

SERFF Tracking Number: ACTR-125741958 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39738
Company Tracking Number: FLA GDB APPLICATIONS
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Fidelity Applications for Graded Death Benefit Life
Project Name/Number: Fidelity Applications for Graded Death Benefit Life/GDBAPPS0708

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: Fidelity Applications for Graded SERFF Tr Num: ACTR-125741958 State: ArkansasLH

Death Benefit Life

TOI: L08 Life - Other

SERFF Status: Closed

State Tr Num: 39738

Sub-TOI: L08.000 Life - Other

Co Tr Num: FLA GDB

State Status: Approved-Closed

APPLICATIONS

Filing Type: Form

Co Status: Submitted to State

Reviewer(s): Linda Bird

Authors: Sherry Wommack, Mindy

Disposition Date: 07/25/2008

Dodd

Date Submitted: 07/24/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Fidelity Applications for Graded Death Benefit Life

Status of Filing in Domicile: Authorized

Project Number: GDBAPPS0708

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/25/2008

State Status Changed: 07/25/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity) will offer the above captioned Graded Death Benefit Life products through electronic means. The electronic application (F1003E) is new and will not replace any forms previously approved in your state. Application (F1002) is the equivalent paper version and is replacing an earlier version recently submitted and approved for use. The replacement information and the forms offered in your

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state associated with these applications is being provided in the form list attached to the supporting documentation.

This submission contains no controversial items relative to normal industry standards and does not contain any provisions which have been previously disapproved by the department. The products associated with the applications are not illustrated.

Fidelity will be implementing the use of an electronic application (F1003E) over the internet for the policies described above. The new application will be substantially similar to previously approved applications and the font will never be less than 10 point. However, the format and order of the questions may change and the entries allow for variable length and wrapping. Certain sections that do not apply to an applicant will not be displayed in the final printed application. As examples: only the riders elected will print; the credit card section will only print if a credit card is being used for payment of premium; the applicant must answer the first question about replacement and if answered affirmatively the applicant will be required to answer the remaining questions; and the Policyowner, Secondary Addressee and Beneficiary sections will print only if completed. Detailed responses to health-related and other questions will appear under each question to which an affirmative response is given.

Fidelity has security procedures in place sufficient to verify that an electronic signature is that of a specific person and to assure that the information has not been altered in its transmission. Fidelity uses Secure Sockets Layer (SSL) for all of its data transfers. Secure Sockets Layer (SSL) is a 128 Bit cryptographic protocol that provides secure communications on the Internet for such things as web browsing, Internet faxing, instant messaging and other data transfers. SSL allows applications to communicate across a network in a way designed to prevent eavesdropping, tampering, and message forgery. SSL provides endpoint authentication and communications privacy with mutual authentication based on a public key infrastructure (PKI) deployment provided by VeriSign.

Please note that previously approved replacement notices, disclosures, HIPAA information practices forms and other documents will be provided to the applicant when the applicant signs or when the policy is approved, as appropriate.

Please find attached a letter from Fidelity Life Association authorizing Actuarial Risk Management to file on its behalf. If you should have any questions or need further information, please contact me.

Sherry B. Wommack, FLMI

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Directory, Regulatory Compliance
 Actuarial Risk Management
 swommack@actrisk.com.
 (866) 480-7475

Company and Contact

Filing Contact Information

(This filing was made by a third party - ActRisk01)

Sherry Wommack, Compliance Analyst swommack@actrisk.com
 6500 River Place Blvd. (512) 345-5200 [Phone]
 Austin, TX 78730 (512) 346-1249[FAX]

Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
 1211 West 22nd Street Suite 209 Group Code: 3413 Company Type: Life
 Oak Brook, IL 60523 Group Name: State ID Number:
 (512) 345-5200 ext. [Phone] FEIN Number: 36-1068685

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: F1005 & F1003E GDB Applications
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$100.00	07/24/2008	21577488

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/25/2008	07/25/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Application for Graded Death Benefit Life Insurance	Form	Mindy Dodd	07/25/2008	07/25/2008

