

SERFF Tracking Number: MCHX-126142449 State: Arkansas
 Filing Company: Harleysville Life Insurance Company State Tracking Number: 42306
 Company Tracking Number: IM-022 (ED. 04-09)
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: IM-022 (Ed.04-09) Declaration of Insurability - H
 Project Name/Number: IM-022 (Ed.04-09) Declaration of Insurability - Harleysville Life Insurance Company /IM-022 (Ed.04-09) Declaration of Insurability - Harleysville Life Insurance Company

Filing at a Glance

Company: Harleysville Life Insurance Company

Product Name: IM-022 (Ed.04-09) Declaration of Insurability - H SERFF Tr Num: MCHX-126142449 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-Closed State Tr Num: 42306

Sub-TOI: L08.000 Life - Other

Co Tr Num: IM-022 (ED. 04-09)

State Status: Approved-Closed

Filing Type: Form

Author: SPI McHughConsulting

Reviewer(s): Linda Bird

Date Submitted: 05/07/2009

Disposition Date: 05/11/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 06/07/2009

Implementation Date:

State Filing Description:

General Information

Project Name: IM-022 (Ed.04-09) Declaration of Insurability - Harleysville Life Insurance Company

Status of Filing in Domicile: Pending

Project Number: IM-022 (Ed.04-09) Declaration of Insurability - Harleysville Life Insurance Company

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: 05/11/2009

Explanation for Other Group Market Type:

State Status Changed: 05/11/2009

Deemer Date:

Created By: SPI McHughConsulting

Submitted By: SPI McHughConsulting

Corresponding Filing Tracking Number:

Filing Description:

HARLEYSVILLE LIFE INSURANCE COMPANY

NAIC # 64327, FEIN # 23-1580983

Individual Life Form Filing

IM-022 (Ed. 04-09) - Declaration of Insurability

SERFF Tracking Number: MCHX-126142449 State: Arkansas
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McHugh Consulting Resources, Inc. has been requested to file the attached form on behalf of Harleysville Life Insurance Company. We respectfully attach an authorization letter for your files.

We are attaching the above-captioned form for your review and approval for Harleysville Life Insurance Company. This form is new and is not intended to replace any existing forms currently on file with your Department. Form IM-022 (Ed. 04-09) will be used when an application and/or examination is over 45 days old. It will be sent to the agent as part of the policy, requiring signatures prior to putting the policy in force.

When the circumstances warrant, this form will be used in conjunction with any life application, approved by your Department, that Harleysville is currently using or may use in the future.

This filing is being submitted concurrently to Harleysville's domicile state of Pennsylvania.

Attached are any required certifications, transmittal forms and/or filing fees.

We trust the attached is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we may provide any additional information, please do not hesitate to contact the undersigned. Thank you for your consideration in this matter.

Company and Contact

Filing Contact Information

Lauren Regnery, Compliance Assistant mcr@mchughconsulting.com
McHugh Consulting Resources 215-230-7960 [Phone]
350 South Main Street, Suite 103 215-230-7961 [FAX]
Doylestown, PA 18901

Filing Company Information

(This filing was made by a third party - McHughConsulting)

Harleysville Life Insurance Company CoCode: 64327 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type: Life
Harleysville, PA 19438 Group Name: State ID Number:
(215) 393-6118 ext. [Phone] FEIN Number: 23-1580983

Filing Fees

SERFF Tracking Number: MCHX-126142449 State: Arkansas
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Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Life Insurance Company	\$20.00	05/07/2009	27707164

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/11/2009	05/11/2009

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Disposition

Disposition Date: 05/11/2009

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	Authorization Letter		Yes
Supporting Document	Cert of Compliance with Rule 19		Yes
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	05.05.09 Submission Letter		Yes
Supporting Document	Forms Listing		Yes
Form	Application		Yes

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Form Schedule

Lead Form Number: IM-022 (Ed. 04-09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IM-022 (Ed. 04-09)	Application/ Enrollment Form	Application	Initial		48.000	IM-022 (Ed_04-09).PDF



Harleysville Life Insurance Company
 355 Maple Avenue • Harleysville, PA 19438-2297
 Tel 800.222.1981 • www.harleysvillelife.com

Declaration of Insurability

NOTICE: This form **MUST** be completed to verify health information and insurability when application and/or medical exam is older than 45 days. If any of the following questions (1-6) are answered Yes, do not collect money, do not deliver the policy: please return the policy to Harleysville Life. No coverage will be in effect.

