

SERFF Tracking Number: FRTH-125650913 State: Arkansas
Filing Company: Forethought Life Insurance Company State Tracking Number: 39043
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Whole Life Insurance
Project Name/Number: Application for Reinstatement/A7061-01

Filing at a Glance

Company: Forethought Life Insurance Company

Product Name: Whole Life Insurance

SERFF Tr Num: FRTH-125650913 State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39043

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Kasey Poettker

Disposition Date: 05/27/2008

Date Submitted: 05/19/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application for Reinstatement

Status of Filing in Domicile: Pending

Project Number: A7061-01

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Filed in domicile state of Indiana on 5/16/08.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/27/2008

State Status Changed: 05/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This application will be used to reinstate a policy within three years of the lapse date. As part of this process, we plan to do some minimal underwriting to show proof of insurability.

Company and Contact

Filing Contact Information

Kasey Poettker, Legal Assistant

kasey_poettker@forethought.com

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1 Forethought Center (812) 933-6748 [Phone]
Batesville, IN 47006 (812) 933-6348[FAX]

Filing Company Information

Forethought Life Insurance Company CoCode: 91642 State of Domicile: Indiana
1 Forethought Center Group Code: 1266 Company Type: Insurance
Batesville, IN 47006 Group Name: State ID Number:
(800) 648-0075 ext. [Phone] FEIN Number: 06-1016329

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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 #
Forethought Life Insurance Company	\$20.00	05/19/2008	20394893

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/27/2008	05/27/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	05/21/2008	05/21/2008	Kasey Poettker	05/27/2008	05/27/2008
Industry Response						

SERFF Tracking Number: *FRTH-125650913* *State:* *Arkansas*
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Disposition

Disposition Date: 05/27/2008

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Life & Annuity - Acturial Memo	Approved-Closed	No
Supporting Document	FILING LETTER	Approved-Closed	Yes
Form (revised)	Application for Reinstatement	Approved-Closed	Yes
Form	Application for Reinstatement	Withdrawn	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/21/2008
Submitted Date 05/21/2008

Respond By Date

Dear Kasey Poettker,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for Reinstatement (Form)

Comment: Ark. Code Ann. 23-66-503(a) requires a fraud statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/27/2008
Submitted Date 05/27/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Per your objection, please see the revised attached application. Thank you for your assistance with this filing.

Related Objection 1

Applies To:

- Application for Reinstatement (Form)

Comment:

Ark. Code Ann. 23-66-503(a) requires a fraud statement in an application substantially the same as that included in the statute.

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Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Application for Reinstatement	A7061-01-AR		Application/Enrollment Form	Initial		49	A7061-01-AR FEC REINSTATEMENT 0508.pdf
Previous Version							
Application for Reinstatement	A7061-01		Application/Enrollment Form	Initial		49	A7061-01 FEC REINSTATEMENT 0508.pdf

No Rate/Rule Schedule items changed.

Sincerely,
 Kasey Poettker

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Form Schedule

Lead Form Number: A7061-01

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	A7061-01-AR	Application/Enrollment Form	Application for Reinstatement	Initial		49	A7061-01-AR FEC REINSTATE MENT 0508.pdf

APPLICATION FOR REINSTATEMENT

To Reinstate My Coverage, I Must:

- 1) Request reinstatement within three (3) years after Automatic Premium Loan has been exhausted and coverage lapsed;
- 2) Call Forethought Life Insurance Company for a quote to pay all unpaid premiums plus six percent (6%) interest per year;
- 3) Pay balance of any existing loans plus interest; and
- 4) Complete the reverse side of this Application for Reinstatement showing proof of insurability by answering the Health Questions, providing signatures, and submitting completed form along with the quoted amount.

APPLICATION FOR REINSTATEMENT

Policy/Certificate Number _____ Insured _____

Part A

1. Are you currently hospitalized, bedridden, confined to a nursing facility, receiving hospice or home health care, waiting for an organ transplant, confined to a wheelchair, using oxygen to assist breathing, or been advised to have surgery, treatment, or admission to a hospital or nursing facility and have not done so? 1. Yes No
2. In the past 12 months, have you had or been treated for heart surgery, heart attack, congestive heart failure, stroke, aneurysm, internal cancer, malignant melanoma, leukemia, Alzheimer's disease, dementia, or kidney dialysis? 2. Yes No
3. Have you ever had or been treated for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)? 3. Yes No

Part B

Proposed Insureds that respond "No" to Part A should complete Part B.