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Disposition

Disposition Date: 07/25/2008

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		Yes
Supporting Document	Application		Yes
Supporting Document	Third Party Authorization		Yes
Supporting Document	Form List		Yes
Supporting Document	Statement of Variability		Yes
Form (revised)	Application for Graded Death Benefit Life Insurance		Yes
Form	Application for Graded Death Benefit Life Insurance		Yes
Form	Application for Graded Death Benefit Life Insurance		Yes

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Amendment Letter

Amendment Date:
 Submitted Date: 07/25/2008

Comments:

A revised F1005 application is attached. The agent section is revised, "Does any Proposed Insured have existing Life Insurance or Annuity contracts in force?" is added and the revision date was changed to 08/08. This question was inadvertently omitted.

Thank you for your attention to this filing.

Mindy Dodd

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
F1005	Application/EApplication nrollment Form	Application for Graded Death Benefit Life Insurance	Revised		ACTR-125582223	F1002	48	F1005 GDB Application_0808.pdf

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Form Schedule

Lead Form Number: F1003E

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	F1005	Application/ Enrollment Form	Application for Graded Death Benefit Life Insurance	Revised	Replaced Form #: F1002 Previous Filing #: ACTR-125582223	48	F1005 GDB Application_0808.pdf
	F1003E	Application/ Enrollment Form	Application for Graded Death Benefit Life Insurance	Initial		51	F1003E GDB Electronic Application_0708.pdf

PROPOSED INSURED	Full Legal Name of the Proposed Insured: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of Birth: _____ Age: _____ Place of Birth: _____ Social Security Number: _____
	Legal Residence Address: _____
	Telephone Number: _____ Best Time to Call (if needed): _____
	Are you a United States citizen or do you have Permanent Resident Status (a Green Card)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Driver's License Number: _____ State of Issue: _____ <input type="checkbox"/> I do not have a driver's license (explain below)
Occupation & Employer: _____ Annual Income: \$ _____	

COVERAGE	Plan: <input type="checkbox"/> Graded Death Benefit Whole Life Automatic Premium Loan Option on GDB Whole Life? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Graded Death Benefit 10 Year Term [<input type="checkbox"/> Other: _____]
	<input type="checkbox"/> Graded Death Benefit 20 Year Term
	<input type="checkbox"/> Graded Death Benefit 30 Year Term
Face Amount: \$ _____ [Accidental Death Benefit Rider Amount: \$ _____]	
[Other: _____] [Other: _____]	

OWNER BENEFICIARY	Policyowner: (if not the Proposed Insured) _____ SSN or Tax ID of Policyowner: _____
	Billing Address: _____
	Secondary Addressee: (Optional. This person will receive copies of your overdue premium and lapse notices)
	Name: _____ Mailing Address: _____
Beneficiary: _____ Relationship to Insured: _____	

The Proposed Insured will qualify for a Graded Death Benefit plan, subject to age and underwriting guidelines, if the answers to questions 2 and 3 are No.	
QUESTIONS OF THE PROPOSED INSURED	1a. Your Height: _____ ft/in 1b. Your Weight: _____ lbs.
	2. Have you been diagnosed as having or been treated by a licensed medical professional for:
	a. Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Alzheimer's disease (dementia), Amyotrophic Lateral Sclerosis (ALS), mental retardation or Down's Syndrome or do you require the assistance of another person for dressing, bathing, toileting, or mobility or do you use an oxygen tank?? <input type="checkbox"/> Yes <input type="checkbox"/> No
	3. Have you, within the past 2 (two) years:
	a. had a heart attack (myocardial infarction) or stroke (cerebral vascular accident)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	b. had or are now awaiting an organ or bone marrow transplant (except as a donor)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	c. been diagnosed with cancer, received or been prescribed radiation or chemo therapy or have you received or been prescribed dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No
	d. been confined to or been advised by a licensed medical professional to be admitted to, a nursing home, hospice, extended care or special treatment facility or are you now hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No
	e. used controlled substances such as cocaine, heroin, amphetamines, barbiturates or hallucinogens except as prescribed by a licensed medical professional or been treated for or been advised by a licensed medical professional to seek treatment for drug or alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No
f. been advised by a licensed medical professional that your life expectancy is less than 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. had more than one DUI (DWI) violation, been convicted of a felony or are you now on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do you have any existing life insurance or annuity now in force? (If Yes, describe in Details section) <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Will the issuance of this policy result in the replacement, lapse or termination of any existing life insurance or annuity? (If Yes, complete and submit the appropriate State Replacement forms.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of Yes answers	

