited to \$1,000,000. Any Common Carrier Accidental Death Benefit in excess of \$1,000,000 will be void and all premiums paid for such excess shall be returned to your beneficiary.



Secretary



President