

SERFF Tracking Number: SHLI-126056183 State: Arkansas
Filing Company: Shelter Life Insurance Company State Tracking Number: 41694
Company Tracking Number: 03L10109
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Life Conversion Application
Project Name/Number: Conv App/10109

Filing at a Glance

Company: Shelter Life Insurance Company

Product Name: Individual Life Conversion Application

SERFF Tr Num: SHLI-126056183 State: Arkansas

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved-Closed State Tr Num: 41694

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num: 03L10109 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Dina Krofta, Berdetta Moore

Disposition Date: 03/19/2009

Date Submitted: 03/02/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Conv App

Status of Filing in Domicile: Pending

Project Number: 10109

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: 03/19/2009

Explanation for Other Group Market Type:

State Status Changed: 03/19/2009

Deemer Date:

Created By: Berdetta Moore

Submitted By: Berdetta Moore

Corresponding Filing Tracking Number:

Filing Description:

Life insurance application used only to apply for conversions of term policies.

Shelter Life Insurance Company

1817 W. Broadway, Columbia, MO 65203

Group Number 123

SERFF Tracking Number: SHLI-126056183 State: Arkansas
 Filing Company: Shelter Life Insurance Company State Tracking Number: 41694
 Company Tracking Number: 03L10109
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Individual Life Conversion Application
 Project Name/Number: Conv App/10109

NAIC Number 65757
 Filing Number 03L10109

Contact Person: Berdetta Moore
 Toll Free Number 800-shelter

Company and Contact

Filing Contact Information

Berdetta Moore, Actuarial Administrative Assistant blmoore@shelterinsurance.com
 1817 W. Broadway 573-214-4832 [Phone]
 Columbia, MO 65203 573-214-6942 [FAX]

Filing Company Information

Shelter Life Insurance Company CoCode: 65757 State of Domicile: Missouri
 1817 W. Broadway Street Group Code: 123 Company Type: Life and Health
 Columbia, MO 65203 Group Name: State ID Number:
 (800) 743-5837 ext. [Phone] FEIN Number: 43-0740882

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Life Insurance Company	\$0.00	03/02/2009	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
1565060	\$50.00	02/23/2009

SERFF Tracking Number: SHLI-126056183 State: Arkansas
 Filing Company: Shelter Life Insurance Company State Tracking Number: 41694
 Company Tracking Number: 03LI0109
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Individual Life Conversion Application
 Project Name/Number: Conv App/10109

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/19/2009	03/19/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	03/09/2009	03/09/2009	Berdetta Moore	03/19/2009	03/19/2009

SERFF Tracking Number: *SHLI-126056183* *State:* *Arkansas*
Filing Company: *Shelter Life Insurance Company* *State Tracking Number:* *41694*
Company Tracking Number: *03LI0109*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Individual Life Conversion Application*
Project Name/Number: *Conv App/10109*

Disposition

Disposition Date: 03/19/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SHLI-126056183 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Form (<i>revised</i>)	Individual Life Conversion Application		Yes
Form	Individual Life Conversion Application	Replaced	Yes

SERFF Tracking Number: SHLI-126056183 State: Arkansas
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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Life Conversion Application
Project Name/Number: Conv App/10109

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/09/2009

Submitted Date 03/09/2009

Respond By Date

Dear Berdetta Moore,

This will acknowledge receipt of the captioned filing.

Objection 1

- Individual Life Conversion Application, L-507.7 (Form)

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: SHLI-126056183 State: Arkansas
 Filing Company: Shelter Life Insurance Company State Tracking Number: 41694
 Company Tracking Number: 03LI0109
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Individual Life Conversion Application
 Project Name/Number: Conv App/10109

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 03/19/2009
 Submitted Date 03/19/2009

Dear Linda Bird,

Comments:

See attached.

Response 1

Comments: Please replace Form L-507.7 with the L-507.8 in response to your request. The revised form is in the Form Schedule tab. We have also attached it to this note.

