

SERFF Tracking Number: BALT-125659628 State: Arkansas
Filing Company: The Baltimore Life Insurance Company State Tracking Number: 39081
Company Tracking Number: 7430-0508
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Simplified Application
Project Name/Number: Simplified Application/7430-0508

Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: Simplified Application SERFF Tr Num: BALT-125659628 State: ArkansasLH
TOI: L071 Individual Life - Whole SERFF Status: Closed State Tr Num: 39081
Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: 7430-0508 State Status: Approved-Closed
Premium - Single Life
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Lesia Williams Disposition Date: 05/28/2008
Date Submitted: 05/21/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Simplified Application Status of Filing in Domicile: Pending
Project Number: 7430-0508 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: 05/28/2008 Deemer Date:
State Status Changed: 05/28/2008
Corresponding Filing Tracking Number: 7430-0508

Filing Description:

Form 7430-0508(AR) is a simplified application for life insurance. This is a new form and does not supersede any previously approved forms. It is to be used with appropriate, approved life insurance products. In addition, The Baltimore Life Insurance Company intends to use this form, as is, in an electronic format.

We certify that this submission meets the provisions of Regulation 19, as well as all applicable requirements of the department.

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Company and Contact

Filing Contact Information

Lesia Williams, Director Policy Forms Compliance
 10075 Red Run Boulevard Owings Mills, MD 21117-4871
 lesia.williams@baltlife.com
 (800) 628-5433 [Phone]
 (410) 581-6605[FAX]

Filing Company Information

The Baltimore Life Insurance Company
 10075 Red Run Boulevard Owings Mills, MD 21117
 (410) 581-6600 ext. 3050[Phone]
 CoCode: 61212
 Group Code: 849
 Group Name:
 FEIN Number: 52-0236900
 State of Domicile: Maryland
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$125.00	05/21/2008	20434328

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/28/2008	05/28/2008

SERFF Tracking Number: *BALT-125659628* *State:* *Arkansas*
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Company Tracking Number: *7430-0508*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Simplified Application* *Life*
Project Name/Number: *Simplified Application/7430-0508*

Disposition

Disposition Date: 05/28/2008

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Simplified Application		Yes

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Form Schedule

Lead Form Number: 7430-0508

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7430-0508(AR)	Application/ Enrollment Form	Simplified Application Initial Enrollment Form			50	7430-0508-ar.pdf



The Baltimore Life
COMPANIES

Simplified Application

The Baltimore Life Insurance Company
10075 Red Run Boulevard · Owings Mills, MD 21117-4871
800.628.5433 · www.baltlife.com

Product Applied For _____
 Limited Pay – Number of Years _____
 Proposed Insured (First, Initial, Last Name)

 State of Birth _____ Country of Birth _____
 Date of Birth _____ Present Age _____
 Sex _____ Height _____ Weight _____
 Social Security Number _____
 Street Address _____

 City, State, Zip _____
 Home Telephone _____
 Work Telephone _____
 E-Mail Address _____
 Occupation _____

Payer of Policy if other than Proposed Insured

 Relationship _____
 Street Address _____

 City, State, Zip _____
 Home Telephone _____

Face Amount \$ _____ Premium \$ _____
 Premium Mode Monthly Bank Draft
 If Direct Bill: Annual Semi-Annual Quarterly
 (Initial premium must be check or credit card)
 Initial Premium paid with application \$ _____
 Draft Premium Immediately
 Charge to Credit Card (Complete Form 5122)
 Payment by Check
 Future Draft Date Request Draft Date _____
 Automatic Premium Loan: Yes No
 Riders _____

Primary Beneficiary

 Relationship _____
 Contingent Beneficiary

 Relationship _____

Owner if other than Proposed Insured

 Relationship _____
 Social Security Number _____
 Street Address _____

 City, State, Zip _____
 Home Telephone _____

Part 1

- 1. Have you been medically diagnosed as having Alzheimer's, or any other form of dementia, or have you been told that you have a life expectancy of 12 months or less? Yes No
- 2. Have you been diagnosed by or received treatment from a member of the medical profession for AIDS (Acquired Immune Deficiency Syndrome) or any other disorder of the immune system, including systemic Lupus, or have you tested positive for exposure to the HIV infection? Yes No
- 3. Have you ever been medically advised to have any organ transplant, are you receiving kidney dialysis, or have you been diagnosed with hepatitis C? Yes No
- 4. Are you currently bedridden, confined to a wheelchair due to chronic illness, in a hospital, living in a nursing home, hospice, assisted living facility, or long-term care facility, or using oxygen or has a doctor recommended that you use oxygen? Yes No

(If the answer to any question in Part 1 is "yes" then the Proposed Insured is not eligible for any coverage.)

