

SERFF Tracking Number: CNSC-125848441 State: Arkansas
Filing Company: Conseco Insurance Company State Tracking Number: 40608
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: CIC-8014B
Project Name/Number: /

Filing at a Glance

Company: Conseco Insurance Company

Product Name: CIC-8014B

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: CNSC-125848441 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40608

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Stacey Farmer, Janet Jones

Disposition Date: 10/23/2008

Date Submitted: 10/20/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/23/2008

State Status Changed: 10/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are filing the below referenced individual life application for your review and approval. This form is new and will not replace any forms currently on file with your department. This application is a simplified underwriting application used when evidence of insurability is required.

This application will be used with our individual Flexible Premium Adjustable Life Insurance Policy Form CIC-3018-AR and other life policies that may be filed at a later date. Policy Form CIC-3018-AR was approved by your department under SERFF File #CNSC-125634477, on 7/10/2008. Policy Form CIC-3018 -AR is offered to employees of various

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companies in their place of employment by independent marketing organizations and independent producing general agents. Policy Form CIC-3018-AR may also be offered to individuals outside of the worksite.

The Flesch Readability Score for Application CIC-8014B is 51.2. The following areas have been bracketed on the application.

- The Administrative Address and toll free telephone number are being filed as variable. By marking these area variable, in the future we will be able to make any changes to the address and toll free phone number.
- The Current Payroll Deduction Options in Section 1 are being filed as variable. By marking this area variable, in the future we will be able to delete any payment method no longer being offered or add any new payment method.
- The Section 5, Riders, is being filed as variable. By marking this area variable, in the future we will be able to delete any rider not being offered any longer or to add any new rider (once approved by the insurance department) to the application.

Please note that in the future we may offer our clients the opportunity to complete this application electronically and at that time will be accepting their signature in an electronic format.

This filing does not contain any controversial or unusual items from normal company or industry standards. To the best of our knowledge, attached are any necessary fees and certifications as required by your state.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the form due to printing constraints.

Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

Company and Contact

Filing Contact Information

Stacey Farmer, Compliance Analyst
11825 N Pennsylvania St

stacey_farmer@conseco.com
(800) 888-4918 [Phone]

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Carmel, IN 46032 (317) 817-2333[FAX]

Filing Company Information

Conseco Insurance Company CoCode: 60682 State of Domicile: Illinois
11815 N Pennsylvania St Group Code: 233 Company Type:
Carmel, IN 46032 Group Name: State ID Number:
(800) 888-4918 ext. [Phone] FEIN Number: 45-0103436

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Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Conseco Insurance Company	\$50.00	10/20/2008	23332754

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/23/2008	10/23/2008

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Disposition

Disposition Date: 10/23/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Application		Yes

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Form Schedule

Lead Form Number: CIC-8014B

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CIC-8014B	Application/ Enrollment Form	Application Enrollment Form	Initial		51	CIC-8014B.pdf



*NBAP*CIC*WS*

APPLICATION FOR LIFE INSURANCE

Underwritten by: **Conseco Insurance Company**

Administrative Office: [11825 N. Pennsylvania Street, Carmel, IN 46032]

Toll Free Telephone Number: [1-800-458-9156]



CONSECO

- Employee Coverage
- Spouse Coverage
- Child/Grandchild Coverage

- Policy Change to Existing Coverage – Policy # _____
- Reinstatement – Policy # _____

SECTION 1 – EMPLOYEE (APPLICANT/OWNER) INFORMATION – Always Complete					
First Name:		MI:	Last name: (indicate if hyphenated name)		
Home Address: (Street / Box No.)			City State, Zip Code		Home Phone No.:
Employer's Name and Location:				E-Mail Address:	
Occupation:		Social Security No:		Work Phone No.:	
Employee ID:	Date of Hire:	Department:		How many hours are you regularly working per week with your present employer? _____ hrs	
Current Payroll Deduction Options: [Frequency: <input type="checkbox"/> 9 pay <input type="checkbox"/> 10 pay <input type="checkbox"/> 12 pay <input type="checkbox"/> 13 pay <input type="checkbox"/> 24 pay <input type="checkbox"/> 26 pay <input type="checkbox"/> 52]					
SECTION 2 – EMPLOYEE INSURANCE COVERAGE INFORMATION (Complete ONLY if applying for a universal life (UL) insurance policy on yourself.)					
Place of Birth: (State)		Date of Birth:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Have you used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," please explain.)					
Primary Beneficiary: _____			Contingent Beneficiary: _____		
Relationship: _____			Relationship: _____		
SECTION 3 – SPOUSE INSURANCE COVERAGE INFORMATION (Complete ONLY if applying for a universal life (UL) insurance policy for your Spouse)					
First Name:		MI:	Last Name: (indicate if hyphenated name)		
Place of Birth: (State)		Date of Birth:	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Work Phone: _____ Has your spouse used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Beneficiary: _____			Contingent Beneficiary: _____		
Relationship: _____			Relationship: _____		
SECTION 4– CHILD and/or GRANDCHILD INFORMATION (Complete ONLY if applying for a universal life (UL) insurance policy for your child and/or grandchild.)					
Child/Grandchild #1 (Provide first name, middle initial, last name)			Child/Grandchild #2 (Provide first name, middle initial, last name)		
Relationship: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild		<input type="checkbox"/> Female <input type="checkbox"/> Male		Relationship: <input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Female <input type="checkbox"/> Male	
Place of Birth: (State)			Place of Birth: (State)		
Date of Birth:		Age:		Date of Birth	
				Age:	
For ages 16 and above, has the person applying for insurance used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			For ages 16 and above, has the person applying for insurance used tobacco in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Primary Beneficiary: _____			Primary Beneficiary: _____		
Relationship: _____			Relationship: _____		
Contingent Beneficiary: _____			Contingent Beneficiary: _____		
Relationship: _____			Relationship: _____		

