

SERFF Tracking Number: LHLI-126046267 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 41636
Company Tracking Number: AUTH09 CP
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Payment Authorization and Conditional Receipt
Project Name/Number: /

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Payment Authorization and Conditional Receipt SERFF Tr Num: LHLI-126046267 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved-Closed State Tr Num: 41636

Sub-TOI: L08.000 Life - Other Co Tr Num: AUTH09 CP State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally

Roudebush, Rodney Hartwig

Date Submitted: 02/23/2009

Disposition Date: 02/25/2009
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: Review & Approval

Domicile Status Comments: filing is pending approval in Illinois, our state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/25/2009

Explanation for Other Group Market Type:

State Status Changed: 02/25/2009

Deemer Date:

Created By: Cathy Patterson

Submitted By: Cathy Patterson

Corresponding Filing Tracking Number:

Filing Description:

please see cover letter

Company and Contact

Filing Contact Information

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Cathy Patterson, cathy.patterson@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: \$20.00
 Retaliatory? No
 Fee Explanation: 1 form X \$20.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$20.00	02/23/2009	25882898

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/25/2009	02/25/2009

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Disposition

Disposition Date: 02/25/2009

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		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	Authorization for Payment		Yes

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Form Schedule

Lead Form Number: AUTH09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AUTH09	Other	Authorization for Payment	Initial		41.000	Auth09.pdf

Insured's Name _____ Policy Number _____

<input type="checkbox"/> Savings PAC – Bank Draft <input type="checkbox"/> Checking PAC – Bank Draft Bank drafting will be requested on the day of each month as indicated on the original application for insurance. <i>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.</i>	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 _____
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<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card Credit Card payments will be on the due date and in the frequency indicated on the original application for insurance	I hereby authorize transactions to be processed using my debit/credit card, payable to the Company named above. I fully understand that your responsibility does not extend beyond the honoring of such charges, and that you are not liable for lapse of insurance caused by non-payment of premium. This authority is to remain in effect until revoked by me in writing. Name as appears on card _____ Sequence # _____ Expiration Date ____ / ____ Authorized Signature _____ Date _____ Billing Address _____ City _____ State _____
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<input type="checkbox"/> 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 _____
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Upon receipt of a check for a 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.

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."

AUTH09 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 a 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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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Flesch Score attached Attachment: CERT OF FLESCH AUTH09.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Cover Letter attached Attachment: AUTH09 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): AUTH09 – Payment Authorization and Conditional Receipt

LINCOLN HERITAGE LIFE INSURANCE COMPANY



Cathy Patterson, Senior Compliance Associate

February 23, 2009

February 23, 2009

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 AUTH09 – Payment Authorization and Conditional Receipt
Flesch Readability Certification
\$ 20.00 Filing Fee
Domicile – Illinois, submitted via SERFF, approval pending

Dear Sir or Madam:

We submit form AUTH09 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, credit card payments 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 AUTH08-A which was approved by your department on September 9, 2008. The only difference is the addition of a section offering credit cards as an option to pay premiums, and a slight wording change to the bolded sections regarding checks being converted to electronic payments.

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 cathy.patterson@london-insurance.com.

Sincerely,

A handwritten signature in blue ink that reads "Cathy Patterson". The signature is written in a cursive style and is placed on a light yellow rectangular background.

Cathy Patterson
Senior Compliance Associate
Lincoln Heritage Life Insurance Company