

SERFF Tracking Number: HULI-128326974 State: Arkansas  
Filing Company: Heritage Union Life Insurance Company State Tracking Number:  
Company Tracking Number: TL65E-AR  
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Term Life Insurance Policy  
Project Name/Number: /TL65E

## Filing at a Glance

Company: Heritage Union Life Insurance Company

Product Name: Term Life Insurance Policy SERFF Tr Num: HULI-128326974 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: TL65E-AR State Status: Approved-Closed  
Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Author: Jan Spoede

Date Submitted: 06/06/2012

Reviewer(s): Linda Bird

Disposition Date: 06/11/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number: TL65E

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Minnesota, the  
domiciliary state, is part of a compact filing now  
pending with the ICC.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/11/2012

State Status Changed: 06/11/2012

Deemer Date:

Submitted By: Jan Spoede

Filing Description:

TL65E, Term Life Insurance Policy

DERDR, Debt Rider

S5EAPP, Application

Created By: Jan Spoede

Corresponding Filing Tracking Number:

TL65E is a term life insurance policy. This is a level premium, decreasing term life insurance policy to age 65. This term life insurance product is marketed under the product name, SalaryShield Elite. It allows the applicant to select a monthly

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death benefit based on their current salary to be paid to the named beneficiary. The monthly benefit will be paid until the insured would have reached age 65.

This product will be marketed through both the agent channel and the direct response channel. This product will not be marketed with an illustration.

Premiums are payable until the expiration date. The policy proceeds are payable upon death before the expiration date.

DERDR is a decreasing death benefit term insurance rider. It is payable in one lump sum upon due proof of the Insured's death. This rider does not provide cash or loan values. The Rider is a part of the Policy. All terms and conditions of the Policy apply to this Rider unless otherwise noted in the Rider. The filing contains no unusual or controversial items from normal Company or industry standards.

SSEAPP is the application that will be used with this policy form. In Question 10, if the proposed insured answers yes to the question, a drop down questionnaire will ask more specific questions. It is the last page of the application.

The filing contains no unusual or controversial items from normal Company or industry standards.

State Narrative:

## Company and Contact

### Filing Contact Information

Jan Spoede, Senior Associate, Compliance jspoede@texaslife.com  
 P.O. Box 830 800-283-9233 [Phone] 6371 [Ext]  
 Waco, TX 76703 254-745-6355 [FAX]

### Filing Company Information

Heritage Union Life Insurance Company	CoCode: 62421	State of Domicile: Minnesota
187 Danbury Road	Group Code:	Company Type: Life & Health Insurer
Riverview Building, 3rd Floor	Group Name:	State ID Number:
Wilton, CT 06897	FEIN Number: 41-0880965	
(203) 762-4476 ext. [Phone]		

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## Filing Fees

SERFF Tracking Number: HULI-128326974 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$150.00  
Retaliatory? No  
Fee Explanation: AR requires \$50.00 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Heritage Union Life Insurance Company	\$150.00	06/06/2012	59721508

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/11/2012	06/11/2012

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Fixed/Indeterminate Premium - Single Life  
Product Name: Term Life Insurance Policy  
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## Disposition

Disposition Date: 06/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HULI-128326974 State: Arkansas  
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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
Form	Term Life Insurance Company		Yes
Form	DECREASING DEATH BENEFIT TERM INSURANCE RIDER		Yes
Form	Electronic Application		Yes

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## Form Schedule

Lead Form Number: TL65E-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TL65E-AR	Policy/Cont Term Life Insurance ract/Fratern Company al Certificate	Initial		51.400	AR_TL65E_A R 20120507[1]. pdf
	DERDR	Policy/Cont DECREASING ract/Fratern DEATH BENEFIT al TERM INSURANCE Certificate: RIDER Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.400	DERDR_2012 20507[1].pdf
	S5EAPP	Application/ Electronic Application Enrollment Form	Initial		58.300	SalaryShield_ Application_w ith dropdown201 20527[1].pdf

# Heritage Union Life Insurance Company

A Stock Company

[Home Office: 187 Danbury Road, Wilton CT, 06897]

[Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214]

[Customer Service: 1.866.215.5343]

[www.salaryshield.com](http://www.salaryshield.com)

We agree to pay the Policy Proceeds if the Insured dies before the Expiration Date while this Policy is in force subject to all Policy provisions. Payment will be made upon receipt at Our Administrative Office of due proof of the Insured's death that is satisfactory to Us.

