

SERFF Tracking Number: CEUL-126341898 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 43775
Company Tracking Number: LIFE-REIN-1009
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life Policy Reinstatement Application
Project Name/Number: /

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: Life Policy Reinstatement Application SERFF Tr Num: CEUL-126341898 State: Arkansas

Application

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed State Tr Num: 43775

Sub-TOI: L08.000 Life - Other

Co Tr Num: LIFE-REIN-1009

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Genetha Roberson

Disposition Date: 10/14/2009

Date Submitted: 10/13/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: filing submitted concurrently

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/14/2009

Explanation for Other Group Market Type:

State Status Changed: 10/14/2009

Deemer Date:

Created By: Genetha Roberson

Submitted By: Genetha Roberson

Corresponding Filing Tracking Number:

Filing Description:

Life Policy Reinstatement Application

Form: LIFE-REIN-1009

Company and Contact

Filing Contact Information

Genetha Roberson, Compliance Analyst

GRoberson@manhattanlife.com

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10700 NW Freeway 713-821-6435 [Phone]
 Houston, TX 77092 713-821-6551 [FAX]

Filing Company Information

Central United Life Insurance Company CoCode: 61883 State of Domicile: Arkansas
 Wortham Tower Group Code: Company Type:
 2727 Allen Parkway Group Name: State ID Number:
 Suite 500 FEIN Number: 42-0884060
 Houston, TX 77019-2100
 (713) 529-0045 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	10/13/2009	31258195

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/14/2009	10/14/2009

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Disposition

Disposition Date: 10/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Fraud Warning Addendum		Yes

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment: LIFE-REIN-1009.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: AR_CULLifeRein1009CvrLtr.pdf		

	Item Status:	Status Date:
Satisfied - Item: Fraud Warning Addendum		
Comments: Addendum will be included with Life Policy Reinstatement Application upon submission to the client.		
Attachment: Fraud Addendum.09.pdf		

Check the box beside your insurance company's name.

Life Policy Reinstatement Application

- Central United Life Insurance Company
 Manhattan Life Insurance Company
 Family Life Insurance Company
 Unum
 Investors Consolidated Life Insurance Company
 Unilife Insurance Company
 Gold Cross Burial Association
 Sun America Life Insurance Company

Policy Number for Reinstatement: _____

Persons Requested for Reinstatement						
Name (Print Full Name)	Social Security #	Male/Female	Date of Birth	Birthplace(State)	Height & Weight	Used tobacco in last 12 months?
Applicant		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse (give maiden name if applicable)		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No
Child		<input type="checkbox"/> Male <input type="checkbox"/> Female				<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Information	
Address (Street, City, State, ZIP Code)	
Telephone Numbers (Home, Work and Cell)	Email Address
Employer	Business Address (Street, City, State, ZIP Code)
Current Occupation – Describe and give exact duties	
Do you contemplate changing your occupation? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, then state the details.	

Do any of the persons proposed for reinstatement have other life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, then please describe below:					
Proposed Insured's Name	Name of Insurance Company	Face Amount	Accidental Death Benefit & Amount	Year Issued	Replacement?
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any person applying for reinstatement:

1. Applied for life or health insurance or reinstatement, which was rated, postponed, or declined? Yes No
2. Had 3 or more moving traffic violations in the past 3 years? Yes No
If YES, then provide the Driver's License Number and State:

3. Flown other than as a scheduled airline passenger; engaged in activities that involve the use of racing of a motor scooter, motorcycle, car or other powered vehicle; participated in underwater sports; SCUBA diving; hang gliding; parachuting; BASE or bungee jumping; para-kiting, skydiving; helicopter skiing; or rock or mountain climbing? Yes No
(If YES, attach questionnaire for aviation and/or avocation form.)

Medical Questions			
Has any person proposed for reinstatement ever been treated for, or been diagnosed as having or had any known indication of:			
1. Chest pain, heart murmur, rheumatic fever, high or low blood pressure or any other disease of the heart or blood vessels? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Peptic ulcer, indigestion, or any other disease of the stomach, intestines, gall bladder, liver, or pancreas? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Tuberculosis, asthma, pleurisy, or any other disease of the chest or lungs? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Kidney stones, albumin, pus, blood or sugar in urine, or any disease of the kidneys, bladder, prostate or any of the reproductive organs? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Severe headaches, fainting spells, epilepsy, paralysis, seizures, stroke, nervous illness or mental disorder, or any other disease of the brain or nervous system? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Diseases of the thyroid, hyperthyroidism, hypothyroidism, goiters, or Graves Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. Musculoskeletal disorders including arthritis, gout, fractures, carpal tunnel syndrome, disease of the muscles, bone or joints? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Severe injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Any disorder of the lymph nodes, night sweats, fatigue, or unexplained fever? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Cancer, tumors, polyps, or cysts? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Neurological disorders such as Multiple Sclerosis or Parkinson's disease? <input type="checkbox"/> Yes <input type="checkbox"/> No 13. Diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are you now pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No 15. Any impairment of sight or hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Been medically advised to take or are now receiving treatment or prescription medication of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Been medically advised to have any diagnostic test, hospitalization, or surgery which was not completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Chronic pain or fatigue syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Been diagnosed with or treated by a physician for Human Immunodeficiency Virus (HIV), AIDS-Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS) or any other immune deficiency disorder (such as Lupus)? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Within the last five years consulted or been examined by any doctor other than stated in the answers above? <input type="checkbox"/> Yes <input type="checkbox"/> No 21. Ever been in any hospital or any other institution for observation, rest, diagnosis or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No 22. Attended or joined any organization for alcohol or drug related problems, used barbiturates, heroin, cocaine, amphetamines, marijuana, or any other illegal, restricted or controlled substance except as prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No 23. Had an immediate family member who has had tuberculosis, cancer, diabetes, heart disease or mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered "YES" to any of the questions from 1 – 23, provide the details on page 2.

