

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Filing at a Glance

Company: The Union Labor Life Insurance Company
 Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
 State: Arkansas
 TOI: L04I Individual Life - Term
 Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Filing Type: Form
 Date Submitted: 04/25/2012
 SERFF Tr Num: ULCC-128301660
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: ULL-RTL-0112
 Implementation: On Approval
 Date Requested:
 Author(s): Carla Wallace
 Reviewer(s): Linda Bird (primary)
 Disposition Date: 08/01/2012
 Disposition Status: Approved-Closed
 Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

General Information

Project Name: Status of Filing in Domicile:
Project Number: ULL-RTL-0112 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Overall Rate Impact:
Filing Status Changed: 08/01/2012
State Status Changed: 05/17/2012 Deemer Date:
Created By: Carla Wallace Submitted By: Carla Wallace
Corresponding Filing Tracking Number:

Filing Description:

Re: Re: NEW INDIVIDUAL RENEWABLE TERM LIFE INSURANCE PRODUCT FILING
Renewable Term Life Insurance Policy, form ULL-RTL-0112
Individual Life Insurance Application, form ULLA-LIF-0112
Accelerated Death Benefit Rider, form ULLR-ADB-0112

The Union Labor Life Insurance Company
NAIC -781-69744
FEIN 13-1423090

Dear Sir or Madam:

The above referenced individual Renewable Term Life Insurance policy forms are being submitted for your review and approval. These forms are new and do not replace any forms currently on file with the Department.

The individual Renewable Term Life Insurance policy offers a 10, 15, 20, or 25 year term period. At the end of any of the term periods, the insured may renew the coverage without providing Evidence of Insurability for an additional one-year period.

The Accelerated Death Benefit Rider provides the insured with the option to accelerated benefits under his or her policy in the event of a terminal illness or organ transplant.

We also wish to offer the following benefit riders that are currently approved and on file with the Department:

ULLR-AD-1109, Accidental Death Benefit Rider, April 26, 2010
SERFF Tracking #: ULCC-126552367 STATE Tracking # 45227

ULLR-CTR-1109, Children's Term Life Insurance Benefit Rider, April 26, 2010
SERFF Tracking #: ULCC-126552367 STATE Tracking # 45227

ULLR-LDWP-1109, Labor Dispute Waiver of Premium Rider, April 26, 2010
SERFF Tracking #: ULCC-126552367 STATE Tracking # 45227

A Variable Memorandum, Actuarial Memoranda for the Policy and Accelerated Death Benefit Rider, and Certificate of Readability are also enclosed.

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

All forms are in final print format.

Please contact me should you have any questions.

Thank you,

Carla W. Wallace, MA
 Senior Policy Analyst
 Policy Development Department

SOLUTIONS FOR THE UNION WORKPLACE

8403 Colesville Road
 Silver Spring, MD 20910
 202.962.2901 phone
 202.682.6713 fax
 cwallace@ullico.com
 www.ullico.com

Company and Contact

Filing Contact Information

Carla Wallace, Compliance Analyst cwallace@ullico.com
 8403 Colesville Rd 202-962-2901 [Phone]
 Silver Spring, MD 20910

Filing Company Information

The Union Labor Life Insurance Company	CoCode: 69744	State of Domicile: Maryland
8403 Colesville Road	Group Code: 781	Company Type: Life and Health
Silver Spring, MD 20910	Group Name:	State ID Number:
(202) 682-0900 ext. [Phone]	FEIN Number: 13-1423090	

Filing Fees

Fee Required? Yes
 Fee Amount: \$375.00
 Retaliatory? Yes
 Fee Explanation: 3 forms @ \$125.00 = \$375.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Union Labor Life Insurance Company	\$375.00	04/25/2012	58531652

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/01/2012	08/01/2012
Approved-Closed	Linda Bird	05/17/2012	05/17/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	05/01/2012	05/01/2012

Response Letters

Responded By	Created On	Date Submitted
Carla Wallace	05/16/2012	05/16/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Resubmission Letter	Note To Reviewer	Carla Wallace	07/31/2012	07/31/2012
Question	Note To Filer	Linda Bird	07/31/2012	07/31/2012
Question	Note To Reviewer	Carla Wallace	07/30/2012	07/30/2012
Request to reopen filing	Note To Filer	Linda Bird	07/30/2012	07/30/2012
Request ot reopen this filing	Note To Reviewer	Carla Wallace	07/30/2012	07/30/2012

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Disposition

Disposition Date: 08/01/2012

Implementation Date:

Status: Approved-Closed

Comment: Company has extended the usage of the approved form ULLA-LIF-0112 to be used with their other individual term and whole life products. Resubmission letter filed.

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	Life & Annuity - Acturial Memo		No
Supporting Document	Variable Memorandum		Yes
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Guaranty Association Notice		Yes
Form	Renewable Term Life Insurance		Yes
Form	Individual Life Insurance Application		Yes
Form	Accelerated Death Benefit Rider		Yes

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Disposition

Disposition Date: 05/17/2012

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	Life & Annuity - Acturial Memo		No
Supporting Document	Variable Memorandum		Yes
Supporting Document	Certificate of Compliance		Yes
Supporting Document	Guaranty Association Notice		Yes
Form	Renewable Term Life Insurance		Yes
Form	Individual Life Insurance Application		Yes
Form	Accelerated Death Benefit Rider		Yes

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	05/01/2012
Submitted Date	05/01/2012
Respond By Date	06/01/2012

Dear Carla Wallace,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

*Sincerely,
Linda Bird*

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 05/16/2012
 Submitted Date 05/16/2012

Dear Linda Bird,

Introduction:

Good Afternoon,

The following response has been provided to the below objection;

Response 1

Comments:

We have attached the Guaranty Association Notice to be in compliance with Regulation 49. We have attached the Certificate of Compliance to be in compliance with Regulation 19s10B

Related Objection 1

Comments: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certificate of Compliance

Comment: Document Attached.

Satisfied -Name: Guaranty Association Notice

Comment: Document Attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

SERFF Tracking #:

ULCC-128301660

State Tracking #:

Company Tracking #:

ULL-RTL-0112

State:

Arkansas

Filing Company:

The Union Labor Life Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

INDIVIDUAL RENEWABLE TERM LIFE INSURANCE

Project Name/Number:

/ULL-RTL-0112

Conclusion:

Sincerely,

Carla Wallace

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Note To Reviewer

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Created By:

Carla Wallace on 07/31/2012 10:50 AM

Last Edited By:

Carla Wallace

Submitted On:

07/31/2012 10:51 AM

Subject:

Resubmission Letter

Comments:

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Good Afternoon,

Below is the resubmission letter for this product filing.

