

SERFF Tracking Number: BALT-126177066 State: Arkansas  
 Filing Company: The Baltimore Life Insurance Company State Tracking Number: 42577  
 Company Tracking Number: 7959  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
 Product Name: LIMITED BENEFIT WHOLE LIFE INSURANCE POLICY  
 Project Name/Number: LIMITED BENEFIT WHOLE LIFE INSURANCE POLICY/7959

## Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: LIMITED BENEFIT WHOLE LIFE INSURANCE POLICY SERFF Tr Num: BALT-126177066 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 42577

Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design Co Tr Num: 7959 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird  
 Author: Lesia Williams Disposition Date: 06/11/2009  
 Date Submitted: 06/04/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:

Implementation Date:

## General Information

Project Name: LIMITED BENEFIT WHOLE LIFE INSURANCE POLICY Status of Filing in Domicile:  
 Project Number: 7959 Date Approved in Domicile: 05/25/2006  
 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: 06/11/2009 Explanation for Other Group Market Type:  
 State Status Changed: 06/11/2009  
 Deemer Date: Created By: Lesia Williams  
 Submitted By: Lesia Williams Corresponding Filing Tracking Number: 7959

Filing Description:

Attached for your review and formal approval is form 7959(AR). This is a new form and does not supersede any previously approved form.

Form 7959(AR) is a whole life policy providing limited benefits. A limited death benefit is payable in the first two policy years. In the third policy year and beyond, the ultimate face amount will be paid. Premiums are payable for life.

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The application to be used with this policy is Form 7430(AR), which was approved by your on July 8, 2002.

## Company and Contact

### Filing Contact Information

Lesia Williams, Director Policy Forms Compliance  
 10075 Red Run Boulevard Owings Mills, MD 21117-4871  
 lesia.williams@baltlife.com  
 800-628-5433 [Phone]  
 410-581-6605 [FAX]

### Filing Company Information

The Baltimore Life Insurance Company  
 10075 Red Run Boulevard Owings Mills, MD 21117  
 (410) 581-6600 ext. 3050[Phone]  
 CoCode: 61212  
 Group Code: 849  
 Group Name:  
 FEIN Number: 52-0236900  
 State of Domicile: Maryland  
 Company Type:  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$125.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$125.00	06/04/2009	28350091

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/11/2009	06/11/2009

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## Disposition

Disposition Date: 06/11/2009

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	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	LIMITED BENEFIT WHOLE LIFE INSURANCE POLICY		Yes

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## Form Schedule

**Lead Form Number: 7959**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7959(AR)	Policy/Contract/Fraternal Certificate	LIMITED BENEFIT WHOLE LIFE INSURANCE POLICY	Initial		54.300	7959-ar.pdf



The Baltimore Life  
COMPANIES

## Limited Benefit Whole Life Insurance Policy

This policy insures the life of the Insured. It also gives important benefits to **you**, the policy Owner. The Baltimore Life Insurance Company (**we**) will pay the death benefit to the Beneficiary when we receive proof of the Insured's death.

This policy is a legal contract between you and us. **Please read it carefully.**

**TAKE A 30 DAY FREE LOOK. YOU CAN RETURN THIS POLICY TO THE AGENT WHO SOLD IT TO YOU OR TO OUR HOME OFFICE WITHIN 30 DAYS AFTER YOU RECEIVE IT. IF YOU DO, WE'LL REFUND ANY PREMIUM PAID. THE POLICY WILL THEN BE TREATED AS IF IT WERE NEVER ISSUED.**

This is a Whole Life Insurance Policy providing a limited benefit in the first two policy years with the Ultimate Face Amount payable to the Beneficiary in the third policy year and beyond.

A limited death benefit is payable at the Insured's death in the first two policy years. If the Insured dies in the third policy year or beyond, the Ultimate Face Amount will be paid. Premiums are payable for the period shown on the Policy Data Page. This policy is nonparticipating and is not eligible to receive dividends.

