

<i>SERFF Tracking Number:</i>	<i>AMLC-126192270</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42675</i>
<i>Company Tracking Number:</i>	<i>LMSNOT-1</i>		
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Disclosure Statements</i>		
<i>Project Name/Number:</i>	<i>Disclosure Statements/LMSNOT-1</i>		

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Disclosure Statements

SERFF Tr Num: AMLC-126192270 State: ArkansasLH

TOI: H15I Individual Health -

SERFF Status: Closed

State Tr Num: 42675

Hospital/Surgical/Medical Expense

Sub-TOI: H15I.001 Health -

Co Tr Num: LMSNOT-1

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Diane Breeding

Disposition Date: 06/17/2009

Date Submitted: 06/16/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Disclosure Statements

Status of Filing in Domicile: Not Filed

Project Number: LMSNOT-1

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: 06/17/2009

Explanation for Other Group Market Type:

State Status Changed: 06/17/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Individual Underage Health Disclosure Statements

Company and Contact

SERFF Tracking Number: AMLC-126192270 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 42675
Company Tracking Number: LMSNOT-1
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
Hospital/Surgical/Medical Expense Expense
Product Name: Disclosure Statements
Project Name/Number: Disclosure Statements/LMSNOT-1

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/17/2009	06/17/2009

SERFF Tracking Number: AMLC-126192270 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 42675
 Company Tracking Number: LMSNOT-1
 TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
 Product Name: Disclosure Statements
 Project Name/Number: Disclosure Statements/LMSNOT-1

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	COVER LETTER	Approved-Closed	Yes
Supporting Document	FILING FEE SCHEDULE	Approved-Closed	Yes
Supporting Document	NAIC Transmittal	Approved-Closed	Yes
Form	Disclosure Statement	Approved-Closed	Yes
Form	Disclosure Statement	Approved-Closed	Yes
Form	Disclosure Statement	Approved-Closed	Yes

SERFF Tracking Number: AMLC-126192270 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 42675
 Company Tracking Number: LMSNOT-1
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: Disclosure Statements
 Project Name/Number: Disclosure Statements/LMSNOT-1

Form Schedule

Lead Form Number: LMSNOT-1

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	LMSNOT-1	Certificate Amendment, Insert Page, Endorsement or Rider	Disclosure Statement	Initial		55	LMSNOT-1.pdf
Approved-Closed	LMSNOT-2	Certificate Amendment, Insert Page, Endorsement or Rider	Disclosure Statement	Initial		54	LMSNOT-2.pdf
Approved-Closed	LMSNOT-5	Certificate Amendment, Insert Page, Endorsement or Rider	Disclosure Statement	Initial		54	LMSNOT-5.pdf

LIBERTY NATIONAL LIFE INSURANCE COMPANY
P.O. BOX 8080 * MCKINNEY, TEXAS 75070 * (972) 529-5085
Legal Reserve Stock Company

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance pays a fixed amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits because Medicare generally pays for most of the expenses for the diagnosis and treatment of the specific conditions or diagnoses named in the policy.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- hospitalization
- physician services
- hospice
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

Before You Buy This Insurance

- Check the coverage in **all** health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

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A Legal Reserve Stock Company

**IMPORTANT NOTICE TO PERSONS ON MEDICARE
THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS**

This is not Medicare Supplement Insurance

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- hospitalization
- physician services
- outpatient prescription drugs if you are enrolled in Medicare Part D
- hospice
- other approved items and services

Before You Buy This Insurance

- Check the coverage in **all** health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
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This is not Medicare Supplement Insurance

**IF YOU ARE ELIGIBLE FOR MEDICARE, REVIEW THE GUIDE TO HEALTH
INSURANCE FOR PEOPLE WITH MEDICARE, AVAILABLE FROM THE COMPANY**

This insurance pays limited reimbursement for expenses if you meet the conditions listed in the policy. It also pays a fixed amount, regardless of your expenses, if you meet other policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when:

- any expenses or services covered by the policy are also covered by Medicare; or
- it pays the fixed dollar amount stated in the policy and Medicare covers as the same event.