Re: NEW INDIVIDUAL RENEWABLE TERM LIFE INSURANCE PRODUCT FILING
Renewable Term Life Insurance Policy, form ULL-RTL-0112
Individual Life Insurance Application, form ULLA-LIF-0112
Accelerated Death Benefit Rider, form ULLR-ADB-0112

The Union Labor Life Insurance Company
NAIC -781-69744
FEIN 13-1423090

Dear Sir or Madam:

The above referenced individual Renewable Term Life Insurance policy forms are being submitted for your review and approval. These forms are new and do not replace any forms currently on file with the Department.

The individual Renewable Term Life Insurance policy offers a 10, 15, 20, or 25 year term period. At the end of any of the term periods, the insured may renew the coverage without providing Evidence of Insurability for an additional one-year period.

The Accelerated Death Benefit Rider provides the insured with the option to accelerated benefits under his or her policy in the event of a terminal illness or organ transplant. We will offer the following benefit riders that are currently approved and on file with the Department:

ULLR-AD-1109, Accidental Death Benefit Rider, April 26, 2010
SERFF Tracking #: ULCC-126552367 STATE Tracking # 45227

ULLR-CTR-1109, Children's Term Life Insurance Benefit Rider, April 26, 2010
SERFF Tracking #: ULCC-126552367 STATE Tracking # 45227

ULLR-LDWP-1109, Labor Dispute Waiver of Premium Rider, April 26, 2010
SERFF Tracking #: ULCC-126552367 STATE Tracking # 45227

The above referenced forms and riders may be attached to product ULL-WL-1109 that was approved on April 26, 2010, SERFF filing number ULCC-126552367 STATE Tracking # 45227 or any of our approved individual whole and term life products that have been approved with the State of Arkansas.

A Variable Memorandum, Actuarial Memoranda for the Policy and Accelerated Death Benefit Rider, and Certificate of Readability are also enclosed.

All forms are in final print format.

Please contact me should you have any questions.

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Thank you,

Carla W. Wallace, MA
Senior Policy Analyst
Policy Development Department

SOLUTIONS FOR THE UNION WORKPLACE

8403 Colesville Road
Silver Spring, MD 20910
202.962.2901 phone
202.682.6713 fax
cwallace@ullico.com
www.ullico.com

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Note To Filer

Created By:

Linda Bird on 07/31/2012 09:11 AM

Last Edited By:

Linda Bird

Submitted On:

07/31/2012 09:11 AM

Subject:

Question

Comments:

No additional filing fee will be required.

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Note To Reviewer

Created By:

Carla Wallace on 07/30/2012 01:07 PM

Last Edited By:

Carla Wallace

Submitted On:

07/30/2012 01:07 PM

Subject:

Question

Comments:

Good Afternoon,

Will the filing fees of \$375.00 need to be resubmitted as well? Please advise

Thank you,

Carla Wallace
202-962-2901

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Note To Filer

Created By:

Linda Bird on 07/30/2012 12:56 PM

Last Edited By:

Linda Bird

Submitted On:

07/30/2012 12:56 PM

Subject:

Request to reopen filing

Comments:

Filing has been re-opened in order for correction to be made.

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Note To Reviewer

Created By:

Carla Wallace on 07/30/2012 10:44 AM

Last Edited By:

Carla Wallace

Submitted On:

07/30/2012 10:44 AM

Subject:

Request ot reopen this filing

Comments:

Good Morning,

The Union Labor Life Insurance Company request this filing to be reopened. The purpose is to extend the usage of fapproved form ULLA-LIF-0112 to be used with our other individual term and whole life products.

If you have questions, please contact me at 202-962-2901 or cwallace@ullico.com

Thank you,

Carla Wallace
Senior Compliance Analyst.

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		ULL-RTL-0112	POL	Renewable Term Life Insurance	Initial:	53.400	ULL-RTL-0112.pdf
2		ULLA-LIF-0112	AEF	Individual Life Insurance Application	Initial:	50.700	ULLA-LIF-0112.pdf
3		ULLR-ADB-0112	POLA	Accelerated Death Benefit Rider	Initial:	50.300	ULLR-ADB-0112.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

The Union Labor Life Insurance Company
(“We, Us, Our, the Company”)

[Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910]

[Executive Office: 1625 Eye Street N.W., Washington, DC 20006]

Telephone: [800-431-5425

www.ullico.com]

We agree to pay the proceeds to Your beneficiary on the death of the Insured provided coverage is in force and subject to all terms of this policy.

This policy is a legal contract between the Owner and Us.

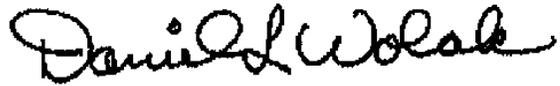
THIRTY (30) DAY RIGHT TO EXAMINE POLICY

You have thirty days after You receive this policy to decide if it meets Your needs. If it does not, return it to Our Administrative Office or to the agent from whom You bought it. We will cancel the policy from the Policy Date and give You a full premium refund.

Please Read This Policy Carefully



SECRETARY



PRESIDENT

RENEWABLE TERM LIFE INSURANCE

This Policy Contains a Requalification Provision

Insurance Payable on the Death of the Insured
Premiums Payable Until the Death of the Insured
Convertible until age 80
Participating

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SCHEDULE

Policy Number: [12345]

Policy Owner (“Owner”): [John Doe]

Insured: [John Doe]

Department of Insurance: [State Insurance Department]

Telephone Number: [1-800-555-5555]

Issue Age: [35]

Sex: [Male]

Face Amount: [\$50,000]

Policy Date: [February 1, 2012]

Policy Class: [Standard Non-Smoker]

Issue Date: [February 1, 2012]

Termination Age: Age 85

Maximum Requalification Age: Age 69

DESCRIPTION OF BENEFITS AND PREMIUMS

<i>BENEFIT</i>	<i>[Annual Premium]</i>	<i>[Semi-annual Premium]</i>	<i>[Quarterly Premium]</i>	<i>[Monthly Premium]</i>	<i>Term Period</i>
Basic Policy	[\$ 93.00]	[\$48.36]	[\$24.37]	[\$8.14]	10 Years
Accelerated Death Benefit Rider					
Labor Dispute Waiver of Premium Benefit Rider					

Benefit Amount

[Children’s Term Life Insurance Benefit Rider:	[\$5,000]]
[Accidental Death Benefit Rider:	[\$25,000]]

Dividends are not guaranteed. We do not anticipate paying dividends.