*David F. [Signature]*  
President  
**SPECIMEN**  
*[Signature]*  
Secretary

In the event you have questions, need information concerning this coverage or if you need assistance in resolving complaints, please contact us at:

**The Baltimore Life Insurance Company**  
**10075 Red Run Boulevard**  
**Owings Mills, Maryland 21117-4871**  
**1-800-628-5433**  
**A STOCK COMPANY**  
**[www.baltlife.com](http://www.baltlife.com)**

**LIMITED LIFE INSURANCE BENEFIT  
FOR THE FIRST 2 YEARS  
THIS IS A LIMITED POLICY  
PLEASE READ IT CAREFULLY**

## Policy Guide

<b>Major Section</b>	<b>Page</b>
Policy Data and Values .....	1
Basic Policy Facts .....	2
Beneficiary & Owner .....	3
Settlement at Death of the Insured .....	3
Premium Payments .....	4
Cash Value Benefits For You .....	5
Other Important Terms .....	7
Endorsements/Riders	
Copy of Application(s)	



INSURED  
POLICY NUMBER

LORD BALTIMORE  
123456

\$5,000

ULTIMATE FACE AMOUNT

TABLE OF GUARANTEED CASH VALUE BENEFITS

<u>END OF POLICY YEAR</u>	<u>AGE</u>	<u>DATE</u>	<u>CASH VALUE*</u>	<u>REDUCED PAID UP INSURANCE*</u>
1	41	06/01/10	0.00	0.00
2	42	06/01/11	5.00	25.00
3	43	06/01/12	55.00	262.00
4	44	06/01/13	110.00	503.00
5	45	06/01/14	165.00	725.00
6	46	06/01/15	225.00	950.00
7	47	06/01/16	285.00	1,156.00
8	48	06/01/17	345.00	1,345.00
9	49	06/01/18	410.00	1,537.00
10	50	06/01/19	480.00	1,730.00
11	51	06/01/20	550.00	1,906.00
12	52	06/01/21	620.00	2,066.00
13	53	06/01/22	695.00	2,229.00
14	54	06/01/23	770.00	2,377.00
15	55	06/01/24	845.00	2,513.00
16	56	06/01/25	925.00	2,652.00
17	57	06/01/26	1,005.00	2,779.00
18	58	06/01/27	1,085.00	2,895.00
19	59	06/01/28	1,170.00	3,014.00
20	60	06/01/29	1,260.00	3,135.00
21	61	06/01/30	1,345.00	3,233.00
22	62	06/01/31	1,435.00	3,336.00
23	63	06/01/32	1,525.00	3,431.00
24	64	06/01/33	1,615.00	3,519.00
25	65	06/01/34	1,705.00	3,602.00
26	66	06/01/35	1,795.00	3,678.00
27	67	06/01/36	1,890.00	3,758.00
28	68	06/01/37	1,985.00	3,833.00
29	69	06/01/38	2,080.00	3,901.00
30	70	06/01/39	2,175.00	3,964.00

AMOUNTS CHANGE PROPORTIONATELY DURING POLICY YEARS.

\*THESE NUMBERS WILL CHANGE IF THERE ARE ANY LOANS. THE AMOUNT OF ANY LEVEL REDUCED PAID-UP INSURANCE WILL BE DETERMINED BY APPLYING THE NET CASH VALUE OF THIS POLICY AS A NET SINGLE PREMIUM FOR SUCH INSURANCE.

CASH VALUE AND REDUCED PAID-UP INTEREST RATE: 5.00 % ANNUALLY

CASH VALUE AND REDUCED PAID-UP MORTALITY TABLE: 2001 CSO, ALB, MALE

## BASIC POLICY FACTS

This section gives important information about your policy.

This **policy** is the entire agreement between you and us. The policy includes the attached copy of the application and any attached riders or endorsements. All agreements made by us must be signed by our President, a Vice President or the Secretary. No other person, including an insurance agent, can:

- change any of this policy's terms;
- extend the time for paying premiums; or
- make any agreement binding on us.

**Policy date** is the issue date. It is the date this policy goes into effect. Policy months and years are measured from the policy date. A **policy anniversary** occurs each year on the month and day of the policy date.