PAYMENT MODE AND METHOD	MODE OF PAYMENT: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (no Direct Billing available for monthly mode)
	DIRECT BILLING <input type="checkbox"/> I request premium notices be sent to the Residence Address of the Proposed Insured or to the Billing Address (if any) listed on page 1.
	PRE-AUTHORIZED CHECK (EFT) <input type="checkbox"/> I request that my premium payments be debited from my bank account as shown. Name of Bank: _____ Transit Number: _____ Account Number: _____
	PRE-AUTHORIZED CREDIT CARD <input type="checkbox"/> I request that my premium payments be debited from the credit card shown below. <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card Number: _____ Expiration Date: _____
As a convenience to me, I authorize Fidelity Life Association, A Legal Reserve Life Insurance Company ("Fidelity Life") to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated above. I understand that if a debit or withdrawal is not honored by the financial institution, Fidelity Life will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be redeposited by Fidelity Life. This authorization will remain in effect until written notice by the depositor/card holder is received by Fidelity Life. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, Fidelity Life shall be under no liability whatsoever even though such dishonor results in the lapse of insurance, in accordance with the grace period.	
_____ Printed Name (As it appears on file with the financial institution) AUTHORIZED SIGNATURE (Pre-Authorized Check and Credit Card Only)	

DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION	Each answer and statements given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that Fidelity Life will rely on these answers, and the answers and statements I may give in any other form taken as a part of this application, as representations and not warranties and that no such statement shall void the policy unless it is contained in a written application and a copy of such application shall be endorsed upon or attached to the policy when issued. I also understand that Fidelity Life reserves the right to accept or deny this application after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers.
	The coverage will be effective on its date of issue if the information given in the application is true on that date. The effective date is the Policy Date shown on page 3, provided one is issued.
	I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, the Medical Information Bureau (MIB), consumer reporting agency or employer to give to Fidelity Life any information they might have regarding the diagnosis, treatment, prescription and prognosis of any physical or mental condition, my driving record, avocations, credit history, insurance history, occupation, character and hobbies, as applicable. To facilitate the rapid transmission of such information, I authorize all said sources, except the MIB, to give such records or knowledge to any agency employed by Fidelity Life to collect and transmit such information.
	I agree that this authorization shall remain in effect for two years (24 months) from the date that it is signed and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my application for insurance. I understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization. I also understand that I have the right to revoke this authorization at any time.
All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the Medical Information Bureau (MIB), to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies and as may be required by law.	
Fraud Warning: 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.	
_____ Signed and Dated at (City and State) Signature of Proposed Insured	
_____ Signature of Licensed Agent Signature of Policyowner, if other than the Insured	

AGENT	To the best of your knowledge, will the coverage applied for replace any existing life or annuity coverage now in force on the life of the Proposed Insured? (If Yes, complete appropriate State replacement forms)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Does any Proposed Insured have existing Life Insurance or Annuity contracts in force? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Printed Name of Agent: _____ Agent ID: _____ General Agent ID: _____
	State License Number: _____ (If required by law) Agent Email: _____ Agent Telephone: _____

Application for Graded Death Benefit Life Insurance
 Fidelity Life Association, A Legal Reserve Life Insurance Company



PROPOSED INSURED	Full Legal Name of the Proposed Insured: _____ Gender: _____
	Legal Residence Address: _____
	Preferred Telephone #: (____) ____-____ Alternate #: (____) ____-____ Best Time to Call: _____
	Email Address: _____
	Date of Birth: __/__/____ Place of Birth (Country): _____ Social Security Number: ____-__-____
	Drivers License Number: _____ State of Issue: _____

COVERAGE	Product: Graded Death Benefit [Term / Whole Life] Face Amount: \$ _____ Term Period: _____ years
	<input type="checkbox"/> Automatic Premium Loan Option on GDB Whole Life]
	<input type="checkbox"/> Accidental Death Benefit: \$ _____]
	<input type="checkbox"/> Other Rider or Option]