SCHEDULE

Policy Number: [12345]

Policy Owner (“Owner”): [John Doe]

Insured: [John Doe]

Department of Insurance: [State Insurance Department]

Telephone Number: [1-800-555-5555]

Issue Age: [35]

Sex: [Male]

Face Amount: [\$50,000]

Policy Date: [February 1, 2012]

Policy Class: [Standard Non-Smoker]

Issue Date: [February 1, 2012]

Termination Age: Age 85

Maximum Requalification Age: Age 64

DESCRIPTION OF BENEFITS AND PREMIUMS

BENEFIT	[Annual Premium]	[Semi-annual Premium]	[Quarterly Premium]	[Monthly Premium]	Term Period
Basic Policy Accelerated Death Benefit Rider Labor Dispute Waiver of Premium Benefit Rider	[\$156.00]	[\$81.12]	[\$40.87]	[\$13.65]	15 Years

Benefit Amount

[Children’s Term Life Insurance Benefit Rider:	[\$5,000]
[Accidental Death Benefit Rider:	[\$25,000]

Dividends are not guaranteed. We do not anticipate paying dividends.

SCHEDULE

Policy Number: [12345]

Policy Owner (“Owner”): [John Doe]

Insured: [John Doe]

Department of Insurance: [State Insurance Department]

Telephone Number: [1-800-555-5555]

Issue Age: [35]

Sex: [Male]

Face Amount: [\$50,000]

Policy Date: [February 1, 2012]

Policy Class: [Standard Non-Smoker]

Issue Date: [February 1, 2012]

Termination Age: Age 85

Maximum Requalification Age: Age 59

DESCRIPTION OF BENEFITS AND PREMIUMS

BENEFIT	[Annual Premium]	[Semi-annual Premium]	[Quarterly Premium]	[Monthly Premium]	Term Period
Basic Policy	[\$173.00]	[\$89.96]	[\$45.33]	[\$15.14]	20 Years
Accelerated Death Benefit Rider					
Labor Dispute Waiver of Premium Benefit Rider					

Benefit Amount

[Children’s Term Life Insurance Benefit Rider:	[\$5,000]]
[Accidental Death Benefit Rider:	[\$25,000]]

Dividends are not guaranteed. We do not anticipate paying dividends.

SCHEDULE

Policy Number: [12345]

Policy Owner (“Owner”): [John Doe]

Insured: [John Doe]

Department of Insurance: [State Insurance Department]

Telephone Number: [1-800-555-5555]

Issue Age: [35]

Sex: [Male]

Face Amount: [\$50,000]

Policy Date: [February 1, 2012]

Policy Class: [Standard Non-Smoker]

Issue Date: [February 1, 2012]

Termination Age: Age 85

Maximum Requalification Age: Age 54

DESCRIPTION OF BENEFITS AND PREMIUMS

BENEFIT	[Annual Premium]	[Semi-annual Premium]	[Quarterly Premium]	[Monthly Premium]	Term Period
Basic Policy Accelerated Death Benefit Rider Labor Dispute Waiver of Premium Benefit Rider	[\$192.50]	[\$100.10]	[\$50.44]	[\$16.84]	25 Years

Benefit Amount

[Children’s Term Life Insurance Benefit Rider:	[\$5,000]]
[Accidental Death Benefit Rider:	[\$25,000]]

Dividends are not guaranteed. We do not anticipate paying dividends.

DEFINITIONS

Administrative Office

The address shown on the cover.

Beneficiary

The person designated by You to receive the proceeds payable on the death of the Insured.

Face Amount

The amount payable as shown in the Schedule on the death of the Insured.

Issue Age

The Insured's age as of his or her last birthday on the Policy Date.

Issue Date

The date on which this policy was issued by Us.

Lapse

Termination of the policy due to non-payment of any premium due.

You and Your

The Owner of this policy.

We, Our, and Us

The Union Labor Life Insurance Company

Written Request

A request in writing, signed by You, dated, and submitted to Our Administrative Office. The request must be of a form and content acceptable to Us.

PAYMENT OF PROCEEDS

Death Benefit

We will pay the amount owed to the Beneficiary when due proof is filed with Our Administrative Office that the death of the Insured occurred while this policy was in force. Payment is subject to the terms and conditions of this policy. We request that this policy be returned to Us at the time of settlement.

If the policy is in force, the amount payable on the death of the Insured equals:

1. the Face Amount shown in the Schedule; plus
2. any additional amounts payable provided by applicable riders which have been added to this policy; plus
3. any refund of premium paid beyond the policy month of the death of the Insured; minus
4. any amount of any unpaid premium if the death occurs during the grace period.

We will pay interest on the amount due from the date of death of the Insured to the date of payment. Interest will accrue at the rate applicable to the policy for funds left on deposit with Us.

We will pay interest as described above, plus additional interest at a rate of 10% annually, until the date the claim is paid beginning 31 calendar days from the latest of:

1. the date We receive due proof of death;
2. the date We receive sufficient information to determine Our liability, the extent of the liability, and the person legally entitled to the proceeds; or
3. the date legal impediments to payment that depend on the action of parties other than Us are resolved and sufficient evidence of resolution is provided to Us. Legal impediments to payment include, but are not limited to, the following:
 - a. the establishment of guardianships and conservatorships;
 - b. the appointment and qualification of trustees, executors and administrators; and
 - c. the submission of information required to satisfy state and federal reporting requirements.

Proceeds will be paid as a lump sum unless otherwise provided.

PREMIUMS

Payment of Premiums

You will find the Policy Date, premium amount and premium period in the Schedule. All premiums after the first must be paid in advance. Premiums are payable annually, or at other authorized premium frequencies. We will determine the amount of each such premium.

Premiums must be paid to Our Administrative Office or to an agent who is authorized to receive such payment for Us.

If any check, draft, or other such instrument that You use to pay premiums is not paid when presented for payment in due course of business, the premium will be considered unpaid.

When Coverage Starts

This insurance takes effect only after two things happen:

1. We approve your application form; and
2. We receive the first premium within 30 days of the Policy Date.

These two things must happen while you are alive. Your coverage then starts at 12:01 A.M. Standard Time at your home on the Policy Date.

Grace Period

There is no grace period for the first premium. For each premium after the first, if You do not pay a premium on or before its due date, We will keep this policy in force for 31 days beyond the due date. This is the grace period. If You do not pay the premium by the end of the grace period, this policy will then Lapse.

Reinstatement

You may reinstate this policy if it has Lapsed within 5 years after the first unpaid premium was due if You:

1. submit proof of insurability, satisfactory to Us, on the Insured; and
2. pay all overdue premiums with compound interest.

The rate of interest applicable to overdue premiums is compounded daily at an annual rate of 6%. Interest will be calculated from the due date of the unpaid premium to the date of reinstatement.

The election to reinstate this policy must be made by Written Request. The Written Request, and the payment of all amounts owed in 2. above, must be received at Our Administrative Office. The reinstatement will be effective on the date We approve the Written Request.

REQUALIFICATION

Requalification for Coverage

While insurance is in effect and up to the Insured's Maximum Requalification Age shown in the Schedule, You may apply for an additional Term Period as stated in the Schedule. You must complete a new application and provide evidence of the Insured's insurability which is satisfactory to Us. The face amount will remain the same. The premium will be based on the Insured's age at the time the Insured requalifies for his or her insurance.