This Policy is issued in consideration of the application and payment of the first premium. While the Insured is alive, premiums must be paid as shown on the Policy Schedule until the Expiration Date.

**THIS IS A LEGAL CONTRACT – READ IT CAREFULLY**

**IMPORTANT NOTICE – RIGHT TO CANCEL**

**This Policy may be cancelled within 30 days after You receive it by returning it to Our Administrative Office, or by mailing or returning it to the agent from whom it was purchased, if any. We will return all payments made for this Policy and cancel the Policy as of the Policy Date.**

Issued and signed for Heritage Union Life Insurance Company,  
a Minnesota domestic life insurance company



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**Chris Stroup**  
Chairman and CEO



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**Ray Eckert**  
President

**LEVEL PREMIUM  
DECREASING TERM LIFE INSURANCE TO AGE 65  
PREMIUMS PAYABLE TO EXPIRATION DATE  
POLICY PROCEEDS PAYABLE UPON DEATH BEFORE EXPIRATION DATE  
NON-PARTICIPATING NON-CONVERTIBLE**

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Copies of applications, endorsements and/or riders.

**POLICY SCHEDULE**

<b>FORM NO.</b>	<b>DESCRIPTION OF BENEFITS</b>	<b>ANNUAL PREMIUM</b>
TL65E	DECREASING TERM LIFE TO AGE 65	[\$ 241.92]
<b>TOTAL ANNUAL PREMIUM:</b>		[\$ 241.92]
<b>MODE PREMIUM:</b>	[\$ 20.16 MONTHLY]	
<b>MONTHLY DEATH BENEFIT until Policy Anniversary Age 65:</b>		[\$ 1,000.00]

**INSURED:** [JOHN DOE]

**POLICY NUMBER:** [W123456789]

**POLICY ISSUE AGE/SEX:** [35M]

**POLICY DATE:** [AUGUST 1, 2012]

**PREMIUM CLASS:** [PREFERRED NON-TOBACCO]

**EXPIRATION DATE:** [AUGUST 1, 2042]

**OWNER:** [JANE DOE]

**BENEFICIARY:** As designated in the application unless changed as provided by the Policy

**MODAL PREMIUM:**

**Frequency**

ANNUAL  
SEMI-ANNUAL  
QUARTERLY  
MONTHLY

**Term Policy Premium**

[\$241.92]  
[\$120.96]  
[\$ 60.48]  
[\$ 20.16]

YOU MAY DIRECT QUESTIONS CONCERNING THIS COMPANY OR THIS PRODUCT BY CONTACTING THE INSURANCE REGULATORY AUTHORITY FOR YOUR STATE. THE PHONE NUMBER FOR YOUR STATE INSURANCE DEPARTMENT IS: **[STATE NAME TOLL FREE NUMBER]**

## SECTION 1 – DEFINITIONS

**Assign** – means to transfer Your rights as the Owner of this Policy. If You transfer all of Your rights irrevocably, the Assignment is absolute. If You transfer all or some of Your rights as the Owner of this Policy as security for a loan, but on the condition that they return the Policy to You once the debt is paid, then the Assignment is collateral.

**Beneficiary** – means the person(s) or entity designated to receive Policy Proceeds at the time of the Insured's death.

**Discount Rate** – is the interest rate used to determine the present value of a stream of Policy payments.

**Endorsement or Rider** – is a form which amends this Policy or which provides additional benefits. When an Endorsement or Rider is attached to this Policy it becomes a part of this Policy and is subject to all of the Policy terms unless We state otherwise in the Endorsement or Rider.

**Expiration Date** – is the date on which the insurance coverage under this Policy ends. The Expiration Date is shown on the Policy Schedule.

**Grace Period** – is the period after a Premium Due Date during which We will accept premiums to keep the Policy in force.

**He** – is used to mean "he" or "she."

**His** – is used to mean "his" or "hers."

**Insured** – is the person whose life is covered under this Policy.

**Owner** – is the person who may exercise the rights of this Policy.

**Policy** – means this written description of coverage provided to You by Us. This Policy is a legal contract.

**Policy Anniversary** – is the same day and month as the Policy Date for each subsequent year this Policy is in force.

**Policy Anniversary Age** – is the Insured's age on his or her last birthday prior to the Policy Anniversary.

**Policy Date** – is the date on which this Policy is issued and the insurance coverage becomes effective.

**Policy Issue Age** – is the Insured's age on his or her last birthday prior to the Policy Date.

**Policy Months and Policy Years** – refer to the months and years during which this Policy is in force. Policy Months and Policy Years are measured from the Policy Date.

