

<i>SERFF Tracking Number:</i>	<i>LHLI-126029449</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Lincoln Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>41514</i>
<i>Company Tracking Number:</i>	<i>FEAPP07-AR RH</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>FEAPP07-AR</i>		
<i>Project Name/Number:</i>	<i>FEAPP07-RH/</i>		

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: FEAPP07-AR	SERFF Tr Num: LHLI-126029449	State: ArkansasLH
TOI: L071 Individual Life - Whole	SERFF Status: Closed	State Tr Num: 41514
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: FEAPP07-AR RH	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Sally Roudebush, Shirley Grossman, Cathy Patterson, Wanda McNeece, Rodney Hartwig	Disposition Date: 02/12/2009
	Date Submitted: 02/10/2009	Disposition Status: Approved-Closed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: FEAPP07-RH	Status of Filing in Domicile:
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: 02/12/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/12/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
February 10, 2009	

Life Filings Section
Arkansas Insurance Department

SERFF Tracking Number: LHLI-126029449 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 41514
Company Tracking Number: FEAPP07-AR RH
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: FEAPP07-AR
Project Name/Number: FEAPP07-RH/

1200 W 3rd St
Little Rock AR 72201-1904

Re: Lincoln Heritage Life Insurance Company, NAIC #65927
Form FEAPP07-AR– Application for Individual Whole Life Insurance
Flesch Score Certification

Dear Sir or Madam:

We submit application form FEAPP07-AR for your review and approval. This form will not be illustrated. The life insurance application will be marketed to applicants through general agents licensed in your state.

It is similar to application form FEAPP07-AR IN, which was approved by your department on September 14, 2007. The application will be used initially with policy forms WL06 and 20P06 which were approved on November 14, 2005 and policy form 15Y2GDB07-AR which was approved by your department on September 25, 2007.

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 contact me at 800-433-8181 or e-mail me at rodney.hartwig@londen-insurance.com.

Sincerely,

Rodney Hartwig
Compliance Associate

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Company and Contact

Filing Contact Information

Rodney Hartwig, rodney.hartwig@londen-insurance.com
 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 Form x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$50.00	02/10/2009	25626782

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/12/2009	02/12/2009

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Disposition

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-126029449 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application For Life Insurance		Yes

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Form Schedule

Lead Form Number: FEAPP07-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FEAPP07-AR	Application/Enrollment Form	Application For Life Insurance	Initial		40	FEAPP07-AR.pdf

1. OWNER INFORMATION									
Name						Phone			
Address				City		State		Zip	
2. APPLICANT INFORMATION									
Name				Relationship to Owner			Height	Weight	
Address				Phone		SSN			
City		State	Zip	Age	Date of Birth			Sex	
Primary Beneficiary				Relationship			Coverage Amount	\$	
Contingent Beneficiary				Relationship			Monthly Premium	\$	
3. RIDER OPTIONS									
Child Rider <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s) Per Child <i>Health questions also apply to all children on the rider.</i>				AD&D Rider <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Unit(s)			Rider Premium	\$	
Name(s) of Child Rider Applicant(s)		Date of Birth	Sex	Relationship to Owner	Primary Beneficiary (is owner unless otherwise stated)				
4. PLAN				PAYMENT METHOD			DUE DATE		
<input type="checkbox"/> Final Expense Non-Tobacco	<input type="checkbox"/> 15 Year Pay Graded Death Benefit	<input type="checkbox"/> Checking	<input type="checkbox"/> Annual	_____ (1st thru 28th only) of each month	TOTAL MONTHLY PREMIUM	\$			
<input type="checkbox"/> Final Expense Tobacco		<input type="checkbox"/> Savings	<input type="checkbox"/> Semi-Annual						
<input type="checkbox"/> 20 Year Pay Non-Tobacco			<input type="checkbox"/> Quarterly						
<input type="checkbox"/> 20 Year Pay Tobacco			<input type="checkbox"/> Monthly Direct						
5. TOBACCO QUESTION Yes No									
a. Has any proposed insured used any form of tobacco in the past 12 months?								Yes	No
6. UNINSURABLE CONDITIONS Yes No									
a. Has any proposed insured been diagnosed, by a physician, with a terminal illness or AIDS (Acquired Immune Deficiency Syndrome)?								Yes	No
b. Is any proposed insured currently incarcerated, hospitalized, in a care facility or receiving hospice care?								Yes	No
c. Has any proposed insured been hospitalized two or more times in the past six months?								Yes	No
d. In the past 90 days has any proposed insured had or been treated for heart disease, stroke or cancer, other than maintenance drug treatment from a previous occurrence?								Yes	No
e. If under age 25, has any proposed insured been diagnosed with cerebral palsy, cystic fibrosis, muscular dystrophy or multiple sclerosis?								Yes	No
7. SIGNIFICANT HEALTH CONDITIONS-If the answer to any health question is "Yes," your death benefit will be graded. Yes No									
a. In the past two years, has any proposed insured had, been diagnosed with, been treated for or taken medication for any of the following conditions:									
1. Heart disease, including heart attack, heart surgery, congestive heart failure or angina pectoris?								Yes	No
2. Alzheimer's disease or dementia, organic brain syndrome, ALS (Lou Gehrig's disease) or does any proposed insured need assistance performing their Activities of Daily Living, including feeding, bathing or dressing themselves?								Yes	No
3. Disease of the circulatory system, including stroke, TIA (Transient Ichemic Attack) or aneurysm, or has any proposed insured had or been advised to have surgery to improve circulation?								Yes	No
4. Cancer or any form of malignancy other than basal cell skin cancer?								Yes	No
5. Disease of the lungs, other than asthma, including COPD (Chronic Obstructive Pulmonary Disease) or emphysema; oxygen to assist in breathing; liver disease, including cirrhosis or hepatitis C; kidney disease, including kidney dialysis; organ transplant?								Yes	No
6. Alcohol abuse or drug abuse?								Yes	No
7. Complications of diabetes including insulin shock, amputation, diabetic coma, blindness or kidney disorder?								Yes	No
b. Has any proposed insured been positively diagnosed or treated, by a physician, for HIV (Human Immunodeficiency Virus)?								Yes	No
c. Has any proposed insured had or been advised to have a diagnostic test for which results have not yet been received? (If yes, provide complete details in Section 9)								Yes	No
8. NON-MEDICAL QUESTION Yes No									
a. Do all proposed insureds permanently reside in the United States?								Yes	No
HOME OFFICE USE ONLY									
Plan	Policy #		FCGS Membership #		UW Approval	Issue Type	Date	Initials	