Any suicide exclusion applicable to this policy will not be reinstated upon requalification.

With respect to the **Incontestability** provision of this policy, if a material misrepresentation is made in the new application, the amount of insurance that may be contested is limited to the difference between the amount purchased by the regular premium rate for the policy and the amount purchased by the requalification premium rate.

RENEWABILITY

Renewability of Coverage

At the end of a Term Period and on each policy anniversary thereafter while insurance is in effect, You may renew for an additional one year period, up to the Insured's Termination Age shown in the Schedule. New evidence of the Insured's insurability will not be required. The face amount will remain the same. The premium will be based on the Insured's age at the time You renew this coverage. The premium will not exceed the premium shown on the Table of Guaranteed Maximum Annual Renewal Premium Rates shown in this policy.

RIGHT TO CONVERT

Conversion to Permanent Life Insurance

You may convert this policy to a permanent life insurance policy at any time prior to the earlier of:

1. the Insured's attainment of age 80, or
2. the end of the Term Period.

The amount of life insurance will not exceed the Face Amount under this policy. The insured's insurance must be in effect on the date the conversion is requested.

New evidence of insurability will not be required. However, any application attached to this policy may be made a part of the converted policy. It may be used to contest benefits under the converted policy.

during the balance of time that it may be contested under this policy's incontestability and suicide provisions. If the converted policy contains additional coverage for which evidence of insurability was provided, new contestability and suicide provisions may apply to that coverage. Once the conversion has been made, coverage under this policy ends. The converted policy will become effective when we receive the first premium. The first premium must be paid within 31 days from the date coverage under this policy ends. The new premium will be based on the insured's age at the time you convert to the new policy.

GENERAL PROVISIONS

Assignment

An assignment is a transfer of all or some of the policy rights and privileges to someone else. If You assign this policy, Your rights and the rights of anyone who is to receive payment, are subject to the terms of that assignment. If the Beneficiary appointment in effect is irrevocable, written consent of such a Beneficiary is required. A change of Owner is an absolute assignment.

No assignment will take effect unless We receive the Written Request. When received, the assignment will take effect as of the date it was signed unless otherwise specified by the Owner. This is subject to payment or other action taken by Us before it was received. We are not responsible for the validity of any assignment.

Beneficiary

While the Insured is living, You may appoint one or more Beneficiaries and may revoke an appointment unless You made it irrevocable. If You have reserved the right to change the Beneficiary, You may do so by Written Request. You must revoke any previous appointments and designate the new person or persons to be Beneficiary.

No appointment or change in appointment will take effect unless We receive the Written Request. When received, the Written Request will take effect as of the date it was signed unless otherwise specified by the Owner, subject to payment or other action taken by Us before it was received.

The Beneficiary of this policy will be as stated in the application unless later changed. We will pay the amount due at the death of the Insured under the Beneficiary appointment in effect at the date of death. If more than one Beneficiary has been appointed and one or more of them dies, the proceeds will be paid to the surviving Beneficiaries equally, unless otherwise designated. If no Beneficiary is alive at the death of the Insured, or if none has been appointed, We will pay the proceeds to You; or (1) if You are deceased, to Your living spouse or domestic partner; (2) if You do not have one, in equal shares to Your living, lawful children; or (3) if there are none in equal shares to Your living, lawful parents; or (4) if there are none, in equal shares to Your living, lawful brothers and sisters; or (5) if there are none, to Your estate.

Conformity with Interstate Insurance Product Regulation Commission Standards

This policy has been approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of the policy that, on the provision's effective date, is in conflict with Interstate Insurance Product Regulation commission standards for this product type is hereby amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

Currency

All amounts payable under this policy must be paid in United States currency.

Entire Contract

The entire contract is made up of:

1. this policy, which includes the Schedule;
2. the attached application, including any supplementary applications; and
3. any riders or endorsements.

All statements made in an application are, in the absence of fraud, deemed to be representations and not warranties. We will not use any statement to avoid this policy or to deny a claim unless it is contained in a written application that is made a part of this policy.

Only an officer of the Company may modify this policy or waive any of Our rights or requirements. Any change in this policy must:

1. be in writing; and
2. bear the signature of at least one officer.

An Agent is not an officer of the Company.

Incontestability

We will not contest this policy or any rider or endorsements after it has been in force during the Insured's lifetime for two years from its Issue Date, except for the following:

1. failure to pay premiums;
2. fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated policy, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

Misstatement of Age or Sex

If the Insured's date of birth or sex has been misstated, the amounts payable under the policy will be the amounts that the premiums paid would have purchased for the correct date of birth and sex.

Our Consent

If Our consent is required, it must be given in writing. It must bear the signature of an officer of the Company.

Owner

The Owner of this policy is stated on the application, unless later changed by assignment. If the owner dies prior to the termination of the policy, the insured becomes the owner.

While the Insured is living, as Owner You may exercise all rights and privileges granted by this policy, subject to the terms of any beneficiary appointment or assignment.

All rights as Owner expire at the death of the Insured.

These are Your principal rights as Owner:

1. to appoint or change beneficiaries;
2. to receive amounts payable prior to the death of the Insured; and
3. to assign this policy.

No change in Owner designation will take effect unless We receive the notification. When received, the notification will take effect as of the date it was signed unless otherwise specified by the Owner. This is subject to payment or other action taken by Us before it was received.

Participating

This is a Participating Policy. While it is in force, it is eligible for dividends. Each year we will determine our divisible surplus. This Policy's share, if any, is credited as a dividend on the next policy anniversary. Any dividend will be paid in cash.

Policy Date

The Policy Date is shown in the Schedule. It is the date this policy goes into effect.

Policy years, months, and anniversaries are measured from the Policy Date. The first day of each policy year is the policy anniversary.

Suicide Exclusion

We will not pay the Face Amount if the Insured commits suicide (while sane or insane) within two years from the Issue Date of this policy. Instead, We will be liable only for the amount of the premium paid.

Termination of Policy

This policy will terminate as of the earliest date:

1. the policy Lapses;
2. the Insured's death;
3. the policy is surrendered;
4. the full Face Amount is paid as a claim under any accelerated benefit rider attached to this policy; or
5. the Insured reaches the Termination Age, as shown on the Schedule.