**Policy Proceeds** – is the amount payable to the Beneficiary upon due proof of the Insured's death that is satisfactory to Us.

**Premium Due Date** – is the date premiums, other than the first, must be paid. If the annual mode of premium payment is chosen, the Premium Due Dates are the Policy Anniversaries. If a monthly, quarterly, or semi-annual mode of premium payment is chosen, the Premium Due Dates are, respectively, every 1 month, 3 months, or 6 months from the Policy Date. The first Premium Due Date is measured from the Policy Date. All following Premium Due Dates are measured from the immediately preceding Premium Due Date.

**We, Us, Our, Ours** – means Heritage Union Life Insurance Company

**Written Notice** – means a written form satisfactory to Us and received by Us at Our Administrative Office.

**You, Your, Yours** – means the Owner.

## **SECTION 2 – GENERAL PROVISIONS**

**ENTIRE CONTRACT** – The entire contract consists of this Policy, Endorsements or Riders, if any, the attached written application and supplemental written application(s), if any. Any statement made in any such written application is deemed a representation and not a warranty. We will not use any statement made by the Insured, or on his behalf, to challenge a claim under this Policy unless it is contained in a written application.

**CHANGES TO CONTRACT** – This Policy may be changed only if the change is approved in writing by Our President and Secretary.

**INCONTESTABILITY** – Except for nonpayment of premiums, this Contract will be incontestable after it has been in force during the lifetime of the Insured for two years from the Policy Date. This provision does not apply to any rider that contains its own incontestability clause.

If this Contract is reinstated, We will not contest the reinstatement, except for nonpayment of premiums, after it is again in force during the lifetime of the Insured for two years from the effective date of the reinstatement. For this purpose, if We contest the reinstatement, the contest will be based upon material statement(s) only made in the application for reinstatement.

**SUICIDE** – If the Insured commits suicide, while sane or insane, within two years from the Policy Date, Our liability is limited to an amount equal to the total premiums paid. We will pay this amount to the Beneficiary in one sum.

**MISSTATEMENT OF AGE OR SEX** – If the age or sex of the Insured has been misstated, We will adjust the Policy Proceeds to the amount which the premiums paid would have purchased at the correct age or sex.

**NON-PARTICIPATING** – This Policy is not entitled to share in Our profits or surplus.

**CONFORMITY WITH STATE STATUTES** – This Contract is subject to the laws of the issuing state. If any provision of the Contract does not conform to these laws, the Contract will be applied to conform to the law.

1. the access of any person to state courts;
2. remedies available under state law related to breach of contract, tort or other laws not specifically directed to the content of the Contract;
3. state law relating to the construction of insurance contracts; or
4. the authority of any state official as authorized by law.

**TERMINATION** – This Policy will terminate and all coverage on the Insured's life shall end on the earliest of the following dates or events:

1. The Expiration Date, as set out on the Policy Schedule; or
2. The date the Policy terminates, as set out in the Grace Period provision; or
3. The date We receive Your Written Notice to terminate Your Policy; or
4. The date of the Insured's death.

## **SECTION 3 – PREMIUMS AND REINSTATEMENT**

**PAYMENT OF PREMIUMS** – Each premium must be paid to Us at Our Administrative Office on or before its Premium Due Date. You may change the mode of premium payment, by providing Written Notice satisfactory to Us. You may change to any mode of premium payment being offered by Us at the time of Written Notice.

**GRACE PERIOD** – After the first premium is paid, there will be a grace period of 31 days after each premium due date to pay the premium. If the Insured Person dies during a grace period, We will deduct any past due premium from any Death Benefit Payable. If You or a payor remit sufficient premiums within the grace period, but We receive the payment after the grace period, We will accept the payment to keep the Policy in force if You furnish proof of remittance within the grace period such as: (1) a U.S. mail postmark or (2) other evidence acceptable to Us that the remittance had actually begun in a commercially reasonable manner. The Policy is in force during the grace period. If payment of a premium due is not received or treated as received before the end of the grace period as described in this paragraph, the Policy is terminated as of the date the premium was due.

**REINSTATEMENT** – You may reinstate this Policy while the Insured Person is alive if You:

1. Request Reinstatement within 3 years of the due date of the first unpaid premium;
2. Provide evidence of insurability satisfactory to Us; and
3. Pay all overdue premiums to the date of Reinstatement with compound interest at the rate of 6% a year.