Submit Completed Form to: Policyholder Services, P.O. Box 925989, Houston, TX 77292
Customer Service Department 1-800-669-9030



Provide details for questions with "Yes" answers from page 1.

Question Number	Name of Person	Illness or Injury
Details of nature of Illness, dates, duration, severity, treatments and results.		
Prescription medications prescribed and being taken.		
Name, Address, and Telephone Number of Physician		

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Details of nature of Illness, dates, duration, severity, treatments and results.		
Prescription medications prescribed and being taken.		
Name, Address, and Telephone Number of Physician		

Policyowner's Information (If different from the Applicant)	
Name	Email Address
Address (Street, City, State, ZIP Code)	Telephone Numbers (Home, Work and Cell)

I (We) have read the above questions and answers, and hereby declare that they are complete and true to the best of my (our) knowledge and may be relied on by the Company. I (We) agree that this Policy Reinstatement Request may form a part of any policy issued. I (We) further agree that no policy, addition, or change applied for shall in any event become effective unless and until this Policy Reinstatement Request is approved at the Home Office of the Company and the full premium due is paid during the lifetime of the proposed insured, as stated in this Request. I (We) have paid \$_____ in connection with this Policy Reinstatement Request. The Company is authorized and directed to retain this amount or deposition or to cash any check or draft, without prejudice to its right to disapprove this Policy Reinstatement Request. If, however, this Policy Reinstatement Request is not approved, the Company shall return this payment in the form of its check for the amount received and acknowledged in this form.

 Policyowner's Signature Applicant's Signature Spouse's Signature Date

Any other proposed insureds over the age of 18 must also sign. _____

AUTHORIZATION TO OBTAIN INFORMATION

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency or employer, having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me or my minor children and any other nonmedical information of me or my minor children to give to the Company or its legal representative, any and all such information. I also authorize any consumer reporting agency to prepare or procure an investigative consumer report on me or my minor children.

I UNDERSTAND the information obtained by use of this Authorization will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing policy. Any information obtained will not be released by the Company to any person or organization EXCEPT to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may further authorize.

I KNOW that I may receive a copy of this Authorization.

I AGREE that a photographic copy of this Authorization shall be as valid as the original.

I ACKNOWLEDGE receipt of the Notice to Persons Applying for Insurance and Notice of Disclosure of Information/Medical Information Bureau Disclosure and authorize preparation of an investigative consumer report.

I AGREE that this Authorization shall be valid for two and one-half years from the date shown below.

 Primary Insured (Applicant's Signature) Secondary Insured (Spouse's Signature) Date

Any other proposed insureds over age 18 must also sign _____

Submit Completed Form to: Policyholder Services, P.O. Box 925989, Houston, TX 77292
 Customer Service Department 1-800-669-9030



CENTRAL UNITED

Genetha Roberson
Compliance Analyst

October 13, 2009

Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904
Attn: Rosalind Minor

RE: Central United Insurance Company
NAIC #: 63053 FEIN: 91-0550883
SERFF Tr Num: CEUL-126341898

Life Filing Form #: LIFE-REIN-1009 Life Policy Reinstatement Application

Dear Ms. Minor:

The following form is submitted for your review and approval.

LIFE-REIN-1009 Life Policy Reinstatement Application

This reinstatement application will be used with previously approved life products – as well as for life products approved in the future – written by Central United Life Insurance Company, or for a block of business for which we have assumed the business.

If you have any questions regarding this form or need additional information in order to complete your review, please call me at (713) 821-6435 or email me at groberso@manhattanlife.com.

Sincerely,



Genetha Roberson
Compliance Analyst

Claim Form Addendum: Fraud Warning and State Versions

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

Alaska A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law. **Arkansas** 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 is guilty of a crime and may be subject to fines and confinement in prison. **Arizona** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. **California** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. **Colorado** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. **Delaware** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony. **District of Columbia** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. **Florida** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **Hawaii** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both. **Idaho** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **Indiana** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony. **Kentucky** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. **Louisiana** 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 is guilty of a crime and may be subject to fines and confinement in prison. **Maine** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **Maryland** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Minnesota** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. **New Hampshire** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638.20. **New Jersey** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **New Mexico** 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 is guilty of a crime and may be subject to civil fines and criminal penalties. **New York** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. **Ohio** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oklahoma** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Oregon** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **Pennsylvania** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Puerto Rico** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years. **Tennessee** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Virginia** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits. **Washington** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. **West Virginia** 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 is guilty of a crime and may be subject to fines and confinement in prison.