Part 2

In the past two (2) years, have you been told or have you had a medical diagnosis, received treatment, had symptom(s) or been hospitalized for any of the following:

- 1. Heart attack, congestive heart failure, irregular heartbeat, circulatory disorder, aneurysm, or any other disease or condition of the heart or arteries, have you undergone angioplasty or bypass surgery, or have you used a pacemaker? Yes No
- 2. Uncontrolled high blood pressure, uncontrolled diabetes or blood sugars, diabetic coma, or any diabetes requiring the use of insulin? Yes No
- 3. Internal cancer, melanoma, leukemia, sickle cell anemia, kidney disease, liver disease, cirrhosis, chronic lung disease, chronic obstructive pulmonary disease (COPD), or emphysema? Yes No
- 4. Alcoholism or drug abuse? Yes No
- 5. Stroke, any paralysis, Parkinson's, mental retardation, psychosis, suicide attempt, disease or disorder of the brain, or any condition affecting or relating to circulation to the brain? Yes No

Part 3

- 1. Within the last two years, have you had an application for life or health insurance declined, postponed, modified, or refused for any reason, or have you been convicted of a felony or incarcerated? Yes No
- 2. Have you used tobacco products in any form in the last 12 months? Yes No

Comments: _____

Replacements

- 1. Do you have existing life insurance or annuities currently in force or pending with this or any other company? Yes No
- 2. Will this policy, if issued, replace or modify life insurance or annuities in this or any other company? Yes No

If either question is answered "Yes", provide the following information
 Policy # Company Name Replacing Yes or No

Please read and sign:

I understand that if I provide any false or incomplete answers, and/or if the health of the Proposed Insured changes before the policy effective date and I don't notify The Baltimore Life Insurance Company (the Company) of such changes, then benefits may be denied or the policy may be rescinded. My policy will not take effect unless the first premium is paid in full and the application is approved by the Company. I understand that no agent is authorized to advise me that an inaccurate answer is acceptable.

When I sign the application, I understand, I am authorizing the MIB Group, Inc. ("MIB"), any medical or medically-related person or facility to provide health and/or treatment information about the proposed Insured to the Company. I understand that such information will be used to determine eligibility for insurance and/or benefits. Any information used will be subject to the Company's Notice of Privacy and Information Practices which is provided with my policy, or upon request. I understand that I may request a copy of this authorization and agree that a photographic copy of this authorization shall be as valid as the original. This authorization shall remain valid for a period of two years and six months from the date it is signed.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant(s) Pre-Notice

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 life 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 company, the Bureau, upon request, will supply such company with the information in its file. Upon receipt of a request from you, the Bureau will arrange disclosure to you 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. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112; the telephone number is (617) 426-3660. 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.

Application made at _____ this _____ day of _____,
 (City, State) (Day) (Month) (Year)

 Signature of Proposed Insured Signature of Proposed Owner, if other than Proposed Insured

Agent's Statement

- 1. Have you, the writing agent, personally seen the Proposed Insured?..... Yes No
- 2. Are you aware of any additional information that may affect our underwriting decision? Yes No
- 3. Based on your knowledge, does the Proposed Insured have existing life insurance or annuities? Yes No
- 4. Do you have knowledge or reason to believe that replacement of existing life insurance or annuities may be involved? Yes No
- 5. If replacement is occurring, do you certify that this replacement is within the guidelines provided by Baltimore Life? Not Applicable Yes No
- 6. Would you like the policy mailed to the policyowner? Yes No

Witness (Licensed Agent): I certify that only advertising previously approved by The Baltimore Life Insurance Company was used in conjunction with this sale, and that copies of all sales materials used in this sale have been left with the applicant. Any electronically presented sales materials will be provided in printed form to the applicant no later than at the time of policy delivery

I hereby certify that I have truly and accurately recorded on this application the information supplied by the applicant.

Writing Agent Signature Printed Name Date Writing Agent Code No.

If split commissions apply:

Writing Agent #2 (Printed Name) Date Writing Agent Code % of Commission to be paid

Writing Agent #3 (Printed Name) Date Writing Agent Code % of Commission to be paid

Monthly Automatic Check Authorization

As a convenience to me, I hereby request and authorize you to issue and charge to my account checks drawn on my account by and payable to the order of The Baltimore Life Insurance Company. I agree that your treatment of each check and your rights thereunder shall be the same as if the check was personally signed by me. If any check is dishonored for any reason, I release you from any liability resulting from the dishonor of the check, even if the dishonor results in cancellation of my insurance or annuity policy. Lastly, I agree that this authorization shall remain in effect until written notice of its termination is provided by me to you or until terminated by the Company.

Name _____ Signature _____

Bank Name _____

City, State, Zip _____

Name of Accountholder _____

Bank Routing Number _____
(Must be 9 digits)

Account Number _____

Signature **EXACTLY** as it appears on bank records _____

Conditional Receipt

Received from _____ The sum of \$ _____

This receipt is given and accepted with the understanding that the insurance applied for shall go into force when the application is completed, the first premium is paid in full, and the application is approved by the Company while the Proposed Insured's condition of health is unchanged from the date of the application.

Proposed Insured _____ Date _____

Agent _____

THE PREMIUM CHECK MUST BE MADE PAYABLE TO THE BALTIMORE LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/20/2008

Comments:

We certify that this submission meets the provisions of Regulation 19, as well as all applicable requirements of the department.

Attachment:

ar-read.pdf

Review Status:

Satisfied -Name: Application 05/20/2008

Comments:

See form schedule

Review Status:

Bypassed -Name: Life & Annuity - Actuarial Memo 05/20/2008

Bypass Reason: N/A

Comments:

THE BALTIMORE LIFE INSURANCE COMPANY
10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-6050
(410) 581-6600

CERTIFICATION OF READABILITY

This is to certify that Form 7430-0508(AR) meets the minimum reading ease score for the State of Arkansas on the Flesch reading ease test.



Assistant Vice President, Compliance Officer

May 21, 2008

Date