

SERFF Tracking Number: MGCC-128521389 State: Arkansas
Filing Company: The Chesapeake Life Insurance Company State Tracking Number:
Company Tracking Number: CWOP-12
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Waiver of Premium Rider
Project Name/Number: /CWOP-12

Filing at a Glance

Company: The Chesapeake Life Insurance Company

Product Name: Waiver of Premium Rider

SERFF Tr Num: MGCC-128521389 State: Arkansas

TOI: L08 Life - Other

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

Sub-TOI: L08.000 Life - Other

Co Tr Num: CWOP-12

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Jan Spoede

Disposition Date: 07/05/2012

Date Submitted: 06/27/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number: CWOP-12

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The domiciliary
state of Oklahoma filing is part of a Compact
filing and is pending with the IIC.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 07/05/2012

State Status Changed: 07/05/2012

Deemer Date:

Created By: Jan Spoede

Submitted By: Jan Spoede

Corresponding Filing Tracking Number:

Filing Description:

CWOP-12, Waiver of Premium Rider

This filing is for a waiver of premium. It is available at the option of the insured for an additional cost.

This form will be used with forms CTL-11, a Term Life Insurance Policy, CTLAD-11, an Accidental Death Benefit Rider, TIAB-11, an Accelerated Death Benefit Rider, CSITL-11, Application, and CCAB 11/11, Critical Condition Accelerated living Benefit Rider. They were all approved on March 12, 2011 under SERFF Tracking # IC11-00367 and it was approved on 3-9-12.

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State Narrative:

Company and Contact

Filing Contact Information

Kym Glenn, Vice President kym.glenn@healthmarkets.com
 9151 Boulevard 26 817-255-3195 [Phone]
 North Richland Hills, TX 76180 817-255-8153 [FAX]

Filing Company Information

The Chesapeake Life Insurance Company CoCode: 61832 State of Domicile: Oklahoma
 9151 Boulevard 26 Group Code: 264 Company Type: Health
 North Richland Hills, TX 76180 Group Name: State ID Number:
 (817) 255-3100 ext. [Phone] FEIN Number: 52-0676509

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR requires a filing fee of \$50.00 for riders.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Chesapeake Life Insurance Company	\$50.00	06/27/2012	60463088

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/05/2012	07/05/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Information	Note To Reviewer	Jan Spoede	06/27/2012	06/27/2012

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Disposition

Disposition Date: 07/05/2012

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	Arkansas Custumor Notice		Yes
Form	WAIVER OF PREMIUM RIDER		Yes

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Note To Reviewer

Created By:

Jan Spoede on 06/27/2012 04:28 PM

Last Edited By:

Linda Bird

Submitted On:

07/05/2012 11:13 AM

Subject:

Information

Comments:

Dear Analyst,

I put down the wrong date and tracking number in the general information tab of the forms this will be used with. The approval date is March 12, 2012 and the SERFF Tracking # is MGCC-128010859. I apologize for any confusion this may have caused.

Yours truly,

Jan Spoede

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Form Schedule

Lead Form Number: CWOP-12

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	CWOP-12	Application/WAIVER OF Enrollment PREMIUM RIDER Form	Initial		53.500	CWOP_12_G ENERIC 6-13.pdf

The Chesapeake Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: Oklahoma City, Oklahoma

[Customer Service Address: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1.866.215.5343

Administrative Office: P. O. Box 982010, North Richland Hills, Texas 76182-8010

[www.thechesapeake.life.com]

WAIVER OF PREMIUM RIDER

This Rider is made a part of the Policy to which it is attached. This Rider is issued in consideration of the application. This Rider is subject to all provisions, terms, definitions and limitations of the Policy, which are not in conflict with the provisions of this Rider. This Rider does not have cash or loan value.

TOTAL DISABILITY OR TOTALLY DISABLED

Total Disability or Totally Disabled means:

1. During the first 24 months of disability, the Insured Person must be unable to engage in the material and substantial duties of the Insured Person's regular occupation.
2. After 24 months of disability, or if the Insured Person was not engaged in an occupation when disability began, the Insured Person must be unable to engage in the material and substantial duties of any occupation for which the Insured Person is, or could become, suited by reason of education, training, or experience. Being a homemaker or student is considered engaging in an occupation.
3. The Insured Person has lost both hands, both feet, one hand and one foot, or the sight of both eyes.

BENEFIT

If an Insured Person becomes Totally Disabled while covered under this Rider and qualifies for the Waiver of Premium benefit, we will waive the payment of each future premium that becomes due under the Policy and all Riders for as long as the Policy and Rider are in force and the Insured Person continues to qualify for this waiver of premium benefit. If Total Disability begins during the Policy grace period, benefits under this Rider will not waive any premiums due before the Total Disability began.

We will refund any premiums which You have paid and for which We waive payment.

Premiums waived by Us shall not be deducted from the Policy proceeds.

QUALIFYING FOR THE WAIVER OF PREMIUM BENEFIT

To first qualify for the waiver of premium benefit, the Insured Person, or someone on the Insured Person's behalf, must give written notice of proof of claim, as outlined below, that the Insured Person's Total Disability:

1. Began before his/her 65th birthday; and
2. Has continued for at least 6 months.

After approval of a Total Disability claim, We may:

1. Require due proof of the continuance of Total Disability; and
2. Have one or more physicians designated to examine the Insured Person at Our expense, either or both at reasonable intervals no more frequently than 30 days.