### THE INSURED

This policy provides insurance coverage on the life of the **Insured** whose name is on the Policy Data Page.

### ISSUE AGE

is based on the actual age of the Insured on the policy date. It is shown on the Policy Data Page. In this policy, **age** means actual age on the Insured's last birthday.

### ULTIMATE FACE AMOUNT

is the amount payable, as shown on the Policy Data Page, upon the death of the Insured in the 3rd policy year and beyond.

### DEATH BENEFIT

is equal to 25% of the Ultimate Face Amount in the 1<sup>st</sup> policy year, 50% of the Ultimate Face Amount in the 2<sup>nd</sup> policy year, and 100% of the Ultimate Face Amount in the 3<sup>rd</sup> policy year and beyond (see **Policy Data Page**).

## BENEFICIARY & OWNER

### THE BENEFICIARY

is the person entitled to receive the death benefit. The Beneficiary is named in the application unless changed (see **Change in Beneficiary**).

### CONTINGENT BENEFICIARY

We will pay the death benefit to the primary Beneficiary if living at the Insured's death. If the primary Beneficiary has died, the death benefit will be paid to any contingent beneficiary.

### IRREVOCABLE BENEFICIARY

if named, cannot be changed without that Beneficiary's consent. This policy cannot be assigned without the consent of an

irrevocable Beneficiary.

## **CHANGE IN BENEFICIARY**

Unless the Beneficiary is irrevocable, you can change the Beneficiary or contingent Beneficiary while the Insured is alive. A request to change must be in a form satisfactory to us and recorded at our Home Office. We may require the policy to note the change on it. Once the change is recorded by us, it will take effect as of the date the request was signed. We will not be responsible for the validity of the change or any payment made or other action taken by us before we record the change at our Home Office.

## **THE OWNER**

The Insured will be the Owner of this policy unless the application names another Owner. You may change the Owner.

While this policy is in effect, unless otherwise provided, you as the Owner have all the rights in this policy. If you die while this policy is in effect, your estate becomes the Owner.

## **ASSIGNMENT**

You can assign this policy. You will need the consent of all irrevocable Beneficiaries. An assignment does not change the ownership. We will not be responsible for the validity of the assignment or any payment we make before we receive notice of the assignment at our Home Office. The assignment is subject to any policy debt.

## **SETTLEMENT AT DEATH OF THE INSURED**

If the Insured dies, we'll pay the death benefit due (see **Policy Data Page**) to the Beneficiary in a single lump sum. We may make payments of proceeds into an interest bearing account owned by the Beneficiary. However, by written request, you may opt out of this arrangement. The death benefit is payable as provided in this policy from our Home Office when we receive due proof of the death of the Insured while this policy is in effect. We will pay interest on the death benefit if required in accordance with the laws of the state in which this policy was issued. When we pay the death benefit, this policy will end.

Any premium paid beyond the month of death will be refunded in a lump sum. If death occurs during the grace period, one month's premium will be treated as unpaid premium and deducted from the death benefit.

## **PREMIUM PAYMENTS**

The first premium is due on or before the policy date. After that, a premium is due on the first day of the period it covers. Premiums are payable during the Insured's lifetime for the number of years shown on the Policy Data Page.

## **Where and When to Pay Premiums**

All premiums after the first are payable at our Home Office. Premiums can also be paid to an authorized agent who will give you a receipt signed by our President, a Vice President or the Secretary. The Policy Data Page shows the frequency of premium payment. On any policy anniversary, you can request a change in the payment frequency.

## **Grace Period**

If any premium after the first is not paid when due, this policy will continue in effect for 31 days. This is called the **grace period**. If the Insured dies during the grace period, one month's premium will be treated as unpaid premium and deducted from the death benefit.

If the premium remains unpaid at the end of the grace period, this policy will end, unless continued under a cash value benefit (See **CASH VALUE BENEFITS FOR YOU**), or automatic premium loan.

