

SERFF Tracking Number: LHLI-125728061 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 39572
Company Tracking Number: MSRNSFORMAR2008 RH
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Application for Reinstatement of Medicare Supplement Insurance
Project Name/Number: Application for Reinstatement of Medicare Supplement Insurance/

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Application for Reinstatement of SERFF Tr Num: LHLI-125728061 State: ArkansasLH

Medicare Supplement Insurance

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 39572

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MSRNSFORMAR2008 State Status: Approved-Closed
RH

Filing Type: Form

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Shirley Grossman, Cathy
Patterson, Wanda McNeece, Sally

Disposition Date: 07/16/2008

Roudebush, Rodney Hartwig

Date Submitted: 07/09/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application for Reinstatement of Medicare Supplement Insurance Status of Filing in Domicile: Pending

Project Number:

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: 07/16/2008

State Status Changed: 07/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please See Cover Letter

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Company and Contact

Filing Contact Information

Rodney Hartwig, rodney.hartwig@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

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 Application x \$20.00 = \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$20.00	07/09/2008	21322766

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	07/16/2008	07/16/2008

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Disposition

Disposition Date: 07/16/2008

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	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Application for Reinstatement if Medicare Supplement Insurance	Approved	Yes

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Form Schedule

Lead Form Number: MS-RNSFORM-AR 2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	MS-RNSFORM-AR 2008	Application/ Enrollment Form	Application for Reinstatement if Medicare Supplement Insurance	Initial		41	MS-RNSFORM-AR 2008.pdf

LINCOLN HERITAGE LIFE INSURANCE COMPANY
4343 EAST CAMELBACK ROAD, PHOENIX, AZ 85038

REINSTATEMENT APPLICATION FOR MEDICARE SUPPLEMENT POLICY

Applicant Name: _____

Sex: _____ Age: _____ DOB: _____ Height: _____ Weight: _____

Social Security Number: _____ Telephone Number: _____

Policy Number: _____ Plan: _____ Requested Re-enrollment Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Payment Method (check one): _____ Bank Draft; if selected, please specify draft date: _____ day of each month
_____ Quarterly bill _____ Semi-Annual bill _____ Annual bill

REINSTATEMENT QUALIFICATION INFORMATION

- 1. Are you bedridden or do you require the assistance of a wheelchair or motorized mobility aid? Yes No
 - 2. Do you require or receive any assistance with any of your activities of daily living such as transferring, bathing, toileting, eating, dressing or continence? Yes No
 - 3. Are you currently confined to a hospital or nursing facility, or have you been hospitalized two or more times within the past year? Yes No
 - 4. Are you currently using the services of a home health care agency? Yes No
 - 5. In the past two years, have tests or surgeries been advised by a physician, but not yet performed? Yes No
 - 6. Is surgery anticipated in the next twelve months? Yes No
 - 7. Within the past two years have you had an amputation caused by disease? Yes No
 - 8. Within the past five years, have you received or been advised to have treatment, surgery, or medication for any of the following:
 - a. Parkinson's Disease, Myasthenia Gravis, Multiple or Amyotrophic Lateral Sclerosis, Muscular Dystrophy, Alzheimer's Disease, Dementia, or Organic Brain Syndrome? Yes No
 - b. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV)? Yes No
 - c. Insulin Dependent Diabetes, Chronic Kidney Disease, Renal Insufficiency, Renal Failure, or any Kidney Disease requiring dialysis? Yes No
 - d. Emphysema, Chronic Obstructive Pulmonary Disease (COPD), or any Chronic Pulmonary condition? Yes No
 - e. Internal Cancer, Leukemia, Malignant Melanoma, Hodgkin's disease, or Lymphoma? Yes No
 - f. Congestive Heart Failure (CHF), or Peripheral Vascular Disease? Yes No
 - g. Osteoporosis with fracture(s)? Yes No
 - 9. Within the past two years have you had a heart attack, stroke, Transient Ischemic Attack (TIA), heart or heart valve surgery, cardiac pacemaker replaced or implanted, or been treated with a heart defibrillating device? Yes No
 - 10. Within the past two years have you had, or been treated for, or has treatment been recommended by a physician for Cirrhosis of the Liver, Hepatitis, Alcohol or Drug Abuse, Paget's Disease, Rheumatoid Arthritis, Disabling Arthritis, or Lupus? Yes No
 - 11. Have you had or been advised to have an organ transplant? Yes No
 - 12. Have you used any form of tobacco in the past five years? Yes No
 - 13. Have you taken any medications in the past 12 months? Yes No
- If yes, please list them below and indicate the condition for which it is used: _____
- _____
- _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefits 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 hereby apply to Lincoln Heritage Life Insurance Company for reinstatement of my policy to be reinstated based upon my answers to the questions above. The answers are, to the best of my knowledge and belief, true.

