

SERFF Tracking Number: SYMX-126391205 State: Arkansas  
Filing Company: Symetra Life Insurance Company State Tracking Number: 44145  
Company Tracking Number: L08AR0016010F01  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: LUC-118 7/09 - Life Insurance Application  
Project Name/Number: IND- Individual/L08AR0016010F01

## Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: LUC-118 7/09 - Life Insurance SERFF Tr Num: SYMX-126391205 State: Arkansas

Application

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 44145  
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: L08AR0016010F01 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Symetra Life

Disposition Date: 11/23/2009

Date Submitted: 11/19/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: 12/17/2009

Implementation Date:

State Filing Description:

## General Information

Project Name: IND- Individual

Status of Filing in Domicile: Pending

Project Number: L08AR0016010F01

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: 11/23/2009

Explanation for Other Group Market Type:

State Status Changed: 11/23/2009

Deemer Date:

Created By: Symetra Life

Submitted By: Symetra Life

Corresponding Filing Tracking Number:

Filing Description:

SYMETRA Life Insurance Company

NAIC # 1129-68608 FEIN # 91-0742147

LUC-118 7/09 - Part I Individual Life Application

We are submitting copies of the final version of the above referenced forms for your review. The form is new and does

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not replace any form currently in use in your state. The content does not deviate from normal company or industry standards.

LUC-118 7/09, Part I Individual Life Application, an application for general use, will be used as part of the application process with individual life products approved in your state. It will become a part of the policy at issue.

These products will be sold through agents who are licensed and appointed by Symetra Life Insurance Company.

If you have questions, please contact me at the numbers noted below.

Sincerely,  
Elizabeth A. Hampton  
Contract Analyst  
lisa.hampton@symetra.com  
425-256-5468  
800-796-3872 ext 65468

## Company and Contact

### Filing Contact Information

Elizabeth Hampton, Senior Insurance Compliance Analyst  
P.O. Box 34690 SC-11  
Seattle, WA 98124-1690  
Lisa.Hampton@Symetra.com  
425-256-8000 [Phone] 65468 [Ext]  
425-256-5466 [FAX]

### Filing Company Information

Symetra Life Insurance Company  
P.O. Box 34690  
Seattle, WA 98124-1690  
(425) 256-8000 ext. [Phone]  
CoCode: 68608  
Group Code: 1129  
Group Name:  
FEIN Number: 91-0742147  
State of Domicile: Washington  
Company Type:  
State ID Number: 667

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: 1 application = 20.00

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$20.00	11/19/2009	32167287

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/23/2009	11/23/2009

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## **Disposition**

Disposition Date: 11/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Form</b>	LUC-118 7/09 - Life Insurance Application		Yes

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## Form Schedule

**Lead Form Number: LUC-118 7/09**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LUC-118 7/09	Application/LUC-118 7/09 - Life Enrollment Form	Initial		50.900	LUC-118 7_09.PDF

**SYMETRA LIFE INSURANCE COMPANY**  
 777 108<sup>th</sup> Avenue NE, Suite 1200, Bellevue, WA 98004-5135

**Mailing Address:**  
 PO Box 84068  
 Seattle, WA 98124-9918

PROPOSED INSURED INFORMATION	Life Insurance for First MI Last				Soc. Sec./Tax I.D.				
	<input type="checkbox"/> Male <input type="checkbox"/> Female								
	Street/PO Box			City		State		Zip	
	Phone Number			Best Time to call		Best Day to call			
	Occupation				Annual Income		State of Birth		
	Height	Weight	Driver's License #				Date of Birth		
	Owner if other than Proposed Insured				Soc. Sec./Tax I.D.				
	Owner Address		Street/PO Box		City		State		Zip
	Insurance Needed For <input type="checkbox"/> Debt/Family/Business Protection <input type="checkbox"/> Income Replacement <input type="checkbox"/> Retirement/Estate Planning <input type="checkbox"/> Other _____								
	<b>BENEFICIARY INFORMATION</b> (P-Primary, C-Contingent)								
Name				Relationship		%	P	C	
Any living children born of this marriage or legally adopted to share equally.									
<b>Amount of Coverage \$</b>		<b>Quoted Premium \$</b>		<b>Net Credited Interest Rate (SPL Only)</b>		<b>%</b>			
<b>Plan Choice</b>									
<input type="checkbox"/> <b>Term</b> (please select term) <input type="checkbox"/> 10-yr <input type="checkbox"/> 15-yr <input type="checkbox"/> 20-yr <input type="checkbox"/> 30-yr				<b>Riders (not applicable for Single Premium Life)</b> <input type="checkbox"/> Term Rider On Self (UL Only) \$ _____ <input type="checkbox"/> Term Rider On others (please complete Part I for each rider) How many? _____ (For Term Life only 1 available)					
<input type="checkbox"/> <b>Term with Return of Premium (ROP)</b> (please select term) <input type="checkbox"/> 20-yr <input type="checkbox"/> 30-yr				<input type="checkbox"/> Insured Children's Benefit (please complete the Part III ICB form)					
<input type="checkbox"/> <b>Universal Life Plan (UL)</b> Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing				<input type="checkbox"/> Waiver <input type="checkbox"/> Disability Income Rider for Accidental Injury (Term with ROP Only) \$ _____ Monthly benefit min \$50, max \$3,000 not to exceed 1.5% of the face amount					
<input type="checkbox"/> <b>Variable Universal Life (VUL)</b> _____ Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing				<input type="checkbox"/> Other _____					
<input type="checkbox"/> <b>Single Premium Life (SPL)</b> _____									
<input type="checkbox"/> Other _____									

Rate class applied for (Check one only)									
RATE CLASS		Juvenile	Standard (Nicotine)	Non-Nicotine (Standard)	Standard Plus (Nicotine)	Preferred (Non-Nicotine)	Preferred Plus (Non-Nicotine)	Preferred Best (Non-Nicotine)	
	Term Plan	N/A							
	Term Plan with ROP	N/A					N/A	N/A	
	UL								
	SPL	N/A					N/A	N/A	
	VUL								



<b>AGENT</b>	Does the Applicant have any existing life insurance policies or annuity contracts with this or any other company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	To the best of your knowledge, will this insurance replace or change any existing life insurance or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
	If replacing, how does this policy better serve the Applicant's needs?		

