

SERFF Tracking Number: OXFR-126102702 State: Arkansas  
Filing Company: Oxford Life Insurance Company State Tracking Number: 42055  
Company Tracking Number: DA511AR  
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.002 Flexible Premium  
Variable  
Product Name: Deferred Annuity Application  
Project Name/Number: Deferred Annuity Application/

## Filing at a Glance

Company: Oxford Life Insurance Company

Product Name: Deferred Annuity Application

TOI: A02I Individual Annuities- Deferred Non-  
Variable

Sub-TOI: A02I.002 Flexible Premium

Filing Type: Form

SERFF Tr Num: OXFR-126102702 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 42055  
Closed

Co Tr Num: DA511AR

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Lisa Kaiser

Disposition Date: 04/07/2009

Date Submitted: 04/06/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Deferred Annuity Application

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/07/2009

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: 04/07/2009

Created By: Lisa Kaiser

Deemer Date:

Submitted By: Lisa Kaiser

Corresponding Filing Tracking Number:  
DA511AR

Filing Description:

The above-referenced form is being submitted to you for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The document is the final and printed version.

Form No. DA511 Rev 3/09 is a new application and will replace from No. DA511, which was approved by your department on 9/13/2006. It will be used with the policy form FPDA700, approved by your department on 10/15/2007, also policy form FPDA500 approved by your department on 9/26/2006 and policy form FPDA600 approved by your

SERFF Tracking Number: OXFR-126102702 State: Arkansas  
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 Variable  
 Product Name: Deferred Annuity Application  
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 department on 6/26/2007.

Changes to the DA511 Rev 3/09 application from the previously approved DA511 application include:

- Placed Owner first and Annuitant second at the top of page 1.
- In the Premium section last sentence replaced agent with producer on page 1.
- Removed bracketed Oxford Series 100 in the Plan section on page 3.
- Add the word Life between the bracketed Oxford Series 200 in the Plan section on page 3.
- The withdrawal charge 7 years / 9-8-8-7-6-5-4-0 in the Plan section on page 3.
- In the Replacement section first sentence I removed Annuitant and/or on page 3.
- In the Replacement section third paragraph I removed To the best of my knowledge and belief on page 3.
- In the Replacement section under the Signature of Annuitant, I replaced with Annuitant with Owner on page 3.
- In the Replacement section removed Signature of Owner (If other than Annuitant) replaced with date on page 3.
- In the Replacement section last paragraph removed Annuitant and/or throughout the paragraph on page 3.
- In the Replacement section, removed Agent throughout signature line and replaced with Producer on page 3.

I certify that I have performed the Flesch readability test on the Application, and its score was 52.0.

## Company and Contact

### Filing Contact Information

Lisa Kaiser, lisakaiser@oxfordlife.com  
 2721 North Central Avenue 888-757-3732 [Phone] 5743 [Ext]  
 Phoenix, AZ 85004

### Filing Company Information

Oxford Life Insurance Company CoCode: 76112 State of Domicile: Arizona  
 2721 N. Central Avenue Group Code: Company Type:  
 Phoenix, AZ 85004-1172 Group Name: State ID Number:  
 (888) 757-3732 ext. [Phone] FEIN Number: 86-0216483

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## Filing Fees

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

SERFF Tracking Number: OXFR-126102702 State: Arkansas  
Filing Company: Oxford Life Insurance Company State Tracking Number: 42055  
Company Tracking Number: DA511AR  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Deferred Annuity Application  
Project Name/Number: Deferred Annuity Application/  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Oxford Life Insurance Company	\$20.00	04/06/2009	26982010

SERFF Tracking Number: OXFR-126102702 State: Arkansas  
Filing Company: Oxford Life Insurance Company State Tracking Number: 42055  
Company Tracking Number: DA511AR  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: Deferred Annuity Application  
Project Name/Number: Deferred Annuity Application/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	04/07/2009	04/07/2009

*SERFF Tracking Number:* OXFR-126102702      *State:* Arkansas  
*Filing Company:* Oxford Life Insurance Company      *State Tracking Number:* 42055  
*Company Tracking Number:* DA511AR  
*TOI:* A021 Individual Annuities- Deferred Non-      *Sub-TOI:* A021.002 Flexible Premium  
Variable  
*Product Name:* Deferred Annuity Application  
*Project Name/Number:* Deferred Annuity Application/

## **Disposition**

Disposition Date: 04/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: OXFR-126102702 State: Arkansas  
 Filing Company: Oxford Life Insurance Company State Tracking Number: 42055  
 Company Tracking Number: DA511AR  
 TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
 Variable  
 Product Name: Deferred Annuity Application  
 Project Name/Number: Deferred Annuity Application/

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Actuarial Memo		No
<b>Supporting Document</b>	Certificate of Compliance		Yes
<b>Supporting Document</b>	NAIC Transmittal		Yes
<b>Form</b>	Deferred Annuity Application		Yes





