

SERFF Tracking Number: UNAM-125782468 State: Arkansas
Filing Company: Constitution Life Insurance Company State Tracking Number: 40006
Company Tracking Number: CLMEC101
TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only
Product Name: CLMEC - Cancer Lead Cards
Project Name/Number: /

Filing at a Glance

Company: Constitution Life Insurance Company

Product Name: CLMEC - Cancer Lead Cards SERFF Tr Num: UNAM-125782468 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 40006

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: CLMEC101 State Status: Filed-Closed

Only

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Holly Parenti

Disposition Date: 08/24/2008

Date Submitted: 08/19/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

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: 08/24/2008

Deemer Date:

State Status Changed: 08/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Form(s)

CLMEC101 Cancer Insurance Lead Piece

Dear Sir or Madam:

SERFF Tracking Number: UNAM-125782468 State: Arkansas
Filing Company: Constitution Life Insurance Company State Tracking Number: 40006
Company Tracking Number: CLMEC101
TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: CLMEC - Cancer Lead Cards
Project Name/Number: /

We submit the above form for your review and approval. This advertising material will be used for our Cancer Insurance forms approved by your state on May 16, 2008.

We consider this advertisement an invitation to inquire and will use it to obtain leads for our Cancer Insurance approved by your Department.

The size of the piece is 12.65 inches by 6 inches, so the type on the actual piece is substantially larger than it appears when the piece is printed on letter-size paper. The disclaimer is set in 10-point type and the company name is set in 12-point boldface type. These are tree-fold self-mailers, not snap-apart forms.

If additional information is needed, please contact me at 800-275-6667 ext. 8531 or hparenti@uafc.com

Company and Contact

Filing Contact Information

Holly Parenti, hparenti@uafc.com
P.O. Box 958465 (407) 628-1776 [Phone]
Lake Mary, FL 32795-8465

Filing Company Information

Constitution Life Insurance Company CoCode: 62359 State of Domicile: Texas
1001 Heathrow Park Lane Group Code: 953 Company Type:
Suite 5001
Lake Mary, FL 32746 Group Name: State ID Number:
(407) 995-8000 ext. [Phone] FEIN Number: 36-1824600

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: \$25.00 per ad, one advertisement being filed

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Constitution Life Insurance Company	\$25.00	08/19/2008	22016953

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	08/24/2008	08/24/2008

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Disposition

Disposition Date: 08/24/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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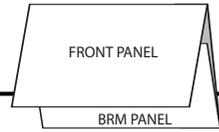
Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Health - Actuarial Justification	Filed-Closed	Yes
Supporting Document	Outline of Coverage	Filed-Closed	Yes
Form	Cancer Lead Card	Filed-Closed	Yes

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Form Schedule

Lead Form Number: CLMEC101

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	CLMEC101	Advertising	Cancer Lead Card	Initial			CLMEC101.pdf



14"

NO POSTAGE
NECESSARY IF
MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
 FIRST-CLASS MAIL PERMIT NO. [XX] [CITY ST]

POSTAGE WILL BE PAID BY ADDRESSEE

[SURVEY PROCESSING CENTER]
 [PO BOX 222198]
 [DALLAS TX 75222-9963]

The U.S. Government, the Federal Medicare Program nor any state agency is affiliated with nor endorses the company or its agents. Underwritten by **Constitution Life Insurance Company**. If time allows, information will be delivered by an agent. This is a solicitation for **limited benefit** Cancer only Insurance Policy Series PL-C1 (08) or CL-C1 (08) or PR-C1 (08), which has limitations and exclusions. We provide accurate, reliable information on Medicare, the Federal Government Death Benefit and insurance related matters.

Please return the postcard if someone — or no one — in your close family had been stricken with cancer

CANCER IN THE FAMILY

— Survey —

PLEASE PARTICIPATE PROMPTLY

SURVEY

CANCER IN THE FAMILY

PRSRT STD
 US POSTAGE
 PAID
 Permit #[XXXX]
 [City, ST]

OPEN IMMEDIATELY — DO NOT DELAY — SLIDE FINGER UNDER THIS EDGE

4.626" — BRM PANEL

4.687" — BACK PANEL

4.687" — FRONT PANEL

7.5"

— Cancer Survey —

ATTENTION: May B. Doe

DETACH, FOLD, SEAL AND MAIL THIS POSTAGE-PAID CARD PROMPTLY

CANCER SURVEY — Cancer In the Family



[May B. Doe]
[123 Anystreet, 3-E]
[Yorton, SM 12345-6789]

Your Name: _____

Ages: Husband ____ Wife ____

Phone: (_____) _____

Has cancer been diagnosed for one of these family members in the past 7 years?

- Mother Father Sister Brother Aunt Uncle Cousin No one

Was this person working at the time they became diagnosed with cancer?

- Yes No Don't know

Did this person have unexpected expenses because of their cancer?

- Yes No Don't know

How much money do you think this person paid out of their own pocket because of their cancer?

- \$1,000 - \$3,000 \$3,000 - \$5,000 \$5,000 - \$10,000 Don't know

Thank you. You will receive important information about a cancer benefit plan now available in your state.

----- FOR DEPARTMENT USE ONLY -----

CLMEC101

14"

▼ FOLD HERE

▼ FOLD HERE

4.687" — INSIDE TOP

4.687" — INSIDE MIDDLE

4.626" — INSIDE BRM

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Supporting Document Schedules

Bypassed -Name: Certification/Notice **Review Status:** Filed-Closed 08/24/2008
Bypass Reason: N/A
Comments:

Bypassed -Name: Application **Review Status:** Filed-Closed 08/24/2008
Bypass Reason: N/A
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Filed-Closed 08/24/2008
Bypass Reason: N/A
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Filed-Closed 08/24/2008
Bypass Reason: N/A
Comments: