

SERFF Tracking Number: UNML-125689568 State: Arkansas
Filing Company: Unity Financial Life Insurance Company State Tracking Number: 39256
Company Tracking Number: EF08T
TOI: L07G Group Life - Whole Sub-TOI: L07G.111 Single Premium - Single Life
Product Name: EF08T
Project Name/Number: EF08T/EF08T

Filing at a Glance

Company: Unity Financial Life Insurance Company

Product Name: EF08T SERFF Tr Num: UNML-125689568 State: ArkansasLH
TOI: L07G Group Life - Whole SERFF Status: Closed State Tr Num: 39256
Sub-TOI: L07G.111 Single Premium - Single Life Co Tr Num: EF08T State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Gaile Beebe Disposition Date: 06/27/2008
Date Submitted: 06/10/2008 Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: EF08T Status of Filing in Domicile: Not Filed
Project Number: EF08T Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments: domicile state is exempt from this filing
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Overall Rate Impact: Group Market Type: Discretionary
Filing Status Changed: 06/27/2008 Deemer Date:
State Status Changed: 06/12/2008
Corresponding Filing Tracking Number:

Filing Description:

This new enrollment form will be used in the preneed/final expense market for single premium group whole life certificate 20401-1/04. This form has previously been approved in your state.

Enrollment form EF08T will not replace any form. It will be used in addition to the enrollment already approved for use with certain agents who will only be offering single premium life insurance.

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The layout of this form may change when printed, but font size and content will remain the same.

Company and Contact

Filing Contact Information

Gaile Beebe, Senior Compliance Specialist gbeebe@unity-life.com
 P.O. Box 5000 (315) 448-7260 [Phone]
 Syracuse, NY 13250-5000 (315) 448-7203[FAX]

Filing Company Information

Unity Financial Life Insurance Company CoCode: 63819 State of Domicile: Pennsylvania
 P.O. Box 5000 Group Code: 786 Company Type: Life
 Syracuse, NY 13250-5000 Group Name: State ID Number:
 (315) 448-7260 ext. [Phone] FEIN Number: 23-1640528

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: application = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unity Financial Life Insurance Company	\$20.00	06/10/2008	20755205

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	06/27/2008	06/27/2008
Approved	Linda Bird	06/12/2008	06/12/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Policy Form #	Note To Filer	Linda Bird	06/12/2008	06/12/2008
Policy Form #	Note To Reviewer	Gaile Beebe	06/12/2008	06/12/2008

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Disposition

Disposition Date: 06/27/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Filing Description is amended to say that single premium contract 20103AR-1/04 is the contract this enrollment form will be used with.

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	Enrollment form		Yes

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Disposition

Disposition Date: 06/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Note To Filer

Created By:

Linda Bird on 06/12/2008 03:30 PM

Subject:

Policy Form #

Comments:

Filing has been re-opened in order for correction to be made.

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Note To Reviewer

Created By:

Gaile Beebe on 06/12/2008 01:22 PM

Subject:

Policy Form #

Comments:

Linda,

Can I amend this filing? I mistakenly said that this enrollment form would be used with single premium contract 20401 but this form has not been approved in Arkansas. I meant to say that single premium contract 20103AR-1/04 is the contract this enrollment form would be used with. It was approved on 76/26/05.

I apologize for this oversight.

Gaile

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Form Schedule

Lead Form Number: EF08T

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EF08T	Application/ Enrollment form Enrollment Form	Initial		47	EF08johndoe.pdf

UNITY FINANCIAL LIFE INSURANCE COMPANY

Life Insurance Enrollment Form * [PO Box 625700 Cincinnati, OH 45262-5700]

**Insured:** John Doe
First Middle Initial LastStreet Address: Main StCincinnati OH
City State ZipPhone #: (000)000-0000 SS #: 000-00-0000Birth Date: 1/1/50 Age: 58 Sex: M F**Member:** _____
(if other than Proposed Insured)

Address: _____

Social Security #: _____

Relationship: _____ Phone: _____

Beneficiary: Mary Doe

Address: _____

Relationship: _____ Phone: _____

Other Insurance: Does the insured have any other life insurance policy(ies) or annuities? YES NO**Replacement:** Is this insurance intended to replace any life insurance or annuity now in force? YES NOCompany Name: _____
If "Yes" complete and attach any required replacement form(s).**Face** **Single**
Amount: \$0,000 **Premium:** \$9995**Home Office Endorsements:****Conditions Relating to the Enrollment Form:** The questions and answers in all parts of this enrollment form are complete and true to the best of my knowledge and belief. I agree that this enrollment form and any supplement, if required, shall be attached to and form a part of any certificate issued. I understand and agree that no agent has the authority to alter any contract, or waive any of the Company's other rights or requirements. I understand that the contract will not take effect until the certificate has been issued and the full premium has been paid during the lifetime of the Proposed Insured.**Fraud Statement:** Any person who knowingly and with intent to defraud any insurance company or other person files an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime which subjects such person to criminal and civil penalties. **I have read the Fraud Warning Statement on the reverse of this page.****Proposed Insured's Signature:**John Doe**Member's Signature** (if other than Insured):**Signed at:** _____ **Date:** 3/1/08Agent: Do you have knowledge or reason to believe that replacement of existing insurance is involved? YES NO