Signature of Applicant

Date

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, insurance or reinsurance company, Medical Information Bureau (MIB), consumer reporting agency, division of motor vehicles, or the veterans administration having information as to diagnosis, treatment or prognosis with respect to the physical or mental condition or having non-medical information, concerning me to release and disclose the entire medical record and any other protected health or other information concerning me within the past ten (10) years, without restrictions, to Lincoln Heritage Life Insurance Company, its agents, employees, representatives or its re-insurers. This includes information on the treatment of alcohol, drug and tobacco abuse, and psychiatric diagnosis and treatment. In order to facilitate the rapid transmission of such information, I authorize all the sources named above, except MIB, Inc., to give such information to any legal representative or agent employed by Lincoln Heritage Life Insurance Company.

I understand that the protected information is to be disclosed under this authorization so that Lincoln Heritage Life Insurance Company may underwrite my application for Medicare Supplement insurance, determine eligibility for insurance, risk rating, or policy issuance determinations; obtain reinsurance; administer claims and determine or fulfill responsibility for coverage and provision of benefits; administer coverage; and conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Lincoln Heritage Life Insurance Company. Any protected information obtained will not be released by Lincoln Heritage Life Insurance Company, or its re-insurers, to any person or organization **EXCEPT** to reinsuring companies, MIB, Inc., other life/health insurance organizations or fraternal benefit societies with which I have insurance contracts or to whom I may apply for insurance or to whom a claim for benefits may be submitted; or other persons or organizations performing business or legal services in connection with my application, insurance policy or claim for benefit, or as may be otherwise lawfully required or as I may further authorize.

I understand that this authorization shall remain in force for **thirty (30) months** from the date shown below if used in connection with an application for an insurance policy, an application for reinstatement of an insurance policy, or a request for change in policy benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a policy.

I understand and agree that a copy of this authorization is as valid as the original and that I, or my authorized representative will receive a copy of this authorization with my policy. I understand and agree that this authorization may be revoked by me at anytime in writing, by sending a written notice of revocation to Lincoln Heritage Life Insurance Company, 4343 East Camelback Road, Phoenix, AZ 85018. I agree that Lincoln Heritage Life Insurance Company shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation or to the extent that Lincoln Heritage Life Insurance Company has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be re-disclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

I understand that if I refuse to sign this authorization to release the complete medical records and protected health or other information or have any restriction on the release of the protected health information of me, Lincoln Heritage Life Insurance Company will not be able to process the application, or if coverage has been issued, may not be able to make any benefit payments.

Printed Name of Applicant

Signature of Applicant

Signed this _____ day of _____, 20_____.

Name, Address & Telephone number for primary physician:

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Rate Information

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Supporting Document Schedules

<p>Satisfied -Name: Certification/Notice Comments: Attachments: ARKANSAS CONSENT TO SUBMIT RATES.pdf CERT OF FLESCHE MS-RNSFORM-AR 2008.pdf</p>	<p>Review Status: Approved 07/16/2008</p>
<p>Satisfied -Name: Application Comments: Application Filing. Please See Form Schedule Tab.</p>	<p>Review Status: 07/09/2008</p>
<p>Bypassed -Name: Health - Actuarial Justification Bypass Reason: N/A Comments:</p>	<p>Review Status: 07/09/2008</p>
<p>Bypassed -Name: Outline of Coverage Bypass Reason: N/A Comments:</p>	<p>Review Status: 07/09/2008</p>
<p>Satisfied -Name: Cover Letter Comments: Attachment: Reinstatement app Cover med supp.pdf</p>	<p>Review Status: Approved 07/16/2008</p>

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 MS-RNSFORM-AR 2008 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



Rodney Hartwig, Compliance Associate

Date: July 9, 2008

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): MS-RNSFORM-AR 2008 – Reinstatement Application for Medicare Supplement Insurance

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Rodney Hartwig, Compliance Associate

July 9, 2008



Lincoln Heritage
LIFE INSURANCE COMPANY

July 9, 2008

Arkansas Insurance Department
Health Policy Review Section
1220 West 3rd Street
Little Rock Arkansas 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927
Form: MS-RNSFORM-AR 2008 – Reinstatement Application for Medicare Supplement Insurance
FLESCH Readability Certification
Consent To Submit Rates
Filing Fee - \$ 20.00
State of Domicile – Illinois, Filed July 9, 2008

Dear Sir or Madam:

We submit the above listed reinstatement application form for your review and approval. **This form will not be illustrated.** This form will be used to reinstate or redate existing Medicare Supplement insurance of our policyholders that has lapsed.

These is a new form and will initially be used with forms MS-AAAR 06, MS-ABAR 06, MS-ACAR 06, MS-ADAR 06, and MS-AFAR 06, which were approved by your Department on October 13, 2005.

This form is similar to form MS-RNSFORM-AR 2006 which was approved by your department on March 1, 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.

If you have any questions or require any further information concerning this filing, please do not hesitate to contact me at 800-433-8181 or you can e-mail me at rodney.hartwig@londen-insurance.com.

Sincerely,

Rodney Hartwig
Compliance Associate
Lincoln Heritage Life Insurance Company

Our Business is You

4343 East Camelback Road
Suite 400
Phoenix, AZ 85018-2705
www.lhlic.com
Toll Free (800) 433-8181
Direct (602) 957-1650
Fax (602) 840-9726