

SERFF Tracking Number: GRWE-125951036 State: Arkansas  
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 41134  
Company Tracking Number: SPWL REV ACT MEMO  
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life  
Product Name: J262Y  
Project Name/Number: Revised Actuarial Memorandum/

## Filing at a Glance

Company: Great-West Life & Annuity Insurance Company

Product Name: J262Y

SERFF Tr Num: GRWE-125951036 State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 41134

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: SPWL REV ACT  
MEMO

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Tanya Gonzales

Disposition Date: 12/18/2008

Date Submitted: 12/16/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Revised Actuarial Memorandum

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments: Exempt in state of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: Resubmission

Previous Filing Number: 125602282

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/18/2008

Deemer Date:

State Status Changed: 12/18/2008

Filing Description:

Corresponding Filing Tracking Number:

This filing revises only the actuarial memorandum of a previously approved policy.

## Company and Contact

### Filing Contact Information

Tanya Gonzales, Associate Manager,

tanya.gonzales@gwl.com

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**Contracts**

8515 E. Orchard Rd. 8T2 (800) 537-2033 [Phone]  
Greenwood Village, CO 80111 (303) 737-5444[FAX]

**Filing Company Information**

Great-West Life & Annuity Insurance Company CoCode: 68322 State of Domicile: Colorado  
8515 East Orchard Road Group Code: 769 Company Type:  
Greenwood Village, CO 80111 Group Name: State ID Number:  
(303) 737-3992 ext. [Phone] FEIN Number: 84-0467907  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? Yes  
Fee Explanation: 1 actuarial form x \$20 = \$20.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great-West Life & Annuity Insurance Company	\$20.00	12/16/2008	24571158

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Linda Bird	12/18/2008	12/18/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Cover Letter	Supporting Document	Tanya Gonzales	12/17/2008	12/17/2008



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*Product Name:* J262Y  
*Project Name/Number:* Revised Actuarial Memorandum/

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Supporting Document	Certification/Notice		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes

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**Amendment Letter**

Amendment Date:

Submitted Date: 12/17/2008

**Comments:**

I forgot to attach the cover letter.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Cover Letter**

Comment:

AR letter info filing.pdf

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Application 12/16/2008  
**Comments:**  
**Attachment:**  
Standard J262Y.pdf

**Review Status:**  
**Satisfied -Name:** Cover Letter 12/17/2008  
**Comments:**  
**Attachment:**  
AR letter info filing.pdf

**GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY**, P.O. Box 173316, Denver, CO 80217  
Life Insurance Application

**INSURED:** Name   
First/Middle Initial/Last

If you have had a name change in the last 10 years, please provide your previous name below:

Previous Name   
First/Middle Initial/Last

Date of Birth  Male  Female  Social Security Number

Occupation

Home Address 1

Home Address 2

City  State  ZIP

Daytime Phone  Evening Phone

Place of Birth   
State/Country

**OWNER:** Name: (Person or trust, if different than Insured)

Social Security Number/Tax ID

Address 1

Address 2

City  State  ZIP

Trust Date (if applicable)

Trustee Name (if applicable)

**COVERAGE:** **Single Premium Whole Life**

Coverage Amount: \$  Single Premium Amount: \$

**REPLACEMENT:**

1) Do you have any life insurance or annuity contracts in force? .....	<input type="checkbox"/>	<input type="checkbox"/>
2) Will this policy replace or be financed by any life insurance or annuity contracts presently or previously owned? .....	<input type="checkbox"/>	<input type="checkbox"/>

If this policy is replacing another policy, please provide the following information regarding the policy(ies) being replaced:

Company Name

Policy Number

Company Name

Policy Number

If this is a taxable event, please consult your tax advisor.

**BENEFICIARY:** Name   
 Relationship   
 Percentage  Social Security Number

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Name   
 Relationship   
 Percentage  Social Security Number

All primary beneficiary percentages must total 100% and (if named) all contingent beneficiary percentages must total 100%. If left blank, the application will assume an equal split among primary beneficiaries and an equal split among any contingent beneficiaries. Beneficiary details and payment are explained in the policy provisions.

**QUALIFICATION:** 1) Your Height:  Feet  Inches Your Weight:  lbs. Yes No

2) Do you currently use or have you used any type of tobacco product within the past 12 months?

3) Are you a U.S. citizen?

3a) If no, are you currently residing in the U.S. as a permanent resident alien or have you applied for a permanent visa, Resident Alien Card, Permanent Resident Card, or "Green Card" for which you are currently awaiting approval?

**In the past 12 months**, have you been in a long-term care facility, bedridden for more than 7 days, wheelchair bound for more than one month, hospitalized due to a fall, or unable to perform routine activities of daily living (e.g., bathing, dressing, etc.)? Yes No

**In the past 12 months**, have you had, been medically advised that you have, or received any type of treatment for:

1) Hypertension with an average blood pressure above 150/100?

2) Asthma with associated hospitalizations or acute/emergency care visits?

**In the past five years**, have you had, been medically advised that you have, or received any type of treatment for any of the following:

1) Diseases or disorders of the central nervous system, brain or spinal cord? Examples include, but are not limited to: stroke, paralysis, multiple sclerosis, seizures and congenital disorders. Yes No

2) Major depression, schizophrenia or any of the following disorders: panic, psychotic or bipolar?

3) Mental retardation, autism or Down syndrome?

4) Alcoholism, illegal drug use or substance abuse?

5) Blood vessel disease, disorder, or blood disorder including chronic anemia?