## **Continuation of Coverage Under Automatic Premium Loan**

You may request the automatic premium loan option in the application. You may also request this option in writing, in which case it must be recorded at our Home Office before the end of the grace period for an unpaid premium or it will have no effect. Unless you request this option, it will not be in force.

If this option is requested and:

- a premium remains unpaid on the last day of the grace period; and
- the net cash value of this policy exceeds the unpaid premium,

we will automatically loan the amount needed to pay the premium (see **CASH VALUE BENEFITS FOR YOU**).

You may notify us in writing at any time if you do not wish coverage continued in this manner.

If the net cash value is less than the amount needed to pay the premium, and the premium is payable annually, semiannually, or quarterly, the next smaller modal premium will be paid by automatic premium loan. If the net cash value is less than a monthly premium, no automatic premium loan will be made and the policy will end unless continued under a cash value benefit.

## **How to Reinstate This Policy**

If any premium remains unpaid after the grace period, you may request reinstatement of this policy. You must do this within five years from the due date of the first unpaid premium.

You'll have to provide evidence satisfactory to us that the Insured's insurability has not changed since this policy was issued. You'll also have to pay all unpaid premiums plus interest at the annual rate of 6%. If not repaid, any policy debt will be reinstated.

## CASH VALUE BENEFITS FOR YOU

This policy has cash value benefits while the Insured is alive. These benefits may be used by you. The **Table of Guaranteed Cash Value Benefits** shows the first policy year for which there is cash value. When a premium has been paid in that year, your cash value benefits start.

Cash values in the Table assume that premiums have been paid to the end of the policy year and that there is no policy debt. On request, we'll tell you the cash value for any date not in the Table.

The **net cash value** at any time equals the cash value of the policy less any policy debt.

### You Can Borrow Money Against the Policy

You can borrow money against the policy whenever it has a net cash value. The most we'll loan is an amount that, together with interest and any unpaid premiums to the end of the current policy year, will not exceed the net cash value of the policy at the end of that policy year.

We can delay making the loan for up to 6 months after we receive your request, except for any portion to be used to pay premiums on policies with us.

Loan interest will not exceed an annual rate of 8% and is added to the loan balance at the end of each policy year while the loan is outstanding. We will not increase the loan rate more than once in a 12 month period. If you have any policy debt outstanding, we will give you 30 days notice before any loan interest rate change. Any interest not paid will become part of the loan and will accrue interest.

We call the total amount of all outstanding loans (with accrued interest) the **policy debt**. You can repay the policy debt in part or in full at any time while the Insured is alive and this policy is in effect. The minimum loan repayment is \$25, except that you can always pay any amount that fully repays the policy debt.

If the policy debt exceeds the cash value of this policy, this policy will end 31 days after we send you notice. We'll send notice to anyone to whom you have assigned this policy. All coverage will end even if you send a loan repayment after that time. This policy may then only be reinstated by application. (See **How to Reinstate This Policy**.)

Any policy debt outstanding at the Insured's death will reduce the death benefit payable under this policy.

### You Can Return the Policy for Cash

This policy can be returned with a written request for its net cash value. The policy will end when we pay this amount. We can delay payment of this policy's cash value for up to 6 months after we receive your request.

### You Can Continue Coverage as Reduced Paid-Up Life Insurance

This policy's net cash value can be used to purchase level Reduced Paid-Up Life Insurance. The amount of Reduced Paid-Up Life Insurance will be determined by using the net cash value as a net single premium at the attained age of the Insured. The Table of Guaranteed Cash Value Benefits shows the cash value and how much

Reduced Paid-Up Life Insurance it can purchase. Your net cash value may be different from the cash value shown if there is any outstanding policy debt.

After this benefit starts, this policy will continue to have a cash value while the Insured is alive. The cash value will be the net single premium for the amount of insurance provided. The cash value of any Reduced Paid-Up Life Insurance within 30 days after a policy anniversary will not be less than the cash value on that anniversary.

You can borrow against the cash value of any Reduced Paid-Up Life Insurance.

