

SERFF Tracking Number: FNWW-125587342 State: Arkansas
Filing Company: Farmers New World Life Insurance Company State Tracking Number: 38583
Company Tracking Number: 51-1461 PEL
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Signed Acceptance Form
Project Name/Number: Signed Acceptance filing/51-1461 PEL

Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: Signed Acceptance Form SERFF Tr Num: FNWW-125587342 State: ArkansasLH

TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 38583
Sub-TOI: L08.000 Life - Other Co Tr Num: 51-1461 PEL State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Peter Lindstrom Disposition Date: 04/10/2008
Date Submitted: 04/01/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Signed Acceptance filing Status of Filing in Domicile: Pending
Project Number: 51-1461 PEL 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: 04/10/2008
State Status Changed: 04/10/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Form 51-1461 is a Signed Acceptance form that is used at the time of application. Form 51-1461 is used if the applicant applies for Select Plus Non-Nicotine class, but they are still willing to accept the Select Non-Nicotine or Nicotine Class if our underwriting reveals that this is the best class for which they qualify. The Signed Acceptance form is required to show that they accept the new class. The main difference between this form and Form 24-0858, our Policy Acceptance form (that was previously filed and approved in your state), is that the Signed Acceptance form is sent electronically to the agent for the customer to sign while in the office. It is only used for electronic transmittal and during the application process.

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Company and Contact

Filing Contact Information

Peter Lindstrom, Contract Specialist peter.lindstrom@farmersinsurance.com
 3003 77th Ave SE (206) 275-8131 [Phone]
 Mercer Island, WA 98040 (206) 236-6526[FAX]

Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington
 3003 77th Avenue S.E. Group Code: 212 Company Type: Life
 Mercer Island, WA 98040 Group Name: State ID Number:
 (206) 275-8131 ext. [Phone] FEIN Number: 91-0335750

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$20.00	04/01/2008	19181289

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/10/2008	04/10/2008

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Disposition

Disposition Date: 04/10/2008

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
Supporting Document	Filing letter		Yes
Supporting Document	Statement of variability		Yes
Form	Signed Acceptance Form		Yes

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Form Schedule

Lead Form Number: 51-1461

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	51-1461	Application/ Signed Acceptance Enrollment Form Form	Initial		60	Signed Acceptance 51-1461.pdf

Farmers New World Life Insurance Company

{ Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400 }
{ Columbus Life Office: P.O. Box 182325, Columbus, OH 43218-2325 (614) 764-9975 }



FARMERS
LIFE INSURANCE

Signed Acceptance

Primary Proposed Insured

Application/Policy Number

Policy Approved Other Than As Applied For

I understand that the above referenced policy, if accepted by me as Policy Owner, will be issued other than as I had applied for.

The approved rate class is:

The approved face amount is: \$

The { monthly EFT } premium is: \$

Approved other than as applied for due to:

Since the completion of the original application, the health of all Proposed Insureds has remained unchanged and none of the Proposed Insureds have consulted with or been treated by a physician or medical practitioner for any reason or cause other than the insurance medical examination, if any.

Note: The policy is not in force until the signature of the Proposed Insured(s) and Proposed Policy Owner, if other than Proposed Insured, is obtained on this Signed Acceptance form and the properly signed form is returned to Farmers New World Life Insurance Company.

A copy of this Signed Acceptance will be attached to and made part of the policy contract.

Signature of Primary Proposed Insured

Date

{ _____
Signature of Additional Proposed Insured

Date }

Signature of Proposed Policy Owner

(If other than Proposed Insured)

Date

Signature of Agent/Representative as Witness

Date

Agent/Representative Code Number

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 03/31/2008
Comments:
Attachment:
Readability Certification.pdf

Review Status:
Bypassed -Name: Application 03/31/2008
Bypass Reason: This is not a policy filing. This form will be used with our previously approved Life applications Form 31-4331 approved on 10/4/05 and 31-4425, 31-4435, 31-4410, 31-4441 approved on 12/14/05.
Comments:

Review Status:
Satisfied -Name: Filing letter 04/01/2008
Comments:
Attachment:
Filing Letter.pdf

Review Status:
Satisfied -Name: Statement of variability 04/01/2008
Comments:
Attachment:
Farmers Statement of Variability.pdf

Certificate of Readability

I, the undersigned, certify that the attached form meets the minimum reading ease score on the Flesch Test.

