

SERFF Tracking Number: UNLI-126058634 State: Arkansas
Filing Company: Unified Life Insurance Company State Tracking Number: 41722
Company Tracking Number: 1027
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Reinstatement Application
Project Name/Number: Reinstatement Application/1027

Filing at a Glance

Company: Unified Life Insurance Company

Product Name: Reinstatement Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: UNLI-126058634

SERFF Status: Closed-Approved-
Closed

Co Tr Num: 1027

Author:

Date Submitted: 03/03/2009

State: Arkansas

State Tr Num: 41722

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 03/05/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Reinstatement Application

Project Number: 1027

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/05/2009

Status of Filing in Domicile:

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: 03/05/2009

Created By: Robin Atchity

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Robin Atchity

Filing Description:

The Reinstatement Application will be used to reinstate individual life and health policies.

Company and Contact

Filing Contact Information

Robin Atchity, Compliance Analyst

7201 West 129th Street

Suite 300

Overland Park, KS 66213

ratchity@unifiedlife.com

913-871-7263 [Phone]

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Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unified Life Insurance Company	\$100.00	03/03/2009	26093691

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/05/2009	03/05/2009

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Disposition

Disposition Date: 03/05/2009

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
Form	Reinstatement Application		Yes

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Form Schedule

Lead Form Number: ULIC-REIN-1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ULIC-REIN-1	Application/ Reinstatement Enrollment Application Form	Initial			ULIC-REIN-1-AR.pdf

UNIFIED LIFE INSURANCE COMPANY
[P.O. BOX 25326, OVERLAND PARK, KS 66213-5326]

REINSTATEMENT APPLICATION

SECTION I. POLICY IDENTIFICATION			
Policy Number	Owner Name	Social Security Number	
Owner Address			
Insured Name (Primary Insured)		Height	Weight
Insured's Daytime Phone	Insured's Evening Phone	Insured's Job Title and Duties	

SECTION II. APPLICATION QUESTIONS		
<p>The representations made below apply to EACH PERSON who would be insured under the policy, if reinstated. These individuals include the Insured, any person other than the Insured on whose death the premiums would be waived, the Insured's spouse or children, and any other individuals covered by the stated policy.</p>		
<p>1. Since the date of the application of the lapsed policy, has any person insured:</p>	Yes	No
<p>a. Been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any disorder or disease of the brain or nervous system; disorder or disease of the heart, blood vessels or circulatory system; disorder or disease of the respiratory system; disorder or disease of the stomach, liver, intestines, rectum, pancreas or abdominal organs; disorder or disease of the genito-urinary organs; disorder or disease of the skeletal system; disorder or disease of eyes, ears, nose or throat; disorder or disease of the blood, skin, thyroid, lymph or other glands; psychiatric or mental health disorder or disease; gynecological disorders or diseases; cancer, tumor, cyst or nodule; sexually transmitted disorders or diseases; or any disorders or diseases of the immune system except those related to the Human Immunodeficiency Virus (AIDS virus)?</p>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had a life or health insurance application rated, modified, or declined?	<input type="checkbox"/>	<input type="checkbox"/>
c. Used any illegal, restricted, or controlled substance, except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
d. Received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
e. Had a driver's license suspended or revoked; plead guilty to or been convicted of driving while impaired, intoxicated or under the influence of any drug?	<input type="checkbox"/>	<input type="checkbox"/>
f. Flown, or intend to fly within the next two years, other than as a fare paying passenger on a scheduled airline?	<input type="checkbox"/>	<input type="checkbox"/>
g. Engaged, or intend to engage within the next two years, in certain activities such as motor sports events or racing (auto, truck, cycle, boat, etc.); rock or mountain climbing; skin or scuba diving; aeronautics (hang-gliding, sky diving, cliff diving, parachuting, ultra-light, soaring, ballooning, bungee jumping, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
h. Plead guilty to or been convicted of a felony or misdemeanor or currently have such charge pending?	<input type="checkbox"/>	<input type="checkbox"/>
i. Had an immediate family member die as a result of, or been diagnosed with, cancer, kidney or heart disease, diabetes or high blood pressure prior to age 60?	<input type="checkbox"/>	<input type="checkbox"/>
j. Used tobacco in any form? If yes, indicate month and year last used?	<input type="checkbox"/>	<input type="checkbox"/>
k. Been diagnosed by a member of the medical profession or tested positive for the Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the last 5 years, or since the date of the application of the lapsed policy if more recent, has any person insured:		
a. Been treated, examined or advised by a member of the medical profession?	<input type="checkbox"/>	<input type="checkbox"/>
b. Been advised by a member of the medical profession to get specified medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those test related to the Human Immunodeficiency Virus (AIDS virus)?	<input type="checkbox"/>	<input type="checkbox"/>
c. Been an inpatient or outpatient in a hospital, clinic or medical facility or any similar entity?	<input type="checkbox"/>	<input type="checkbox"/>
d. Plead guilty to or been convicted of any moving violation or been involved in an accident for which at fault?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is any person insured currently taking prescribed medication? Please list disorder or disease, name of medication and dosage.	<input type="checkbox"/>	<input type="checkbox"/>

Provide full details of all "yes" answers. *Attach additional sheets as necessary.*

Question Number and Insured Person	Condition	Date Occurred	Recovery Complete?	Physician Name and Address and/or Hospital Name and Address

SECTION III. AGREEMENT & AUTHORIZATION

All statements above are true and complete to the best of my knowledge and belief. These statements are considered representations and not warranties. The policy shall not be reinstated until Unified Life Insurance Company has received all premiums due and approved this application during the lifetime of all persons who would be insured under the policy if reinstated. It is further agreed that reinstatement of the policy, if granted by Unified Life Insurance Company, shall be contestable for fraud or misrepresentation of any material facts stated in, or in connection with, this application for two years after the reinstatement approval date. This application shall form a part of the reinstated policy.

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.

I hereby authorize any physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me/us or my/our health to give such information to the Unified Life Insurance Company and its reinsurers. A photographic copy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from the date listed below. I can revoke this authorization at any time by sending written notice to Unified Life Insurance Company, [P.O. Box 25326, Overland Park, Kansas 66213-5326].

Signature of Owner

Date

Signature of Insured or Parent/Guardian of Minor Child (if other than Owner)

Date

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Generic Readability Certification.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: Reinstatement Application filing.

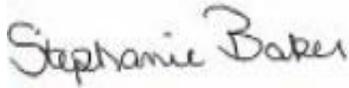
Comments:

READABILITY CERTIFICATION

Company Name: Unified Life Insurance Company

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test. Defined words have been excepted text.

Form Number	Score
ULIC-REIN-1	50.0



Stephanie Baker
Vice President, Health Insurance and Compliance

March 3, 2009
Date
