

SERFF Tracking Number: LHLI-125631272 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 38844  
Company Tracking Number: CHDRDRAPP08-AR WM  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: CHDRDRAPP08-AR  
Project Name/Number: Application for child rider insurance/

## Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: CHDRDRAPP08-AR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: LHLI-125631272

SERFF Status: Closed

Co Tr Num: CHDRDRAPP08-AR  
WM

Co Status:

Authors: Shirley Grossman, Cathy  
Patterson, Wanda McNeece, Sally  
Roudebush, Rodney Hartwig

Date Submitted: 05/01/2008

State: ArkansasLH

State Tr Num: 38844

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/06/2008

Disposition Status: Approved

Implementation Date:

## General Information

Project Name: Application for child rider insurance

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/06/2008

State Status Changed: 05/06/2008

Corresponding Filing Tracking Number:

Filing Description:

Application for child rider life insurance

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: Illinois is state of  
domicile - form filed on April 25, 2008

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We submit application form CHDRDRAPP08-AR for your review and approval. This form will initially be marketed to individuals in conjunction with our life insurance policies by independent agents licensed in your jurisdiction, or by direct response mailings to our current policyholders.

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This form will not be marketed with an illustration.

Form CHDRDRAPP08-AR is a new form and does not replace any form currently on file with your department; however it is similar to form CHDRDRAPP06-AR which was submitted to your department in paper form and approved on April 18, 2006.

Form CHDRDRAPP08-AR will initially be used with policy forms WL06-AR and 20P06-AR which were submitted to your department in paper form and approved on November 14, 2005 and with forms 15Y2GDB07-AR that was submitted to your department under SERFF Tracking number LHLI-125288875 and was approved on September 25, 2007.

To the best of my knowledge, information and belief, this form is in compliance with the provisions of the insurance laws, rules and regulations of your state, and does not contain any controversial, unusual or previously disapproved provisions.

## Company and Contact

### Filing Contact Information

Wanda McNeece, wanda.mcneece@londen-insurance.com  
4343 E Camelback Rd (800) 433-8181 [Phone]  
Phoenix, AZ 85018 (602) 808-8845[FAX]

### Filing Company Information

Lincoln Heritage Life Insurance Company CoCode: 65927 State of Domicile: Illinois  
4343 East Camelback Road Group Code: Company Type: Life and Health  
Phoenix, AZ 85018 Group Name: State ID Number:  
(800) 433-8181 ext. [Phone] FEIN Number: 04-2314290  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 1 form x \$50.00 per form = \$50.00 total fee

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$50.00	05/01/2008	20047828

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/06/2008	05/06/2008

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## Disposition

Disposition Date: 05/06/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Consent to submit rates form		Yes
<b>Form</b>	Application for Child Rider Life Insurance		Yes

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## Form Schedule

**Lead Form Number:** CHDRDRAPP08-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CHDRDRAPP08-AR	Application/ Enrollment Form	Application for Child Rider Life Insurance	Initial		47	CHDRDRAPP08-AR.pdf

**1. OWNER INFORMATION**

Name _____		Phone _____	
Address _____		City _____	State _____ Zip _____

**2. RIDER APPLICANT INFORMATION**      **SEX**      **DOB**      **RELATIONSHIP TO OWNER**      **BENEFICIARY** *(is owner unless otherwise stated)*

1. Name				
2. Name				
3. Name				
4. Name				

**3. REPLACEMENT**      **Yes**      **No**      **4. NUMBER OF UNITS**      **5. RIDER PREMIUM**

Does any insured have any existing life insurance policies or annuities contracts?	<input type="checkbox"/>	<input type="checkbox"/>		
Will this cause other insurance or annuity to be replaced or changed?	<input type="checkbox"/>	<input type="checkbox"/>	_____ Per Child	\$ _____
If yes, list company and policy # _____				

