

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Amendment Rider
Project Name/Number: CI Amendment Rider/CI Amendment Rider

Filing at a Glance

Company: Assurity Life Insurance Company
Product Name: CI Amendment Rider
State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H071.001 Critical Illness
Filing Type: Form
Date Submitted: 09/20/2012
SERFF Tr Num: SEFL-128691346
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CI AMENDMENT RIDER

Implementation: On Approval
Date Requested:
Author(s): Kristi Hendrickson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/20/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Amendment Rider
Project Name/Number: CI Amendment Rider/CI Amendment Rider

General Information

Project Name: CI Amendment Rider	Status of Filing in Domicile: Authorized
Project Number: CI Amendment Rider	Date Approved in Domicile: 03/29/2005
Requested Filing Mode: Review & Approval	Domicile Status Comments: Approved
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/20/2012
	State Status Changed: 09/20/2012
Deemer Date:	Created By: Kristi Hendrickson
Submitted By: Kristi Hendrickson	Corresponding Filing Tracking Number:

Filing Description:

Assurity Life Insurance Company submits form R CI206 for approval. The form is new and will not replace any forms.

R CI206 Policy Amendment Rider Specified Condition Not Covered is an agreement between the insured and Assurity Life Insurance Company excluding coverage of specified condition(s). The insured acknowledges acceptance and understanding of the rider's conditions by signing the rider.

This form will be used at time of policy issue with Critical Illness policies I H0810 (AR) and I H0820 (AR), which were approved on September 30, 2010 under SEFL-126751259.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
 P.O. Box 82533 402-437-3452 [Phone]
 Lincoln, NE 68501-2533 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
P.O. Box 82533	Group Code:	Company Type: Life/Health
Lincoln, NE 68501-2533	Group Name:	State ID Number:
(800) 276-7619 ext. [Phone]	FEIN Number: 38-1843471	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	50 per form
Per Company:	No

Company	Amount	Date Processed	Transaction #
Assurity Life Insurance Company	\$50.00	09/20/2012	62868021

SERFF Tracking #:

SEFL-128691346

State Tracking #:

Company Tracking #:

CI AMENDMENT RIDER

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: CI Amendment Rider

Project Name/Number: CI Amendment Rider/CI Amendment Rider

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/20/2012	09/20/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/20/2012	09/20/2012

Response Letters

Responded By	Created On	Date Submitted
Kristi Hendrickson	09/20/2012	09/20/2012

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Amendment Rider
Project Name/Number: CI Amendment Rider/CI Amendment Rider

Disposition

Disposition Date: 09/20/2012

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	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Policy Amendment Rider Specified Condition Not Covered	Approved-Closed	Yes

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Amendment Rider
Project Name/Number: CI Amendment Rider/CI Amendment Rider

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/20/2012
Submitted Date	09/20/2012
Respond By Date	

Dear Kristi Hendrickson,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy Amendment Rider Specified Condition Not Covered, R CI206 (Form)

Comments:

Will this rider only be used on new issues?

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,

Rosalind Minor

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Amendment Rider
Project Name/Number: CI Amendment Rider/CI Amendment Rider

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/20/2012
Submitted Date 09/20/2012

Dear Rosalind Minor,

Introduction:

Thank you for your correspondence.

Response 1

Comments:

Yes

Related Objection 1

Applies To:

- Policy Amendment Rider Specified Condition Not Covered, R CI206 (Form)

Comments:

Will this rider only be used on new issues?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Kristi Hendrickson

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: CI Amendment Rider
Project Name/Number: CI Amendment Rider/CI Amendment Rider

Form Schedule

Lead Form Number: R CI206

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/20/2012	R CI206	POLA	Policy Amendment Rider Specified Condition Not Covered	Initial:	53.200	RCI206.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



**POLICY AMENDMENT RIDER
SPECIFIED CONDITION NOT COVERED**

Due to Your medical history, We can provide insurance only if You agree to this Rider's terms.

Insured: [Name of Insured]

Policy Number: [Policy Number]

[No Benefit Amount will be paid for a Critical Illness Covered Condition or Procedure, as defined in this Policy, resulting from:]

- []
- []
- []

This Rider is part of Your Policy and is effective on the Policy Issue Date.

Assurity Life Insurance Company has signed this Rider on Your Policy's Issue Date.


President


Secretary

I understand and agree to the terms of this Rider.

My signature below indicates not only my agreement to the terms, but also acknowledges that I have been given an unsigned copy of this document, and that the signed copy will be kept by Assurity.

Signature of Insured Date

ATTACH UNSIGNED COPY TO POLICY, RETURN SIGNED COPY TO LINCOLN, NEBRASKA OFFICE.

SERFF Tracking #:

SEFL-128691346

State Tracking #:

Company Tracking #:

CI AMENDMENT RIDER

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: CI Amendment Rider

Project Name/Number: CI Amendment Rider/CI Amendment Rider

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/20/2012
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/20/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/20/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/20/2012
Bypass Reason:	N/A		
Comments:			

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word XP program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): R CI206

Type of Form: Policy Endorsement

Form No.	Description	Flesch Score
R CI206	Policy Amendment Rider Specified Condition Not Covered	53.2


Signature

September 18, 2012
Date

Carol S. Watson
Vice President, General Counsel & Secretary