

SERFF Tracking Number: GBAC-126168329 State: Arkansas
 Filing Company: Degree of Honor Protective Association State Tracking Number: 42559
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: DOH APP REINSTATE 09
 Project Name/Number: DOH APP REINSTATE 09/

Filing at a Glance

Company: Degree of Honor Protective Association

Product Name: DOH APP REINSTATE 09 SERFF Tr Num: GBAC-126168329 State: Arkansas
 TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 42559
 Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: Mary Gardner Disposition Date: 06/04/2009
 Date Submitted: 06/02/2009 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: DOH APP REINSTATE 09 Status of Filing in Domicile: Pending
 Project Number: 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: 06/04/2009 Explanation for Other Group Market Type:
 State Status Changed: 06/04/2009
 Deemer Date: Created By: Mary Gardner
 Submitted By: Mary Gardner Corresponding Filing Tracking Number:
 Filing Description:
 Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION - NAIC #57088 - FEIN #41-0216310
 APP REINSTATE 09 Application for Policy Reinstatement

On behalf of Degree of Honor Protective Association, a fraternal benefit society incorporated under laws of the State of Minnesota, we are submitting the above-referenced individual life application for policy reinstatement.

APP REINSTATE 09 is a new application that will be used solely for reinstatement requests.

This application will be used with the following insurance forms:

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UL NLF-07 Flexible Premium Adjustable Death Benefit Life Insurance approved 3/6/2007
 ULIVZF(AR) Flexible Premium Adjustable Death Benefit Life Insurance approved 12/4/2008
 RCTF-08 Level Term Insurance (renewable to age 70) approved 9/25/2007
 WL-05 Whole Life approved 5/19/05
 JTAP25F-07 Level Term Insurance to Age 25 approved 9/17/07

Company and Contact

Filing Contact Information

Mary Gardner, mgardner@lifebase.com
 100 First Avenue N.E. 319-896-5970 [Phone]
 Suite 117 319-896-5979 [FAX]
 Cedar Rapids, IA 52401

Filing Company Information

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

Degree of Honor Protective Association	CoCode: 57088	State of Domicile: Minnesota
400 Robert Street N	Group Code:	Company Type: Fraternal
Suite 1600	Group Name:	State ID Number:
St. Paul, MN 55101-2029	FEIN Number: 41-0216310	
(651) 228-7600 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	Yes
Fee Explanation:	1 form @ \$75.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Degree of Honor Protective Association	\$75.00	06/02/2009	28253662

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/04/2009	06/04/2009

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Disposition

Disposition Date: 06/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Filing Company: Degree of Honor Protective Association *State Tracking Number:* 42559
Company Tracking Number:
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: DOH APP REINSTATE 09
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Authorization Letter		Yes
Form	Application for Policy Reinstatement		Yes

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Form Schedule

Lead Form Number: APP REINSTATE 09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APP REINSTATE 09	Application/ Enrollment Form	Application for Policy Initial Reinstatement Form			43.300	John Doe.pdf



Degree of Honor Protective Association

A Fraternal Benefit Society

400 Robert St. N. Suite 1600, St. Paul, MN 55101-2029 • 800-947-5812 or 651-228-7653

degreeofhonor.org

APPLICATION FOR POLICY REINSTATEMENT

PLEASE PRINT IN BLACK INK

1. Primary Insured Information

Policy Number 123456	Insured Name (Last, First, MI) Doe, John A.		
Insured Social Security Number 123-45-6789	Insured Address 123 Main St., St Paul MN 55101		
Insured Date of Birth 1-1-1974	Insured Place of Birth/US State or Country MN	Height / Weight 6' / 200	Ht/Wt 1 year ago 6' 200

Name, Address and phone number of Primary Physician
City Clinic, 123 Maple, St Paul MN 55101 (651)000-0000

Date and Reason for last consultation, include any medication or treatment prescribed? Check if none
5/1/2009 General Physical

2. Spouse Insured Information (Complete only if a spouse rider was on the policy)

Spouse Name (Last, First, MI)	Spouse Social Security Number		
Spouse Date of Birth	Spouse Place of Birth/US State or Country	Height / Weight	Ht/Wt 1 year ago

Name, Address and phone number of Primary Physician

Date and Reason for last consultation, include any medication or treatment prescribed? Check if none

3. Child(ren) Insured Information (Complete only if a child rider was on the policy)

Name (First, Middle, Last)	Date of Birth	Place of Birth	Height / Weight	Name and phone of primary physician

For each child listed above, list date and reason for last consultation, include any medication or treatment prescribed. Use additional sheet of paper if more space is needed.