**6. HEALTH QUESTIONS – if the answer to any question is "yes" the proposed insured will not qualify for coverage.**      **Yes**      **No**      **Ins #**

a. Has any child or grandchild been diagnosed with a terminal illness, received hospice care, or currently incarcerated? .....	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is any child or grandchild currently in a hospital or care facility that provides regular/routine medical care? .....	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has any child or grandchild been hospitalized two or more times in the past six months? .....	<input type="checkbox"/>	<input type="checkbox"/>	
d. Has any child or grandchild been positively diagnosed or treated by a physician for HIV, AIDS, ARC or other disease of the immune system? .....	<input type="checkbox"/>	<input type="checkbox"/>	
e. Has any child or grandchild been diagnosed with Cerebral Palsy, Cystic Fibrosis, Muscular Dystrophy or Multiple Sclerosis? .....	<input type="checkbox"/>	<input type="checkbox"/>	
<b>In the past two years, has any child or grandchild had, been diagnosed by a physician, been treated for or taken medication for any of the following conditions?</b>			
f. Heart disease, stroke, surgery to improve circulation or cancer? .....	<input type="checkbox"/>	<input type="checkbox"/>	
g. Disease of the lungs, other than asthma including use of oxygen to assist breathing; liver disease including cirrhosis or Hepatitis C; kidney disease including kidney dialysis; organ transplant? .....	<input type="checkbox"/>	<input type="checkbox"/>	
h. Alcohol or drug abuse? .....	<input type="checkbox"/>	<input type="checkbox"/>	
i. Complications of diabetes including insulin shock, amputation, diabetic coma, blindness or kidney disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	
j. Has any child or grandchild had or been advised to have a diagnostic test for which results have not yet been received? .....	<input type="checkbox"/>	<input type="checkbox"/>	
(If yes, provide complete details in Section 7)			

**7. MEDICATIONS AND USAGES – If an insured is taking medications, list the medication, and for what condition it is taken.**

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**8. NON-MEDICAL QUESTION**      **Yes**      **No**

a. Do all children or grandchildren permanently reside in the United States? .....	<input type="checkbox"/>	<input type="checkbox"/>	
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**9. OWNER AND APPLICANT SIGNATURE(S)**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I have read all questions and answers. I affirm that they are true to the best of my knowledge and belief. I understand that the company will rely on my answers above in issuing any life insurance hereunder and the agent does not have the authority to waive or modify any questions or answers.**

Signature of Owner \_\_\_\_\_ Signature of Applicant if Age 18 \_\_\_\_\_

Signed in (City/State) \_\_\_\_\_ On (Month/Day/Year) \_\_\_\_\_

**10. AGENT'S CONFIRMATION**

Are there existing life insurance and/or annuity contracts on the life of the proposed insured?  Yes  No

To the best of my knowledge, replacement  is  is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Agent's Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Code Number \_\_\_\_\_

**HOME OFFICE USE ONLY**

Original Policy # _____	UW Approval _____	Date _____	Initials _____
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## Rate Information

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 05/01/2008  
**Comments:**  
**Attachment:**  
CERT OF FLESCH.pdf

**Review Status:**  
**Bypassed -Name:** Application 05/01/2008  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Consent to submit rates form 05/01/2008  
**Comments:**  
**Attachment:**  
ARKANSAS CONSENT TO SUBMIT RATES.pdf

## **CERTIFICATION OF FLESCH READABILITY SCORE**

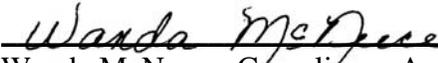
Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 41 on the Flesch reading ease test.
- (2) Except for specification pages, schedules, and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):       CHDRDRAPP08-AR – Application for Child Rider Life Insurance

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**

  
\_\_\_\_\_  
Wanda McNeece, Compliance Associate

May 1, 2008

## **CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL**

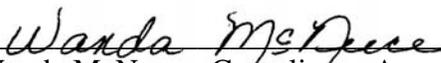
The Lincoln Heritage Life Insurance Company of Springfield, Illinois, does hereby consent and agree:

- A) That all premium rates and/or cost bases both maximum and current or projected used in relation to forms numbered CHDRDRAPP08-AR must be filed with the Insurance Commissioner for the State of Arkansas at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

OR

- B) That where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a change of rates it will stay within and will notify the Department at least sixty (60) days prior to any changes in the range of rates. The company must also document the method used to calculate its premiums and range of rates.

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**

  
\_\_\_\_\_  
Wanda McNeece, Compliance Associate

Date: May 1, 2008