

State: Arkansas **Filing Company:** Globe Life and Accident Insurance Company
TOI/Sub-TOI: H03G Group Health - Accidental Death & Dismemberment/H03G.000 Health - Accidental Death & Dismemberment
Product Name: Accident Benefit Rider
Project Name/Number: Accident Benefit Rider/GACCLOSR

Filing at a Glance

Company: Globe Life and Accident Insurance Company
Product Name: Accident Benefit Rider
State: Arkansas
TOI: H03G Group Health - Accidental Death & Dismemberment
Sub-TOI: H03G.000 Health - Accidental Death & Dismemberment
Filing Type: Form
Date Submitted: 09/04/2012
SERFF Tr Num: AMLC-128668729
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GACCLOSR

Implementation
Date Requested:
Author(s): Mary Johnson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/10/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: Accident Benefit Rider Status of Filing in Domicile: Not Filed
Project Number: GACCLOSR Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Large
Group Market Type: Discretionary Overall Rate Impact:
Filing Status Changed: 09/10/2012
State Status Changed: 09/10/2012 Deemer Date:
Created By: Mary Johnson Submitted By: Mary Johnson
Corresponding Filing Tracking Number:

Filing Description:

NAIC: 290-91472
FEIN: 63-0782739
RE: Accident Benefit Rider Form(s) GACCLOSR
Actuarial Memorandum
Readability Certification

Attached for your review and approval is a copy the above mentioned form(s) GACCLOSR, Accident Benefit rider, that is being submitted for general use in the direct response market for use with our Group Certificate/or Individual Whole Life policy(ies) portfolio, and has never been filed.

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

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

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

Your early review and approval of this submission will be greatly appreciated. If you have any questions, please feel free to call (214) 544-5335 Collect, or e-mail me at mjohnson@torchmarkcorp.com.

Company and Contact

Filing Contact Information

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

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Filing Company Information

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

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Globe Life and Accident Insurance Company	\$50.00	09/04/2012	62233041

SERFF Tracking #:

AMLC-128668729

State Tracking #:

Company Tracking #:

GACCLOSR

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/10/2012	09/10/2012

SERFF Tracking #:

AMLC-128668729

State Tracking #:

Company Tracking #:

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Disposition

Disposition Date: 09/10/2012

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Accident Benefit Rider	Approved-Closed	Yes

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Post Submission Update Request Processed On 09/10/2012

Status: Allowed
Created By: Mary Johnson
Processed By: Rosalind Minor
Comments:

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Form Schedule

Lead Form Number: GACCLOS

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/10/2012	GACCLOS	CERA	Accident Benefit Rider	Initial:	51.520	GACCLOS.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

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

ACCIDENT BENEFIT RIDER

Forming a part of any Policy or Certificate to which it is attached

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

INSURED: [John Doe]

PRINCIPAL BENEFIT AMOUNT: Under age [70] [\$10,000]
Age [70] and over [\$5,000]

POLICY OR CERTIFICATE NO: [00-1234567]

ANNUAL PREMIUM OF RIDER: [\$2.77]

DATE OF ISSUE: [06/30/2012]

RIDER EXPIRY DATE: [06/30/2052]

ACCIDENT BENEFIT: We agree to pay the Beneficiary the Accident Benefit stated in this rider if both:

1. This rider is in force,
2. We receive due proof of the Insured's Accidental Bodily Injury at Our Administrative Offices in Oklahoma City, Oklahoma.

Such payment is subject to the provisions of this rider. Accident Benefits are in addition to other sums due under the policy or certificate. Rider Benefits and premium will terminate on the Rider Expiry Date.

The total Accident Benefit paid for multiple Accidents will not exceed the Principal Benefit Amount. If the Rider coverage is still in effect, the Accident Benefit paid will decrease by 50% on the policy or certificate anniversary following the Insured's [70th] birthday with no change in premium.

DEFINITIONS

ACCIDENT: A fortuitous event, unforeseen and unintended.

ACCIDENTAL BODILY INJURY: Unexpected traumatic damage to the Insured's body of external origin.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

EVIDENCE OF INSURABILITY: Satisfactory proof, as determined by Us, that a person is acceptable for insurance.

POLICY/CERTIFICATE ANNIVERSARY: Shall be determined from the Policy/Certificate Effective Date as listed in the Policy/Certificate Schedule.

WE, OUR, US, or COMPANY: Globe Life And Accident Insurance Company at Our Administrative Office in Oklahoma City, Oklahoma.

YOU, YOUR, or YOURS: The Owner of this rider.

ACCIDENT BENEFIT

Benefits will be payable as shown below if, as a result of an Accident, an Insured suffers an Accidental Bodily Injury resulting in a loss described in the table below. The loss must occur within 90 days after the date of the Accident causing such Injury. The Insured must be alive 90 days following the Accident causing such Injury. The Injury and the loss both must occur while the Insured is covered by the rider.

If more than one such loss is sustained as a result of one Accident, only one benefit, the largest, is payable.