After Total Disability has continued for 2 full years, We will not require proof or examination more than once a year. The Premium will not be waived if:

1. Proof of continuance of Total Disability is not furnished upon request; or

2. The Insured Person fails to submit to examination.

NOTICE OF PROOF OF CLAIM

To first qualify for the waiver of premium benefit under this Rider, written proof satisfactory to the Company that the Insured Person is Totally Disabled must be given to Us or Our designated administrator:

1. While the Insured Person is living and continues to be Totally Disabled; and
2. Within 12 months after the Total Disability starts.

Written notice given by or on behalf of the Insured Person to Us or Our designated administrator with information sufficient to identify the Insured Person will be considered notice to Us.

Failure to give notice and proof within one year will not void a claim if it is shown that the notice and proof were given as soon as reasonably possible; however, no premium more than one year prior to proof of claim will be waived.

NOTICE OF RECOVERY

The Owner shall give immediate notice to Us when the Insured recovers from Total Disability.

RECURRENCE OF PRIOR DISABILITY

If, following recovery from a Total Disability which has continued for at least 6 consecutive months, the Insured Person suffers another Total Disability which:

1. Begins within 30 days of recovery; and
2. Is due to the same or related causes as the prior Total Disability;

then, Total Disability shall be deemed to have been continuous.

LIMITATIONS

No benefit will be provided by this Rider if Total Disability results from:

1. War or act of war, declared or undeclared, while serving in the military service;
2. Suicide, attempted suicide, or self-inflicted injury while sane or insane;
3. Active participation in a riot, insurrection, or terrorist activity;
4. Commission or attempt to commit a felony or participation in an illegal occupation or activity;
5. The voluntary intake or use by any means of:
 - (a) Any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions; or
 - (b) Poison, gas or fumes, unless a direct result of an occupational accident; or
6. Intoxication as defined by the jurisdiction where the Total Disability occurred.

TERMINATION OF RIDER

Coverage provided under this Rider will terminate on the earliest of the following dates:

1. The premium paid to date following Our receipt of the Owner's written request to terminate this Rider;
2. The date of the Insured Person's death;
3. The date of lapse;
4. The date the Policy terminates;
5. The expiration of the Initial Term Period, as shown on the Policy Specifications Page; or
6. The date the Insured Person reaches age 65.

If the Insured Person is Totally Disabled and qualifies for the Waiver of Premium benefit upon reaching age 65, coverage under this Rider will continue until the Insured Person has recovered from such Total

Disability, but in no event will coverage continue beyond the date the Policy Initial Term Period expires.

[Rider Effective Date, if different from Policy Date: _____]

THE CHESAPEAKE LIFE INSURANCE COMPANY



SECRETARY



PRESIDENT

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Cert of Bull 19.pdf

Read_Cert with CWOP-12.pdf

AR Cert of Bull 11-83 for CWOP .pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

CSIT-11, Approved March 12, 2012.

Item Status: **Status**
Date:

Satisfied - Item: Arkansas Custumor Notice

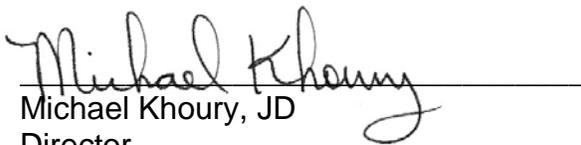
Comments:

Attachment:

AR_Customer_Notice.pdf

CERTIFICATION

The undersigned, an officer of Chesapeake Life Insurance Company, 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.

A handwritten signature in cursive script that reads "Michael Khoury". The signature is written over a horizontal line.

Michael Khoury, JD
Director
Compliance

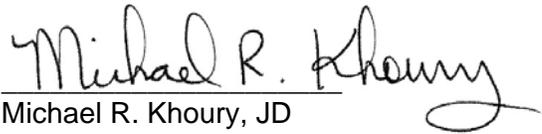
Date: 3 February 2012

Chesapeake Life Insurance Company

CERTIFICATION OF READABILITY

FORM: CTL-11, CTLAD-11, TIAB-11, CWOP-12, CCAB 11-11.and CSIT-11

This is to certify that Chesapeake Life Insurance Company forms CTL-11, CTLAD-11, TIAB-11, CWOP-12, CCAB 11-11.and CSIT-11 have achieved a Flesch Reading Ease Score of 53.50.

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

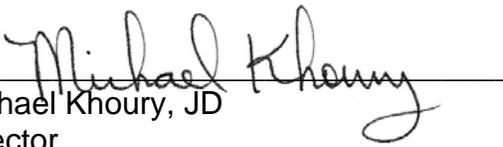
Michael R. Khoury, JD
Director
Compliance

Chesapeake Life Insurance
Company

Date: 25 June 2012

CERTIFICATION

The undersigned, an officer of Chesapeake 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 CWOP-12 does comply with the guidelines of such Bulletin.



Michael Khoury, JD
Director
Compliance

Date: 22 June 2012

The Chesapeake Life Insurance Company

CUSTOMER NOTICE

If you do not feel you received reasonable and adequate service from Chesapeake Life Insurance Company, please contact us at:

Customer Service Office:

100 Centerview Drive, Suite 100
Nashville, TN 37214
1-866-215-5343

You may also contact:

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201
501-371-2640
800-852-5494