Related Objection 1

Applies To:

- Individual Life Conversion Application, L-507.7 (Form)

Comment:

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Individual Life Conversion Application	L-507.8		Application/Enrollment Form	Initial		49.500	L-507.8.pdf
Previous Version							
Individual Life Conversion Application	L-507.7		Application/Enrollment Form	Initial		49.500	L-507.7.pdf

SERFF Tracking Number: *SHLI-126056183* *State:* *Arkansas*
Filing Company: *Shelter Life Insurance Company* *State Tracking Number:* *41694*
Company Tracking Number: *03LI0109*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Individual Life Conversion Application*
Project Name/Number: *Conv App/10109*

No Rate/Rule Schedule items changed.

Thank you.

Sincerely,
Berdetta Moore, Dina Krofta

SERFF Tracking Number: SHLI-126056183 State: Arkansas
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 Company Tracking Number: 03LI0109
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Individual Life Conversion Application
 Project Name/Number: Conv App/10109

Form Schedule

Lead Form Number: L-507.7

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-507.8	Application/Individual Life Enrollment Conversion Form Application	Initial		49.500	L-507.8.pdf



C O N T R A C T

Converting
Term/Rider Policy # _____
Agent Name _____
Agent # _____
Applicant's Family # _____



SHELTER LIFE INSURANCE COMPANY
1817 WEST BROADWAY, COLUMBIA, MISSOURI 65218-0001

INDIVIDUAL LIFE CONVERSION APPLICATION

INSURED

1. Insured	(Last)	(First)	(MI)	(Suffix)	Birthdate	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Address	(Street)	(City)	(County)	(State)	(Zip)	Home Phone	

BENEFICIARY

3. Beneficiary - Must be completed even if same as prior policy. (List name, relationship, age and settlement option.)

Primary _____

Contingent _____

CONVERSION

4. Policy No. Being Converted L- _____ (Please return policy only if the entire policy is being converted.) Face Amount \$ _____

Conversion of: Guaranteed Insurability Rider Child Rider Spouse Rider
 Term Policy or Rider _____

5. If the Full Face Amount of the Prior Policy is not being converted, what should be done with the balance?

UNIVERSAL

6. Specified Amount - New Policy \$ _____ Target Prem \$ _____ Planned Prem (If more than Target) \$ _____

7. Specified Amount - Increase \$ _____ to UL Policy # _____ Planned Prem after Increase \$ _____

8. Rate Class: STD NT Option A (Level) Option B (Increasing) WMD* Yes No AD* Yes No

TRADITIONAL

9. Whole Life Secure Whole Life Face Amount Converted \$ _____
 20 Pay Whole Life _____ Mode Premium \$ _____

10. Rate Class: STD NT

11. Dividend Options: (WL & WL 20 Pay Only) Pd. Up. Adds Accum. at Interest Cash Reduce Premium (N/A on Special Monthly)

12. Automatic Premium Loan Yes No WP* Yes No AD* Yes No

13. Paid Up Additional Insurance Rider Premium Amount** (WL and 20 Pay WL) \$ _____

PREMIUM

14. Annual Semi-Annual Quarterly Payroll Deduction
 PAC - Withdrawal Day of Month _____ Send Form & Voided Check Government Allotment
 Special Billing - Name & Address of Company _____
 Prem included with application \$ _____ COD Paid Up Additional Insurance Rider Prem Collected \$ _____

UNDERWRITING

NOTES: * If the Insured wants Accidental Death, Waiver of Premium and/or WMD benefits and they are not included in the Policy or Rider converted, an application must be completed to provide evidence of insurability.
** Based on the face amount of the PUA Rider, Home Office will determine if an application is needed to provide evidence of insurability.

15. Has Insured used tobacco in any form in the last 12 months?

16. Is the insured now disabled? _____ If Yes, describe the disability. Give name and address of attending physician. Have the insured SIGN THE ATTACHED HIPAA AUTHORIZATION and deliver the MIB PRE-NOTICE.

The statements and answers given above are true and complete to the best of my knowledge and belief. I agree that these statements and answers will form the basis of any insurance issued on this application.