OTHER COVERAGE	Do you have any existing life insurance in force or is any application for life insurance, or reinstatement, now pending? ... <input type="checkbox"/> Yes <input type="checkbox"/> No
	[If this policy is issued, will any other existing life insurance or annuity be cancelled, terminated, lapsed or not renewed?.... <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: __/____ To Be Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: __/____ To Be Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name of Company: _____ Face Amount: \$ _____ Year Issued: __/____ To Be Replaced: <input type="checkbox"/> Yes <input type="checkbox"/> No]

[POLICY OWNER]	Policyowner <i>(Different than the Proposed Insured)</i>
	Name of Policyowner: _____ Relationship to Insured: ____ SSN: ____-__-____
	Policyowner Address: _____
	Trust Name: _____ Authorized Signature Name: _____
	Tax ID: ____-__-____ Policyowner Address: _____

[SECONDARY ADDRESSEE]	Secondary Addressee <i>(This person will receive copies of your overdue premium and lapse notices)</i>
	Secondary Addressee Name: _____
	Secondary Mailing Address: _____

NAME OF PROPOSED INSURED:

[BENEFICIARY]	Beneficiary <i>(Complex beneficiary designations should be dealt with within the context of a Will)</i>			
	Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	_____	_____	_____	____-____-____
Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:	
_____	_____	_____	____-____-____	
Contingent:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:	
_____	_____	_____	____-____-____	

QUESTIONS TO THE PROPOSED INSURED	1. Are you a United States citizen or do you have Permanent Resident (Green Card) Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
	2. What is your Height? _____ ft/in
	3. What is your Weight? _____ lbs
	4. Have you been diagnosed as having or been treated by a licensed medical professional for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Have you been diagnosed as having or been treated by a licensed medical professional for Alzheimer's disease (dementia), Amyotrophic Lateral Sclerosis (ALS), mental retardation or Down's Syndrome or do you require the assistance of another person for dressing, bathing, toileting, or mobility or do you use an oxygen tank? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Have you, within the past 2 years, had a heart attack (myocardial infarction) or stroke (cerebral vascular accident)?... <input type="checkbox"/> Yes <input type="checkbox"/> No
	7. Have you, within the past 2 years, had or are now awaiting an organ or bone marrow transplant (except as a donor)? <input type="checkbox"/> Yes <input type="checkbox"/> No
	8. Have you, within the past 2 years, been diagnosed with cancer, received or been prescribed radiation or chemo therapy or have you received or been prescribed dialysis? <input type="checkbox"/> Yes <input type="checkbox"/> No
	9. Have you, within the past 2 years, been confined to or been advised by a licensed medical professional to be admitted to, a nursing home, hospice, extended care or special treatment facility or are you now hospitalized?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
	10. Have you, within the past 2 years, used controlled substances such as cocaine, heroin, amphetamines, barbiturates or hallucinogens except as prescribed by a licensed medical professional or been treated for or been advised by a licensed medical professional to seek treatment for drug or alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No
	11. Have you, within the past 2 years, been advised by a licensed medical professional that your life expectancy is less than 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
	12. Have you, within the past 2 years, had more than one DUI (DWI) violation, been convicted of a felony or are you now on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No

NAME OF PROPOSED INSURED:

As a convenience to me, I authorize Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated below. I understand that if a debit or withdrawal is not honored by the financial institution, Fidelity Life will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be re-deposited by Fidelity Life. This authorization will remain in effect until written notice by the depositor/card holder is received by Fidelity Life. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, Fidelity Life shall be under no liability whatsoever even though such dishonor results in the lapse of insurance, in accordance with the grace period.

Payor is _____

Name of Payor: _____ Payor Address: _____

Mode of Payment: [Annual / Semi-annual / Quarterly / Monthly] Draw Date (Day of the Month): __

Payment Method: [DIRECT BILL / LIST BILL]

PRE-AUTHORIZED CHECK (This selection will apply to all payments)

I request that my premium payments be debited from my bank account as shown.

