

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only
Product Name: R65 - Rider to Extend Benefits Past Age 65
Project Name/Number: R65 - Rider to Extend Benefits Past Age 65/R65 & L372

Filing at a Glance

Company: Liberty National Life Insurance Company
Product Name: R65 - Rider to Extend Benefits Past Age 65
State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H071.002A Dread Disease - Cancer Only
Filing Type: Form/Rate
Date Submitted: 01/25/2013
SERFF Tr Num: AMLC-128863638
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: R65 & L372

Implementation: On Approval
Date Requested:
Author(s): Pattie Church, Donna Kennedy
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/30/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Liberty National Life Insurance Company
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General Information

Project Name: R65 - Rider to Extend Benefits Past Age 65 Status of Filing in Domicile: Not Filed
 Project Number: R65 & L372 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: We are not filing in Nebraska, our state of domicile.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 01/30/2013
 State Status Changed: 01/30/2013
 Deemer Date: Created By: Donna Kennedy
 Submitted By: Donna Kennedy Corresponding Filing Tracking Number:

Filing Description:
 Re: Form R65 – Rider to Extend Benefits Past Age 65
 L372 – Supplemental Application for Rider to Extend Benefits Past Age 65

Enclosed for your review and approval are copies of the above referenced forms. These forms are new and will not replace any forms previously approved in your state.

The policy forms previously approved in your state, as indicated below, provide benefits for the treatment of cancer. Many of the benefits are not payable for treatment or loss after a person’s 65th birthday. Rider Form R65 extends the benefits payable under these benefit provisions to cover treatment or loss after a person’s 65th birthday: Outpatient Surgery Benefit, Radiation and Chemotherapy Benefit, Prescription Chemotherapy Drug Benefit, Blood Transfusion Benefit, Transportation Benefit, Surgical Benefit, Anesthetist Benefit, Attending Physician Benefit, Private Duty Nursing Benefit, Prosthesis Benefit, Hospice Benefit, New or Experimental Treatment Benefit and Income Replacement Benefit. There is no change to the First Occurrence Benefit, Hospital Confinement Benefit or Dread Disease Benefit, if any. Supplemental Application Form L372 will be used to apply for the Rider. This form will be marketed through our Branch Agency distribution system.

Form Number	Form Name	Approval Date
5KA	Cancer Policy	12/10/93
5KB	Family Cancer Policy	12/10/93
5KC	Single Parent Cancer Policy	12/10/93
5KD	Cancer Policy	12/10/93
5KE	Family Cancer Policy	12/10/93
5KF	Single Parent Cancer Policy	12/10/93
5KG	Cancer Policy	12/15/03
5KH	Family Cancer Policy	12/15/03
5KI	Single Parent Cancer Policy	12/15/03
5KJ	Cancer Policy	12/15/03
5KK	Family Cancer Policy	12/15/03
5KL	Single Parent Cancer Policy	12/15/03

The Flesh score for Form R65 is 50 and Form L372 is 58.8. To the best of our knowledge and belief these forms comply with the laws and regulations of your state. These forms do not contain any language that is unusual in terms of normal company or industry standards.

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Included with this filing are actuarial memorandums, premium rates, transmittal documents, or other documents required by your state.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 205-325-4919 or by email at regulatory@libnat.com.

Company and Contact

Filing Contact Information

Pattie Church, Compliance Analyst regulatory@libnat.com
 100 Concourse Parkway 205-325-4919 [Phone]
 Suite 350 205-325-2720 [FAX]
 Hoover, AL 35244

Filing Company Information

Liberty National Life Insurance Company	CoCode: 65331	State of Domicile: Nebraska
P.O. Box 2612	Group Code: 290	Company Type: Life and Health
Birmingham, AL 35202	Group Name: Liberty National Life	State ID Number:
(205) 325-4307 ext. [Phone]	FEIN Number: 63-0124600	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: We are paying the required filing fee of \$50 per form for a total of \$100 for two forms.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Liberty National Life Insurance Company	\$100.00	01/25/2013	66893238

SERFF Tracking #:

AMLC-128863638

State Tracking #:

Company Tracking #:

R65 & L372

State:

Arkansas

Filing Company:

Liberty National Life Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only

Product Name:

R65 - Rider to Extend Benefits Past Age 65

Project Name/Number:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/30/2013	01/30/2013

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
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Disposition

Disposition Date: 01/30/2013

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Liberty National Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Rider to Extend Benefits Past Age 65	Approved-Closed	Yes
Form	Supplemental Application for Rider to Extend Benefits Past Age 65	Approved-Closed	Yes
Rate	Rate Page for Rider to Individual Specified Disease Policy	Approved-Closed	Yes