Policy No. _____

Proposed Primary Insured			Proposed Other Insured - Spouse			Proposed Other Insured - Child		
First	Middle	Last	First	Middle	Last	First	Middle	Last

Since the latter of the date of application for life insurance or the last medical exam:

1. Has there been any change in your health?
 Primary Insured: Yes No (Other Insured) Spouse: Yes No (Other Insured): Child Yes No
2. Have you had any illness, injury, operation or treatment or have you consulted or been examined by any doctor?
 Primary Insured: Yes No (Other Insured) Spouse: Yes No (Other Insured): Child Yes No
3. Do you have any symptoms or medical concerns for which you have not consulted a doctor or any consultation, testing or investigation recommended by a doctor which has not yet been completed?
 Primary Insured: Yes No (Other Insured) Spouse: Yes No (Other Insured): Child Yes No
4. Have you made application to any other life insurance company or have you been declined, or offered life insurance coverage by any other company?
 Primary Insured: Yes No (Other Insured) Spouse: Yes No (Other Insured): Child Yes No
5. Have there been any changes in your aviation, motor vehicle or power boat, skydiving/parachuting, skin or scuba diving or any other hazardous activities? If Yes, please complete the aviation and/or avocation questionnaire(s).
 Primary Insured: Yes No (Other Insured) Spouse: Yes No (Other Insured): Child Yes No
6. Has there been any change in your tobacco or nicotine use?
 Primary Insured: Yes No (Other Insured) Spouse: Yes No (Other Insured): Child Yes No

Question #:	Give full details of any "Yes" answers:

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. **Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a 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. **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. **Ohio:** 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. **Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files and 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 or civil penalties. **Tennessee and Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

I/We have read the statements and answers on this form and they are complete and true to the best of my/our knowledge and belief. I/We hereby agree that they shall form part of the application for which this information was required by Harleysville Life.

Signed at _____ City _____ State _____ This _____ Day of _____ Year _____

X _____ Signature of Agent
 X _____ Signature of Proposed Primary Insured
 X _____ Signature of Proposed Other Insured

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter		
Comments:		
Attachment: Authorization Letter.PDF		

	Item Status:	Status Date:
Satisfied - Item: Cert of Compliance with Rule 19		
Comments:		
Attachment: Cert of Compliance with Rule 19.PDF		

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: See forms tab		

	Item Status:	Status Date:
Satisfied - Item: 05.05.09 Submission Letter		
Comments:		

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Attachment:

05_05_09 Submission Letter.PDF

Item Status:

Status

Date:

Satisfied - Item: Forms Listing

Comments:

Attachment:

Forms Listing.PDF

Harleysville Life Insurance
355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillelife.com

Tel 800.222.1981
215.513.6400
Fax 215.513.6410



January 2, 2009

NAIC Company Code: 64327

Re: See Attached Forms Listing

Please accept this letter as authorization from Harleysville Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms as well as actuarial materials as referenced on the attached form listing on behalf of Harleysville Life Insurance Company.

Sincerely,

A handwritten signature in black ink, which appears to read "Theodore A. Majewski". The signature is fluid and cursive, with a long horizontal line extending to the right.

Theodore A. Majewski
President and Chief Operating Officer
Harleysville Life Insurance Company

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Harleysville Life Insurance Company

Form Number(s): IM-022 (Ed. 04-09)-Declaration of Insurability Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Theodore A. Majewski

Name

President and Chief Operating Officer

Title

May 5, 2009

Date

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Harleysville Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
IM-022 (Ed. 04-09)	48



Signed: _____
Name: Thodore A. Majewski
Title: President and Chief Operating Officer
Date: May 5, 2009

HARLEYSVILLE LIFE INSURANCE COMPANY

Declaration of Insurability-Application

FORMS LISTING

FORM NUMBER

FORM NAME

IM-022 (Ed. 04-09)

Declaration of Insurability Application