
State: Arkansas **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Universal Life Disability Premium Waiver Rider
Project Name/Number: Disability Premium Waiver Rider/

Filing at a Glance

Company: Auto-Owners Life Insurance Company
Product Name: Universal Life Disability Premium Waiver Rider
State: Arkansas
TOI: L09I Individual Life - Flexible Premium Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form
Date Submitted: 08/17/2012
SERFF Tr Num: AOIC-128591540
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AR-UL-DPWR-7/2012

Implementation: On Approval
Date Requested:
Author(s): Tonia Skaar
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/23/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Universal Life Disability Premium Waiver Rider
Project Name/Number: Disability Premium Waiver Rider/

Filing Company: Auto-Owners Life Insurance Company

General Information

Project Name: Disability Premium Waiver Rider

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Tonia Skaar

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/23/2012

State Status Changed: 08/23/2012

Created By: Tonia Skaar

Corresponding Filing Tracking Number:

Filing Description:

Auto-Owners Life Insurance Company of Lansing, Michigan submits form 61461 (6-12), Disability Premium Waiver Rider, for your approval. This rider is a revision of form 61461 (1-08) which was approved by your state on 9/10/2008 . The SERFF tracking number of the approved filing is AOIC-125575189. There will be no changes to the rates for this rider as approved by your state on the above stated date.

The attached form is submitted in final printed format and is subject only to minor modifications, such as company address, logo and phone number, typographical errors, paper stock, ink and adaptation to computer printing.

Company and Contact

Filing Contact Information

Tonia Skaar,

544 Cherbourg Dr.

Ste 200

Lansing, MI 48917-5009

skaar.tonia@aoins.com

517-323-1201 [Phone] 2054 [Ext]

Filing Company Information

Auto-Owners Life Insurance

Company

P.O. Box 30325

Lansing, MI 48917

(800) 346-0346 ext. [Phone]

CoCode: 61190

Group Code: 280

Group Name: Auto-Owners Ins

Group

FEIN Number: 38-1814333

State of Domicile: Michigan

Company Type: LAH

State ID Number:

Filing Fees

Fee Required?

Yes

Fee Amount:

\$50.00

Retaliatory?

No

Fee Explanation:

1 form x\$50.00 = \$50.00

Not retaliatory, Michigan has no filing fee.

Per Company:

No

State: Arkansas **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Universal Life Disability Premium Waiver Rider
Project Name/Number: Disability Premium Waiver Rider/

Company	Amount	Date Processed	Transaction #
Auto-Owners Life Insurance Company	\$50.00	08/17/2012	61786377

SERFF Tracking #:

AOIC-128591540

State Tracking #:

Company Tracking #:

AR-UL-DPWR-7/2012

State:

Arkansas

Filing Company:

Auto-Owners Life Insurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

Universal Life Disability Premium Waiver Rider

Project Name/Number:

Disability Premium Waiver Rider/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/23/2012	08/23/2012

State: Arkansas **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Universal Life Disability Premium Waiver Rider
Project Name/Number: Disability Premium Waiver Rider/

Disposition

Disposition Date: 08/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Disability Premium Waiver Rider		Yes

State: Arkansas **Filing Company:** Auto-Owners Life Insurance Company
TOI/Sub-TOI: L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life
Product Name: Universal Life Disability Premium Waiver Rider
Project Name/Number: Disability Premium Waiver Rider/

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		61461 (6-12)	POLA	Disability Premium Waiver Rider	Revised: Replaced Form #: 61461 (1-08) Previous Filing #: AOIC-125575189	52.940	61461 (6-12).pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

DISABILITY PREMIUM WAIVER RIDER

BENEFIT

While the insured is totally and permanently disabled, we will not deduct monthly premiums for the disabled insured from the cash value on their due dates. Before we can start waiving the deduction of the monthly premiums, the total and permanent disability must have lasted for at least 6 straight months and the insured must be age 15 or older and less than age 65. Under no circumstance will a premium be waived which was due more than 1 year from the date we receive notice and proof of disability. (For purposes of this provision, "age" means age at last birthday on the policy anniversary).

