

<i>SERFF Tracking Number:</i>	<i>CUNA-125804431</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>CUNA Mutual Insurance Society</i>	<i>State Tracking Number:</i>	<i>40178</i>
<i>Company Tracking Number:</i>	<i>B10F-029-2003 & 2005</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Two Question Whole Life Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: CUNA Mutual Insurance Society

Product Name: Two Question Whole Life Application

TOI: L07G Group Life - Whole

Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Filing Type: Form

SERFF Tr Num: CUNA-125804431 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40178

Co Tr Num: B10F-029-2003 & 2005 State Status: Approved-Closed

Co Status:

Reviewer(s): Linda Bird

Authors: Kari Hamrick, Tami

Disposition Date: 09/10/2008

Burkhardt, Kim Erfurth

Date Submitted: 09/05/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/10/2008

State Status Changed: 09/10/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 04/19/2006

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Trust

Deemer Date:

The application forms provided are for your examination and approval. They are new forms, in final print, with the exception of ink, font style, paper stock and logo. This submission does not contain any unusual, innovative or unique features from normal industry standards.

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These forms will be used to apply for simplified underwritten products approved by the Department. Upon approval, these forms will be available to be printed through a secured site on the internet where agents and home office personnel will have the option to complete fields within the application on-line. As fields are completed, sections may be expanded to accommodate information applicable to each section. The form will then be printed on paper and a wet signature obtained. When technology permits, the process may include electronic signature capabilities.

These application forms were written to be readable and easily understood by insureds. They each achieved a Flesch score of at least 50.

Company and Contact

Filing Contact Information

Kim Erfurth, Rate & Forms Compliance Manager
 5910 Mineral Point Road
 Madison, WI 53705
 CUMIS.Compliance.Mail@cunamutual.com
 (800) 356-2644 [Phone]
 (608) 236-6226[FAX]

Filing Company Information

CUNA Mutual Insurance Society
 2000 Heritage Way
 Waverly, IA 50677
 (319) 352-4090 ext. [Phone]
 CoCode: 62626
 Group Code: 306
 Group Name:
 FEIN Number: 39-0230590
 State of Domicile: Iowa
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$40.00
 Retaliatory? No
 Fee Explanation: 2 application forms x \$20 = \$40.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
CUNA Mutual Insurance Society	\$40.00	09/05/2008	22314527

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/10/2008	09/10/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Correction	Note To Reviewer	Kim Erfurth	09/05/2008	09/05/2008

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Project Name/Number: /

Disposition

Disposition Date: 09/10/2008

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	Statement/Memorandum of Variability		Yes
Form	Application Form		Yes
Form	Application Form		Yes

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Note To Reviewer

Created By:

Kim Erfurth on 09/05/2008 03:01 PM

Subject:

Correction

Comments:

In error, under the General Information tab of this filing, I indicated the Status of Filing in Domicile as "Authorized" and Date Approved in Domicile as "04/19/2006." Please note this was an error. Although the applications have been filed in our domicile state of Iowa, the approval of these applications is "Pending." I apologize for this oversight.

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 Project Name/Number: /

Form Schedule

Lead Form Number: B10f-029-2003

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B10f-029-2003v1(B)	Application/ Enrollment Form	Application Form Enrollment Form	Initial		50	B10f-029-2003v1 B.pdf
	B10f-029-2005(B)	Application/ Enrollment Form	Application Form Enrollment Form	Initial		50	B10f-029-2005 B.pdf

CUNA MUTUAL INSURANCE SOCIETY

[P.O. Box 61, Waverly, IA 50677]

[(Please print in black ink.)]

Name _____

First

Middle

Last

Address _____

Street or RD #

City _____ State _____ Zip _____

Home Telephone (____) _____ [Work Telephone (____) _____]

Best Time to Call _____ a.m. _____ p.m. Male Female Date of Birth _____

Month Day Year

I wish to apply for the amount of insurance checked below. [If no amount is checked, smallest coverage amount is assumed.]

[\$10,000 \$8,000 \$6,000 \$4,000 \$2,000]

[Are you a U.S. Citizen? Yes No Social Security # _____ - _____ - _____]

Beneficiary Name _____ Relationship to Applicant _____

First

Middle

Last

PLEASE ANSWER THESE QUESTIONS:

Yes No Has illness or injury caused you to retire, or are you currently unable to work because of injury or illness?

Yes No Have you, within the past 5 years, been treated for or diagnosed by a physician as having insulin dependent diabetes; stroke; paralysis; heart disease or condition (except high blood pressure); cancer; kidney failure; lupus; chronic obstructive pulmonary disease (COPD) or emphysema; liver disorder; AIDS or AIDS Related Complex; mental disorder or disorder of the brain or spinal nerves; alcoholism or excessive use of alcohol?

AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) authorize CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my credit union [share draft (checking)] account for the life coverage applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the certificate effective date unless another date is selected. Circle the day of the month you prefer to be billed: [1 5 10 15 20 25 Other Day ____] (Note: Allow 2 business days from the above selected date for deductions to occur from your account. The first deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the deduction occurs.)

AGREEMENT: All my statements and answers are true to the best of my knowledge and belief. I understand this insurance becomes effective only if: 1) my application is approved and a certificate issued; 2) my first full payment is received while I am alive and within 21 days of my certificate's effective date; and 3) my health and other factors that affect approval of my application do not change between the date I sign this application and the effective date of coverage.

Date Signed

Member's Signature

Date Signed

Account Owner's Signature (If other than insured)

B10f-029-2003v1(B)

[APPLICATION FORM]

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 may be guilty of a crime and subject to fines, confinement in prison and denial of insurance benefits, depending on state law.

CUNA MUTUAL INSURANCE SOCIETY

[P.O. Box 61, Waverly, IA 50677]

[(Please print in black ink.)]

Name _____
First Middle Last

Address _____
Street or RD #

City _____ State _____ Zip _____

Home Telephone () _____ Best Time to Call _____ a.m. _____ p.m. [Work Telephone () _____]

Male Female Date of Birth _____ [Height _____ ft. _____ in. Weight _____ lbs]
Month Day Year

Amount Desired (check one). [If no amount is checked, smallest coverage amount is assumed.]

[\$10,000 \$8,000 \$6,000 \$4,000 \$2,000]

Beneficiary Name _____ Relationship to Applicant _____
First Middle Last

[Yes No Are you a U.S. Citizen? Social Security # _____ - _____ - _____]

PLEASE ANSWER THESE QUESTIONS:

- 1. Has illness or injury caused you to retire, or are you currently unable to work because of injury or illness?
2. Have you, within the past 5 years, been treated for or diagnosed by a physician as having:
a. cancer; chronic kidney disease or failure; chronic lung condition; liver disorder; AIDS or AIDS Related Complex; mental disorder or disorder of the brain or spinal nerves; paralysis; alcoholism; excessive use of alcohol or drugs?
b. stroke; heart disease or condition (except high blood pressure); peripheral vascular disease?
c. diabetes? (If yes, circle treatment(s): diet pills insulin)

AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) authorize CUNA Mutual Insurance Society to deduct premiums each month from my share draft (checking) account for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the certificate effective date unless another date is selected. Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The first deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

AGREEMENT: All my statements and answers are true to the best of my knowledge and belief. I understand this insurance becomes effective only if: 1) my application is approved and a certificate issued; 2) my first full payment is received while I am alive and within 21 days of my certificate's effective date; and 3) my health and other factors that affect approval of my application do not change between the date I sign this application and the effective date of coverage.

Date Signed

Member's Signature

Date Signed

Account Owner's Signature (If other than insured)

B10f-029-2005(B)

[APPLICATION FORM]

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 may be guilty of a crime and subject to fines, confinement in prison and denial of insurance benefits, depending on state law.

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Product Name: Two Question Whole Life Application
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

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Product Name: Two Question Whole Life Application
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Supporting Document Schedules

Review Status: 09/05/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
AR COMPLIANCE CERTIFICATION.pdf

Review Status: 09/05/2008
Satisfied -Name: Application
Comments:
There are only two applications being submitted with this filing. Both are attached under the Form Schedule tab.

Review Status: 09/05/2008
Satisfied -Name: Statement/Memorandum of Variability
Comments:
Attachment:
Explanation of Variables.pdf

**Arkansas
COMPLIANCE CERTIFICATION**

Insurer: CUNA Mutual Insurance Society

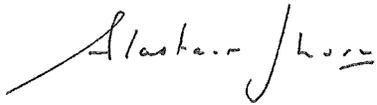
Form Numbers and Titles:

B10f-029-2003v1(B) - Application Form

B10f-029-2005(B) - Application Form

I hereby certify that to the best of my knowledge and belief, this filing meets all applicable Arkansas requirements including the requirements of Rule & Regulation 19 and 49.

This also certifies that the Application Forms listed above and included with this filing, comply with the requirements of the Life and Accident and Health Insurance Policy Language Simplification Act. The Application Forms listed above each achieved a Flesch score of at least 50.