### **Using Cash Value After A Premium Remains Unpaid**

If a premium remains unpaid at the end of a grace period, coverage will end as of the due date of that premium unless the policy has a net cash value. If it does, and you have not requested a cash value benefit, coverage under this policy may be continued under an automatic premium loan (see **Continuation of Coverage Under Automatic Premium Loan**).

You may select a cash value benefit during the 60 days following the due date of the unpaid premium. If no option is selected, we will continue coverage under the reduced paid-up life insurance option (see **You Can Continue Coverage as Reduced Paid-Up Life Insurance**).

### **Basis of Computations**

We use the mortality table shown in the Table of Guaranteed Cash Value Benefits in computing cash values and Reduced Paid-Up Life Insurance amounts.

In our computation of these values, we assume interest at the annual rate shown in the Table of Guaranteed Cash Value Benefits. We also assume that premiums are received at the start of each policy year and that death occurs at the end of the policy year. Cash values and paid-up insurance values for policy anniversaries after those shown in the Table of Guaranteed Cash Value Benefits are calculated in accordance with the Standard Nonforfeiture Value Method using formulas appropriate for an endowment at age 100 life insurance policy and using the adjusted premium for such a policy as defined in the laws of the state in which this policy was delivered. After age 100, the death benefit and cash values are at all times equal to the Ultimate Face Amount.

We have filed a detailed statement of the method we use to compute cash value benefits with the state where this policy was delivered. All values are greater than or equal to those required by the laws of the state.

## **OTHER IMPORTANT TERMS**

### **Nonparticipating**

This policy is nonparticipating and is not eligible to receive dividends.

### **This Policy Is a Contract**

This policy is a contract. In entering into this contract, we relied on the accuracy of the statements made in the application. In the absence of fraud, these statements are considered representations and not warranties. We can

contest this policy and use statements made in the application in defense of a claim if the application has a material misstatement and a copy of the application was attached to this policy when it was issued.

### **Contesting This Policy**

We will not contest this policy after it has been in effect while the Insured is living for two years from the policy date. However, we can end the policy whenever a premium is not paid within the grace period, unless the policy is continued under a cash value benefit (see **CASH VALUE BENEFITS FOR YOU**) or automatic premium loan (see **PREMIUM PAYMENTS**).

### **Mistake in Age or Sex**

If the Insured's age or sex is misstated in the application, the death benefit will be based on the Ultimate Face Amount of insurance the premium paid would have bought at the true age and sex.

### **Suicide**

If the Insured commits suicide, while sane or insane, within two years after the policy date, our liability payable under this policy will be limited to the sum of all premiums paid less any policy debt. This amount will be paid to the Beneficiary in a single sum.

### **Written Notices**

Send any required written notices to our Home Office at:

**The Baltimore Life Insurance Company**  
**10075 Red Run Boulevard**  
**Owings Mills, Maryland 21117- 4871**

Please include the policy number.

**LIMITED LIFE INSURANCE BENEFIT  
FOR THE FIRST 2 YEARS  
THIS IS A LIMITED POLICY  
PLEASE READ IT CAREFULLY**

**Limited Benefit  
Whole Life Insurance Policy**

This is a Whole Life Insurance Policy providing a limited benefit in the first two policy years with the Ultimate Face Amount payable to the Beneficiary in the third policy year and beyond. A limited death benefit is payable at the Insured's death in the first two policy years. If the Insured dies in the third policy year or beyond, the Ultimate Face Amount will be paid. Premiums are payable for the period shown on the Policy Data Page. This policy is nonparticipating and is not eligible to receive dividends.

The Baltimore Life Insurance Company  
10075 Red Run Boulevard  
Owings Mills, Maryland 21117-4871  
1-800-628-5433  
A STOCK COMPANY  
[www.baltlife.com](http://www.baltlife.com)

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> ar-read.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> This form was previously approved on July 8, 2002. <b>Attachment:</b> ar-7430(AR).pdf		

**THE BALTIMORE LIFE INSURANCE COMPANY**  
**10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-5060**  
**(410) 581-6600**

## **CERTIFICATION OF READABILITY**

This is to certify that Form 7959(AR) meets the minimum reading ease score for the State of Arkansas on the Flesch reading ease test.