The date of Reinstatement will be the monthly anniversary date on or following the date the application for Reinstatement is approved by Us, so long as the Insured Person is still living. If all the conditions for Reinstatement are satisfied, coverage under this Policy will be effective as though it had continued in force from the Lapse date to the date of Reinstatement.

After 3 years from the due date of the first unpaid premium, this Policy may be reinstated subject to the conditions We set at the time of the request.

#### **SECTION 4 – OWNERSHIP AND BENEFICIARY**

**OWNER'S RIGHTS** - As Owner, You may by Written Request exercise all rights under this Policy while the Insured Person is alive. You may name a contingent owner should You die before the death of the Insured Person. If both the Owner and contingent owner die before the Insured Person, the ownership of this Policy will automatically pass to the Insured Person.

**CHANGE OF OWNER** – On the Policy Date the Owner is as shown on the Policy Schedule. You may change the Owner by sending Us Written Notice. We must receive Written Notice informing Us of the change. The change will take effect as of the date the Written Notice was signed. However, We are not liable for any payment made by Us before We record the Written Notice.

**ASSIGNMENT** – Your Contract may be collaterally assigned. We are not bound by the assignment unless You make a Written Request. No assignment is binding on Us until We record it. Once recorded, the assignment binds Us as of the date You signed it. The assignment will not apply to any payment made, or action taken, by Us before We record Your assignment. We are not responsible for determining if Your assignment is valid or the extent of the assignee's interest.

**BENEFICIARY** –Unless You choose otherwise, any payment to beneficiaries will be paid based on the following order of priority. Payment will be made to:

1. The Beneficiary. If more than one Beneficiary is then living, we will pay them in equal shares unless You specify otherwise.
2. The contingent Beneficiary, if no Beneficiary is living when a payment is due. If more than one contingent Beneficiary is then living, we will pay them in equal shares unless You specify otherwise.
3. The estate of the Insured, if no Beneficiary or contingent Beneficiary is living when payment is due. This payment will be in one lump sum.

The initial Beneficiary is designated in the application for this Contract. You may change the initial Beneficiary or any Beneficiary designated later by Written Request. No Beneficiary designation is binding on Us until We record it. Once recorded, the Beneficiary designation binds Us as of the date You signed it. The Beneficiary designation will not apply to any payment made, or action taken, by Us before We record it. Unless You specify otherwise, You will not need the permission of the Beneficiary to make another change in the future.

**CHANGE OF BENEFICIARY** – You may change a revocable Beneficiary. We must receive Written Notice satisfactory to Us informing Us of the change. The change will take effect as of the date the Written Notice was signed. However, We are not liable for any payment made by Us before We record the Written Notice.

If the Beneficiary designation is irrevocable, it may only be changed by submitting a Written Notice to Us which has been signed by You and the irrevocable Beneficiary.

**BENEFICIARY DEATH SIMULTANEOUS** – Unless You have directed otherwise, if any Beneficiary dies at the same time as the Insured or within ten (10) days after the death of the Insured, benefits will be paid as if the Beneficiary predeceased the Insured unless it is proved otherwise to Our satisfaction.

### **SECTION 5 – POLICY PROCEEDS**

**PROCEEDS** – When We receive due proof that the Insured died while this Contract was in force We will pay the Policy Proceeds, as of the date of death, to the Beneficiary. The Policy Proceeds will consist of:

1. The Benefit Amount as shown on the Policy Schedule; plus
2. Interest calculated as described below; plus
3. Benefits provided by Endorsement or Rider, if any, which are payable on the Insured's death; plus
4. An amount equal to the premium already paid to Us for each Policy Month following the Policy Month of the Insured's death.

If the Insured dies during the Grace Period, We will deduct the unpaid premium from the Policy Proceeds for the Policy Month in which the Insured dies.

The Policy Proceeds will be paid in monthly installments unless the Beneficiary elects to receive a lump sum or there is no Beneficiary designation in effect. If the Beneficiary elects a lump sum, we must receive a Written Notice of such election before any monthly installments have been paid. If there is no beneficiary designation in effect a lump-sum benefit amount may be paid to Your estate.

The lump-sum benefit amount is a one-time payment of the present value of the monthly installments of Policy Proceeds from the date of the Insured's death until the Insured's age 65.

If the Beneficiary survives the Insured but dies prior to all monthly installments of Policy Proceeds having been paid to such Beneficiary, the present value of the remaining unpaid monthly installments of the Policy Proceeds will be paid to the Beneficiary's estate in a lump-sum amount in lieu of future monthly installments of the Policy Proceeds.

