

SERFF Tracking Number: FRSS-125691411 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number: 39274
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Medical Examination Report
Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Medical Examination Report SERFF Tr Num: FRSS-125691411 State: ArkansasLH
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 39274
Sub-TOI: L08.000 Life - Other Co Tr Num: State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Foresters Ali Disposition Date: 06/16/2008
Date Submitted: 06/11/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: Approval of this form is not required by the insurance laws of Canada where this Society is domiciled.
Market Type: Individual
Group Market Size:
Group Market Type:

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/16/2008
State Status Changed: 06/16/2008
Corresponding Filing Tracking Number:
Filing Description:
See cover letter.

Deemer Date:

Company and Contact

Filing Contact Information

Faida Ali, Compliance Analyst

fali@foresters.biz

SERFF Tracking Number: FRSS-125691411 State: Arkansas
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Medical Examination Report
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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:

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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 #
The Independent Order of Foresters	\$20.00	06/11/2008	20787077

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/16/2008	06/16/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Medical Examination Report	Form	Foresters Ali	06/11/2008	06/11/2008
Cover Letter	Supporting Document	Foresters Ali	06/11/2008	06/11/2008
Readability Certification	Supporting Document	Foresters Ali	06/11/2008	06/11/2008

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Disposition

Disposition Date: 06/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRSS-125691411 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved	Yes
Supporting Document	Application	Approved	No
Supporting Document (revised)	Cover Letter	Approved	Yes
Supporting Document	Cover Letter	Withdrawn	Yes
Supporting Document	Readability Certification	Approved	Yes
Form (revised)	Medical Examination Report	Approved	Yes
Form	Medical Examination Report	Withdrawn	Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 06/11/2008

Comments:

The incorrect form number was used.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
104977 US 06/08	Other	Medical Examination Report	Initial					Para Medical Questionnaire _Jun 5 FNL.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Cover Letter

Comment:
 Paramed US Gen Sub Letter FNL.pdf

User Added -Name: Readability Certification

Comment:
 Readable Score Certification.pdf

SERFF Tracking Number: FRSS-125691411 State: Arkansas
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 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Medical Examination Report
 Project Name/Number: /

Form Schedule

Lead Form Number: 104907 US 06/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	104977 US 06/08	Other	Medical Examination Report	Initial			Para Medical Questionnaire _Jun 5 FNL.pdf

Medical Examination Report

This examination should be made in private.

3. a)	Height		Weight		Males only:		
	ft.	in.	lbs.		Chest (full inspiration) in.	Chest (force expiration) in.	Abdomen, at umbilicus in.

- b) Did you weigh? Yes. No. Did you measure. Yes. No.
 c) Is appearance unhealthy or older than stated age? Yes. No.

4. Blood pressure(record ALL readings)

Systolic			
Diastolic - 4 th phase.			
- 5 th phase.			

5. Pulse

Rate	At Rest	After Exercise	3 minutes later
Irregularities per min			

6. Heart Is there any: Enlargement Yes. No. Dyspnea Yes. No.
 Murmur(s) Yes. No. Edema Yes. No.
 (Describe below - if more than one, describe separately.)

	Murmur #1	Murmur#2		Mid-clavicular line
Location:	<input type="text"/>	<input type="text"/>	Indicate:	
Constant	<input type="radio"/>	<input type="radio"/>	Apex by X	<p>Numbers Indicate interspaces</p>
Inconstant	<input type="radio"/>	<input type="radio"/>	Murmur area by <input type="radio"/>	
Transmitted	<input type="radio"/>	<input type="radio"/>	Point of greatest Intensity by <input type="radio"/>	
Localized	<input type="radio"/>	<input type="radio"/>		
Systolic	<input type="radio"/>	<input type="radio"/>		
Presystolic	<input type="radio"/>	<input type="radio"/>		
Diastolic	<input type="radio"/>	<input type="radio"/>		
Soft (Gr. 1 - 2)	<input type="radio"/>	<input type="radio"/>		
Mod (Gr. 3 - 4)	<input type="radio"/>	<input type="radio"/>		
Loud (Gr. 5 - 6)	<input type="radio"/>	<input type="radio"/>		
After Exercise:			Transmission by →	
Increased	<input type="radio"/>	<input type="radio"/>	For comments and	
Absent	<input type="radio"/>	<input type="radio"/>	Your impression	
Unchanged	<input type="radio"/>	<input type="radio"/>		
Decreased	<input type="radio"/>	<input type="radio"/>		

