

<i>SERFF Tracking Number:</i>	<i>HMST-125890965</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Homesteaders Life Company</i>	<i>State Tracking Number:</i>	<i>40855</i>
<i>Company Tracking Number:</i>	<i>GP-201-SUPP</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>GP-201-Supp</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Homesteaders Life Company

Product Name: GP-201-Supp

TOI: L07G Group Life - Whole

Sub-TOI: L07G.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: HMST-125890965 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40855

Co Tr Num: GP-201-SUPP

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Melanie Brown

Disposition Date: 11/17/2008

Date Submitted: 11/11/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 11/06/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 11/17/2008

State Status Changed: 11/17/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval is a new group supplemental enrollment form for use with our group policy form GP01. The GP01 plans were previously approved by your department.

This supplemental enrollment form is new and does not replace any previously approved forms. The form will be used in conjunction with enrollment form GP-201-AR where additional underwriting is required.

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 Product Name: GP-201-Supp  
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This filing does not contain any unusual items and does not vary from normal company or industry standards.

Homesteaders reserves the right to make formatting changes to this supplemental enrollment form without the necessity of filing.

## Company and Contact

### Filing Contact Information

Melanie Brown, Administrative Asst. mbrown@homesteaderslife.com  
 P. O. Box 1756 (515) 440-7730 [Phone]  
 Des Moines, IA 50306-1756 (515) 440-7690[FAX]

### Filing Company Information

Homesteaders Life Company CoCode: 64505 State of Domicile: Iowa  
 5700 Westown Parkway Group Code: -99 Company Type:  
 West Des Moines, IA 50266 Group Name: State ID Number:  
 (515) 440-7730 ext. [Phone] FEIN Number: 42-0316600  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Homesteaders Life Company	\$20.00	11/11/2008	23843338

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	11/17/2008	11/17/2008

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Life

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## **Disposition**

Disposition Date: 11/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* HMST-125890965      *State:* Arkansas  
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*Product Name:* GP-201-Supp  
*Project Name/Number:* /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		Yes
<b>Form</b>	Supplemental Application for Preferred Premiums		Yes

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## Form Schedule

Lead Form Number: GP-201-Supp

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GP-201-Supp	Application/Supplemental Enrollment Form	Application for Preferred Premiums	Initial		51	GP-201-Supp_Spec.pdf



John Doe

Name of Proposed Insured \_\_\_\_\_

**Note:** Preferred Premiums – In order to qualify for preferred premiums, Questions 1 and 2 on the base enrollment form (by reference made a part hereof) and all parts to Questions 1 and 2 on this application must be answered “No”. Please submit the completed application for review and approval.

1. Within the past five years have you been diagnosed, treated, or are you taking medication for any of the following ailments?
  - a. Lymphoma, malignant melanoma, leukemia, intestinal or urinary tract bleeding, kidney failure, dialysis or any internal cancer?  Yes  No
  - b. Heart disease, heart attack, heart surgery, pacemaker implanted, stroke, arteriosclerosis, heart murmur, uncontrolled high blood pressure, any blood vessel surgery or anemia?  Yes  No
  - c. Chronic asthma, chronic bronchitis, emphysema, or any lung disorder requiring on-going oxygen or limited daily activity?  Yes  No
  - d. Liver disease, epilepsy, rheumatoid arthritis, multiple sclerosis, lupus, diabetes, hepatitis, or cirrhosis of the liver?  Yes  No
  - e. Mental illness requiring medication or hospitalization, suicide attempt, more than two fainting episodes, or medical treatment for alcoholism or drug abuse?  Yes  No
  - f. Been advised to have any diagnostic tests, hospitalization or surgery which was not completed?  Yes  No

2. Within the past two years, have you regularly used tobacco in any form?  Yes  No

3. Are you currently, and have you been actively at work for at least two years?  Yes  No

If “no,” please explain.\* \_\_\_\_\_

4. Within the past five years have you been diagnosed or treated for any ailments not listed above or are you currently taking any prescription medications? \*  Yes  No

If yes, please provide details: \_\_\_\_\_

5. Please provide the Name, Address, and Phone Number of any physicians who have treated you within the last five years.\* (If more space is needed, please attach a separate sheet.)

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*Authorization for Release of Medical Records**—By signing below, I authorize any physician, hospital, or medical facility to release to Homesteaders Life Company all medical records and medical information concerning my health. A copy of this release is as valid as the original. I understand that all information received by Homesteaders Life Company concerning my health is confidential and will not be released to anyone.

**X** \_\_\_\_\_  
Proposed Insured Signature \_\_\_\_\_  
Date

**Agent’s Statement:** By my signature, I confirm, under penalties of perjury, that I asked the Proposed Insured the questions listed above and carefully recorded the answers. I verify that the Proposed Insured personally answered all of the questions and signed and dated this application in my presence.

\_\_\_\_\_  
Agent Signature \_\_\_\_\_ \_\_\_\_\_  
Agent # Date

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## **Rate Information**

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 11/06/2008

**Comments:**

**Attachments:**

FleschCert.pdf

ComplianceCert.pdf

### Review Status:

**Satisfied -Name:** Application 11/06/2008

**Comments:**

This is a supplemental application filing only. Form is attached under Form Schedule.



## Readability Certificate of Compliance

I hereby certify the accuracy of the Flesch reading ease score for the life forms listed below.

I also certify that the forms are in compliance based on factors specified in the state statutes and have been printed in not less than 10-point type, one-point leaded.

<b><u>Form #</u></b>	<b><u>Description</u></b>	<b><u>Flesch Test Score</u></b>
GP-201-Supp	Supplemental Application for Preferred Premiums	50.8

A handwritten signature in cursive script that reads "Gerry Kraus".

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Gerry Kraus (Mr.)  
Vice President-Compliance





## Certificate of Compliance

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that they are in compliance with applicable statutes, regulations, and bulletins.

I further certify that they will be revised and/or discontinued in the event of future changes in the statutes, regulations, or bulletins that would prohibit the use of such forms.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

A handwritten signature in cursive script that reads "Gerry Kraus".

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Gerry Kraus (Mr.)  
Vice President-Compliance

