

SERFF Tracking Number: UNNC-126145704 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 42344
Company Tracking Number: UN 2597-1
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UN 2597-1 Part II - Non-Medical Application
Project Name/Number: UN 2597-1 Part II - Non-Medical Application/UN 2597-1 Part II - Non-Medical Application

Filing at a Glance

Company: Acacia Life Insurance Company

Product Name: UN 2597-1 Part II - Non-Medical SERFF Tr Num: UNNC-126145704 State: Arkansas

Application

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed-Approved-

State Tr Num: 42344

Adjustable Life

Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: UN 2597-1

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Bobbie Cramer, Joanne

Disposition Date: 05/18/2009

Friend, Jenny Andrus

Date Submitted: 05/13/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: UN 2597-1 Part II - Non-Medical Application

Status of Filing in Domicile: Pending

Project Number: UN 2597-1 Part II - Non-Medical Application

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: 05/18/2009

Explanation for Other Group Market Type:

State Status Changed: 05/18/2009

Deemer Date:

Created By: Jenny Andrus

Submitted By: Jenny Andrus

Corresponding Filing Tracking Number:

Filing Description:

Re: The Union Central Life Insurance Company NAIC No. 80837-0943 FEIN No. 31-0472910

Acacia Life Insurance Company NAIC No. 60038-0943 FEIN No. 53-0022880

Ameritas Life Insurance Corp. NAIC No. 61301-0943 FEIN No. 47-0098400

Submission Form Identification: UN 2597-1

Designation of form as Individual or Group Market: Individual

<i>SERFF Tracking Number:</i>	<i>UNNC-126145704</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acacia Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42344</i>
<i>Company Tracking Number:</i>	<i>UN 2597-1</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>UN 2597-1 Part II - Non-Medical Application</i>		
<i>Project Name/Number:</i>	<i>UN 2597-1 Part II - Non-Medical Application/UN 2597-1 Part II - Non-Medical Application</i>		

Enclosed for your review and approval is the enclosed Part II Non-Medical Application. This form replaces UN 2597 which was previously approved by your state between June 26, 2008 and January 8, 2009. We are adding "(Client Service Department)" under the Union Central address and revising the Witness signature line so that it is signed by an Agent, instead of an Examiner. We had inadvertently matched that line with our Medical form. Since this is a Non-Medical form, there will not be an Examiner involved. Please be assured that in all other aspects, this form is identical to the UN 2597 previously approved by your state.

This Supplemental Application 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 product lines, and with Union Central Life's individual disability income portfolio to ask the client about their medical history.

The client will be asked to check a box on the first page of each form to indicate the Company for which they are completing the form. It will always be used in conjunction with our previously approved base application, UN 2550 PI-A, et al.

The flesch readability score for this form is 84 excluding medical terminology.

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

Filing Company Information

Acacia Life Insurance Company	CoCode: 60038	State of Domicile: District of Columbia
7315 Wisconsin Avenue	Group Code: 943	Company Type: Stock
Bethesda, MD 20814	Group Name:	State ID Number:
(800) 825-1551 ext. [Phone]	FEIN Number: 53-0022880	

Filing Fees

SERFF Tracking Number: UNNC-126145704 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 #
Acacia Life Insurance Company	\$20.00	05/13/2009	27855498

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/18/2009	05/18/2009

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Disposition

Disposition Date: 05/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNNC-126145704 *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	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Part II Non Medical Application		Yes

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Form Schedule

Lead Form Number: UN 2597-1

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UN 2597-1	Application/Part II Non Medical Enrollment Form	Application	Initial		84.000	UN 2597-1.pdf

CHECK ALL COMPANIES THAT APPLY:

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218
(Client Service Department)

Proposed Insured: First Name Middle Name Last Name Birth Date: Month Day Year

Health Questions. Please complete Details for "Yes" answers.