Vice President



June 4, 2009



The Baltimore Life  
COMPANIES

# Simplified Application

**The Baltimore Life Insurance Company**

10075 Red Run Boulevard • Owings Mills, MD 21117-4871  
800.628.5433 • www.baltlife.com

**All questions in this application are important. Please read and complete carefully.**

**All information below must be provided to avoid processing delays.**

Plan Applied For \_\_\_\_\_

Limited Pay - Number of Years \_\_\_\_\_

Proposed Insured (First, Initial, Last Name)  
\_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Face Amount \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_

Amount paid with application \$ \_\_\_\_\_

Premium Mode:  Direct Bill  Monthly Bank Draft

If Direct Bill:  Annual  Semi-Annual  Quarterly

Dividends (if applicable):  Not Applicable

Benefit Increase  Paid to Owner

Premium Reduction (only on annual modes)

Accumulations

Automatic Premium Loan:  Yes  No

Primary Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Contingent Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Payer of Policy if other than Proposed Insured  
\_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_

Owner if other than Proposed Insured  
\_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-Mail \_\_\_\_\_



**Note: Please read each question carefully and answer truthfully before signing this application.**

**Part 1**

To the best of your knowledge and belief, have you, the Proposed Insured:

- 1. Ever been diagnosed with a terminal illness?  Yes  No
- 2. Ever been diagnosed by or received treatment from a member of the medical profession for AIDS (Acquired Immune Deficiency Syndrome) or any other disorder of the immune system?  Yes  No

Are you currently:

- 3. Bedridden at home, confined in a hospital, nursing home, hospice, assisted living or long-term care facility, or require the use of a wheelchair due to a chronic illness?  Yes  No
- 4. Using oxygen or recommended to use oxygen for any respiratory assistance?  Yes  No

**Part 2**

To the best of your knowledge and belief, have you, the Proposed Insured, within the last two years, had, been treated for (includes office visits or surgery), or are you taking medication or have you taken medication for any of the following:

- 1. Heart attack, congestive heart failure, irregular heartbeat, any condition leading to angioplasty or bypass surgery, or any other condition of the heart or arteries?  Yes  No
- 2. Uncontrolled high blood pressure, uncontrolled diabetes or blood sugars, diabetic coma, or insulin shock?  Yes  No
- 3. Internal cancer, melanoma, leukemia, sickle cell anemia, kidney disease, liver disease (including cirrhosis), or chronic lung disease including chronic obstructive pulmonary disease (COPD), or emphysema?  Yes  No
- 4. Alcoholism or drug abuse?  Yes  No
- 5. Stroke, any paralysis, Alzheimer's, Parkinson's, dementia, mental retardation or any other disease or disorder of the brain or nervous system or any condition affecting or relating to circulation to the brain?  Yes  No

**Part 3**

- 1. Within the last two years, have you had an application for life or health insurance declined, postponed, modified, or refused for any reason?  Yes  No
- 2. Have you used tobacco products in any form in the last 12 months?  Yes  No

**Comments:**

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**Replacements**

- 1. Do you have existing life insurance or annuities or have you lapsed or surrendered life insurance or annuities within the last six months?  Yes  No
- 2. Will this policy, if issued, replace or modify life insurance or annuities in this or any other company?  Yes  No

If "Yes," how affected:  Exchange  Replace  Modify

Name of Company \_\_\_\_\_ Policy Number \_\_\_\_\_



The Baltimore Life  
COMPANIES



**Please read and sign:**

This application is complete and true to the best of my knowledge and belief. The Company is deemed to know only the facts contained in this application. Any policy issued with this application shall not go into force unless the application is completed, the first premium is paid in full, and the application is approved by the Company while the Proposed Insured's condition of health is unchanged from the date of the application.