Table of Guaranteed Maximum Annual Renewal Premium Rates
Per \$1,000 of Face Amount

<u>Attained Age</u>	<u>Male Nonsmoker</u>	<u>Male Smoker</u>	<u>Female Nonsmoker</u>	<u>Female Smoker</u>
28	3.90	6.83	2.25	3.56
29	3.86	6.79	2.36	3.79
30	3.83	6.75	2.48	4.01
31	3.79	6.79	2.63	4.31
32	3.83	6.90	2.78	4.61
33	3.94	7.13	2.96	4.99
34	4.01	7.39	3.19	5.48
35	4.20	7.69	3.45	5.96
36	4.39	8.14	3.71	6.45
37	4.65	8.66	3.94	6.86
38	4.99	9.30	4.13	7.28
39	5.29	10.01	4.35	7.73
40	5.70	10.88	4.61	8.21
41	6.19	11.93	4.91	8.78
42	6.79	13.16	5.25	9.49
43	7.50	14.63	5.66	10.28
44	8.29	16.28	6.15	11.21
45	9.15	17.93	6.71	12.30
46	10.01	19.58	7.39	13.58
47	10.73	20.96	8.18	15.15
48	11.29	22.01	9.04	17.03
49	12.00	23.36	10.01	19.13
50	12.94	25.13	11.10	21.38
51	14.14	27.41	12.34	23.85
52	15.60	30.19	13.73	26.51
53	17.29	33.53	15.19	29.40
54	19.43	37.50	16.73	32.48
55	21.83	41.74	18.49	35.74
56	24.62	46.74	20.67	39.75
57	27.41	51.51	23.02	43.89
58	30.26	56.20	25.51	48.28
59	33.61	61.70	28.08	53.05
60	37.68	68.44	30.84	58.08
61	42.65	76.67	33.90	63.59
62	48.46	86.18	37.19	69.50
63	54.90	96.53	40.71	75.65
64	61.74	107.10	44.60	82.36
65	68.98	117.68	48.96	89.68
66	76.45	128.18	53.75	97.70
67	84.39	138.98	59.12	106.66
68	92.88	150.22	65.12	116.56
69	102.48	162.65	71.73	127.54
70	113.72	176.90	79.24	140.00
71	127.35	194.29	87.86	154.02
72	143.38	214.54	97.38	169.42
73	160.52	235.34	107.88	186.37
74	179.16	258.08	119.62	204.36
75	199.69	283.53	132.62	223.49
76	223.01	311.95	147.02	244.37
77	250.26	344.93	163.11	267.09
78	282.09	382.94	180.81	291.84
79	318.09	425.16	200.43	318.73
80	358.60	471.75	224.75	352.05
81	403.14	521.87	254.67	392.74
82	450.94	574.21	286.77	435.29
83	503.67	630.62	320.95	479.41
84	562.80	694.72	359.37	525.98

**INDIVIDUAL LIFE INSURANCE APPLICATION
THE UNION LABOR LIFE INSURANCE COMPANY**

[**Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910**]

[**Executive Office: 1625 Eye Street, N.W., Washington, D.C 20006**]

[John Q. Sample
Street Road
Second Address Line
Anytown, US 00000]

[Member of: International Union Personalized]

1. Please tell us about yourself:

[Proposed Insured Name: [John Doe]
Address 1 [123 ABC Lane]
Address 2 [Unit 7654]
City, State, Zip [Capris, IA 73259]
Date of Birth
[] [] [] [] [] [] [] [] [] []
MONTH DAY YEAR
 Male Female
State of Birth: [] []
Phone [] [] [] [] [] [] [] [] [] []
AREA CODE
Best time to call: Morning Afternoon Evening
Social Security # [] [] [] [] [] [] [] [] [] []
Driver's License# _____ State of Issue [] []
E-Mail Address _____
If you share your e-mail address, you may receive periodic e-mails about money-saving benefits endorsed by your Union. You will always have the right to opt-out of receiving these e-mails.

If Owner is different from the Proposed Insured, please answer:

Owner Name: [Jane Doe]
Address 1 [123 ABC Lane]
Address 2 [Unit 7654]
City, State, Zip [Capris, IA 31529]
Date of Birth
[] [] [] [] [] [] [] [] [] []
MONTH DAY YEAR
 Male Female
Your relationship to Proposed Insured: _____
Phone [] [] [] [] [] [] [] [] [] []
AREA CODE
Best time to call: Morning Afternoon Evening
Social Security # [] [] [] [] [] [] [] [] [] []
Driver's License# _____ State of Issue [] []
E-Mail Address _____
If you share your e-mail address, you may receive periodic e-mails about money-saving benefits endorsed by your Union. You will always have the right to opt-out of receiving these e-mails.

[Please answer the following questions for the Proposed Insured:

International Union Name _____ Local # _____ Currently employed? Yes No
Employer _____
Employer Address _____
(street, city, state, zip)
Occupation _____ Length of Employment _____
Personal Earned Income \$ _____ Household Income \$ _____ Net Worth \$ _____]

HIV/AIDS?	
6. Within the past six weeks, have you been prescribed or taken any prescription medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you used any tobacco or nicotine based products in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “Yes” to any of the above questions, please provide details in the space below. Identify the question number, and include diagnoses, dates, durations, names, addresses and phone numbers of all attending physicians and medical facilities. Attach a separate sheet if needed. Please be sure to sign and date it.

4. Read, Sign and Date below.

I have read the completed application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this Application. I agree that this application will be the basis for, and will become part of, the policy that is issued. I understand that the statements and answers in the application are the basis for any policy issued by the company and that no information about me will be considered given unless stated in the application. The above representations are true to the best of my knowledge and belief. I agree the policy shall not be in effect until it has been issued by The Union Labor Life Insurance Company (“the Company”) and all premiums have been paid. I understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy’s Incontestability provision. I understand that the agent has no authority to approve the application, change the policy, or waive any policy provisions. I understand no insurance will be effective until the date stated in the policy and all eligibility requirements are met. I understand that the USA Patriot Act requires all financial institutions, including insurance companies, to verify the identity of their customers. Providing your name, address, date of birth and taxpayer identification number allows Us to verify your identity. Our verification process may include the use of third-party sources to verify the information provided. I am not being paid cash and have not been promised services as an inducement to enter into this application for life insurance. I acknowledge receipt of a copy of the Information Practices Notice, MIB Pre-Notice, and Fair Credit Reporting Act Notice.

The purpose of this insurance application is not to sell or assign it to any type of viatical settlement, senior settlement, or life settlement company.

I understand that state insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued, and that I should consult with legal advisors if I have any questions about these matters.

Authorization

I authorize any physician, medical practitioner, hospital, medical care facility, the Veteran’s Administration, insurance company, MIB, Inc., pharmacy manager, pharmacy, insurance laboratory, a consumer reporting agency, a Department of Motor Vehicles, my employer, or any other person or organization that has any record of information about me to give The Union Labor Life Insurance Company, its reinsurers or its authorized representatives information about my health, other insurance coverage, employment, age, general character, finances, participation in hazardous activities, medical care or advice about any physical or mental condition including information about drugs, alcoholism, or other information The Union Labor Life Insurance Company requires to determine insurability or eligibility of benefits. I further authorize the sources listed above except for MIB, Inc. to give such information to a consumer reporting agency acting on behalf of The Union Labor Life Insurance Company. This authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent the company has taken action in reliance on this authorization. Notice of revocation may be sent, in writing, to the Company at its administrative office address. I agree that a copy of this authorization is as valid as the original and I can obtain a copy on request. This authorization is valid for 30 months from the date signed.