9. MEDICATIONS – List any medication(s) each proposed insured has been prescribed or taken in the past 2 years and the reason for its use.

10. DOCTOR'S INFORMATION

Physician's Name _____ Phone _____
Clinic Name _____
Address _____ City _____ State _____ Zip _____

11. REPLACEMENT

Does the proposed insured have existing life insurance policies or annuity contracts? Yes No If yes, list company and policy #
Will this cause other insurance or annuities to be replaced or changed? Yes No

12. PAYOR INFORMATION

AUTOMATIC PREMIUM LOAN

DELIVERY

Name _____ Relationship to Owner _____
Is Automatic Premium Loan requested? Yes No
Mail Policy to: Owner Producer

13. APPLICANT'S SIGNATURE(S) AND AUTHORIZATION

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager or other medical facility, reinsurance company, division of motor vehicles, or the veterans administration having information as to diagnosis, treatment or prognosis with respect to the physical or mental condition or having non-medical information concerning me, to release and disclose the entire medical record and any other protected health or other information concerning me within the past five (5) years, without restrictions, to Lincoln Heritage Life Insurance Company or its reinsurers. This includes information on the treatment of alcohol, drug and tobacco abuse, and psychiatric diagnosis and treatment.

I understand that the protected information is to be disclosed under this authorization so that Lincoln Heritage Life Insurance Company may underwrite my application for life insurance, determine eligibility for insurance, risk rating or policy issuance determinations, obtain reinsurance, administer claims and determine or fulfill responsibility for coverage and provision of benefits, administer coverage and conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Lincoln Heritage Life Insurance Company. Any protected information obtained will not be released by Lincoln Heritage Life Insurance Company, or its reinsurers.

I understand that this authorization shall remain in force for **twenty-four (24) months** from the date shown below if used in connection with an application for an insurance policy, an application for reinstatement of an insurance policy, a request for change in policy benefits; or for the duration of a claim if used for the purpose of collecting information in connection with a claim for benefits under a policy.

I understand and agree that a copy of this authorization is as valid as the original and that I or my authorized representative will receive a copy of this authorization with my policy. I understand and agree that this authorization may be revoked by me at anytime in writing, by sending a written notice of revocation to Lincoln Heritage Life Insurance Company, 4343 East Camelback Road, Phoenix, AZ 85018. I agree that Lincoln Heritage Life Insurance Company shall be fully protected if it acts in reliance on this authorization prior to receiving notice of revocation or to the extent that Lincoln Heritage Life Insurance Company has a legal right to contest a claim under an insurance contract. Any information that is disclosed pursuant to this authorization may be redisclosed as provided herein or as required or authorized by law and may then no longer be covered by federal rules governing privacy and confidentiality of health information.

I HAVE READ ALL QUESTIONS AND ANSWERS. I AFFIRM THAT THEY ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT THE COMPANY WILL RELY ON MY ANSWERS ABOVE IN ISSUING ANY LIFE INSURANCE HEREUNDER AND THE PRODUCER DOES NOT HAVE THE AUTHORITY TO WAIVE OR MODIFY ANY QUESTIONS OR ANSWERS.

ARKANSAS APPLICANTS: 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.

Signature of Owner _____ Signature of Applicant _____
Signed in (City/State) _____ Signature of Child Rider Applicant _____
(If 18 years of age)
On (Month/Day/Year) _____

14. PRODUCER'S CONFIRMATION

Are there existing life insurance and/or annuity contracts on the life of the proposed insured? Yes No
To the best of my knowledge, replacement is is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement.

Producer's Signature _____ Printed Name _____ Code Number _____

15. FUNERAL CONSUMER GUARDIAN SOCIETY (FCGS) ENROLLMENT

The Funeral Consumer Guardian Society (FCGS) is dedicated to helping its members receive good value for their funeral dollars. Lincoln Heritage has arranged for its policyholders to be enrolled as non-voting members in the FCGS as a FREE BENEFIT! The membership includes identification cards with a toll-free number for your family to call for assistance at the time of need.

Please enroll me as a non-voting FCGS member: Yes No

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TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
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Life

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification 02/10/2009
Comments:
Attachment:
CERT OF FLESCHE FEAPP07-AR.pdf

Review Status:
Satisfied -Name: Application 02/10/2009
Comments:
On Form Schedule Tab

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40 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): FEAPP07-AR – Application for Medicare Supplement Insurance

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Rodney Hartwig, Compliance Associate

February 10, 2009