The present value is determined by discounting each monthly installment of Policy Proceeds from the date it would have been paid to the date of the Insured's death. The Discount Rate is determined by Us, not to exceed the 30-Year Treasury Rate (CMT), plus 6%.

Any payment is subject to the terms of this Policy.

**INTEREST ON PROCEEDS** – If payment is not made within 30 days of receipt of due proof of death, We will pay interest on the benefits at an annual rate of interest equal to the average rate of 8% from the date of the Insured's death.

**PROTECTION AGAINST CREDITORS** - Policy Proceeds are exempt from the claims of creditors and from legal process to the extent permitted by law.

Heritage Union Life Insurance Company  
A Stock Company  
[Home Office: 187 Danbury Road, Wilton CT, 06897]  
[Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214]  
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[\[www.salaryshield.com\]](http://www.salaryshield.com)

**LEVEL PREMIUM  
DECREASING TERM LIFE INSURANCE TO AGE 65  
PREMIUMS PAYABLE TO EXPIRATION DATE  
POLICY PROCEEDS PAYABLE UPON DEATH BEFORE EXPIRATION DATE  
NON-PARTICIPATING NON-CONVERTIBLE**



# Heritage Union Life Insurance Company

A Stock Company

[Home Office: 187 Danbury Road, Wilton CT, 06897]

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## DECREASING DEATH BENEFIT TERM INSURANCE RIDER

This Rider, attached to and made a part of the Policy, provides a decreasing death benefit term insurance payable in one lump sum upon due proof of the Insured's death. This rider does not provide cash or loan values.

This Rider is a part of the Policy. All terms and conditions of the Policy apply to this Rider unless otherwise noted in this Rider.

This Rider is issued in consideration of application for this Rider and the payment of the first premium for this Rider.

Premiums for this Rider will be added to the Policy Premium shown on the Policy Schedule. If this Rider is terminated, the total premium for the Policy will be reduced by the amount of premium for this Rider.

We agree to pay the Rider Benefit Amount to Your Beneficiary in accordance with the Policy Proceeds section of the Policy.

### DEFINITIONS

Rider Benefit Amount – is the amount shown on the Policy Schedule or in a Supplemental Rider Specification Page.

Rider Expiration Date – is the date on which the insurance coverage under this Rider ends. The Rider Expiration Date is shown on the Supplemental Rider Specification Page.

Policy – in this Rider, Policy means the Policy to which You have requested that this Rider be attached.

Rider Effective Date – is the date that coverage under this Rider becomes effective. The Rider Effective Date is the Policy Date unless a different Rider Effective Date is shown in a Supplemental Rider Specification Page attached to this Policy. Rider years are measured from the Rider Effective Date.

Premiums – Premiums for this Rider are shown in the Supplemental Rider Schedule.

### GENERAL PROVISIONS

Incontestability – This Rider is subject to the Incontestability provisions of the Policy. However, the contestable period for this Rider shall be measured from the Rider Effective Date.

Suicide – If the Insured commits suicide, while sane or insane, within two years from the Rider Effective Date, Our liability will be limited to an amount equal to the total premiums paid for this Rider.

Reinstatement – After termination of the Contract, this rider will be reinstated if the Contract is reinstated.

Termination – This Rider will terminate on the earliest of the following dates:

1. The Expiration Date of this Rider;
2. The Expiration Date of the Policy;
3. The date the Policy terminates as set out in the Grace Period provision of the Policy;
4. The date the Policy is terminated;
5. The date We receive Your written request to terminate this Rider; or
6. The date of the Insured's death.

Issued and signed for Heritage Union Life Insurance Company,  
A Minnesota domestic life insurance company



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**Chris Stroup**  
Chairman and CEO



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**Ray Eckert**  
President

### ABOUT PROPOSED INSURED (Please answer each question completely)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_  
 Best time to call:  Morning  Afternoon  Early Evening  
 Alternate Phone \_\_\_\_\_  
 Best time to call:  Morning  Afternoon  Early Evening  
 Email Address \_\_\_\_\_  
 Currently Employed:  Yes  No  
 Current Occupation \_\_\_\_\_  
 Annual Salary \$ \_\_\_\_\_  Male  Female  
 Monthly Benefit Amount \$ \_\_\_\_\_  
 Payout Period \_\_\_\_\_  
 [Optional Riders]:  Yes  No  
 Rider(s) / Amount \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Birthplace \_\_\_\_\_  
 \_\_\_\_\_  
 month day year state or country