Forms:

<u>Form Number</u>	<u>Form</u>	<u>Flesch Score</u>
51-1461	Signed Acceptance	60.02

Name: Peter E Lindstrom
Peter Lindstrom, Contract Specialist

Title: Contract and Compliance Specialist

Date: April 1, 2008



FARMERS
LIFE INSURANCE

Farmers New World Life Insurance Company

3003 77th Avenue S.E., Mercer Island, WA 98040

Phone: (206) 232-8400 Fax: (206) 236-6642

Claims Dept. Fax: (206) 236-6536

Columbus Life Office: PO Box 182325, Columbus, OH 43218

Phone: (614) 764-9975 Fax: (614) 766-7519

NAIC NO.: 0212-63177

Re: Form No.: 51-1461 Signed Acceptance Form

Dear Sir or Madam:

We are submitting the above referenced forms for your approval. All forms are in final format with the exception of subtle changes that may occur in font and pagination due to conversion to our mainframe and/or PC based forms systems.

Form 51-1461 is used if the applicant applies for Select Plus Non-Nicotine class, but they are still willing to accept the Select Non-Nicotine or Nicotine Class if our underwriting reveals that this is the best class for which they qualify. The Signed Acceptance form is required to show that they accept the new class. The main difference between this form and Form 24-0858, our Policy Acceptance form (that was previously filed and approved in your state), is that the Signed Acceptance form is sent electronically to the agent for the customer to sign while in the office. It is only used for electronic transmittal and during the application process.

The above forms, or substantially similar versions have been filed in Washington, our state of domicile. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. We plan to introduce these forms in your state once approval has been received. This product will be marketed by licensed representatives who are appointed with the company, through an agency distribution system. No advertising for the filed form has been developed for use in your state.

Washington, our state of domicile has no filing fee. To the best of our knowledge, these forms comply with the laws of your state and department.

Sincerely,

Peter Lindstrom
Contract Specialist

FARMERS NEW WORLD LIFE INSURANCE COMPANY
3003 77th Avenue SE, Mercer island, WA 98040-0290

EXPLANATION OF VARIABILITY
Form 51-1461, Signed Acceptance Form

The bracketed section of the form may vary depending on what type of plan the applicant had applied for on their application, and the information provided during the underwriting process. The information is provided as needed, and is unique to each policy. Other variable information includes the date and policy issue (anniversary date), primary insured's name, and the name of the plan applied for.

Mode- may vary as annual, semi-annual, quarterly, and monthly, and whether the payment is done by check or bank draft

Information in the "Policy Approved Other Than As Applied For" area of the Signed Acceptance form may vary for the following reasons:

- Removal of a benefit or rider if different than applied for on the application
- Removal of a child from coverage under a child rider
- Changes to nicotine rates
- Increase or decrease in coverage
- Change from premier to preferred or standard
- Substandard rating

The following statements may appear on the Signed Acceptance form either alone or in conjunction with one or more of the statements listed. We have inserted numbers for illustration purposes only.

- Issued with Preferred rates due to [Underwriting reason]
- Policy issued with Accelerated Benefit Rider for Terminal Illness
- Rated Table [] due to [underwriting reason]. Waiver of Premium 2.5 times due to Table [].
- The plan is a \$100,000.00 Farmers [20 Year Guarantee Level term 2000 (620)]
- \$150,000 Additional Insured Term Rider (812) [Non-Nicotine]
- Issued as \$150,000 [10]Year level term per illustration
- Policy issued [Standard rates] due to [underwriting reason]
- Policy issued without Accelerated benefit Rider for Terminal Illness. If desired, please have the Accelerated Benefit Rider for Terminal Illness Disclosure form completed and return to us.
- Approved [Preferred, Standard]. Does not qualify for Premier due to [underwriting reason].