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
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Form Schedule

Lead Form Number: R65

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/30/2013	Rider to Extend Benefits Past Age 65	R65	CERA	Initial		50.000	R65.pdf
2	Approved-Closed 01/30/2013	Supplemental Application for Rider to Extend Benefits Past Age 65	L372	AEF	Initial		58.800	L372.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

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Administrative Office: P. O. Box 2612, Birmingham, Alabama 35202

Home Office: McKinney, Texas

A Legal Reserve Stock Company

RIDER TO EXTEND BENEFITS PAST AGE 65

This rider amends and is made a part of the attached policy. It is subject to all provisions, conditions, exclusions and limitations of the policy which are not in direct conflict with those of this rider.

Rider Effective Date: If approved and issued, this Rider shall be effective on the date the application for this rider was signed.

Rider Premium: The premium amount for this rider is included in the Policy Schedule of the attached policy.

Covered Person(s) to whom this rider applies: You and all Covered Persons under the attached policy.

30-DAY RIGHT TO EXAMINE RIDER

If this rider is issued subsequent to the Effective Date of the attached policy, and if You are not satisfied with this rider for any reason, You may return it to Our Administrative Office or to the agent within 30 days after You receive it. Any premium You paid for this rider will be refunded to You. In the event You return this rider to Us, this rider will be void from its inception and it will be as if no rider ever existed between You and Us.

IMPORTANT NOTICE: IF YOU COMPLETED A NEW APPLICATION TO OBTAIN THIS RIDER, A COPY IS ATTACHED TO THIS RIDER. PLEASE READ THIS APPLICATION CAREFULLY AND WRITE TO US AT THE ADDRESS SHOWN ABOVE WITHIN 10 DAYS IF ANY ANSWER OR INFORMATION SHOWN ON IT IS NOT CORRECT AND COMPLETE OR IF ANY PAST MEDICAL HISTORY HAS BEEN OMITTED FROM THE APPLICATION. THIS APPLICATION IS A PART OF THE RIDER AND THE RIDER WAS ISSUED ON THE BASIS THAT ALL INFORMATION AND ANSWERS TO ALL QUESTIONS SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.

Time Limit on Certain Defenses: After 2 years from the Rider Effective Date, only fraudulent misstatements in the application upon which this rider was issued may be used to void this rider or deny any claim for loss incurred after the 2-year period.

INSURING CLAUSE

In consideration of the application and payment of the premium for this rider and in consideration of the issue or the renewal of the policy to which this rider is attached, it is understood and agreed that the attached policy shall be and is modified to provide benefits for cancer treatment received by You or a Covered Person on or after Your or that Covered Person's 65th birthday under those benefit provisions of the policy which specify that no benefit is payable for such treatment due to such covered person's age. This rider does not amend the First Occurrence Benefit, the Hospital Confinement Benefit or the Dread Disease Benefit, if any. Each of these benefits will remain payable as specified in the policy on or after Your or a Covered Person's 65th birthday.

EXTENSION OF POLICY BENEFITS PAST AGE 65

The attached policy shall be and is modified as follows:

1. The sentence limiting the payment of benefits for treatment received on or after a covered person's 65th birthday is hereby deleted from the following policy provisions: the Outpatient Surgery Benefit, the Radiation and Chemotherapy Benefit, the Prescription Chemotherapy Drug Benefit, the Blood Transfusion Benefit, the Transportation Benefit, the Surgical Benefit, the Anesthetist Benefit, the Attending Physician Benefit, the Private Duty Nursing Benefit, the Prosthesis Benefit and the Hospice Benefit.
2. The phrase in the New or Experimental Treatment Benefit limiting the payment of benefits for treatment received on or after a covered person's 65th birthday is hereby deleted.
3. The last sentence of the Income Replacement Benefit is modified to read: "Benefits cease after a lifetime maximum of 26 completed weeks of disability."

Payment of benefits under the modified benefit provisions are subject to all provisions, conditions, exclusions and limitations of the policy. This rider does not amend the First Occurrence Benefit, the Hospital Confinement Benefit or the Dread Disease Benefit, if any. Each of these benefits will remain payable as specified in the policy on or after a covered person's 65th birthday.

TERMINATION OF RIDER

This rider will terminate when the first of any of these occurs:

1. The attached policy lapses or, expires, is canceled or otherwise terminated.
2. You do not pay the premium for the attached policy, or for this rider, by the end of the Grace Period.