Signature of Company Officer

Alastair Shore

Name

Senior Vice President, Chief Underwriter

Title

September 5, 2008

Date

**Explanation of Variable Data
Applications B10f-029-2003v1 & B10f-029-2005**

Variable	Explanation
Home Office Address	Allows for future changes to the home office address.
Instructions "Please print in black ink."	These instructions may or may not appear, or may be revised to provide clarification.
Name and Address information	Specific to the applicant.
Work Telephone Number	May or may not appear.
Height and Weight	May or may not appear.
Instructions "If no amount is checked, smallest coverage amount is assumed"	These instructions may or may not appear, or may be revised to provide clarification.
Coverage amounts	Allows for variability in coverage amounts offered.
U.S. Citizen and Social Security #	May or may not appear.
AUTOMATIC PAYMENT AUTHORIZATION	<p>One or more of the following billing paragraphs will appear. Some customization may occur, depending upon credit union marketing.</p> <p>Option 1 - AUTOMATIC PAYMENT AUTHORIZATION: <u>By signing below</u>, I (the member shown above) authorize CUNA Mutual Insurance Society to deduct premiums each month from my share draft (checking) account for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.</p> <p>Deductions will be determined by the certificate effective date unless another date is selected.</p> <p>Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day</p> <p>(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The <i>first</i> deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)</p> <p>Option 2 – AUTOMATIC PAYMENT AUTHORIZATION: <u>By signing below</u>, I (the member shown above) authorize CUNA Mutual Insurance Society to deduct premiums each month from my <u>primary share savings account</u> for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.</p> <p>Deductions will be determined by the certificate effective date unless another date is selected.</p> <p>Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day</p> <p>(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The <i>first</i> deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)</p> <p>Option 3 - AUTHORIZATION AND SIGNATURE: I authorize CUNA Mutual Insurance Society and the financial institution named below to retain my account information and to make automatic monthly premium deductions from my share draft/checking account indicated on the VOID check. This authorization will remain in effect until revoked by me in writing or by telephone.</p> <p>Deductions will be determined by the certificate effective date unless another date is selected.</p> <p>Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day</p> <p>(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The <i>first</i> deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first</p>

deduction occurs.)

Option 4 - AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) **authorize** CUNA Mutual Insurance Society to deduct premiums each month from my credit union account for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone. Please check the type of account: **Share Draft/Checking Acct** OR **Primary Share Savings Acct**
If you do not select an account type, we will deduct premiums from your share draft (checking) account.

Deductions will be determined by the certificate effective date unless another date is selected.

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 5 – AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) **authorize** CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my **share draft (checking) account # _____** (please write it in), as provided here or over the phone, for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the certificate effective date unless another date is selected.

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 6 – AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) **authorize** CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my **primary share savings account # _____** (please write it in), as provided here or over the phone, for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone.

Deductions will be determined by the certificate effective date unless another date is selected.

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 7 – AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown above) **authorize** CUNA Mutual Insurance Society to retain my account information and deduct premiums each month from my (provide account number) **Primary Share Savings acct # _____** OR **Share Draft (Checking) acct # _____**, as provided here or over the phone, for the life coverage(s) applied for on this application. This authorization will remain in effect until revoked by me in writing or by telephone. If you do not select an account type, we will bill you directly at home.

Deductions will be determined by the certificate effective date unless another date is selected.

Circle the day of the month you prefer for account deductions: 1 5 10 15 20 25 Other Day

(Note: Allow 2 business days from the above selected date for deductions to occur from your account. The *first* deduction may not be deducted on the day of the month you have selected. We will notify you in writing before the first deduction occurs.)

Option 8 - AUTOMATIC PAYMENT AUTHORIZATION: By signing below, I (the member shown on the reverse side) **authorize** CUNA Mutual Insurance Society to deduct premiums each month (and to retain my account information if I choose "Option A") from the account I have designated below for the life coverage(s) applied for on this application. If I do not designate an account, deductions will occur from my primary share savings account. This authorization will remain in effect until revoked by me in writing or by telephone.

Please check the type of account you prefer monthly deductions to occur from (*check one only*):

OPTION A

My checking account at the financial institution indicated on the VOID check below

or

OPTION B

My credit union primary share savings account.

If you do not choose a type of account, or provide a VOID check, deductions will occur from your credit union primary share savings account.

Deductions will be determined by the certificate effective date unless another date is selected. Circle the date of the month you prefer for account deductions: **1 5 19 15 29 25 Other Day**_____

(Note: Allow 2 business days from the above selected date for deductions to occur. The first deduction may not be deducted on the day of the month you selected. We will notify you in writing before the first deduction occurs.)

[VOIDED CHECK GRAPHIC]

Please write "VOID" on your check and tape it here.

Option 9 – Please bill me direct.

AGREEMENT	Allows for clarification to this section.
Account Owner's Signature	Required when the application includes an offer for automatic premium deductions. It would not appear when application does not offer automatic deduction language.
Plan names	Allows for changes in the marketing name of the product.
Disclosures and fraud language	Depending on disclosure and fraud requirements, variability allows the language to be revised as needed, to appear or not appear.