

SERFF Tracking Number: UNNC-126033884 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 41592
Company Tracking Number: UN 0287 AB
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Foreign Travel Questionnaire
Project Name/Number: Foreign Travel Questionnaire/UN 0287 AB

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: Foreign Travel Questionnaire

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: UNNC-126033884 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 41592

Closed

Co Tr Num: UN 0287 AB

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Bobbie Cramer, Joanne

Disposition Date: 02/19/2009

Friend, Jenny Andrus

Date Submitted: 02/18/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Foreign Travel Questionnaire

Project Number: UN 0287 AB

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/19/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/19/2009

Created By: Jenny Andrus

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jenny Andrus

Filing Description:

The Union Central Life Insurance Co. NAIC # 0943-80837

Acacia Life Insurance Company NAIC # 0943-60038

Ameritas Life Insurance Corp. NAIC # 0943-61301

Submission Form Identification: UN 0287 AB – Foreign Travel Questionnaire

Designation of form as Individual or Group Market: Individual

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Enclosed for your review and approval is UN 0287 AB, our Foreign Travel Questionnaire Amendment of Application form. We are updating and revising the format of this form for a multi-company approach. This form will be used by the three UNIFI companies of Acacia Life Insurance Company, Ameritas Life Insurance Corporation, and The Union Central Life Insurance Company for all individual life and disability income products for Union Central Life.

For Union Central, UN 0287 AB will replace UC 0287 AB which was approved by your department between 03/30/1987 and 03/04/1988. This form does not replace any forms for Acacia Life or Ameritas Life.

This form will be used if the applicant answers "Yes" to the foreign travel question on UN 2550 LQ which is a component of our base application. The client will be asked to check a box on the first page of the form to indicate the Company for which they are completing the form. UN 0287 AB will always be used in conjunction with our previously approved base application, UN 2550 PI-A, et al.

The flesch score is 70.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Company and Contact

Filing Contact Information

Jenny Andrus, Contract Analyst
1876 Waycross Road
Cincinnati, OH 45240
jandrus@unioncentral.com
513-595-2984 [Phone] 52984 [Ext]
513-595-2918 [FAX]

Filing Company Information

Ameritas Life Insurance Corp.
5900 "O" STREET
LINCOLN, NE 68510
(800) 825-1551 ext. [Phone]
CoCode: 61301
Group Code: 943
Group Name:
FEIN Number: 47-0098400
State of Domicile: Nebraska
Company Type: Stock
State ID Number:

Filing Fees

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

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$20.00	02/18/2009	25805177

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	02/19/2009	02/19/2009

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Disposition

Disposition Date: 02/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Flesch Certification is attached. Attachment: UNIV READABILITY CERT.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: Not Applicable Comments:</p>		
<p>Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not Applicable Comments:</p>		
<p>Bypassed - Item: Outline of Coverage Bypass Reason: Not Applicable Comments:</p>		
<p>Satisfied - Item: Reg 19 Certification Comments: Reg 19 Certification is attached.</p>		

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Attachment:

Reg 19 CERTIFICATION _ALIC_.pdf

Item Status:

Status

Date:

Satisfied - Item: Reg 49 Certification

Comments:

Reg 49 Certification is attached.

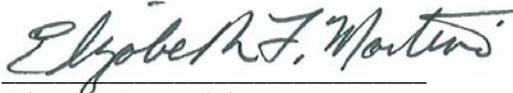
Attachment:

Reg 49 CERTIFICATION_ALIC_.pdf

READABILITY CERTIFICATION

I, Elizabeth F. Martini, an officer of The Union Central Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
UN 0287 AB	Foreign Travel Questionnaire	70



Elizabeth F. Martini
Vice President & Managing Attorney

02/18/09

I, Robert G. Lange, an officer of Acacia Life Insurance Company, and Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score</u>
UN 0287 AB	Foreign Travel Questionnaire	70



Robert G. Lange
Vice President, General Counsel and Assistant Secretary

02/18/09

Reg 19 CERTIFICATION
Arkansas

I, Robert F. Lange, an officer for Ameritas Life Insurance Company. hereby certify that we have reviewed Rule and Regulation 19 and that we meet the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink that reads "Robert G. Lange". The signature is written in a cursive style with a large, prominent initial "R".

Robert G. Lange
Vice President, General Counsel and Assistant Secretary

February 18, 2009
Date

Reg 49 CERTIFICATION
Arkansas

I, Robert F. Lange, an officer for Ameritas Life Insurance Company, hereby certify that I have reviewed Arkansas Rule and Regulation 49 and that we are in compliance regarding Life and Health Insurance Guaranty Association Notices.

I also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that we are in compliance.



Robert G. Lange
Vice President, General Counsel and Assistant Secretary

February 18, 2009
Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method