

SERFF Tracking Number: FRSS-125585424 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 38579
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Product Details Page
Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Product Details Page

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRSS-125585424 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 38579

Co Tr Num:

State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Author: Foresters Ali

Disposition Date: 04/07/2008

Date Submitted: 03/28/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Approval of this form is not required by the insurance laws of Canada where this Society is domiciled.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 04/07/2008

State Status Changed: 04/07/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See Cover Letter

Company and Contact

Filing Contact Information

Faida Ali, Compliance Analyst

fali@foresters.biz

SERFF Tracking Number: FRSS-125585424 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 38579
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Product Details Page
Project Name/Number: /

789 Don Mills Road (416) 429-3000 [Phone]
Toronto, ON M3C 1T9 (416) 467-2525[FAX]

Filing Company Information

The Independent Order of Foresters CoCode: 58068 State of Domicile: Ontario
789 Don Mills Road Group Code: -99 Company Type: Fraternal Benefit
Toronto, ON M3C 1T9 Group Name: Society
(416) 429-3000 ext. [Phone] FEIN Number: 98-0000680
State ID Number:

SERFF Tracking Number: FRSS-125585424 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 38579
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Product Details Page
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$50.00	03/28/2008	19100255

SERFF Tracking Number: FRSS-125585424

State: Arkansas

Filing Company: The Independent Order of Foresters

State Tracking Number: 38579

Company Tracking Number:

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Product Details Page

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/07/2008	04/07/2008

SERFF Tracking Number: FRSS-125585424 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 38579
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Product Details Page
Project Name/Number: /

Disposition

Disposition Date: 04/07/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRSS-125585424 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number: 38579
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Product Details Page
 Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Product Details Page		Yes

SERFF Tracking Number: FRSS-125585424 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number: 38579
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Product Details Page
 Project Name/Number: /

Form Schedule

Lead Form Number: 770331 US 03/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	70331 US 03/08	Application/ Enrollment Form	Product Details Page Initial				770331 US 03-08.pdf

The Independent Order of Foresters ("Foresters")
789 Don Mills Road
Toronto, Canada M3C 1T9

U.S. Mailing Address:
P.O. Box 179
Buffalo, NY 14201-0179

www.foresters.com
T. 800 828 1540



A Fraternal Benefit Society

Product Details Page

This form is part of the Application for Individual Life Insurance.

Proposed Life Insured:

First name: _____ Middle name: _____ Last name: _____

Proposed life insured residence state: _____

Amount of life insurance applied for on the proposed life insured: \$ _____

Instructions

Indicate below the type of coverage, including rider(s), if any, being applied for. Note: An asterisk (*) indicates that a supplemental coverage application form must be completed, signed and submitted with the Application if this type of rider coverage is being applied for.

Term Life

Strong Foundation Simplified issue Fully underwritten

If applying for simplified issue, provide details of the life event:

Mortgage amount: \$ _____ Name and address of lending institution: _____

Marriage Divorce Birth or adoption of a child Death of spouse

Date of life event: _____
(mmm/dd/yyyy)

Term 10 year 15 year 20 year 30 year Other: _____

Available riders (if applicable to selected plan):

Accidental death Percentage of face amount: 25% 50% 75% 100%

Waiver of premium

Living rewards (not available on 10 year term plans)

Children's term* \$ 10,000.00 _____

Critical illness (accelerated death benefit)* \$ _____

Disability income (accident only)* \$ _____

Other rider(s)*: _____

Universal Life

Passport

Death benefit option: Level insured amount. Level insured amount plus account value.

Available riders (if applicable to selected plan):

Accidental death \$ _____

Disability waiver

Children's term \$ 10,000.00 _____

Guaranteed purchase option

Member term \$ _____

Secondary guarantee

Other rider(s)*: _____

Planned modal premium \$ _____ Initial lump sum premium \$ _____

If underwriting approval is given other than as applied for, issue the certificate as follows:

Maintain premium amount. Maintain face amount. Contact producer before issue.

Special instructions: _____

SERFF Tracking Number: FRSS-125585424

State: Arkansas

Filing Company: The Independent Order of Foresters

State Tracking Number: 38579

Company Tracking Number:

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Product Details Page

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FRSS-125585424

State: Arkansas

Filing Company: The Independent Order of Foresters

State Tracking Number: 38579

Company Tracking Number:

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Product Details Page

Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Certification/Notice

Review Status:

03/28/2008

Comments:

Attachment:

Readable Score.pdf

Bypassed -Name: Application

Review Status:

03/28/2008

Bypass Reason: N/A

Comments:

Satisfied -Name: Cover Letter

Review Status:

03/28/2008

Comments:

Attachment:

Product Details Cover Letter.pdf

The Independent Order of Foresters

NAME OF COMPANY: The Independent Order of Foresters
Forester House, 789 Don Mills Road, Toronto, Ontario M3C 1T9
(416) 429-3000

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is below.
 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below.

Form and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Product Details Page	770331 US 03/08	42.7

B. Test Option Selected

1. Test was applied to entire policy form(s).
 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

This certification must be signed by an officer of the insurer.

Steve Lintner
Director, Business Analysis, Product Solutions Group

Date

**NAIC #763-58068
FEIN 980000680**

March 27, 2008

Arkansas Department of Insurance

**Re: The Independent Order of Foresters
Product Details Page – Form #770331 US 03/08**

Dear Analyst:

We are submitting the above form for approval in accordance with the insurance laws of your state. This form will be an additional page to be incorporated as an additional component to our existing application package. We advised you about this package as part of our filing for the *Application for Individual Life Insurance 770206 AR 01/08*, and related supplemental components, approved by you on February 20, 2008.

This Product Details Page will be used with the approved base application and related components when the applicant is applying for one of our Foresters Strong Foundation I, Strong Foundation II or Forester Passport products, all previously approved by your department. Upon approval of this new Product Details page, this page in conjunction with 770206 AR 01/08 and related supplemental components will replace the application currently used to apply for these products in your state – 850061 AR 10/06.

As described in our previous filing, the entire application package, and potentially the individual component forms, will be available electronically to our distribution groups on a downloadable secure website and as pre-printed orderable forms. The electronic versions of these forms may be downloaded, printed off and filled in by hand, or may be filled out electronically. This may occur in person with the applicant and/or via telephone interview. In all cases the 'hardcopy' of the completed form will be provided to the applicant for review and applicable signatures.

Depending on the method of generation and printing, the formatting and fonts may be slightly altered but all content will remain identical to the approved forms. The font size will never be less than required by your state.

No part of this filing contains any unusual or possible controversial items from normal company or industry standards.

Approval of these forms is not required by the Insurance Laws of Canada where this Society is domiciled.

If you require further information, please call me toll-free at 1-800-828-1540 Ext. 4107 or email me at fali@foresters.com.

Fraternally,

Faida Ali
Compliance Analyst