2721 North Central Avenue, Phoenix, AZ 85004-1172  
(866) 641-9999

## DEFERRED ANNUITY APPLICATION

OWNER	ANNUITANT (if other than OWNER)
Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Date of Birth _____ Age _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth _____ Age _____ Sex: M <input type="checkbox"/> F <input type="checkbox"/>
SSN/Taxpayer ID _____	SSN/Taxpayer ID _____
Telephone _____	Telephone _____

PRIMARY BENEFICIARY - If living at death of OWNER				
Name	Relationship	Date of Birth	SSN/TIN	Share %*

Special Instructions: \_\_\_\_\_  
*\*If no share % specified, payments will be made in equal shares.*

CONTINGENT BENEFICIARY - If no PRIMARY BENEFICIARY living at death of OWNER				
Name	Relationship	Date of Birth	SSN/TIN	Share %*

Special Instructions: \_\_\_\_\_  
*\*If no share % specified, payments will be made in equal shares.*

TAX STATUS
<input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Non-Qualified <input type="checkbox"/> Other _____
<i>[Other Riders or Endorsements Not Available with IRA or Roth IRA]</i>

PREMIUM
Premium submitted with Application \$ _____                Estimated Transfer \$ _____
<i>Upon written request, the Company is required to provide within a reasonable time reasonable factual information regarding the benefits and provisions of the Contract. If for any reason I am not satisfied with the Contract, I may return it to the Company or the producer within thirty (30) days from the date I received it for a full refund of Premiums paid.</i>

**FOR YOUR PROTECTION**  
**THE LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM**

**ARKANSAS, LOUISIANA, AND TEXAS**

Any person who knowingly presents a false or fraudulent claim for payment of 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.

**COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA**

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**GEORGIA, NEBRASKA, OREGON, AND WYOMING**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

**KANSAS**

Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**KENTUCKY**

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

**MARYLAND**

Any person who knowingly and willfully presents a false or fraudulent claim for payment of loss or benefit or who knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

**MINNESOTA**

Any person who knowingly or willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.

**NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy, is subject to criminal and civil penalties.

**NEW MEXICO**

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to civil fines and criminal penalties.

**OKLAHOMA**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**PENNSYLVANIA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**IN ALL OTHER STATES**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

PLAN	CONVALESCENT CARE RIDER	TERMINAL ILLNESS RIDER	WITHDRAWAL CHARGE PERIOD / PERCENT	APPLICANT INITIALS
<input type="checkbox"/> [Solution 0]	<input type="checkbox"/>	<input type="checkbox"/>	10 Years / 10-9-8-7-6-5-4-3-2-1-0	_____
<input type="checkbox"/> [Solution 1]	<input type="checkbox"/>	<input type="checkbox"/>	10 Years / 10-9-8-7-6-5-4-3-2-1-0	_____
<input type="checkbox"/> [Solution 2]	<input type="checkbox"/>	<input type="checkbox"/>	10 Years / 10-9-8-7-6-5-4-3-2-1-0	_____
<input type="checkbox"/> [Solution 3]	<input type="checkbox"/>	<input type="checkbox"/>	10 Years / 10-9-8-7-6-5-4-3-2-1-0	_____
<input type="checkbox"/> [Solution 4]	<input type="checkbox"/>	<input type="checkbox"/>	10 Years / 10-9-8-7-6-5-4-3-2-1-0	_____
<input type="checkbox"/> [Oxford Life Series 200]	<input type="checkbox"/>	<input type="checkbox"/>	7 Years / 9-8-8-7-6-5-4-0	_____
<input type="checkbox"/> [Accolade]	<input type="checkbox"/>	<input type="checkbox"/>	6 Years / 6-5-4-3-2-1-0	_____

**REPLACEMENT**

Does the Owner, have any existing life insurance or annuity coverage?  Yes  No

If "Yes", please list: (If more space is needed, include an additional page.)

Company \_\_\_\_\_ Policy/Contract No. \_\_\_\_\_ Address \_\_\_\_\_

Is this contract being purchased to replace any existing life insurance or annuity coverage?  Yes  No

If "Yes", please list: (If more space is needed, include an additional page.)

Company \_\_\_\_\_ Policy/Contract No. \_\_\_\_\_ Address \_\_\_\_\_

The statements and answers in this Application are true and complete. All answers in this Application are considered representations and not warranties. I agree they shall be the basis for any annuity issued. I certify that the social security number(s) and/or taxpayer's identification number(s) provided in this Application are correct, and that I am not subject to backup withholding.

\_\_\_\_\_  
Signature of Owner Date

Signed at \_\_\_\_\_  
City State

I certify that I have correctly recorded in this Application, the information supplied by the proposed Owner, and to the best of my knowledge and belief the proposed Owner  does  does not have any existing life insurance or annuity coverage and the annuity coverage applied for  will  will not replace any existing life insurance or annuity coverage.