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.

[Information Practices Notice

To determine eligibility for coverage, the Company may supplement the information provided by you with information from other sources. Any information you give us regarding your insurability, and any information received from other sources, will be treated as strictly confidential. In some situations, and in compliance with applicable laws, the Company may disclose necessary items of information to third parties without your specific authorization. You have the right to be told about, and to copy, if you wish, items of personal information which appear in Our files. You also have the right to seek correction of information you believe to be inaccurate. If you would like a more detailed explanation of our information practices and the circumstances under which we may use or disclose information, please submit a written request to the Company, to the attention of the Privacy Officer at the Executive Office address]

[Information Regarding the Medical Information Bureau Pre-Notice

Information regarding your insurability will be treated as confidential. The Union Labor Life Insurance Company or its reinsurers may; however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

The Union Labor Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at <http://www.mib.com>.]

X _____
Proposed Insured Signature **Date**

[Signed at _____
City, State]

X _____
Owner Signature **Date**
(If different from Proposed Insured)

[Signed at _____
City, State]

Agent Certification

I certify that: (1) the application was obtained personally and in my presence; (2) all questions on the application were asked, and any information recorded by me on this application is true and accurate to the best of my knowledge; (3) to the best of my knowledge, this policy will will not replace or change any existing life insurance or annuity policy(ies); and (4) I have witnessed the signature(s) on this application.

Licensed Agent's Signature

Agent's Printed Name

Agent's Number

Telephone Number

E-mail Address

License #

State

Date

Mail Policy To: Owner Agent

The Union Labor Life Insurance Company

("We, Us, Our, the Company")

[Administrative Office: 8403 Colesville Road, Silver Spring, MD 20910]

[Executive Office: 1625 Eye Street NW, Washington, DC 20006]

ACCELERATED DEATH BENEFIT RIDER

This rider is a part of the policy to which it is attached. It is issued in consideration of the Proposed Insured's:

1. application for this coverage; and
2. payment of any required premium.

The effective date of this rider is the Policy Date shown in the policy Schedule.

This rider has no cash value. All provisions of the policy that do not conflict with this rider apply to this rider. This rider only applies to the Insured.

The following Accelerated Death Benefits are added to the policy:

Accelerated Death Benefit

Means the advance payment of some or all of the death benefit proceeds payable under a life insurance policy to the Owner during the lifetime of the Insured. This rider reduces the death benefit otherwise payable under the policy through a present value payment upon the death benefits. This benefit is payable upon the occurrence of the Qualifying Event with respect to the Insured resulting in the payment of a benefit amount fixed at the time of acceleration.

Important Tax and Public Assistance Information

Accelerated life insurance benefits may or may not qualify for favorable tax treatment under the internal revenue code of 1986. If the accelerated life insurance benefits qualify for favorable tax treatment, the benefits will be excludable from the Owner's income and not subject to federal taxation. Tax laws relating to accelerated life insurance benefits are complex. The Owner is advised to consult with a qualified tax advisor about circumstances under which he or she could receive accelerated life insurance benefits excludable from income under federal law.

In addition, receipt of accelerated life insurance benefits may affect the Owner, the Owner's spouse's, or the Owner's family's eligibility for public assistance programs such as Medicare assistance (Medicaid), aid to families with dependent children (AFCD), supplementary social security income (SSI), and drug assistance programs. The Owner is advised to consult with a qualified tax advisor and with social service agencies concerning the effect of such a payment.

Effect of Accelerated Death Benefits on Policy Benefits

The policy death benefit, any cash values, and any loan values will be reduced by the percentage of any Accelerated Death benefit the Owner elects to receive under this Accelerated Death Benefit Rider.

The amount of the Accelerated Death Benefit available to the Owner will be reduced by the amount of any outstanding policy loan, but only up to the amount of the outstanding policy loan multiplied by the percentage of the policy death benefit that has been accelerated.

Prior to or concurrent with the election to accelerate the policy death benefits, you will be provided with a Effect of Accelerated Death Benefits on Policy Benefits Statement demonstrating the effect of the Accelerated Death Benefit payment.

Benefits

The Company will pay an Accelerated Death Benefit For Terminal Illness and/or Accelerated Death Benefit for Organ Transplant if the Owner elects to use these options. These benefits are paid to the Owner if the Insured experiences a Qualifying Event. The Qualifying Event must occur while this rider is in effect and We must receive your request for the benefit while this rider is in effect.

We will provide the required claim form within 15 days of the Owner's request for the Accelerated Death Benefit. If We do not provide the required claim form within such 15 days, the Owner is considered to have complied with Our claim form requirement if the Owner submits written proof covering the Qualifying Event and the character and extent of the Qualifying Event for which the claim is made.

Payment of the Accelerated Death Benefit will be made immediately upon Our receipt of due written proof of eligibility. The Owner cannot change the amount elected after the date We pay the benefit.

Unless otherwise assigned or designated by the Owner, the benefit will be paid to the Owner or the Owner's estate while the Insured is living. Payment will be made in a single sum. If the Owner is not living when benefits are payable, the benefits will be paid pursuant to the policy.

The Company will, prior to payment of either of the Accelerated Death Benefits, obtain a signed acknowledgement of agreement for payout of the Accelerated Death Benefit from any assignee or irrevocable beneficiary.

If the Insured dies after the Owner elects to receive Accelerated Death Benefits but before such benefits are paid, the election shall be cancelled and the death benefit will be paid pursuant to the policy.

The Company is not responsible for any effect on the Owner's state or federal taxes, or the Owner's family's loss of eligibility for any state or federal medical programs.

Accelerated Death Benefit For Terminal Illness

For the Accelerated Death Benefit For Terminal Illness, the Owner may elect to receive up to 100% of the face amount.

Qualifying event means a medical condition that is reasonably expected to result in a drastically limited life span of 12 months or less for the Insured.

This benefit is subject to the following payment procedures:

1. The Company must receive a statement from a physician certifying:
 - a. the diagnosis of the Insured's medical condition; and

- b. that because of the nature and severity of the condition, the Insured is not expected to live more than twelve months. The Company has the right to require, at its own expense, documentation from a second or third physician which supports the initial diagnosis. The second medical opinion may include a physical examination by a physician designated by the company, The physician or physicians giving the diagnosis must be someone other than the Owner's or the Insured's spouse, parent, child, brother or sister, aunt or uncle, or any person living with the Owner or the Insured. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the Owner and the company.
2. the Owner may elect this benefit only once.