Height \_\_\_\_\_ feet \_\_\_\_\_ inches Weight \_\_\_\_\_ pounds  
 SS# \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State Issued \_\_\_\_\_  
 Are you a citizen of the United States?  Yes  No  
 If no, do you have a permanent Visa (green card)?  Yes  No

#### POLICY OWNER'S INFORMATION (If different from Proposed Insured)

Policy Owner's Name: \_\_\_\_\_  
 Policy Owner's Street: \_\_\_\_\_  
 Policy Owner's City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Policy Owner's SS# or Tax Payer ID#: \_\_\_\_\_

#### POLICY BENEFICIARY

Name, Address, Relationship and Designated %:  
 (Please include SSN for each beneficiary)

### PROPOSED INSURED HISTORY (Check YES or NO for each question. If yes, provide details.)

- 1.a. Do you have other life insurance applications pending with any other company?.....  Yes  No
- b. Does applicant have existing life insurance in force?.....  Yes  No
- c. By applying for the proposed policy do you intend to replace, discontinue or change an existing policy or contract?.....  Yes  No

INSURED NAME	INSURANCE COMPANY	POLICY NO.	AMOUNT	*TYPE	PENDING	ISSUE DATE
					<input type="checkbox"/>	
					<input type="checkbox"/>	

2. Have you, in the past 2 years, used tobacco or nicotine products in any form?.....  Yes  No
3. Within the past 3 years, have you been refused life insurance or been issued a policy on a modified or rated basis?.....  Yes  No
4. Have you, in the past 3 years, participated in or do you plan to participate, within the next 2 years, in any of the following activities: Aeronautics, including hang gliding, sky diving, parachuting, or ballooning; racing, including car, motorcycle, or boat, scuba/skin diving; hiking, including mountain/trail climbing or rock climbing; or any similar hazardous activities?.....  Yes  No
5. Have you ever piloted an aircraft, or do you have any intention of flying within the next 2 years, other than as a passenger on a scheduled airline.....  Yes  No
6. Do you contemplate residence or travel, including military deployment, outside the U.S. during the next 2 years?.....  Yes  No
7. Have you, in the past 3 years, had your driver's license suspended, revoked, cancelled, or withdrawn, had 3 or more moving violations, or in the past 5 years pled guilty or no contest to or been convicted of driving under the influence (DUI/DWI) or reckless driving?.....  Yes  No

8. Have you ever pled guilty to or been convicted of a felony offense or are such charges currently outstanding against you?.....Yes  No
9. Have you, in the past 10 years, used illegal drugs, or consulted a physician or other healthcare provider or been treated, hospitalized, or taken medication for abuse of alcohol or drugs (including prescription drugs)?... Yes  No
10. Have you, in the past 10 years, been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession, or been hospitalized or taken medication for any diseases or disorders of: the heart including rheumatic fever, circulatory system, diabetes/endocrine/thyroid, blood, kidneys, liver, digestive system, lungs including allergies, sleep apnea, respiratory disorder, emphysema, or chronic asthma; any mental or nervous disorders, including depression or anxiety; muscular, spinal, joint, or bone disorders or injuries; including concussions; high blood pressure; high cholesterol; cancer; stroke; epilepsy/seizures, including dizziness or fainting; arthritis; congenital defects or physical impairments; or sexually transmitted diseases?.....Yes  No
11. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?.....Yes  No
12. Have you, in the past 12 months, been confined to a hospital or medical facility of any kind for more than 24 hours?.....Yes  No
13. In the past 12 months, have you been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery, or diagnostic test, except those related to the Human Immunodeficiency Virus (AIDS virus)?.....Yes  No
14. In the past 5 years, have you:
  - a. Been disabled, received disability income benefits, or been unable to work or perform and carry out your normal daily functions and activities?.....Yes  No
  - b. Taken prescription drugs for longer than 15 days?.....Yes  No
15. Have any of your immediate family members (parents or siblings) been diagnosed or died from coronary artery Disease, cancer or diabetes prior to age 60?.....Yes  No

## PAYMENT OPTIONS(Choose One)

Payer:  Proposed Insured  Policy Owner (if different than proposed insured)  
 Total Premium Amount Paid With Application \_\_\_\_\_