4. In the past 5 years, have you:
 - a. Been hospitalized or consulted a physician for any reason? 4a. Yes No
 - b. Been told that you have, been diagnosed, or been treated for cancer, kidney disease, diabetes, leukemia, multiple sclerosis, Hepatitis C, emphysema, chronic obstructive pulmonary disease (COPD), asthma, sleep apnea, paralysis, angina (chest pain), disease depression, mental or nervous system disorders? 4b. Yes No
5. Have you ever been treated for alcohol abuse and/or drug abuse, or been charged with reckless driving, driving under the influence (DUI) or driving while intoxicated (DWI)? 5. Yes No
6. Are you currently taking any medication or treatment prescribed by a physician or other medical professional? 6. Yes No

Authorization: By signing this form, I authorize any medical practitioner, medical facility, or other person to give the Forethought Life Insurance Company any records or information concerning the Insured's health related to the above Health Questions. A photocopy of this Authorization shall be as effective as the original. Any person who knowingly presents a false or fraudulent claim for payment of a loss, or knowingly makes a false statement in an application for insurance may be guilty of criminal offense under state law.

I request reinstatement as provided for in the policy/certificate, including the reinstatement of any loan and loan interest (unless paid), and have enclosed all unpaid premiums plus six percent (6%) interest per year. The above information is true and complete to the best of My knowledge and belief. I understand and agree that the policy/certificate benefit requested is subject to the terms of the policy/certificate.

Signature of Insured	Signature of Owner (if other than Insured)	Date
<p>SEND TO:</p> <p>Forethought Life Insurance Company P.O. Box 216 Batesville, IN 47006 (800) 331-8853 Fax (800) 320-3291</p>	<p>FOR HOME OFFICE USE ONLY</p> <p>Forethought Life Insurance Company in Batesville, IN, acknowledges receipt of the request, has made the requested change and has retained a copy of the request.</p> <p>By _____</p> <p>Date _____</p>	

RETURN BOTH COPIES TO FORETHOUGHT LIFE INSURANCE COMPANY

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Rate Information

Rate data does NOT apply to filing.

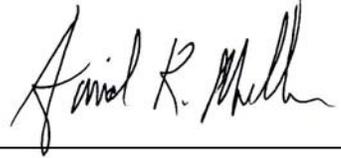
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Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status: Approved-Closed	05/27/2008
Comments:		
Attachment: CERT OF READ A7061-01.pdf		
Satisfied -Name: Application	Review Status: Approved-Closed	05/27/2008
Comments: FORM FILED TO BE APPROVED IN THE FORM SCHEDULE TAB.		
Bypassed -Name: Life & Annuity - Acturial Memo	Review Status: Approved-Closed	05/27/2008
Bypass Reason: N/A		
Comments:		
Satisfied -Name: FILING LETTER	Review Status: Approved-Closed	05/27/2008
Comments:		
Attachment: A7061-01 Filing Letter AR 0508.pdf		

**CERTIFICATION
OF
READABILITY**

Forethought Life Insurance Company hereby certifies that this form achieves a Flesch reading ease score of 48.7.



Signature

David K. Mullen, Secretary

Type name and title

May 18, 2008

Date

Line of Insurance: Life

Policy Form Number(s):

A7061-01



May 19, 2008

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: Forethought Life Insurance Company
Form #A7061-01 – Application for Reinstatement
NAIC #1266-91642

To Whom It May Concern:

I am attaching for your review and approval the above-referenced application.

It is anticipated that this application will be used to reinstate a policy within three years of the lapse date. As part of this process, we plan to do some minimal underwriting to show proof of insurability. This form will be used with Policy series P07IPSP01 et. al. approved on 4/11/07.

This form will be filed in all states where our product is approved. To the best of my knowledge and belief, this application complies with the statutory and regulatory requirements of Indiana.

Please contact me if there are any questions.

Sincerely,

FORETHOUGHT LIFE INSURANCE COMPANY

Kasey K. Poettker

Kasey K. Poettker
Compliance Analyst

Attachments

SERFF Tracking Number: *FRTH-125650913* *State:* *Arkansas*
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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	Application for Reinstatement	05/19/2008	A7061-01 FEC REINSTATEMENT 0508.pdf

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2. In the past 12 months, have you had or been treated for heart surgery, heart attack, congestive heart failure, stroke, aneurysm, internal cancer, malignant melanoma, leukemia, Alzheimer's disease, dementia, or kidney dialysis? 2. Yes No
3. Have you ever had or been treated for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)? 3. Yes No

Part B

Proposed Insureds that respond "No" to Part A should complete Part B.

4. In the past 5 years, have you:
 - a. Been hospitalized or consulted a physician for any reason? 4a. Yes No
 - b. Been told that you have, been diagnosed, or been treated for cancer, kidney disease, diabetes, leukemia, multiple sclerosis, Hepatitis C, emphysema, chronic obstructive pulmonary disease (COPD), asthma, sleep apnea, paralysis, angina (chest pain), disease depression, mental or nervous system disorders? 4b. Yes No
5. Have you ever been treated for alcohol abuse and/or drug abuse, or been charged with reckless driving, driving under the influence (DUI) or driving while intoxicated (DWI)? 5. Yes No
6. Are you currently taking any medication or treatment prescribed by a physician or other medical professional? 6. Yes No

Authorization: By signing this form, I authorize any medical practitioner, medical facility, or other person to give the Forethought Life Insurance Company any records or information concerning the Insured's health related to the above Health Questions. A photocopy of this Authorization shall be as effective as the original.

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