7. Is there on examination any abnormality of the following: (Circle applicable items and give details.)
- a) Eyes, ears, nose, mouth, pharynx. Yes. No.
(If vision or hearing markedly impaired, indicate degree and correction.)
 - b) Skin (incl. scars), lymph nodes, varicose veins or peripheral arteries. Yes. No.
 - c) Nervous system (include reflexes, gait, paralysis). Yes. No.
 - d) Respiratory system. Yes. No.
 - e) Abdomen (include scars). Yes. No.
 - f) Genitourinary system. Yes. No.
 - g) Endocrine system. (include thyroid and breasts). Yes. No.
 - h) Musculoskeletal system. (include spine, joints, amputations, deformities). Yes. No.

8. Are there any hernias? Yes. No.

9. Are you aware of any additional history?
 (A confidential report may be sent to the Medical Director.) Yes. No.

10. Urinalysis:

Albumin	Sugar	Blood

If history or presence of albumin, sugar, kidney disease or stone, blood pressure over 150/90, send specimen to: ExamOne

10101 Renner Blvd., Lenexa, KS 66219

Are you sending a specimen? Yes. No.

Details of 'Yes' answers.
(Identify them.)

When completed mail to:
 The Independent Order of Foresters
 P.O. Box 179
 Buffalo NY 14201-0179

SERFF Tracking Number: FRSS-125691411

State: Arkansas

Filing Company: The Independent Order of Foresters

State Tracking Number: 39274

Company Tracking Number:

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Medical Examination Report

Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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Product Name: Medical Examination Report

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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved	06/16/2008
Comments:		
Attachment: Readable Score Certification.pdf		
Bypassed -Name: Application	Review Status: Approved	06/16/2008
Bypass Reason: N/A		
Comments:		
Satisfied -Name: Cover Letter	Review Status: Approved	06/16/2008
Comments:		
Attachment: Paramed US Gen Sub Letter FNL.pdf		
Satisfied -Name: Readability Certification	Review Status: Approved	06/16/2008
Comments:		
Attachment: Readable Score Certification.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>
Medical Examination Report	104907 US 06/08	61.8

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

June 11, 2008

Date



Individual Life
NAIC # 763-58068
FEIN 980000680

June 11, 2008

Arkansas Division of Insurance

**Re: Medical Examination Report Form #104977 US 06/08
Replacing Form #OF – 145 – 90 (US)**

We are submitting the above form for approval in accordance with the insurance laws of your state. This form will replace our previous form noted above. We have given our Medical Examination Report a new look and have updated the medical questions to reflect how they are now asked on our current Applications. This form is used by our authorized paramedicals to collect additional medical information during the paramedical exam, to supplement the information that is provided by the applicant on any of our existing or future life product applications. The Medical Examination Report will be used when additional medical information is required to properly underwrite any coverages applied for. It will be used with our suite of term life, whole life and universal life products that have been previously approved by your department and with future product approvals.

The form will be available electronically downloadable on a secure website and as a pre-printed orderable form. The electronic version 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 or via telephone interview. Once completed, it will always be printed and 'wet-signed' in ink, by the paramedical and the proposed insured. At that point it may be transported in its hardcopy form, or it may be transmitted electronically over secure systems, as needed, in order to expedite the underwriting process.

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 possibly 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

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.

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<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Medical Examination Report	104977 US 06/08	61.8

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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

June 11, 2008

Date

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Medical Examination Report	06/11/2008	Para Medical Questionnaire_Jun 5 FNL.pdf
No original date	Supporting Document	Cover Letter	06/11/2008	Paramed US Gen Sub Letter FNL.pdf

Medical Examination Report

This examination should be made in private.

3. a)	Height		Weight		Males only:		
	ft.	in.	lbs.		Chest (full inspiration) in.	Chest (force expiration) in.	Abdomen, at umbilicus in.

- b) Did you weigh? Yes. No. Did you measure. Yes. No.
 c) Is appearance unhealthy or older than stated age? Yes. No.