If "yes" provide Company Name: _____ and complete replacement form(s) and attach copy if required.

Agent's Name (please print): Dan Doe**Signature:** _____**Agent #:** 0000 **Date:** 3/1/08**Irrevocable Assignment of Ownership to Unity Financial Funeral Trust (herein called "Trust")**

Effective 30 days from the date Unity Financial receives this form, I hereby assign ownership of this policy to the Trust. This transfer is made to comply with the requirements of state and federal public assistance programs. I understand that by transferring ownership of this policy to the Trust:

1. This policy is accepted by the Trust subject to all the terms of the Trust which, if the Trust is the primary beneficiary on the policy, includes payment of the policy proceeds for the funeral and burial expenses for the Insured;
2. The change of ownership is permanent and, except as stated herein, I renounce my power to control ownership of the policy;
3. I waive all rights under the policy to surrender it for cash or to obtain a loan against the policy;
4. I give up the right to change the beneficiary on this policy;
5. Any proceeds received by the Trust in excess of the amount required to cover the cost of any goods and services listed on the reverse side will be paid to the estate of the Insured;
6. It is my personal obligation to pay all premiums due on this policy (if any) and, if my failure to pay premiums results in the lapse of policy, the Trust will have no obligation to pay my funeral or burial expenses, and;
7. My ability to qualify for state and federal public assistance programs is not guaranteed.

I may obtain a full copy of the Trust, at any time, upon written request to:

Unity Financial Life Insurance Company
PO Box 625700
Cincinnati, OH 45262**Immediate Transfer:** I hereby elect to make this irrevocable assignment and change of beneficiary to the Trust effective immediately, instead of 30 days from the date this form is received by Unity Financial. I understand that by making this election, I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. **To make an immediate transfer election please initial here.** _____

Signature of Group Member

Date

The Trust accepts this assignment and, if the Trust is the primary beneficiary on the policy, agrees to use the proceeds of the insurance policy for the payment of funeral and burial expenses.

Its Administrator or Trustee

Date

Authorized Expense Directive

Insured hereby expressly authorizes and directs Trustee to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products.

List of possible goods and services qualifying for reimbursement

Basic Services of Funeral Director & Staff	Other Merchandise/Service	Casket
Other Professional Services	Clergy Honorarium	Alternative Container
Embalming	Death Certificates	Outer Burial Container
Other Care of Deceased	Musicians	Other Services
Dressing/Cosmetology/Casketing	Temporary Marker	Transportation Equipment & Driver
Funeral Home Facilities and/or Staff Services	Stationery Package	Transfer of Deceased
Viewing/Visitation	Obituary Notices	Funeral Vehicle/Hearse
Funeral Service	Flowers	Car/Limousine
Memorial Service	Clothing	Utility/Service Vehicle
Graveside Service	Open/Close	Cemetery Charges
Other	Other	Other

I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or services have been purchased or will be provided at the time of death.

FRAUD WARNING STATEMENTS

For Residents of AK, DE, IL, IN, MO, ND, SC, WI, WY:

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

For Residents of GA and NE:

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For Residents of California:

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of District of Columbia:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Residents of Kansas:

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.

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Rate Information

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 06/10/2008

Comments:

I certify that we are in compliance with Rule 19 Unfair Sex discrimination, Reg 49 Guranty Association Notices, and provide the Consumers Information Notification with the Dept's address and phone number. The flesch score for both the enrollment form along with the certificate is 47.2

Review Status:

Bypassed -Name: Application 06/10/2008

Bypass Reason: The application is listed in the form schedule

Comments:

Review Status:

Satisfied -Name: Statement of Variability 06/10/2008

Comments:

Attachment:

stment of var.pdf

Statement of Variability
Dated March 12, 2008
Preneed policy forms EF08 and APP08

Material that is variable is noted in brackets [] on the form.

Logo – in the event there is a change with the Company logo this may change.

Company Address & phone – in the event there is a change with the Company address or phone number.

Officer's signatures – in the event there is a change in officers.

John Doe Information –is hypothetical.