This rider is signed for Us by Our President and Secretary.

Brian Mitchell

Secretary



President and Chief Executive Officer



SUPPLEMENTAL APPLICATION - RIDER TO EXTEND BENEFITS PAST AGE 65
CANCER CARE/CANCER CARE PLUS PLANS 5KA-5KL

Policy Number _____ Client Number _____ Franchise Number _____

Primary Insured _____

(Print First, Middle and Last Name)

Mailing Address

No. and Street City or Town State ZIP

E-mail Address _____ Telephone _____

PLAN R65 – Rider to Extend Benefits Past Age 65 Additional Rider Premium \$ _____
(above amount will be added to current policy premium)

ANSWER THIS QUESTION TO APPLY FOR RIDER:

Has the Primary Insured or any family member covered under the Cancer Policy referenced above ever been diagnosed with, or treated by a physician for, cancer, leukemia, Hodgkin’s disease, melanoma, or any form of malignant growth (except skin cancer)?

Yes No **If “Yes,” this Policy is not eligible for the Rider.**

I hereby apply for a Rider to extend my Cancer Policy benefits past Age 65, and I declare that the answers recorded above are true and complete with respect to all persons. I agree that these answers shall be the basis for the Rider applied for.

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime, and may be subject to criminal and civil penalties.

Dated at _____, _____ Date _____
City State

Signature of Owner/Primary Insured

Agent's Signature

Branch _____ Agency _____ Agent Number _____

Effective Date of Rider (Home Office Use Only) _____

SERFF Tracking #:

AMLC-128863638

State Tracking #:

Company Tracking #:

R65 & L372

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Rate Information

Rate data applies to filing.

Filing Method: Serff
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 01/24/2013
Filing Method of Last Filing: N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Liberty National Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

AMLC-128863638

State Tracking #:**Company Tracking #:**

R65 & L372

State:

Arkansas

Filing Company:

Liberty National Life Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 01/30/2013	Rate Page for Rider to Individual Specified Disease Policy	5KA, 5KB, 5KC, 5KD, 5KE, 5KF 5KG, 5KH, 5KI, 5KJ, 5KK, 5KL	New		LNL Cancer Care Rider for 65+ Rate Page.pdf

LIBERTY NATIONAL LIFE INSURANCE COMPANY
McKinney, Texas
POLICY FORM R65
RIDER TO INDIVIDUAL SPECIFIED DISEASE POLICY
NEW RIDER FILING

Proposed Annual Premium Rates
For Policies Issued with Issue Age Rates

Base Policy Original Issue Age	Individual	Single Parent	Family
0 - 30	\$2.78	\$2.78	\$5.56
31 - 45	\$13.89	\$13.89	\$27.78
46 - 63	\$55.56	\$55.56	\$111.11

Modal Premium Factors:

Semi-Annual	= Annual	* 0.525
Quarterly	= Annual	* 0.265
Monthly	= Annual	* 0.095
Bank Budget	= Annual	* 0.090
Payroll Deduction	= Annual	* 0.090
Government Allotment	= Annual	* 0.090
Liberty National		
Weekly Deduction	= Annual	* 0.01923

For Company Use: Plan Code XXX

SERFF Tracking #:

AMLC-128863638

State Tracking #:**Company Tracking #:**

R65 & L372

State:

Arkansas

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TOI/Sub-TOI:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/30/2013
Comments:	See Attached		
Attachment(s):			
Arkansas Compliance Certification.pdf			
Arkansas Readability Certification.pdf			

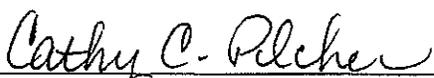
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/30/2013
Bypass Reason:	N/A - The application is being filed for approval.		

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	01/30/2013
Bypass Reason:	This is not a policy filing, it is a rider form and app only.		

STATE OF ARKANSAS
READABILITY CERTIFICATION

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>SCORE</u>	<u>SCORED SEPARATELY</u>
R65	Rider to Extend Benefits Past Age 65	50	X
L372	Supplemental Application For Rider to Extend Benefits Past Age 65	58.9	X

This is to certify that the above listed forms have achieved the Flesch Ease Score indicated, and that to the best of my knowledge and belief comply with the requirements to Ark. Stat. Ann. Sec. 66-3251 through 66.3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Cathy C. Pilcher
Second Vice President, Compliance
Liberty National Life Insurance Company

Date: 1/24/2013

P-123, Rev. 9/97