**Authorization and Acknowledgement**

I authorize any physician, medical practitioner, hospital, clinic, other medical or medically-related facility, insurance or reinsuring company, or the Medical Information Bureau, Inc. having information available as to diagnosis, treatment and/or prognosis of me with respect to any physical or mental condition, including alcoholism and/or use of drugs, and any other nonmedical information about me to give to the Company any and all such information. I understand the information obtained by use of this authorization will be used by the Company to determine eligibility for insurance and/or benefits. Any information obtained will not be released by the Company to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may further authorize. I understand that I may request a copy of this authorization and agree that a photographic copy of this authorization shall be as valid as the original. This authorization shall remain valid for a period of two years and six months from the date it is signed. I acknowledge receipt of the Applicant(s) Pre-Notice.

**Fraud Warning**

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.

**Important Tax Notice for Policyowner**

Under Federal Tax law, the Company is required to ask you to certify your correct Taxpayer Identification Number (TIN) and to include it in any reports of taxable income it makes to the IRS. If you are an individual, your Social Security number is your Taxpayer Identification Number.

**Certification:** I certify that  I am  I am not subject to a backup withholding order under Section 3406(a)(1)(c) of the Internal Revenue Code and I am a U.S. person (including a U.S. resident alien). I also certify that the Taxpayer Identification Number on this form is true, correct and complete.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification to avoid backup withholding.

**I certify that I have reviewed the health questions contained on this application and that my responses to these questions have been accurately recorded. I understand that no agent is authorized to advise me that any inaccurate answer is acceptable.**

Application made at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(City, State) (Day) (Month) (Year)

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Proposed Owner, if other than Proposed Insured

Form 7430(AR)

D E T A C H A T P E R F O R A T I O N

**Conditional Receipt**

Received from \_\_\_\_\_ The sum of \$ \_\_\_\_\_

This receipt is given and accepted with the understanding that the insurance applied for shall go into force when the application is completed, the first premium is paid in full, and the application is approved by the Company while the Proposed Insured's condition of health is unchanged from the date of the application.

Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_

Agent \_\_\_\_\_

**THE PREMIUM CHECK MUST BE MADE PAYABLE TO THE BALTIMORE LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

Form 7430(AR)

### Agent's Statement

- 1. Have you, the writing agent, personally seen the Proposed Insured?  Yes  No
- 2. Are you aware of any additional information that may affect our underwriting decision?  Yes  No
- 3. Do you have knowledge or reason to believe that replacement of existing life insurance or annuities may be involved?  Yes  No  
If yes, complete applicable state replacement form(s) and the Understanding Policy Replacement form, and answer questions 4 and 5 below.
- 4. Do you certify that only company approved advertising material was used and that a copy of all advertising used was provided to the applicant?  Yes  No  
Indicate form numbers: \_\_\_\_\_
- 5. Do you certify that this replacement is within the guidelines provided by Baltimore Life?  Yes  No

**Witness (Licensed Agent): I hereby certify that I have truly and accurately recorded on this application the information supplied by the applicant.**

Writing Agent Signature	Printed Name	Date	Writing Agent Code No.
Agency Name	Agency Code		
<i>If split commissions apply:</i>			
Writing Agent #2 (Printed Name)	Date	Writing Agent Code	% of Commission to be paid

### Monthly Automatic Check Authorization

As a convenience to me, I hereby request and authorize you to issue and charge to my account checks drawn on my account by and payable to the order of The Baltimore Life Insurance Company. I agree that your treatment of each check and your rights thereunder shall be the same as if the check was personally signed by me. If any check is dishonored for any reason, I release you from any liability resulting from the dishonor of the check, even if the dishonor results in cancellation of my insurance or annuity policy. Lastly, I agree that this authorization shall remain in effect until written notice of its termination is provided by me to you or until terminated by the Company.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Bank Name _____	Type of Account:
City, State, Zip _____	<input type="checkbox"/> Checking
Name of Accountholder _____	<input type="checkbox"/> Savings
Bank Routing Number (Must be 9 digits) _____	Date _____
Account Number _____	
Signature EXACTLY as it appears on bank records _____	

**Please attach a voided check.**

Form 7430(AR)

### Applicant(s) Pre-Notice

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure to you of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02112; the telephone number is (617) 426-3660.

The Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Form 7430(AR)