Choose a billing frequency:  Monthly  Quarterly  
 Semi-Annually  Annually

### Agreement/Authorization to Obtain and Disclose Medical Information:

I have read all the questions and answers on this application. All responses are true and complete to the best of my knowledge and belief. A copy of this application will be attached to and made a part of the insurance contract. I acknowledge receiving the "NOTIFICATION" regarding MIB, Inc. and Fair Credit Reporting Act in the enclosed materials. I understand that any medical information disclosed pursuant to this authorization will be used by Heritage Union Life Insurance Company to determine the proposed insured's eligibility for insurance, or for benefits under existing insurance. I authorize any licensed physician, medical practitioner, hospital, clinic, MIB, Inc., pharmacies, any pharmacy related service organization, pharmacy benefit manager, insurance company, institution, person, consumer reporting agency, or other organization that has any records or knowledge of the Proposed Insured's medical history to give any such information to Heritage Union Life Insurance Company, its representatives, or reinsurers. I further authorize Heritage Union Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. These authorizations are valid for 24 months from the date signed. A photocopy or facsimile of this authorization will be as valid as the original. I may revoke this authorization for information not then obtained by notifying the

Company in writing. Such revocation will not be effective until received by the Company. I understand that any information that is disclosed pursuant to this authorization may no longer be covered by federal rules governing privacy and confidentiality of health information, but it will not be re-disclosed by the Company except as authorized by me or as required by law. I understand that I or any authorized representative will receive a copy of this authorization upon request. I understand that I may request to be interviewed in connection with the preparation of an investigative consumer report. All applications are subject to underwriting approval which may include, but is not limited to, income verification, medical examination, laboratory testing, MVR, prescription records, and telephone interview. I understand the agent does not have the authority on behalf of the Company to accept the risks, or to make, alter or amend the coverage or to extend the time for making any payment due on such coverage; no insurance will take effect unless and until the initial premium has been paid in full and/of honored by my financial institution, the Application is approved by the Company and the Policy is issued and delivered to the Applicant during his lifetime.

Fraud Warning: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U. S. Citizen or other U. S. person (defined below).

Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

Signature of Proposed Insured (Required – Do not print) \_\_\_\_\_

Policy Owner Signature (If Different than Proposed Insured) \_\_\_\_\_

## FOR AGENT USE

To the best of my knowledge, replacement of an existing life insurance policy or annuity contract  is  is not involved in this transaction.

Agent Signature \_\_\_\_\_

Agent Name (Printed) \_\_\_\_\_

Agent Number \_\_\_\_\_

Signed at City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

## ADDITIONAL APPLICATION DETAILS

## ADDITIONAL APPLICATION INFORMATION

10. Have you, in the past 10 years, been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession, or been hospitalized or taken medication or any diseases or disorders of: the heart including rheumatic fever, circulatory system, diabetes/endocrine/thyroid, blood, kidneys, liver, digestive system, lungs including allergies, sleep apnea, respiratory disorder, emphysema, or chronic asthma; any mental or nervous disorders, including depression or anxiety; muscular, spinal, joint, or bone disorders or injuries; including concussions; high blood pressure; high cholesterol; cancer; stroke; epilepsy/seizures, including dizziness or fainting; arthritis; congenital defects or physical impairments; or sexually transmitted diseases?.....Yes No

Mental or Nervous Disorders, including Depression or Anxiety?.....Yes No

Heart Disease or Disorders.....Yes No

Chest Pain/Angina.....Yes No

Irregular Heart Beat.....Yes No

Murmur.....Yes No

Have you had surgery or been hospitalized for more than 24 hours in the last 5 years.....Yes No

Are you taking any medications? .....Yes No

Have you had abnormal cardiac test results for any of these conditions in the last 5 years? .....Yes No

Have you been advised by a member of the medical profession to have medical treatment or surgery that has not yet been completed? .....Yes No

Congestive/Chronic Heart failure.....Yes No

Heart attack/Myocardial Infarction.....Yes No

Heart Valve/Bypass Surgery.....Yes No

Rheumatic Fever.....Yes No

Coronary Artery Disease.....Yes No

Other.....Yes No

Mitral valve Prolapse (MVP) .....Yes No

Heart valve Disorders.....Yes No

Endocarditis/Pericarditis/Myocarditis.....Yes No

Circulatory System Diseases or disorders.....Yes No

Diabetes/Endocrine/Thyroid Diseases or Disorders.....Yes No

Blood diseases or Disorders.....Yes No

Kidney Diseases or disorders.....Yes No

Liver disease or Disorders.....Yes No

Digestive System Diseases or Disorders.....Yes No

Lung diseases or Disorders including Allergies or Sleep Apnea.....Yes No

Muscular, Spinal, Joint, or Bone Disorders or injuries, including concussions.....Yes No