\_\_\_\_\_  
Producer's Name (Please Print) Signature of Producer

Producer # \_\_\_\_\_ Signed at \_\_\_\_\_ Date \_\_\_\_\_  
City State



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Variable  
*Product Name:* Deferred Annuity Application  
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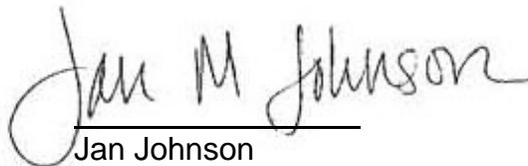
**NAIC Transmittal.pdf**

## READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms DA511 Rev 3/09, achieved a Flesch Reading Ease Score of 52 respectively and are in compliance with applicable laws and regulations of the state of Arkansas.

Oxford Life Insurance Company



Jan Johnson

Secretary

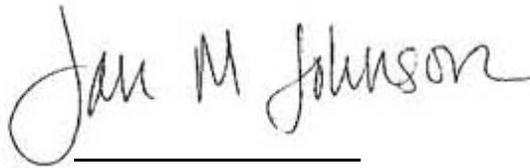
Title

April 6, 2009

Date

## CERTIFICATE OF COMPLIANCE

I, Jan Johnson, Secretary certify that the forms in this submission comply with all laws, rules, bulletins, and published guidelines applicable to this particular type of form in the State of Arkansas.

A handwritten signature in black ink that reads "Jan M Johnson". The signature is written in a cursive style with a large initial "J".

\_\_\_\_\_  
Jan Johnson  
Secretary

April 6, 2009  
\_\_\_\_\_  
Date

**Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #
	Oxford Life Insurance Company 2721 North Central Avenue Phoenix, AZ 85004-1172	AZ		0574	76112	86-0216483

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Lisa Kaiser Compliance Regulatory Analyst (same as above)	888.757.3732, ext. 670130	602.277.5901	lisakaiser@oxfordlife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6.</b>	<b>Company Tracking Number</b>	DA511AR
-----------	--------------------------------	---------

<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
-----------	--	-----------------------

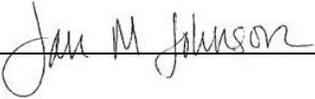
<b>8.</b>	<b>Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise  Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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<b>9.</b>	<b>Type of Insurance</b>	A02I Individual Annuities- Deferred Non-Variable
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	A02I.002 Flexible Premium
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<b>11.</b>	<b>Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other - Disclosure  <b>Rates</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other - Sample Annual Report
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<b>12.</b>	<b>Filing Submission Date</b>	<b>4/6/09</b>	
<b>13</b>	<b>Filing Fee (If required)</b>	Amount <u>20.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>EFT</u>
<b>14.</b>	<b>Date of Domiciliary Approval</b>	<b>Pending</b>	
<b>15.</b>	<b>Filing Description:</b>		
<p>The above-referenced form is being submitted to you for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The document is the final and printed version.</p> <p>Form No. DA511 Rev 3/09 is a new application and will replace from No. DA511, which was approved by your department on 9/13/2006. It will be used with the policy form FPDA700, approved by your department on 10/15/2007, also policy form FPDA500 approved by your department on 9/26/2006 and policy form FPDA600 approved by your department on 6/26/2007.</p> <p>Changes to the DA511 Rev 3/09 application from the previously approved DA511 application include:</p> <ul style="list-style-type: none"> <li>-- Placed Owner first and Annuitant second at the top of page 1.</li> <li>-- In the Premium section last sentence replaced agent with producer on page 1.</li> <li>-- Removed bracketed Oxford Series 100 in the Plan section on page 3.</li> <li>-- Add the word Life between the bracketed Oxford Series 200 in the Plan section on page 3.</li> <li>-- The withdrawal charge 7 years / 9-8-8-7-6-5-4-0 in the Plan section on page 3.</li> <li>-- In the Replacement section first sentence I removed Annuitant and/or on page 3.</li> <li>-- In the Replacement section third paragraph I removed To the best of my knowledge and belief on page 3.</li> <li>-- In the Replacement section under the Signature of Annuitant, I replaced with Annuitant with Owner on page 3.</li> <li>-- In the Replacement section removed Signature of Owner (If other than Annuitant) replaced with date on page 3.</li> <li>-- In the Replacement section last paragraph removed Annuitant and/or throughout the paragraph on page 3.</li> <li>-- In the Replacement section, removed Agent throughout signature line and replaced with Producer on page 3.</li> </ul> <p>I certify that I have performed the Flesch readability test on the Application, and its score was 52.0.</p>			

<b>16.</b>	<b>Certification (If required)</b>		
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name</p>			
<u>Jan Johnson</u>		Title: <u>Secretary</u>	
Signature <u></u>		Date: <u>04/06/2009</u>	

<b>17.</b>	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		DA511AR
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Deferred Annuity Application Application	DA511 Rev 3/09	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	DA511
02			<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1