

SERFF Tracking Number: GRAX-125622117 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 38784
Company Tracking Number: H6121807AR
TOI: L03I Individual Life - Special Sub-TOI: L03I.000 Individual Life - Special
Product Name: Life Individual Combined
Project Name/Number: Life Individual Combined/H6121807AR

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Life Individual Combined SERFF Tr Num: GRAX-125622117 State: ArkansasLH
TOI: L03I Individual Life - Special SERFF Status: Closed State Tr Num: 38784
Sub-TOI: L03I.000 Individual Life - Special Co Tr Num: H6121807AR State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: SPI Disposition Date: 04/29/2008
GreatAmericanFinancialRes
Date Submitted: 04/24/2008 Disposition Status: Approved
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: Life Individual Combined Status of Filing in Domicile: Pending
Project Number: H6121807AR Date Approved in Domicile:
Requested Filing Mode: Informational Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 04/29/2008
State Status Changed: 04/29/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:

Enclosed for informational purposes, please find duplicate copies of the form referenced above with corresponding form numbers. This form will replace form number H604697NW1, which was approved by your Department on 10/26/1997. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

Form H6121807AR is a newly revised HIV consent form which will be used with new life issues and with conversions and reinstatements of in-force life policies.

SERFF Tracking Number: GRAX-125622117 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 38784
Company Tracking Number: H6121807AR
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
Product Name: Life Individual Combined
Project Name/Number: Life Individual Combined/H6121807AR

Company and Contact

Filing Contact Information

Roy Woods, Compliance Analyst rwoods@gafri.com
P. O. Box 5420 (513) 412-2826 [Phone]
Cincinnati, OH 45201-5420 (513) 412-1470[FAX]

Filing Company Information

Great American Life Insurance Company CoCode: 63312 State of Domicile: Ohio
P. O. Box 5420 Group Code: 84 Company Type:
Cincinnati, OH 45201-5420 Group Name: Great American State ID Number:
Financial Resources, Inc.
(800) 854-3649 ext. [Phone] FEIN Number: 13-1935920

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number: GRAX-125622117 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 38784
Company Tracking Number: H6121807AR
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
Product Name: Life Individual Combined
Project Name/Number: Life Individual Combined/H6121807AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/29/2008	04/29/2008

SERFF Tracking Number: GRAX-125622117 State: Arkansas
Filing Company: Great American Life Insurance Company State Tracking Number: 38784
Company Tracking Number: H6121807AR
TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
Product Name: Life Individual Combined
Project Name/Number: Life Individual Combined/H6121807AR

Disposition

Disposition Date: 04/29/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRAX-125622117 State: Arkansas
 Filing Company: Great American Life Insurance Company State Tracking Number: 38784
 Company Tracking Number: H6121807AR
 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
 Product Name: Life Individual Combined
 Project Name/Number: Life Individual Combined/H6121807AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT		Yes
Form	HIV Consent Form		Yes

SERFF Tracking Number: GRAX-125622117 State: Arkansas
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 Company Tracking Number: H6121807AR
 TOI: L031 Individual Life - Special Sub-TOI: L031.000 Individual Life - Special
 Product Name: Life Individual Combined
 Project Name/Number: Life Individual Combined/H6121807AR

Form Schedule

Lead Form Number: H6121807AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	H6121807A	Other	HIV Consent Form	Initial		0	H6121807AR. PDF

- q Great American Life Insurance Company®
- q Loyal American Life Insurance Company®
- q Manhattan National Life Insurance Company
- q Pioneer Life Insurance Company
- q Secura Life Insurance Company

NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING

To evaluate your eligibility for insurance or insurance benefits, it is requested that you consent to be tested for the AIDS virus (HIV). By signing and dating this form, you agree that this test may be performed and that underwriting decisions will be based on the test results.

DISCLOSURE OF TEST RESULTS

All test results will be treated confidentially. The results of the test will be reported to the insurer identified on this form. Results of the tests will not otherwise be disclosed except as allowed by law or as stated below.

MEANING OF TEST RESULTS

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you may be at increased risk of developing AIDS or AIDS-related conditions. The test is a test for antibodies of the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus.