**AUTHORIZATION TO RELEASE PERSONAL INFORMATION**

I hereby authorize and request any medical care provider, pharmacy, pharmacy benefits manager, individual employer, insurance company, reinsuring company, medical examiners, government unit, consumer reporting agency, or other person or organization, and MIB, Inc., to disclose any and all medical information, non-medical information, employment information, and insurance information they hold concerning me, to the employees, agents, or attorneys of Symetra Life Insurance Company. This disclosure Authorization will permit employees, agents or reinsurers of Symetra Life Insurance Company to view, copy, be furnished copies, share, or be given details of all such information described above including, but not limited to, mental and physical condition, evaluation, diagnoses, treatment, prognoses, prescription records, and/or toxicology results; specifically to include drug or alcohol use, mental illness, psychiatric treatment or diagnosis, testing and/or treatment of HIV (AIDS virus) and/or other sexually-transmitted diseases. Symetra Life Insurance Company obtains medical information only in connection with specific products or claims. Symetra Life Insurance Company will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account. I understand that the information obtained pursuant to this Authorization will be used for the purpose of verifying, evaluating, negotiating, and other pertinent legal uses, with respect to my application for insurance, or claim under a policy of insurance. This Authorization will expire at the end of the contestability period of any insurance policy issued in reliance on the records obtained through this Authorization or twenty-four (24) months after the date of signing this Authorization. The individual signing this Authorization has the right to revoke Authorization in writing, except to the extent that action has been taken in reliance on the Authorization, or during a contestability period. A written statement revoking this Authorization delivered to Symetra Life Insurance Company at its usual business address will revoke this Authorization. Any copy of this Authorization shall have the same authority as the original. I also understand that I or my representative have a right to receive a copy of this Authorization upon request.

I, the Owner, certify under the penalties of perjury that (1) the number shown in Proposed Insured Information section is my correct taxpayer identification number, and (2) I am not subject to backup withholding.

I (we) agree that all statements and answers recorded on this application are true and complete to the best of my/our knowledge and belief, and shall form a part of any policy issued. I have also read the Temporary Life Insurance Agreement. (Maximum Coverage is \$250,000.)

Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**I acknowledge this insurance policy was not a prerequisite to receiving credit, property or services from any bank and that the amount of insurance I am applying for may not meet my complete financial needs. I have received information both orally and in writing stating that this insurance product is not a deposit or other obligation of, or guaranteed by, any bank or an affiliate of a bank and that the insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, or an affiliate of a bank.**

Signed this \_\_\_\_\_, at \_\_\_\_\_, State of \_\_\_\_\_  
Date City State

\_\_\_\_\_  
Printed Name of Proposed Insured

\_\_\_\_\_  
Print Name of Writing or Authorized Agent

\_\_\_\_\_  
Signature of Proposed Insured (Age 15 or older)

\_\_\_\_\_  
Signature of Writing or Authorized Agent

\_\_\_\_\_  
Signature of Applicant/Owner\* if other than Proposed Insured

\_\_\_\_\_  
Agent Phone

\_\_\_\_\_  
Agent Email

\_\_\_\_\_  
Agent Stat Number

Branch Name \_\_\_\_\_ Branch # \_\_\_\_\_ Cost Center # \_\_\_\_\_ Rep ID # \_\_\_\_\_

\* If Applicant is corporation/partnership, a corporate officer/partner other than Proposed Insured must sign.

## NOTICE OF INSURANCE INFORMATION PRACTICES

**MIB, Inc. (Medical Information Bureau, MIB)** – Information regarding your insurability will be treated as confidential. Symetra Life or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com). The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB may also be contacted at 1-866-692-6901 (TTY 1-866-346-3642). Symetra Life or its reinsurers may also release information in its file to others insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**Investigative Consumer Report** – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

**Disclosure to Others** – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to MIB.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

**Access and Correction** – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Individual New Business Department of Symetra Life, PO Box 84068, Seattle, Washington 98124-9918. Your comments will be carefully considered and corrections made where justified.

## TEMPORARY LIFE INSURANCE AGREEMENT

**AMOUNT OF COVERAGE:** If the Temporary Life Insurance questions have been answered "no" and if money has been accepted as advance payment for life insurance and the Proposed Insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with Symetra Life of \$250,000.

**COVERAGE BEGINS:** Life insurance under this Agreement will begin on the date of this application, if the Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

**COVERAGE ENDS:** Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the Applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the Applicant.

### **LIMITATIONS:**

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the Proposed Insured is less than 15 days old or more than 80 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the Proposed Insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made.
- (e) If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Certificate of Readability.PDF

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Application

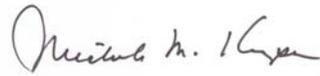
**Comments:**

This is attached to the Forms Tab.

CERTIFICATION OF READABILITY

To the best of my knowledge, these forms meet all applicable statutes and regulations for readability standards. The Flesch score is:

LUC-118 7/09 – 50.9

A handwritten signature in black ink, appearing to read "Michele M. Kemper". The signature is written in a cursive style with a large initial 'M'.

---

Michele Kemper, V.P.  
Symetra Life Insurance Company