As the deduction of each monthly premium is waived, the insurance amount will continue in force until the next monthly premium due date. The policy service charge referenced on page 3 of the policy will continue to be deducted monthly from the cash value. If we stop waiving the deduction of monthly premiums, we will again start deducting them from the cash value to keep this policy in force.

Monthly premiums will be deducted from the cash value until we approve your written claim for waiver of premiums. Any premiums deducted after total and permanent disability begins will be refunded after your claim is approved. Monthly premiums due before total and permanent disability began will not be waived or refunded.

We will start deducting monthly premiums from the cash value again if:

- a physical examination shows that the insured is no longer totally and permanently disabled; *or*
- you do not provide the required proof of the insured's continuous total and permanent disability.

TOTAL AND PERMANENT DISABILITY

Total and permanent disability is a disability of the insured:

- which results from bodily injury or disease first manifested while this policy is in force; *and*
- which begins before age 65.

If the above conditions are satisfied, then total and permanent disability is assumed if:

- the disability prevents the insured from engaging in his or her customary occupation or any other occupation for which the insured becomes qualified by reason of education, training or experience; *or*
- the insured loses the use of:
 - both feet; *or*
 - both hands; *or*
 - one foot and one hand; *or*
 - the sight of both eyes.

NOTICE AND PROOF OF DISABILITY

Written notice of claim and proof of total and permanent disability must be given to us at our Home Office:

- while the insured is alive; *and*
- while the insured is totally and permanently disabled; *and*
- not later than 1 year after the due date of any premium that is to be waived.

If this notice and proof is not given, we will not reduce or deny a claim if:

- it was not reasonably possible for you to give notice and proof; *and*
- you gave us notice and proof as soon as you reasonably could.

A monthly premium not paid within its grace period will be waived only if:

- we receive notice and proof of disability within 1 year after the monthly premium due date; *and*
- disability began before the premium was due or within its grace period.

PROOF OF CONTINUED TOTAL AND PERMANENT DISABILITY

Proof that the insured continues to be totally and permanently disabled may be required once a year. As part of any proof, we may require the insured, at our

expense, to have an examination by a physician we choose. If you do not give proof or if the insured engages in his or her customary occupation or any other occupation for which he or she becomes qualified by reason of education, training or experience, no further premiums will be waived.

EXCLUSIONS

We will not waive premiums if disability results from:

- intentional self-injury; *or*
- any act of war, declared or undeclared, or any act related to war; *or*
- military service for any country at war.

CONTESTABILITY

We reserve the right to contest liability for any claim under this provision at any time and for any cause.

TERMINATION OF THIS RIDER

This rider will terminate:

- when this policy terminates; *or*
- on any monthly policy date when you provide us with a written cancellation request; *or*
- when the insured reaches age 65.

GENERAL

This rider is part of the policy to which it is attached. We issue it in return for your premium and the attached application.

This rider does not affect any policy values. All provisions of the policy also apply to this rider. This rider is effective on the same date as the policy unless a different date is shown.

Signed for Auto-Owners Life Insurance Company at Lansing, Michigan, on the effective date.

[Joe Secretary]

Secretary

[Jane President]

President

If you have any questions, need coverage information, or assistance in resolving a complaint, please contact your Auto-Owners agent or call our Home Office at (517) 323-1200.

SERFF Tracking #:

AOIC-128591540

State Tracking #:

Company Tracking #:

AR-UL-DPWR-7/2012

State:

Arkansas

Filing Company:

Auto-Owners Life Insurance Company

TOI/Sub-TOI:

L09I Individual Life - Flexible Premium Adjustable Life/L09I.001 Single Life

Product Name:

Universal Life Disability Premium Waiver Rider

Project Name/Number:

Disability Premium Waiver Rider/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Attached please find Auto-Owners Life Insurance Company's Certificate of Readability.		
Attachment(s):			
readability cert.pdf			

AUTO-OWNERS LIFE INSURANCE COMPANY
Certification of Readability

I hereby certify, to the best of my knowledge and belief, that the following forms have the respective Flesch Scores which meet the readability requirements of the Arkansas Department of Insurance.

A handwritten signature in cursive script that reads "Gayle A. Fisher".

Gayle A. Fisher, Assistant Vice President, Life Operations

Form 61461 (6-12) Disability Premium Waiver Rider
Flesch Score: 52.94