Positive antibody test results could adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

RELEASE OF RESULTS

The results of this test may be released to the following:

- (1) the proposed insured;
- (2) the person legally authorized to consent to the test;
- (3) a licensed physician, medical practitioner, or other person designated by the proposed insured;
- (4) an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular proposed insured;
- (5) a reinsurer if the reinsurer is involved in the underwriting process, under procedures that are designed to assure confidentiality;
- (6) persons who have the responsibility to make underwriting decisions on behalf of the insurer; or
- (7) the insurer's legal counsel who needs such information to effectively represent the insurer in regard to matters concerning the proposed insured.

The insurer may contact you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may want to discuss the results.

CONSENT

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

Date: _____

Signature of Proposed Insured or Parent/Guardian

<i>SERFF Tracking Number:</i>	<i>GRAX-125622117</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38784</i>
<i>Company Tracking Number:</i>	<i>H6121807AR</i>		
<i>TOI:</i>	<i>L031 Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L031.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>Life Individual Combined</i>		
<i>Project Name/Number:</i>	<i>Life Individual Combined/H6121807AR</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GRAX-125622117</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38784</i>
<i>Company Tracking Number:</i>	<i>H6121807AR</i>		
<i>TOI:</i>	<i>L031 Individual Life - Special</i>	<i>Sub-TOI:</i>	<i>L031.000 Individual Life - Special</i>
<i>Product Name:</i>	<i>Life Individual Combined</i>		
<i>Project Name/Number:</i>	<i>Life Individual Combined/H6121807AR</i>		

Supporting Document Schedules

Bypassed -Name:	Certification/Notice	Review Status:	04/24/2008
Bypass Reason:	Not applicable with this filing.		
Comments:			

Bypassed -Name:	Application	Review Status:	04/24/2008
Bypass Reason:	Not applicable with this filing.		
Comments:			

Bypassed -Name:	Life & Annuity - Acturial Memo	Review Status:	04/24/2008
Bypass Reason:	Not applicable with this filing.		
Comments:			

Satisfied -Name:	Cover Letter	Review Status:	04/24/2008
Comments:			
Attachment:			
	Cover Letter.PDF		

Satisfied -Name:	AR - NAIC TRANSMITTAL DOC, AR - NAIC FORM FILING ATTACHMENT	Review Status:	04/24/2008
Comments:			
Attachments:			
	AR - NAIC TRANSMITTAL DOC.PDF		
	AR - NAIC FORM FILING ATTACHMENT.PDF		



LIFE INSURANCE COMPANY

Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

April 24, 2008

NAIC No. 0084-63312
FEIN No. 13-1935920

Insurance Commissioner Julie Benafield Bowman
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Informational Filing - Great American Life Insurance Company
H6121807AR HIV Consent Form

Dear Insurance Commissioner Benafield Bowman:

Enclosed for informational purposes, please find duplicate copies of the form referenced above with corresponding form numbers. This form will replace form number H602697NW1, which was approved by your Department on 10/26/1997. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.

Form H6121807NW is a newly revised HIV consent form which will be used with new life issues and with conversions and reinstatements of in-force life policies.

With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at rwoods@gafri.com.

Sincerely,

Roy L. Woods
Compliance Analyst

ROY L. WOODS , COMPLIANCE ANALYST
(800) 854-3649 (TOLL FREE - EXT. 12826)
(513) 412-2826 (DIRECT DIAL) * (513) 412-1470 FAX

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Great American Life Insurance Company P. O. Box 5420 Cincinnati OH 45201-5420	OH	Life	0084	63312	13-1935920	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Roy L. Woods P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 12826	513-412-1470	rwoods@gafri.com

5. Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	H6121807AR
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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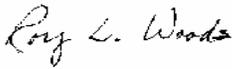
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	

9. Type of Insurance	L03I Individual Life - Special
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10. Product Coding Matrix Filing Code	L03I.000 Individual Life - Special
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11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other: <u>HIV Consent Form</u>
	<input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
	SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	4/24/2008
13.	Filing Fee (If required)	Amount <u>N/A</u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Pending
15.	Filing Description:	
<p>Enclosed for informational purposes, please find duplicate copies of the form referenced above with corresponding form numbers. This form will replace form number H602697NW1, which was approved by your Department on 10/26/1997. This submission does not contain any provisions, conditions, or concepts that are uncommon, unusual or possibly controversial from the standpoint of normal company or industry standards.</p> <p>Form H6121807AR is a newly revised HIV consent form which will be used with new life issues and with conversions and reinstatements of in-force life policies.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Roy L. Woods</u> Title <u>Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>4/24/2008</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	H6121807AR	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	HIV Consent Form	H6121807AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	H602697NW1
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	