High Blood Pressure.....Yes No

Cancer.....Yes No

Stroke.....Yes No

Epilepsy/Seizures including dizziness or fainting.....Yes No

Arthritis.....Yes No

Congenital Defects or Physical Impairments.....Yes No

Other.....Yes No

Elevated Cholesterol.....Yes No

SERFF Tracking Number: HULI-128326974 State: Arkansas  
 Filing Company: Heritage Union Life Insurance Company State Tracking Number:  
 Company Tracking Number: TL65E-AR  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Product Name: Term Life Insurance Policy  
 Project Name/Number: /TL65E

## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Non-ICC Policy Form & Rider Read\_Cert.pdf  
 Non-ICC Policy Form & App Read\_Cert.pdf  
 AR Non-ICC Cert of Bull 11-83 .pdf  
 AR Cert of Bull 19.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Application

**Comments:**

The application is included in this filing.

**Item Status:** **Status Date:**

**Satisfied - Item:** Life & Annuity - Acturial Memo

**Comments:**

**Attachments:**

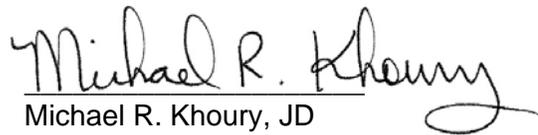
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 WRE02.ActMemo.NonIIPRC.SafetyShield.20120504[1].pdf

**Heritage Union Life Insurance Company**  
**Fifth Avenue Towers**  
**100 South 5th Street, Suite 1075**  
**Minneapolis, Minnesota 55402**

**CERTIFICATION OF READABILITY**

**FORMS: TL65E & DERDR**

This is to certify that Heritage Union Life Insurance Company Form TL65E & DERDR has achieved a Flesch Reading Ease Score of 51.40.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a large, looping flourish at the end of the name.

Michael R. Khoury, JD  
Director  
Compliance

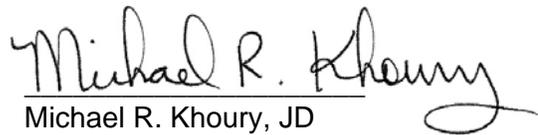
Date: 4 May 2012

**Heritage Union Life Insurance Company**  
**Fifth Avenue Towers**  
**100 South 5th Street, Suite 1075**  
**Minneapolis, Minnesota 55402**

**CERTIFICATION OF READABILITY**

**FORMS: TL65E & SSEAPP**

This is to certify that Heritage Union Life Insurance Company Form TL65E & SSEAPP has achieved a Flesch Reading Ease Score of 58.30.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a large, looping flourish at the end of the name.

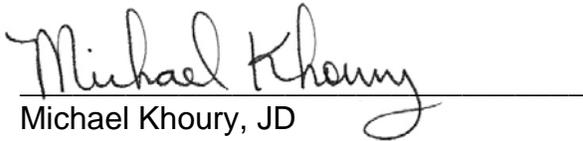
Michael R. Khoury, JD  
Director  
Compliance

Date: 4 May 2012

**Heritage Union Life Insurance Company  
Fifth Avenue Towers  
100 South 5th Street, Suite 1075  
Minneapolis, Minnesota 55402**

**CERTIFICATION**

The undersigned, an officer of Heritage Union Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form TL65E complies with the guidelines of such Bulletin.

A handwritten signature in cursive script that reads "Michael Khoury". The signature is written in black ink and is positioned above a horizontal line.

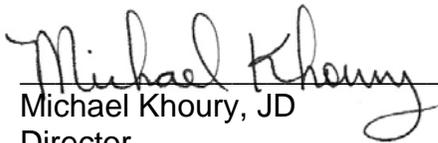
Michael Khoury, JD  
Director  
Product Development, Claims and Records

Date: 24 May 2012

**Heritage Union Life Insurance Company  
Fifth Avenue Towers  
100 South 5<sup>th</sup> Street, Suite 1075  
Minneapolis, Minnesota 55402**

**CERTIFICATION**

The undersigned, an officer of Heritage Union Life Insurance Company, Minneapolis, Minnesota, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

  
\_\_\_\_\_  
Michael Khoury, JD  
Director  
Compliance

Date: 24 May 2012