Accelerated Death Benefit for Organ Transplant

For the Accelerated Death Benefit For Organ Transplant, the Owner may elect to receive up to 50% of the face amount.

A Qualifying Event is defined as one of the following:

- a. Heart transplant,
- b. Lung transplant, or
- c. Liver transplant;
- d. This does not include the implantation of any artificial or animal organ(s).

This benefit is subject to the following payment procedures:

1. The Company must receive proof from your physician and surgeon of the occurrence of a Qualifying Event. The physician and surgeon must be someone other than your spouse, parent, child, sibling, aunt or uncle, or any person living with you.
2. The Owner may elect this benefit only once.

When less than 100% of the face amount is elected for an Accelerated Death Benefit, the face amount will be reduced by the percentage accelerated. Any cash values and loans will also be reduced by the same percentage. Future premiums will be reduced to what would be charged had the policy been issued at the reduced benefit level. However, You will have the option at the time of acceleration to reduce the Accelerated Death Benefit payment by an amount actuarially determined to pay the remaining future premiums to keep the policy in force.

The Accelerated Death Benefit will be subject to the discount described below. After the discount is applied, the Company will then pay the balance to the Owner. The discount will be calculated as follow:

1. an interest rate will be established as of the date of the Owner's application for this benefit. The interest rate will not exceed the greater of the yield for 90 day United States Treasury Bills or the maximum statutory adjustable policy loan interest rate in the state in which the policy to which this rider is attached is issued;
2. the Available Proceeds will be "discounted to its present value" based on a life expectancy of one year by applying this interest rate;
3. the resulting amount will be paid to the Owner in a one-time lump sum. We reserve the right to deduct an additional administration fee up to \$150.00. The one-time lump sum will be at least

equal to the acceleration percentage multiplied by the difference between the current policy cash value, if any, and outstanding policy loans, if any. The current policy cash value, if any, will include any termination dividend payable on the surrender of the policy.

The present value actuarial discount will not reduce the amount of benefits accelerated by more than 15% of the face amount of such benefits.

The acceleration of life insurance benefits, related charges, interest, discounts or liens, if applicable, and the balance of the death benefit of the life insurance contract will constitute full settlement on maturity of the face amount of the policy.

Available Proceeds

The face amount elected from the Accelerated Death Benefit.

Conversion

Any conversion provision in the policy does not apply to this rider.

Discounted to its present value

Means determining, on the date of payment, the value of an amount of money the Owner wouldn't otherwise receive or pay out, until some point in the future.

Incontestability

We will not contest this rider after it has been in force during the Insured's lifetime for two years from its effective date, except for fraud in the procurement of the policy, when permitted by applicable law in the state where the policy is delivered or issued for delivery.

The statement on which the contest is based will be material to the risk accepted or the hazard assumed by Us.

With respect to a reinstated rider, the contestable period will begin with the day of reinstatement, and will be based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

Reinstatement.

If the Insured's policy lapses, and is reinstated, this Rider may be reinstated.

Termination of Rider

The benefit provided by this rider will end on the earliest of the following dates:

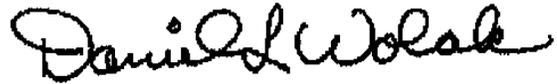
1. the date the policy terminates;
2. the date of the Insured's death;
3. the date the full face amount is paid as a claim under this Accelerated Death Benefit Rider;
4. the date a nonforfeiture benefit, if any, becomes effective under the policy; or
5. the date We receive written request from the Owner to terminate this rider.

Termination of this rider will not affect the payment of benefits for any Qualifying Event that began while this rider was in effect.

Benefits are subject to all terms and limitations of the policy. This rider does not waive, alter or extend any provisions or conditions of the policy and will not prejudice the payment of benefits for any qualifying event that occurred while in force except to the extent shown above.



SECRETARY



PRESIDENT

SERFF Tracking #:

ULCC-128301660

State Tracking #:

Company Tracking #:

ULL-RTL-0112

State: Arkansas **Filing Company:** The Union Labor Life Insurance Company
TOI/Sub-TOI: L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: INDIVIDUAL RENEWABLE TERM LIFE INSURANCE
Project Name/Number: /ULL-RTL-0112

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Document Attached.		
Attachment(s):			
CERTIFICATE OF READABILITY.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Variable Memorandum		
Comments:	Documents Attached.		
Attachment(s):			
Variable Memo for Policy ULL-RTL-0112.pdf Variable Memorandum for Accelerated Death Benefit ULLR-ADB-0112.pdf Variable Memorandum for Application ULLLA-LIF-0112.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certificate of Compliance		
Comments:	Document Attached.		
Attachment(s):			
AR Certification Rule 19.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Guaranty Association Notice		
Comments:	Document Attached.		
Attachment(s):			
AR-Guaranty.pdf			

The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

Executive Office: 1625 Eye Street N.W., Washington DC 20006

READABILITY CERTIFICATION

I certify that the form submitted with this filing achieved the following score using the Flesch Test Reading Score standards.

Form	Description	Score
ULL-RTL-0112	Individual Renewable Term Life Policy	53.4
ULLA-LIF-0112	Individual Life Insurance Application	50.7
ULLR-ADB-0112	Accelerated Death Benefit Rider	50.3



Stephanie Whalen
Vice President, Operations

April 20, 2012

The Union Labor Life Insurance Company
Variable Memorandum
ULL-RTL-0112

Variable data is bracketed and may be revised without notice or prior approval. Variable data will never exclude or limit provisions.

POLICY COVER (Page 1)

1. The Company's Administrative Office and Executive Office addresses, telephone number, and website may be revised to reflect current information.
2. The signatures and titles of two officers may be changed to reflect current information.

SCHEDULE (Page 3)

A sample **SCHEDULE** for each term plan offered is provided: 10-year, 15-year, 20-year and 25-year. The following variability applies to all **SCHEDULES**:

1. The **Policy Number** will reflect the policy number assigned by the Company that is indicated on the Schedule.
2. The **Policy Owner** ("Owner") will reflect the name of the Owner.
3. The **Insured** will reflect the name of the Insured.
4. The **Department of Insurance** will reflect the name of the Insurance Department in which the policy is issued.
5. The **Telephone Number** will reflect the telephone number of the Insurance Department in which the policy is issued.
6. The **Issue Age** will reflect the age of the Insured on his or her last birthday on the Policy Date. Issue Ages under the 10-year term period plan are ages 18 – 69; Issue ages under the 15-year term period plan are 18 – 64; Issue Ages under the 20-year term period plan are ages 18 – 59; and Issue Ages under the 25-year term period plan are 18 – 54.
7. The **Sex** will reflect the gender of the Insured.
8. The **Face Amount** will reflect the amount of insurance in-force on the Policy Date. The minimum Face Amount for all term period plans and Issue Ages is \$25,000. Rates are banded to vary by Face Amount: Band 1: \$25,000 - \$100,000; Band 2: \$100,001 - \$199,999; and Band 3: \$200,000 +. The maximum Face Amount is to be determined with reinsurers.
9. The **Policy Date** will reflect the date the policy goes into effect.
10. The **Policy Class** will reflect the rating method used.
11. The **Issue Date** will reflect the date the policy was issued.