Loss:	Percentage of the Principal Benefit
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
Either One Hand or One Foot and Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Either One Hand or One Foot	50%
Sight of One eye	50%
Hemiplegia	50%

Loss, when referring to:

- 1) Hand or foot, means the actual severance through or above the wrist or ankle joints;
- 2) Sight of eye, means entire and irrevocable loss of sight.
- 3) Hemiplegia, means the complete and irreversible paralysis of upper and lower limbs on one side of the body.
- 4) Paraplegia, means the complete and irreversible paralysis of both lower limbs.
- 5) Quadriplegia, means the complete and irreversible paralysis of both upper and lower limbs.

EXCLUSIONS

This rider does not cover loss that results from an Accident which results in the death of the Insured within 90 days of such Accident.

This rider does not cover loss that results from an Accident that occurs outside of the United States and Canada unless the Insured is a citizen of the United States or Canada.

This rider does not cover a loss that is caused by or contributed to by, or results from an Accident that is caused by or contributed to by, either directly or indirectly:

1. Disease, sickness, infection, bodily or mental infirmity, or medical or surgical treatment of these;
2. Attempted suicide or intentionally self-inflicted bodily injury, or any attempt thereat, while sane or insane (reference to insane not applicable in Missouri);
3. Being under the influence of any drug, narcotic, or controlled substance unless taken or used as prescribed by a physician;
4. Voluntary gas inhalation, or poison voluntarily taken, absorbed, inhaled or injected;
5. Being under the influence of alcohol (having a blood alcohol level of .08 percent weight by volume or higher);
6. Participation in any contest of speed or endurance (driving or riding in any race);
7. Operating any motor vehicle for recreational purposes other than on paved roads or surfaces constructed for public use (i.e. off road);
8. Air travel except as a fare paying passenger on a regularly scheduled commercial flight;
9. Taking part in a riot, insurrection, armed conflict, or terrorist act;
10. Skydiving, scuba diving, hang gliding or hot air ballooning;
11. Committing or attempting to commit an assault, felony, or any other illegal act;
12. Service in the military, naval or air services of any country (combat or training exercises);
13. War, or act of war, whether declared or not; or
14. Injury intentionally inflicted by another due to participation in gang related activity unless you are an innocent bystander not involved in any such activity.

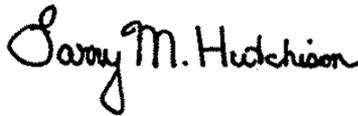
NONPARTICIPATING: This rider does not participate in Our surplus or earnings.

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

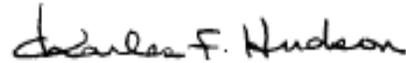
1. We pay total benefits equal to the Principal Benefit Amount
2. The attached policy or certificate is surrendered, or lapsed or expires.
3. You do not pay the premium for the attached policy or certificate or for this rider when due or within the grace period.
4. Rider expires at the date shown on Page 1 of this rider.
5. You convert the attached policy or certificate.
6. You ask Us in writing to cancel this rider and send the policy or certificate for endorsement. You must make the request within 31 days after a premium due date.

PAYMENT OF PREMIUMS: The Annual premium for this rider is shown either on page 1 of this rider or in the policy or certificate Specifications. The consideration for this rider is the attached application or enrollment form, if any, and the first premium. The premiums for this rider do not increase any guaranteed values in the attached policy or certificate.

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



Secretary



President

SERFF Tracking #:

AMLC-128668729

State Tracking #:

Company Tracking #:

GACCLOS R

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/10/2012
Comments:			
Attachment(s):			
Readability Cert GACCLOS R.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/10/2012
Bypass Reason:	This submission is a rider and not a policy.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	09/10/2012
Comments:			
Attachment(s):			
SOV GACCLOS R Plancode.pdf			

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY

Oklahoma City, Oklahoma

READABILITY CERTIFICATION

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

	<u>FORM</u>	<u>SCORE</u>
RIDER	GACCLOS	51.52

September 4, 2012

Date



Michael J. Gaisbauer, Vice President

Statement of Variability

Globe Life and Accident Insurance Company Rider Form GACCLOS R

Available Values for bracketed/variable sections of this form:

Insured

Insured's name as stated on the application

Policy or Certificate No

Policy number (or certificate number) of the life insurance policy (or certificate) to which this rider is attached

Date of Issue

The date the rider's coverage begins

Principal Benefit Amount

Age Range at which the benefit reduction may occur: 50-100

Principal Benefit Amount Range before reduction: \$2,000 - \$1,000,000

Principal Benefit Amount Range after reduction: \$1,000 - \$500,000

Annual Premium of Rider

Annual Gross Premiums charged to the policyowner to keep this rider in force

A statement may be included indicating the premium is included with the base life insurance policy, or that the premium is included with an attached ADB rider.

Rider Expiry Date

That date the rider's coverage will expire.

The date can be any date from the base policy's 1st anniversary to the base policy's expiration date.