Name of Bank: _____ Transit Number: _____ Account Number: _____

PRE-AUTHORIZED {CREDIT / DEBIT} CARD (This selection will apply to all payments)

I request that my premium payments be debited from the [Credit Card / Debit Card] shown below.

Card Type: [Visa / Amex / MasterCard / Discover] Card Number: _____ Expiration Date: __/__/__

Printed Name (As it appears on file with the financial institution)

Electronically Signed By: First Name Middle Name Last Name
AUTHORIZED SIGNATURE

Voice Signature on File: First Name Middle Name Last Name Reference #: _____
AUTHORIZED SIGNATURE

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NAME OF PROPOSED INSURED:

DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION	<p>Each answer and statements given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that the Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) will rely on these answers, and the answers and statements I may give in any other form, taken as a part of this application, as representations and not warranties and that no such statement shall void the policy unless it is contained in a written application and a copy of such application shall be endorsed upon or attached to the policy when issued. I also understand that the Fidelity Life reserves the right to accept or deny this application after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers.</p> <p>The coverage will be effective on its date of issue if the information given in the application is true on that date. The effective date will be shown on page 3 of the Policy, provided one is issued.</p> <p>I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, the Medical Information Bureau (MIB), consumer reporting agency or employer to give to Fidelity Life any information they might have regarding the diagnosis, treatment, prescription and prognosis of any physical or mental condition, my driving record, avocations, credit history, insurance history, occupation, character and hobbies, as applicable. To facilitate the rapid transmission of such information, I authorize all said sources, except the MIB, to give such records or knowledge to any agency employed by the Fidelity Life to collect and transmit such information.</p> <p>I agree that this authorization shall remain in effect for two years (24 months) from the date that it is signed and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my application for insurance. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization. I also understand that I have the right to revoke this authorization at any time.</p> <p>All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the Medical Information Bureau (MIB), to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies and as may be required by law.</p> <p>Fraud Warning: 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.</p> <p>Signed at: _____ Date: __/__/__</p> <p><u>Electronically Signed By: First Name Middle Name Last Name</u> Signature of Proposed Insured}</p> <p><u>Voice Signature on File: First Name Middle Name Last Name</u> Reference #: _____ Signature of Proposed Insured}</p>
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AGENT	<p>To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any proposed insured? (If yes, complete appropriate state replacement forms) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does any Proposed Insured have existing Life Insurance or Annuity contracts in force? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Printed Name of Agent: _____</p> <p>Agent ID: _____ General Agent ID: _____ State License Number: _____</p> <p>Email Address of Agent: _____ Telephone Number of Agent: (____) ____-____</p> <p><u>Electronically Signed By: First Name Middle Name Last Name</u> Signature of Licensed Agent:</p>
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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 07/21/2008

Comments:
Compliance and Flesch Certification attached.
Attachment:
GDB Readability Certification.pdf

Review Status:
Satisfied -Name: Application 07/21/2008

Comments:
Application filing only, application is attached to the Form Schedule tab.

Review Status:
Satisfied -Name: Third Party Authorization 07/24/2008

Comments:
Attachment:
FLA Letter of Authorization.pdf

Review Status:
Satisfied -Name: Form List 07/24/2008

Comments:
The policies approved for use in your state that will be offered with the applications being submitted are listed in the attached form list. The attached list details the SERFF numbers and approval dates.
Attachment:
AR GDB_form list.pdf

Review Status:
Satisfied -Name: Statement of Variability 07/24/2008

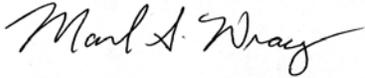
Comments:
Attachments:
Statement of Variability F1003E.pdf

State of Arkansas

Fidelity Life Association Readability Certification

I, Mark Wray, duly authorized to give this certification on its behalf, hereby certify that the forms described below comply with all laws, rules, bulletins, and published guidelines applicable to the particular type of forms. Furthermore, the Flesch readability score for these forms are:

<u>Form</u>	<u>Description</u>	<u>Flesch</u>
F1005	Application for Graded Death Benefit Life (07/08)	48
F1003E	Application for Graded Death Benefit Life (Electronic)	51



Mark Wray,
Chief Financial Officer and Secretary

7/24/2008

Date

*When forms are scored together with the base contract.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY
1211 West 22nd Street, Suite 209, Oak Brook, IL 60623

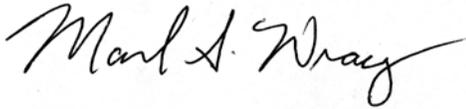
July 1, 2008

To Whom It May Concern:

Re: Authorization to Represent Fidelity Life Association on its Policy Form Filing.