SECTION 5 – PLAN OF INSURANCE

	Plan of Insurance	Specified Amount	Planned Periodic Premium
Employee	Flexible Premium Adjustable Life Ins. (UL)	\$ _____	\$ _____ per week
Spouse	Flexible Premium Adjustable Life Ins. (UL)	\$ _____	\$ _____ per week
Child/Grandchild #1	Flexible Premium Adjustable Life Ins. (UL)	\$ _____	\$ _____ per week
Child/Grandchild #2	Flexible Premium Adjustable Life Ins. (UL)	\$ _____	\$ _____ per week

SECTION 6 – RIDERS (Riders and Benefits may vary by plan and may not be available in all states)

	Automatic Benefit Increase Rider	Waiver of Stipulated Premium Rider	*Accidental Death Benefit Rider	**Children's Term Insurance Rider
Employee	<input type="checkbox"/> \$1 Wk. Increase for the first: <input type="checkbox"/> 5 Yrs. <input type="checkbox"/> 10 Yrs. <input type="checkbox"/> \$2 Wk. Increase for the first: <input type="checkbox"/> 5 Yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000
Spouse	<input type="checkbox"/> \$1 Wk. Increase for the first: <input type="checkbox"/> 5 Yrs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000
Child/Grandchild #1	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Child/Grandchild #2	N/A	<input type="checkbox"/>	<input type="checkbox"/>	N/A

* **Accidental Death Benefit Amount equal to the initial Specified Amount**

** **For the Children's Term Rider** -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.) **(Children's Term Insurance Rider can only be attached to the employee's policy or the spouses' policy not both).**

Name (First, Middle Initial, Last Name)	Sex	Relationship	Date of Birth

SECTION 7– REPLACEMENT & IN FORCE INSURANCE – REGARDING ALL INDIVIDUALS TO BE INSURED

- Will any existing life insurance or annuity with this or any other company be replaced, changed, or used as a source of premium payment for the insurance applied for? (If "Yes", list below). Yes No
- Does any individual applying for insurance have any in force life insurance policies or annuity contracts? (If "Yes", list below). Yes No

Name of Person	Name of Company	Type of Coverage	Insurance Amount	Accidental Death	Year Issued	To Be Replaced
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8 – POLICY CHANGE TO EXISTING POLICY COVERAGE

Increase Specified Amount to \$ _____ / Increase Planned Periodic Premium to \$ _____

Riders: (Riders and Benefits may vary by plan and may not be available in all states)

*Accidental Death Benefit Rider	Children's Term Insurance Rider	Automatic Benefit Increase Rider
<input type="checkbox"/> Add Rider	<input type="checkbox"/> Add Rider <input type="checkbox"/> \$5,000 or <input type="checkbox"/> \$10,000	<input type="checkbox"/> Add \$1 Wk. Increase for the first: <input type="checkbox"/> 5 Yrs. <input type="checkbox"/> 10 Yrs.
* Coverage amount may not be more than the Specified Amount of Policy.	** <i>(List dependent children's name in the below section)</i>	<input type="checkbox"/> Add \$2 Wk Increase for the first: <input type="checkbox"/> 5 Yrs.

** **For the Children's Term Rider** -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.)

Name (First, Middle Initial, Last Name)	Sex	Relationship	Date of Birth

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

10/07/2008

Comments:

The other notices not required. This is an application filing.

Attachment:

READABILITY CERTIFICATION.pdf

READABILITY CERTIFICATION

Company Name: Conseco Insurance Company

NAIC Number: 233-60682

As an officer of Conseco Insurance Company, I hereby certify that the below captioned form achieve the following readability scores as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements in your state.

Flesch Score	Form Number	Description
51.2	CIC-8014B	Life Application Supplement

Mariann Dobbs

Mariann Dobbs
Assistant Secretary

10/15/2008

DATE