- 1. a. Height: b. Weight:
c. Have you lost 10 lbs. or more in the past 12 months?
d. Have you gained 10 lbs. or more in the past 12 months?
2. Have you ever been medically treated for or had any known indication of:
a. Disorder of eyes, ears, nose, or throat?
b. Dizziness, vertigo, fainting, seizures, recurrent headache; speech defect, paralysis, or stroke?
c. Shortness of breath, bronchitis, pleurisy, asthma, emphysema, tuberculosis or chronic respiratory disorder?
d. Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels?
e. Jaundice, intestinal bleeding; ulcer, hernia, colitis, hepatitis, diverticulitis, recurrent indigestion or other disorder of the stomach, intestines, liver or gallbladder?
f. Sugar, albumin, blood or pus in urine; sexually transmitted disease; stone or other disorder of kidney or bladder?
g. Diabetes, thyroid, or other endocrine disorders?
h. Disorder of breasts, reproductive organs, or prostate?
i. Neuritis, arthritis, rheumatism, gout, or disorder of or injury to the bones, muscles, nerves, knees, wrists or other joints?
j. Disorder of skin, lymph glands, cyst, tumor or cancer?
k. Allergies, anemia or other disorder of the blood?
l. Spinal, neck or back disorder or injury, including sprains, strains, or disc disorder?
m. Anxiety, depression, stress or other mental, nervous, psychiatric or emotional disorder?
n. Chronic fatigue, fibromyalgia, or Epstein-Barr virus?
o. C-section, miscarriage, or complication of pregnancy?
p. Any mental or physical disorder not listed above?
3. Have you ever consulted a chiropractor?
4. Are you currently pregnant?
5. Other than noted above, have you within the past five years:
a. Had a checkup, consultation, illness, injury, or surgery; been a patient in a hospital, clinic, sanatorium, or other medical facility; had an electrocardiogram, X-ray, or other diagnostic test?
b. Been advised by a licensed medical professional to have any diagnostic test, hospitalization, or surgery which was not completed?
6. Within the past ten years, have you ever:
a. Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician?

- b. Sought or received medical treatment or professional advice; or been arrested for the use of alcohol, cocaine, marijuana, narcotics or any other drug?
c. Consumed alcoholic beverages? If yes, specify extent.
7. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)?
8. Have any of your immediate family members (parents, brothers and sisters), died of or been diagnosed as having; coronary artery disease, diabetes, cancer, stroke or kidney disease, prior to age 60?
Age if Living Cause of Death Age at Death
Father:
Mother:
Brothers & Sisters
9. a. Name and address of personal or attending physician:
b. Telephone:
c. Date last consulted: Reason and any medication/treatment given:
d. List any medications (prescription or nonprescription) you are taking currently:

For each "Yes" answer, give details. (Identify: question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional sheet if needed.)

I, the undersigned, declare that the answers to the foregoing questions relate to the proposed insured, are complete and true as written to the best of my knowledge and belief, are correctly recorded, are made for the purpose of obtaining the insurance and any supplemental benefit applied for and shall form a part of any contract issued by the Companies on this application and the initial application (UN 2550, et al.)

Dated at: City State Month Day Year
Signature of Proposed Insured:
Signature of Parent or Guardian:
If Proposed Insured is under age 18
Witness: (Must be Agent)

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Supporting Document Schedules

Item Status:
Status Date:

Satisfied - Item: Flesch Certification

Comments:

Compliance Certifications are attached.

Attachments:

Reg 19 CERTIFICATION_ACLIC_.pdf
 Reg 49 CERTIFICATION_ACLIC_.pdf
 UNIV READABILITY CERT.pdf

Item Status:
Status Date:

Bypassed - Item: Application

Bypass Reason: Not Applicable

Comments:

Item Status:
Status Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: Not Applicable

Comments:

Reg 19 CERTIFICATION
Arkansas

I, Robert F. Lange, an officer for Acacia Life Insurance Corp. 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

May 13, 2009
Date

Reg 49 CERTIFICATION
Arkansas

I, Robert F. Lange, an officer for Acacia Life Insurance Corp. 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

May 13, 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

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 2597-1	Part II Non-Medical Application	84



Elizabeth F. Martini
Vice President & Managing Attorney

05/13/09

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

05/13/09