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 Insured _____ Soc. Sec. No. _____ Signature of Joint Insured When Joint Policy Converted _____

Signature of Owner(s) (if different from insured) and Soc. Sec. Nos. _____ Date _____

Signature of Agent _____ Agent No. _____

**Authorization for Use or Disclosure
Of Protected Health Information**

1. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB Group, Inc. or other organization, institution, or person, that has any records or knowledge of me or my health, to give to the Shelter Life Insurance Company, its Medical Director, its reinsurers, and Shelter Mutual Insurance Company, any and all such health information. I further authorize Shelter Life Insurance Company, and its reinsurers, to disclose such protected health information to MIB Group, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.
2. I understand that this protected health information will be used to locate or underwrite insurance for me, or to determine whether a valid claim for benefits has been made. The information may also be disclosed by Shelter Life Insurance Company to MIB, who, upon request, may disclose such information about me in its file to another member company with whom I apply for life or health insurance or to whom a claim for benefits may be submitted.
3. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.
4. I understand that the information in my health record may include information that may be considered a communicable or venereal disease that may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea, and acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. This authorization is valid for 12 months from the date of signing. I understand that I may revoke this authorization at any time by sending written notification to Shelter Life Insurance Company, 1817 West Broadway, Columbia, MO 65218-0001, except to the extent that action has been taken in reliance on this authorization. A photographic copy of this authorization will be treated in the same manner as the original.

Print Name and Date of Birth of Proposed Insured

Signature of Proposed Insured or Parent if Proposed Insured is a Juvenile

Date

Print Name and Date of Birth of Spouse, If Applying

Signature of Spouse, If Applying

Date

A copy of this signed form will be provided to the individual upon request.

THIS AUTHORIZATION MEETS THE REQUIREMENTS SET FORTH IN THE HIPAA PRIVACY RULE (45 CFR 164.508).

Detach and leave with Proposed Insured
when application is written.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Shelter Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to **the MIB, Inc., formerly known as Medical Information Bureau**, 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 about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the 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. The address of MIB's information office is **50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734**.

Shelter Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. **Information for consumers about MIB may be obtained on its website at www.mib.com.**

SERFF Tracking Number: SHLI-126056183 State: Arkansas
Filing Company: Shelter Life Insurance Company State Tracking Number: 41694
Company Tracking Number: 03LI0109
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Life Conversion Application
Project Name/Number: Conv App/10109

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

CERTIFICATION-FLESCH-ARK.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: This filing is for the application.

Comments:



**SHELTER
INSURANCE
COMPANIES**

SHELTER MUTUAL
SHELTER GENERAL
SHELTER LIFE

CERTIFICATION

This is to certify that the following forms have achieved the indicated Flesch Reading Ease Scores and comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form No.</u>	<u>Name</u>	<u>Score</u>
L-507.7	Individual Life Conversion Application Combined with Whole Life Policy	49.5
L-507.7	Individual Life Conversion Application Without Whole Life Policy	26.7

Signed _____
Dina Krofta, FSA, MAAA
Senior Life Actuary
Shelter Life Insurance Company

SERFF Tracking Number: SHLI-126056183 State: Arkansas
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 Product Name: Individual Life Conversion Application
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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/02/2009	Form	Individual Life Conversion Application	03/19/2009	L-507.7.pdf (Superceded)



C O N T R A C T



SHELTER LIFE INSURANCE COMPANY

1817 WEST BROADWAY, COLUMBIA, MISSOURI 65218-0001

INDIVIDUAL LIFE CONVERSION APPLICATION

Converting
 Term/Rider Policy # _____
 Agent Name _____
 Agent # _____
 Applicant's Family # _____

INSURED

1. Insured	(Last)	(First)	(MI)	(Suffix)	Birthdate	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Address	(Street)	(City)	(County)	(State)	(Zip)	Home Phone	

BENEFICIARY

3. Beneficiary - Must be completed even if same as prior policy. (List name, relationship, age and settlement option.)

Primary _____
 Contingent _____

CONVERSION

4. Policy No. Being Converted L- _____ (Please return policy only if the entire policy is being converted.) Face Amount \$ _____

Conversion of: Guaranteed Insurability Rider Child Rider Spouse Rider
 Term Policy or Rider _____