Medicare generally pays for most or all these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- hospitalization
- physician services
- hospice care
- outpatient prescription drugs if you are enrolled in Medicare Part D
- other approved items and services

Before You Buy This Insurance

- Check the coverage in **all** health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

SERFF Tracking Number: AMLC-126192270 State: Arkansas
 Filing Company: Liberty National Life Insurance Company State Tracking Number: 42675
 Company Tracking Number: LMSNOT-1
 TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical
 Hospital/Surgical/Medical Expense Expense
 Product Name: Disclosure Statements
 Project Name/Number: Disclosure Statements/LMSNOT-1

Supporting Document Schedules

Satisfied -Name: Flesch Certification **Review Status:** Approved-Closed 06/17/2009
Comments:
Attachment:
 AR LMSNOTS READABILITY CERTIFICATION.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 06/17/2009
Bypass Reason: Forms being submitted are disclosure statements and not a policy, therefore no application
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 06/17/2009
Bypass Reason: Disclosure Statements do not have actuarial memorandums.
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 06/17/2009
Bypass Reason: Disclosure Statements do not have an outline of coverage.
Comments:

Satisfied -Name: COVER LETTER **Review Status:** Approved-Closed 06/17/2009
Comments:
Attachment:
 AR LMSNOTS COVER LETTER.pdf

Satisfied -Name: FILING FEE SCHEDULE **Review Status:** Approved-Closed 06/17/2009
Comments:
Attachment:

SERFF Tracking Number: AMLC-126192270 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 42675
Company Tracking Number: LMSNOT-1
TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense
Product Name: Disclosure Statements
Project Name/Number: Disclosure Statements/LMSNOT-1

Satisfied -Name: NAIC Transmittal **Review Status:** Approved-Closed 06/17/2009
Comments:
Attachment:
AR LMSNOTS NAIC .pdf

CERTIFICATION

This is to certify that the attached Policy Form LMSNOT-1, ET AL

has achieved Flesch Reading Ease Score of See Below and complies with the requirements of Arkansas Stat. Ann. SS66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Michael J. Gaisbauer

Michael J. Gaisbauer, Vice President

<u>SUPPLEMENTAL FORMS</u>	<u>SCORE</u>
LMSNOT-1	54.64
LMSNOT-2	53.67
LMSNOT-5	53.7
LMSNOT-8	52.37

June 16, 2009

Hon. Julie Benafield Bowman
Commissioner of Insurance
Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

NAIC: 290-65331
FEIN: 63-0124600
RE: Disclosure Statements LMSNOT-1, LMSNOT-2, LMSNOT-5, LMSNOT-8
Readability Certification Form S1351(3) 5/82
Filing Fee Schedule (C-AR3)
NAIC Transmittal Document
Filing Fee - \$80.00

Attached for your review and approval is one (1) laser print copy each of the above mentioned disclosure statements LMSNOT-1, LMSNOT-2, LMSNOT-5, LMSNOT-8 which are being submitted for general use with our underage health portfolio.

These forms give instructions for the use of the disclosure statements for health policies sold to Medicare Supplement Beneficiaries that duplicates Medicare. State and federal law prohibits insurers from selling a Medicare Supplement policy to a person that already has a Medicare Supplement policy except as a replacement policy. All types of health insurance policies that duplicate Medicare shall include one of the attached Disclosure Statements.

The disclosure statements do not contain any unusual or unorthodox provisions or wording. The readability certification form is enclosed. The disclosure statements have been filed in states where the company is authorized to do business.

I hereby certify that I have carefully reviewed the attached disclosure statements and to the best of my knowledge and ability find:

1. The disclosure statements conform to all insurance statutes and department requirements of your jurisdiction.
2. The disclosure statements contain no provisions previously disapproved by your department.

Your early review and approval of this submission will be greatly appreciated. If you have any questions, please feel free to call (972) 569-3295 Collect, or e-mail me at dbreeding@torchmarkcorp.com.