6) Heart, lung or kidney disease or disorder?

7) Liver disease, disorder or hepatitis (other than Type A)?

8) Diabetes diagnosed prior to age 40 or treated with insulin over the past 12 months?

**In the past ten years**, have you had, been medically advised that you have, or received any type of treatment for:

1) Cancer (other than basal cell carcinoma of the skin)? Yes No

2) A positive test for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?

**SIGNATURE:**

I certify: 1) All statements and answers to the questions in this application and any supplement to it are true. 2) This application will form a part of the insurance contract with Great-West Life & Annuity Insurance Company (the Company). 3) This application will not be in effect unless the first premium is paid. 4) The policy applied for takes effect on the date of this application provided that a) questions on the application have been answered truthfully; and b) the application for coverage is not declined. 5) I authorize the Company to obtain all of my medical history in the event of my death within 2 1/2 years of this application date. 6) I believe this policy is suitable for my life insurance needs.

This insurance product is not a deposit or other obligation of, or guaranteed by, the [bank] or an affiliate of the [bank]; the insurance product is not insured by the [Federal Deposit Insurance Corporation (FDIC)] or any other agency of the United States, or an affiliate of the [bank]; and the approval or disapproval of any extension of credit by the [bank] or an affiliate is not based on whether or not I purchase this insurance through the [bank] or through any particular source.

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

**Authorization to Obtain and Disclose Information**

I have read or have been read, and understand the Notice of Insurance Information Practices and Notice Regarding Medical Information Bureau (MIB). Great-West Life & Annuity Insurance Company (the Company), its reinsurers and their authorized representatives, may obtain medical and other information in order to evaluate my application for life insurance. The Medical Information Bureau, Inc., consumer reporting agency, state motor vehicle department or insurance company who possesses medical or other information about me or my health may furnish such information to the Company upon presenting this authorization or a photocopy. The Company may make a brief report regarding me or my health to the MIB or to other Bureau Member companies to whom I have applied or may apply and have authorized to receive such information. I consent to a consumer report containing personal information that may be requested in connection with my application. This authorization is valid from the date signed for a period of 2 1/2 years. I have read or been read this authorization and understand I have the right to receive a copy.

**INSURED:**

Insured's Signature

Date

Signed at

City/State

**OWNER:**

Owner's Signature (Person or Trustee noted above)

Date

**AGENT:**

Does the applicant have existing life insurance policies or annuity contracts? .....

Yes No

Will this policy replace or be financed by any life insurance or annuity contracts presently or previously owned? .....

Agent's Name

Agent's Signature

Date

Business Phone

**J262Yapp**

Page 3 of 3. This application is not complete without all pages.

FOR INTERNAL USE ONLY

[Empty grid for internal use only]

Notice of Insurance Information Practices and Notice Regarding Medical Information Bureau

This is to inform you that, as part of our procedure for processing your application, an investigative consumer report may be prepared. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. You have the right to access information upon written request. You may request correction, amendment, or deletion of any information, which you believe to be inaccurate. In connection with your application for insurance you may receive a telephone call from an authorized person to obtain some personal and financial information. You may be assured that the information is considered confidential and will be used to assess your eligibility for insurance. The interview normally takes from five to ten minutes and will be conducted at a time convenient for you. In the event you are not in when the interviewer calls, the interviewer will leave his or her name and telephone number so that you can return the call at no charge to you and supply the necessary information. Inquiries on the above notices should be addressed to:

Great-West Life & Annuity Insurance Company  
P.O. Box 1470  
Denver, CO 80201-9606

Information regarding your insurability will be treated as confidential. The Company, or its reinsurers, may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another Bureau Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

Please contact MIB at:

Medical Information Bureau  
Post Office Box 105, Essex Station  
Boston, MA 02112  
Phone: 866-692-6901 (TTY 866-346-3642)

The Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

THIS STANDARD DISCLOSURE IS REQUIRED OF ALL LIFE INSURANCE PROVIDERS. BE ASSURED THAT GREAT-WEST'S BUSINESS PRACTICES MEET THE HIGHEST INDUSTRY STANDARDS.



8515 East Orchard Road  
Greenwood Village, CO 80111 Tel. (303) 737-3000  
Address mail to: P.O. Box 1700, Denver, CO 80201  
[www.gwla.com](http://www.gwla.com)

March 28, 2008

Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC #769-68322

**RE: Informational Filing – Individual Life Submission  
Single Premium Whole Life Insurance, Form J262Y**

Enclosed for your files are a revised Actuarial Memorandum and Form J262Y, which is a previously approved contract. The Actuarial memorandum was revised to reflect the extension of the cash value and reserves to age 121 in accordance with the 2001 CSO Mortality Table. The Table of Values on page 2 of Form J262Y was revised to reflect the same. The revised Table of Values on page 2 of Form J262Y is the only change to the previously filed form.

This contract has been previously approved in your state as follows:

Policy Form Approval Date: 3/3/08  
State Tracking Number: 38259

These documents are being filed for informational purposes. Nothing else in the contract pages has changed.

To the best of our knowledge, this submission complies with your state laws and regulations. We look forward to your acknowledgement.

Sincerely,

A handwritten signature in black ink that reads "Sharon A. Riley". The signature is written in a cursive, flowing style.

Sharon A. Riley  
Manager, Regulatory Services  
(FAX) 303-737-1069  
(PHONE) 800-537-2033, extension 71069  
E-MAIL: [Sharon.riley@gwl.com](mailto:Sharon.riley@gwl.com)