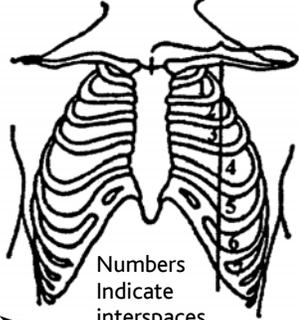
4. Blood pressure(record ALL readings)

Systolic			
Diastolic - 4 th phase.			
- 5 th phase.			

5. Pulse

Rate	At Rest	After Exercise	3 minutes later
Irregularities per min			

6. Heart Is there any: Enlargement Yes. No. Dyspnea Yes. No.
 Murmur(s) Yes. No. Edema Yes. No.
 (Describe below - if more than one, describe separately.)

	Murmur #1	Murmur#2	
Location:	<input type="text"/>	<input type="text"/>	Indicate: Mid-clavicular line
Constant	<input type="radio"/>	<input type="radio"/>	Apex by X Murmur area by <input type="radio"/> Point of greatest Intensity by <input type="radio"/> Transmission by <input type="radio"/> → For comments and Your impression
Inconstant	<input type="radio"/>	<input type="radio"/>	
Transmitted	<input type="radio"/>	<input type="radio"/>	
Localized	<input type="radio"/>	<input type="radio"/>	
Systolic	<input type="radio"/>	<input type="radio"/>	
Presystolic	<input type="radio"/>	<input type="radio"/>	
Diastolic	<input type="radio"/>	<input type="radio"/>	
Soft (Gr. 1 - 2)	<input type="radio"/>	<input type="radio"/>	
Mod (Gr. 3 - 4)	<input type="radio"/>	<input type="radio"/>	
Loud (Gr. 5 - 6)	<input type="radio"/>	<input type="radio"/>	
After Exercise:			Numbers Indicate interspaces 
Increased	<input type="radio"/>	<input type="radio"/>	
Absent	<input type="radio"/>	<input type="radio"/>	
Unchanged	<input type="radio"/>	<input type="radio"/>	
Decreased	<input type="radio"/>	<input type="radio"/>	

7. Is there on examination any abnormality of the following: (Circle applicable items and give details.)
- a) Eyes, ears, nose, mouth, pharynx. Yes. No.
(If vision or hearing markedly impaired, indicate degree and correction.)
 - b) Skin (incl. scars), lymph nodes, varicose veins or peripheral arteries. Yes. No.
 - c) Nervous system (include reflexes, gait, paralysis). Yes. No.
 - d) Respiratory system. Yes. No.
 - e) Abdomen (include scars). Yes. No.
 - f) Genitourinary system. Yes. No.
 - g) Endocrine system. (include thyroid and breasts). Yes. No.
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8. Are there any hernias? Yes. No.

9. Are you aware of any additional history?
 (A confidential report may be sent to the Medical Director.) Yes. No.

10. Urinalysis:

Albumin	Sugar	Blood

If history or presence of albumin, sugar, kidney disease or stone, blood pressure over 150/90, send specimen to: ExamOne

10101 Renner Blvd., Lenexa, KS 66219

Are you sending a specimen? Yes. No.

Details of 'Yes' answers.
(Identify them.)

When completed mail to:
 The Independent Order of Foresters
 P.O. Box 179
 Buffalo NY 14201-0179



Individual Life
NAIC # 763-58068
FEIN 980000680

June 11, 2008

Arkansas Division of Insurance

**Re: Medical Examination Report Form #104907 US 06/08
Replacing Form #OF – 145 – 90 (US)**

We are submitting the above form for approval in accordance with the insurance laws of your state. This form will replace our previous form noted above. We have given our Medical Examination Report a new look and have updated the medical questions to reflect how they are now asked on our current Applications. This form is used by our authorized paramedicals to collect additional medical information during the paramedical exam, to supplement the information that is provided by the applicant on any of our existing or future life product applications. The Medical Examination Report will be used when additional medical information is required to properly underwrite any coverages applied for. It will be used with our suite of term life, whole life and universal life products that have been previously approved by your department and with future product approvals.

The form will be available electronically downloadable on a secure website and as a pre-printed orderable form. The electronic version 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 or via telephone interview. Once completed, it will always be printed and 'wet-signed' in ink, by the paramedical and the proposed insured. At that point it may be transported in its hardcopy form, or it may be transmitted electronically over secure systems, as needed, in order to expedite the underwriting process.

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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