

SERFF Tracking Number: LHLI-125797296 State: Arkansas  
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 40119  
Company Tracking Number: AUTH08ARRH  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: AUTH08  
Project Name/Number: Authorization for Payment/

## Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: AUTH08 SERFF Tr Num: LHLI-125797296 State: ArkansasLH  
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 40119  
Sub-TOI: L08.000 Life - Other Co Tr Num: AUTH08ARRH State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Authors: Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig  
Disposition Date: 09/02/2008  
Date Submitted: 08/29/2008 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Authorization for Payment 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: 09/02/2008 Deemer Date:  
State Status Changed: 09/02/2008  
Corresponding Filing Tracking Number:  
Filing Description:  
Please See Cover Letter

## Company and Contact

### Filing Contact Information

Rodney Hartwig, [rodney.hartwig@londen-insurance.com](mailto:rodney.hartwig@londen-insurance.com)

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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  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: 1 form x \$20 = \$20.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$20.00	08/29/2008	22209440

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/02/2008	09/02/2008

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## Disposition

Disposition Date: 09/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Cover Letter		Yes
<b>Form</b>	Authorization for Payment		Yes

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## Form Schedule

**Lead Form Number:** AUTH08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AUTH08	Other	Authorization for Payment	Initial		41	Auth08.pdf

Insured's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

- Savings  
PAC – Bank Draft
- Checking  
PAC – Bank Draft

Bank drafting will be requested on the day of each month as indicated on the original application for insurance.

*Include a voided check from the account to be drafted only for zero CWA checking drafts, or if account to be drafted is different from the CWA check.*

AUTHORITY TO HONOR CHECKS DRAWN BY AND PAYABLE TO LINCOLN HERITAGE LIFE INSURANCE COMPANY

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ Date Information Verified \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Account # \_\_\_\_\_ Date Account Opened \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Routing Number for Electronic Drafts \_\_\_\_\_

Name of Employee Verifying Information \_\_\_\_\_

As a convenience to me, I authorize you to pay and charge to my account checks, share drafts, electronic fund transfer debits or other account debits made upon my account by and payable to the order of Lincoln Heritage Life Insurance Company

I agree that your treatment of each check, share draft or debit, and your rights with respect to it, will be the same as if it were signed or initiated personally by me. I further agree that if any check, share draft or debit is dishonored for any reason you will not be under any liability even though dishonor results in the forfeiture of insurance.

I further agree that this authorization is to remain in effect until you receive written notice from me of its revocation unless you end it earlier.

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Account Holder \_\_\_\_\_ Date \_\_\_\_\_

- Direct Bill
- Premium notices will be mailed 2 – 3 weeks before the due date.

I would like to have premium notices mailed to me in the frequency indicated on the original application for insurance. I understand that I will not receive the discounted premium rate for bank drafting (PAC). Please mail premium notices to the Payor's name and address as indicated on the original application for insurance.

Signature of Payor \_\_\_\_\_ Date \_\_\_\_\_

**Upon receipt of a check for the initial premium payment Lincoln Heritage reserves the right to convert your check into an electronic payment and will be reflected on your account as an ACH transaction. By doing so, funds may be debited from your account on the same day the payment is received. Your original check will not be returned. If you do not wish for your check to be processed electronically please initial here \_\_\_\_\_.**

Indemnification Agreement – TO: The Financial Institution named above

"In consideration of your compliance with the authorization of the depositor named above, we agree to indemnify you and hold you harmless from any loss you may suffer as a consequence of your actions resulting from execution from any check, draft or order, whether or not genuine, purporting to be drawn by the Lincoln Heritage Life Insurance Company to its own order and received by you in the regular course of business, and to defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing request, or in any manner arising by reason of your participation in the foregoing plan of premium collection."

AUTH08 Authorized by a resolution adopted by the Board of Directors of the Lincoln Heritage Life Insurance Company.

**CONDITIONAL RECEIPT COVERAGE – LINCOLN HERITAGE LIFE INSURANCE COMPANY**

Void if altered, or if check or draft given in payment is not honored.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY – DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK

Received from \_\_\_\_\_ \$ \_\_\_\_\_ Being the initial premium, and the application bearing the date of this receipt, for the Company's \_\_\_\_\_ Plan of insurance. This receipt is executed subject to the following terms and conditions:

Any insurance issued from the application for which this receipt is given, will take effect **for life insurance:** (A) On the date of the application, or (B) The date of the requested medical information, if it is required, as long as (1) The application has been completely filled out including all required signatures. (2) The proposed insured's health represents a risk acceptable to the Company at the rate and in the amount stated in the application, (3) The first premium is paid with the application, and (4) Any premium in excess of the equivalent of \$100,000 coverage will not be accepted; **for Medicare supplement insurance:** (A) On the Policy Effective Date shown on the Policy Schedule, or (B) The date of the requested medical information, if it is required, as long as (1) The application has been completely filled out including all required signatures. (2) The proposed insured's health represents a risk acceptable to the Company at the rate and in the amount stated in the application, and (3) The first premium is paid with the application.

Coverage under any policy not issued as applied for or in an amount in excess of the aforementioned maximum, will not be in effect until said policy has been delivered during the lifetime of the insured and accepted by the applicant-owner.

Except as provided above, no coverage will take effect and the liability of the Company is limited to a refund of any amount paid

Agent's Signature \_\_\_\_\_ Agent's Code \_\_\_\_\_ Date \_\_\_\_\_

**Upon receipt of a check for the initial premium payment Lincoln Heritage reserves the right to convert your check into an electronic payment and will be reflected on your account as an ACH transaction. By doing so, funds may be debited from your account on the same day the payment is received. Your original check will not be returned. If you do not wish for your check to be processed electronically please contact our offices at 800-438-7180.**

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice 08/29/2008

**Comments:**

**Attachment:**

CERT OF FLESCH AUTH08.pdf

### Review Status:

**Satisfied -Name:** Cover Letter 08/29/2008

**Comments:**

**Attachment:**

AUTH08 AR Cover.pdf

**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):        AUTH08 – Reinstatement Application for Life Insurance

**LINCOLN HERITAGE LIFE INSURANCE COMPANY**



\_\_\_\_\_  
Rodney Hartwig, Compliance Associate

August 29, 2008



**Lincoln Heritage**  
LIFE INSURANCE COMPANY

August 29, 2008

Arkansas Insurance Department  
Life Policy Review Section  
1200 W 3rd Street  
Little Rock AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927  
**Form AUTH08 – Payment Authorization and Conditional Receipt**  
Flesch Readability Certification  
\$ 20.00 Filing Fee  
Domicile – Illinois Filed on August 28, 2008

Dear Sir or Madam:

We submit form AUTH08 for your review and approval. This payment authorization and conditional receipt is for general use with our applications for life and health insurance. We developed this multi-use form for checking and savings bank drafts and direct billing options.

This is a new form and does not replace any previously approved or filed form, however, it is similar to form AUTH07, which was approved by your Department on April 25, 2007, the only revision being that a statement regarding processing the applicant's first payment check electronically has been clarified as well as added to the receipt portion of the form.

The authorization is a one-page form and the completed original will be imaged for our records. The conditional receipt at the bottom of the form will be left with the applicant at the time an application is signed.

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 1-800-433-8181 or you can e-mail me at [rodney.hartwig@londen-insurance.com](mailto: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](http://www.lhlic.com)  
Toll Free (800) 433-8181  
Direct (602) 957-1650  
Fax (602) 840-9726