The Union Labor Life Insurance Company

Variable Memorandum
ULL-RTL-0112
SCHEDULE (Page 3 continued)

12. The **Maximum Requalification Age** is the highest age of the Insured for requalification. The Maximum Requalification Age will be Age 18 through 69 for the 10-year term, Age 18 through 64 for the 15-year term, Age 18 through 59 for the 20-year term, and Age 18 through 54 for the 25-year term.
13. The **DESCRIPTION OF BENEFITS AND PREMIUMS** will reflect the required premium amount and term period.
14. The Children's Term Life Insurance Benefit Rider is optional. The Benefit Amount range is \$5,000 to \$25,000.
15. The Accidental Death Benefit Rider is optional. The Benefit Amount range is \$25,000 to \$300,000.

THE UNION LABOR LIFE INSURANCE COMPANY
VARIABLE MEMORANDUM

ACCELERATED DEATH BENEFIT RIDER
Form ULLR-ADB-0112

Variable data is bracketed and may be revised without notice or prior approval. Variable data will never exclude or limit provisions.

- The addresses, telephone number, and website of the company are variable and may be changed to reflect any future change in any one or all variable items.
- This Accelerated Death Benefit Rider would be issued with the Policy.
- The signatory officers of the company are variable and may be updated to reflect any future changes in one or both signatures.

THE UNION LABOR LIFE INSURANCE COMPANY
VARIABLE MEMORANDUM
Individual Life Insurance Application ULLA-LIF-0112

Variable data is bracketed. Variable data will never exclude or limit provisions required by the governing jurisdiction.

1. The current address of the company will be provided.
2. The bracketed “John Q Sample” information in the top left hand corner of the application will reflect the name, address, city and state of the proposed insured, if known.
3. The bracketed “Member of International Union Personalized” information in the top right hand corner of the application will reflect the name of the proposed insured’s union, if known.
4. In Section 1, the variables “Proposed Insured Name”, “Address 1”, “Address 2”, and “City, State, Zip” will be omitted if the Proposed Insured’s personal data is pre-populated in the “John Q Sample” information in the top left hand corner of the application as referenced in item 2. above.
5. If the variables in Section 1, “Proposed Insured Name”, “Address 1”, “Address 2”, and “City, State, Zip” are included, they will reflect the Proposed Insured’s actual personal data.
6. In the area section of Section 1, page 1, the variable section that states “Please answer the following questions for the Proposed Insured” may be omitted. If it is included, it will be reflected as follows:
 - a. the variable “International Union Name _____ Local#_____” will be included when the individual policyholder is a part of an International Union and this information is not pre-populated or known;
 - b. the variables regarding the proposed insured’s employment from “Currently employed” through “Length of Employment” may be used for agent sales;
 - c. the variables regarding the proposed insured’s financial information from “Personal Earned Income” through “Net Worth \$_____” may be excluded or included for suitability purposes.
7. The benefits and amounts shown in Section 2 of the application are illustrative, and will vary according to the benefits and amounts being offered. For example, if only one product or benefit amount is offered, the variables, “[Choose One Product Below]” and “[Choose One Coverage Amount Below]” will be deleted or revised to reflect the choices. Also, we may only offer the 10 Year Term benefit with available benefit amounts of \$25,000, \$50,000, and \$75,000. In such case only that benefit and those available benefit amounts will be included. Similarly, we may only offer additional coverage for Accidental Death, in which case only the Accidental Death benefit option will be included.
8. Section 3 will be deleted in its entirety if coverage is offered on a guaranteed issue basis without tobacco use distinct rates. If coverage is offered on a guaranteed issue basis with tobacco use distinct rates, only the tobacco/nicotine question 7 will appear. If coverage is offered on a simplified issue underwriting basis, questions 1 and 3 will appear. If underwriting is required, the height/weight section and questions 1 & 3 will always appear as well as, any combination of the additional questions depending on the amount of underwriting.

VARIABLE MEMORANDUM

Group Life Insurance Application ULLA-LIF-0112

Page 2

9. Section designation “4” is variable and will be changed to Section designation “3” if no medical questions are included.
10. The “Authorization” in Section 4 (or Section 3 if no medical questions are included on the application) will only be excluded if coverage is offered on a guaranteed issue basis.
11. The “Information Practice Notice” in Section 4 will not be used for a guaranteed issue basis.
12. The “Information Regarding the Medical Information Bureau Pre-Notice” on page 4 of the application will not be used for a guaranteed issue basis.
13. The variable “Signed at _____” on page 4 of the application will be included when we use this form with an agent.
14. The Agent Information on page 5 will only be included when we decide to use this form with an agent.
15. General – Type sizes may be increased to fill available space, but will never be less than 10 point. Section dividers may be colored instead of black, and may be reformatted. Some text may be in color instead of black. The form may be printed on paper other than white, but will NOT be printed with any ink/paper combination that would obscure any question or instruction.

CERTIFICATE OF COMPLIANCE WITH ARKANSAS RULE & REGULATION 19

Insurer: The Union Labor Life Insurance Company

Form Number(s): ULL-RTL-0112, ULLA-LIF-0112 AND ULLR-ADB-0112

I hereby certify that the filing above meets all applicable Arkansas requirements including the applicable requirements of Rule & Regulation 19s10B.

A handwritten signature in black ink, appearing to read 'S Whalen', with a long horizontal flourish extending to the right.

Stephanie Whalen
VP of Operations, Life and Health

May 16, 2012
Date

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND DISABILITY INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association (“Guaranty Association”). The purpose of this Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association (“Guaranty Association”) may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association
c/o The Liquidation Division
1200 West Third Street (Third & Cross)
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Disability Insurance Guaranty Association Act (“Act”). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

(continued on next page)

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policyholder are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are **NOT** protected by the Guaranty Association if:

- * they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- * the insurer was not authorized to do business in this state;
- * their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy-holder is subject to future assessments, or by an insurance exchange.

The Association also does **NOT** provide coverage for:

- * any policy or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- * any policy of reinsurance (unless an assumption certificate was issued);
- * interest rate yields that exceed an average rate;
- * dividends and voting rights and experience rating credits;
- * credits given in connection with the administration of a policy by a group contract holder;
- * employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- * unallocated annuity contracts (which give rights to group contractholders, not individuals);
- * unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- * portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- * portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by the State or Federal law;

(continued on next page)

- * obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;

- * contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Guaranty Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contractholder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.