5. If the Full Face Amount of the Prior Policy is not being converted, what should be done with the balance?

UNIVERSAL

6. Specified Amount - New Policy \$ _____ Target Prem \$ _____ Planned Prem (if more than Target) \$ _____

7. Specified Amount - Increase \$ _____ to UL Policy # _____ Planned Prem after Increase \$ _____

8. Rate Class: STD NT Option A (Level) Option B (Increasing) WMD* Yes No AD* Yes No

TRADITIONAL

9. Whole Life Secure Whole Life Face Amount Converted \$ _____
 20 Pay Whole Life _____ Mode Premium \$ _____

10. Rate Class: STD NT

11. Dividend Options: (WL & WL 20 Pay Only) Pd. Up. Adds Accum. at Interest Cash Reduce Premium (N/A on Special Monthly)

12. Automatic Premium Loan Yes No WP* Yes No AD* Yes No

13. Paid Up Additional Insurance Rider Premium Amount** (WL and 20 Pay WL) \$ _____

PREMIUM

14. Annual Semi-Annual Quarterly Payroll Deduction
 PAC - Withdrawal Day of Month _____ Send Form & Voided Check Government Allotment
 Special Billing - Name & Address of Company _____
 Prem included with application \$ _____ COD Paid Up Additional Insurance Rider Prem Collected \$ _____

UNDERWRITING

NOTES: * If the Insured wants Accidental Death, Waiver of Premium and/or WMD benefits and they are not included in the Policy or Rider converted, an application must be completed to provide evidence of insurability.
 ** Based on the face amount of the PUA Rider, Home Office will determine if an application is needed to provide evidence of insurability.

15. Has Insured used tobacco in any form in the last 12 months?

16. Is the insured now disabled? _____ If Yes, describe the disability. Give name and address of attending physician. Have the insured SIGN THE ATTACHED HIPAA AUTHORIZATION and deliver the MIB PRE-NOTICE.

The statements and answers given above are true and complete to the best of my knowledge and belief. I agree that these statements and answers will form the basis of any insurance issued on this application.

Signature of Insured _____ Soc. Sec. No. _____ Signature of Joint Insured When Joint Policy Converted _____

Signature of Owner(s) (if different from insured) and Soc. Sec. Nos. _____ Date _____

Signature of Agent _____ Agent No. _____

**Authorization for Use or Disclosure
Of Protected Health Information**

1. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB Group, Inc. or other organization, institution, or person, that has any records or knowledge of me or my health, to give to the Shelter Life Insurance Company, its Medical Director, its reinsurers, and Shelter Mutual Insurance Company, any and all such health information. I further authorize Shelter Life Insurance Company, and its reinsurers, to disclose such protected health information to MIB Group, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.
2. I understand that this protected health information will be used to locate or underwrite insurance for me, or to determine whether a valid claim for benefits has been made. The information may also be disclosed by Shelter Life Insurance Company to MIB, who, upon request, may disclose such information about me in its file to another member company with whom I apply for life or health insurance or to whom a claim for benefits may be submitted.
3. I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.
4. I understand that the information in my health record may include information that may be considered a communicable or venereal disease that may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea, and acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
5. This authorization is valid for 12 months from the date of signing. I understand that I may revoke this authorization at any time by sending written notification to Shelter Life Insurance Company, 1817 West Broadway, Columbia, MO 65218-0001, except to the extent that action has been taken in reliance on this authorization. A photographic copy of this authorization will be treated in the same manner as the original.

Print Name and Date of Birth of Proposed Insured

Signature of Proposed Insured or Parent if Proposed Insured is a Juvenile

Date

Print Name and Date of Birth of Spouse, If Applying

Signature of Spouse, If Applying

Date

A copy of this signed form will be provided to the individual upon request.

THIS AUTHORIZATION MEETS THE REQUIREMENTS SET FORTH IN THE HIPAA PRIVACY RULE (45 CFR 164.508).

Detach and leave with Proposed Insured
when application is written.

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Information regarding your insurability will be treated as confidential. Shelter Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to **the MIB, Inc., formerly known as Medical Information Bureau**, 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 about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the 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. The address of MIB's information office is **50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734**.

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