I hereby authorize Actuarial Risk Management and its employees to file policy forms and other associated forms including, but not limited to riders, amendments, and applications and respond to inquiries on our behalf. This authority shall continue until we revoke in writing.

Sincerely,

A handwritten signature in black ink that reads "Mark A. Wray". The signature is written in a cursive style with a large, sweeping "M" and "W".

Mark Wray
Chief Financial Officer, Secretary and Treasurer

State of Arkansas

Fidelity Life Association, A Legal Reserve Life Insurance Company

NAIC #63290
FEIN: 36-1068685

Applications submitted for review and approval:

F1003E Application for Graded Death Benefit Life (Electronic)
F1005 Application for Graded Death Benefit Life (07/08)

Previously approved application being replaced:

F1002	Application for Graded Death Benefit Life (02/2008)	Approved	04/21/2008	ACTR-125582223
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Previously approved policies the applications will offer:

F3500 AR	Graded Death Benefit WL (Non-Par)	Approved	12/15/2005	SERT-6HZR3N553
F3501 AR	Graded Death Benefit 10 Year Term (Non-Par)	Approved	12/15/2005	SERT-6HZRPP787
F3511 AR	Graded Death Benefit 20 Year Term (Non-Par)	Approved	04/21/2008	ACTR-125582223
F3521 AR	Graded Death Benefit 30 Year Term (Non-Par)	Approved	04/21/2008	ACTR-125582223

Fidelity Life Association, A Legal Reserve Life Insurance Company
Statement of Variability
F1003E

The following items are indicated as variable items in the application with brackets.

Page	Variable Items	Justification
1 Coverage Section	Type (Term or Whole Life); Automatic Premium Loan Option on GDB Whole Life	This information is marked variable. The options for type of insurance are Term or Whole Life. If the consumer chooses Whole Life they also have the option to choose the Automatic Premium Loan Option. If the consumer chooses the term insurance the term period will be filled in. Only the elected options will print.
1 Coverage Section	Accidental Death Benefit Rider; Other Rider or Option	This information is marked variable should the company offer new riders or discontinue riders. The company will not market a new rider until it is filed and accepted for use. Or, the company may discontinue offering certain riders and therefore a rider may be deleted from the application. Only the elected riders will print.
2 Pre-Authorized Payment Authorization	Payment Mode, Payment Method and Credit or Debit options	This information is marked variable. The consumer has the option to pay Annually, Semi-annually, Quarterly or Monthly. Direct Bill and List Bill are the direct billing options. The consumer has the option of using a Credit Card or Debit Card and the type of card, VISA, Amex, MasterCard or Discover. Only the method chosen will print.
1, 2	Sections: Other Coverage; Policyowner; Secondary Addressee; Beneficiary	These sections are marked variable due to the electronic format of the application and will only be printed if completed. The applicant must answer the first question about replacement and if answered affirmatively the applicant will be required to answer the remaining questions. The Policyowner, Secondary Addressee and Beneficiary sections will be bypassed and will not print on the final application if the applicant does not complete these sections.

*These changes will be made in an equitable manner and be applied to all issues of this product on a given day and in a manner that does not discriminate between applicants.

Fidelity Life Association, A Legal Reserve Life Insurance Company
Statement of Variability
F1005

The following items are indicated as variable items in the application with brackets.

Page	Variable Items	Justification
1 Coverage Section	Accidental Death Benefit Rider; “Other” Options	This information is marked variable should the company offer new riders or discontinue riders. The company will not market a new rider until it is filed and accepted for use. Or, the company may discontinue offering certain riders and therefore a rider may be deleted from the application.

*These changes will be made in an equitable manner and be applied to all issues of this product on a given day and in a manner that does not discriminate between applicants.