Respectfully



Diane M. Breeding
Assistant Analyst

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME: Liberty National Life Insurance Company

COMPANY NAIC CODE: 63-0124600

COMPANY CONTACT PERSON & TELEPHONE # Diane M. Breeding - (972) 569-3295

<u>INSURANCE DEPARTMENT USE ONLY</u>		
ANALYST: _____	AMOUNT: _____	ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS. UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* _____ x \$ 50 = _____
**Retaliatory _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ x \$ 50 = _____
**Retaliatory _____

Life and/or Disability Policy, contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* 4 x \$ 20 = \$80.00
**Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ x \$ 25 = _____
**Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.

* _____ x \$400 = _____

Filing to amend Certificate of Authority.

*** _____ x \$100 = _____

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.
** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.
*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Liberty National Life Ins. Co. P.O. Box 8080 McKinney, TX 75070-8080	Nebraska	Life	290	65331	63-0124600	509

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane Breeding P.O. Box 8080 McKinney, TX 75070-8080	(972) 569-3295	(972) 569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<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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6.	Company Tracking Number	LMSNOT-1;LMSNOT-2;LMSNOT-5;LMSNOT-8
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <table style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<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: _____		
<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: _____														

9.	Type of Insurance	H15I
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10.	Product Coding Matrix Filing Code	H15I.001
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input checked="" type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <p><input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____</p> <p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input checked="" type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		<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 _____	
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<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications																				
<input type="checkbox"/> Actuarial Memorandum																					
<input type="checkbox"/> Other _____																					

12.	Filing Submission Date	June 16, 2009
13.	Filing Fee (If required)	Amount <u> \$80.00 </u> Check Date <u> </u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u> </u>
14.	Date of Domiciliary Approval	Filed this date - Pending
15.	Filing Description:	
	<p>NAIC: 290-65331 FEIN: 63-0124600 RE: Disclosure Statements LMSNOT-1, LMSNOT-2, LMSNOT-5, LMSNOT-8 Readability Certification Form S1351(3) 5/82 Filing Fee Schedule (C-AR3) NAIC Transmittal Document Filing Fee - \$80.00</p> <p>Attached for your review and approval is one (1) laser print copy each of the above mentioned disclosure statements LMSNOT-1, LMSNOT-2, LMSNOT-5, LMSNOT-8 which are being submitted for general use with our underage health portfolio.</p> <p>These forms give instructions for the use of the disclosure statements for health policies sold to Medicare Supplement Beneficiaries that duplicates Medicare. State and federal law prohibits insurers from selling a Medicare Supplement policy to a person that already has a Medicare Supplement policy except as a replacement policy. All types of health insurance policies that duplicate Medicare shall include one of the attached Disclosure Statements.</p> <p>The disclosure statements do not contain any unusual or unorthodox provisions or wording. The readability certification form is enclosed. The disclosure statements have been filed in states where the company is authorized to do business.</p> <p>I hereby certify that I have carefully reviewed the attached disclosure statements and to the best of my knowledge and ability find:</p> <ol style="list-style-type: none"> 1. The disclosure statements conform to all insurance statutes and department requirements of your jurisdiction. 2. The disclosure statements contain no provisions previously disapproved by your department. <p>Your early review and approval of this submission will be greatly appreciated. If you have any questions, please feel free to call (972) 569-3295 Collect, or e-mail me at dbreeding@torchmarkcorp.com.</p> <p>Respectfully  Diane M. Breeding Assistant Analyst</p>	

16.	Certification (If required)
<p>I HEREBY CERTIFY 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 <u> Diane M. Breeding </u> Title <u> Assistant Analyst </u></p> <p>Signature <u>  </u> Date: <u> June 16, 2009 </u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		LMSNOT-1;LMSNOT-2;LMSNOT-5;LMSNOT-8
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Disclosure Statement	LMSNOT-1	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Individual Underage Health			
02	Disclosure Statement	LMSNOT-2	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Individual Underage Health			
03	Disclosure Statement	LMSNOT-5	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Individual Underage Health			
04	Disclosure Statement	LMSNOT-8	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Individual Underage Health			
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