Applicant Spouse Child
 Yes No Yes No Yes No

4. COMPLETE FOR ALL INSURED(S) LISTED ON PAGE ONE

A.	Has any Proposed Insured been diagnosed or treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), any other immune system disorder, or had a positive test for Human Immunodeficiency Virus (HIV) antibodies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Has any Proposed Insured ever been diagnosed or treated by a medical professional for cancer, diabetes, stroke, heart attack, hepatitis, cirrhosis of the liver, COPD, emphysema?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	Within the past 5 years, has any Proposed Insured been diagnosed or treated by a medical professional for neurological or psychiatric disorder, alcohol or drug abuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	Within the last 5 years, has any Proposed Insured had any illness, surgery, or injury requiring treatment by a physician, hospital, or other medical facility not listed above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Within the past three years been refused a motor vehicle driver's license, had a license suspended, been convicted of a DWI, DUI or a moving traffic violation? (If "yes", give date, type of violation, and state)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.	Within the past two years flown as a pilot, co-pilot, student pilot, or crew member?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE FOR ANY "YES" ANSWERS ABOVE (Use additional sheet of paper if more space is needed.)

Question Letter	Name	Illness-Medication-Treatment-Restrictions or Explanation of Nonmedical "Yes" Answer	Doctor-Hospital-Medical Facility Address-telephone Number	Date Began	Date Recovered

5. ACKNOWLEDGMENT

I understand and agree that:
 1. I have read the previous statements and answers and to the best of my knowledge they are true and complete.
 2. I have read and received the Notice of Insurance Information Practices and the MIB, Inc. Pre-Notice.
 3. This application will become a part of the changed or reinstated contract issued by Degree of Honor. The changes I have requested will not take effect until approved by Degree of Honor. Coverage is not increased or reinstated until Degree of Honor approves this application and the first full premium is paid or all required back premiums and loan interest are paid during the lifetime of the Proposed Insured. Payment by check or draft is conditioned upon being honored.
 4. For statements in this application, the incontestability clause is renewed for new or reinstated coverage. All terms of the original policy remain in full force and effect.

Signed at St Paul MN, this 1 day of June, 2009
City, State Month Year

John Doe
 Signature of Proposed Insured, if age 15 or older

Signature of Spouse if Rider Applied for. Also required in community property state -AZ, CA, ID, IA, NV, NM, TX, WA, WI. If not married, please check

Signature of Parent/Guardian, if under age 18

Signature of Current Owner if different than Proposed Insured

Signature of Current Co-Owner if different than Proposed Insured

Agent
 Signature of Authorized Agent

OR
 State of _____
 County of _____

Subscribed and sworn to before me this _____ day of _____.

Notary Public _____

"Notary Seal"

ALWAYS LEAVE THIS PAGE WITH THE PROPOSED INSURED

INSTRUCTIONS

Do **not** submit any premium with this application. You will be notified of any premium due once the underwriting review has been completed.

- Section #1 Complete this section for all requests.
- Section #2 Complete this section only if your policy had a Spouse Rider.
- Section #3 Complete this section only if your policy had a Child Rider. List all children eligible for coverage.
- Section #4 You must complete the medical questions for all insureds applicable to your policy. If you have spouse and child riders on your policy, the questions must be answered for all three columns. **The application must include a completed "NOTICE OF INSURANCE INFORMATION PRACTICES AND AUTHORIZATION TO RELEASE INFORMATION" for each physician.**
- Section #5 Complete this section for all requests. Review the applicable fraud warnings on page 4 of this form prior to signing the application. Signatures must be witnessed by an agent of Degree of Honor. If you don't have a current agent, the signatures must be Notarized.

Mail completed forms to: **Degree of Honor Protective Association**
400 Robert St N, Suite 1600
St. Paul, MN 55101-2029

NOTICE OF INSURANCE INFORMATION PRACTICES and MIB, INC. PRE-NOTICE
Always detach and give to the Proposed Insured or Parent or Guardian

Degree of Honor and its reinsurers may make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. If you question the accuracy of the information in MIB's file, you may contact MIB 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 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734; telephone number 866-692-6901 (TTY 866-346-3642). Degree of Honor, or its reinsurers, may also release information from its file to other insurance companies to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

In addition, we may get an investigative report from a consumer reporting agency. This report may include personal interviews with your neighbors, friends or other acquaintances for information as to your general reputation, personal characteristics and mode of living. No information collected concerning the sexual orientation of the proposed insured will be used to determine his or her eligibility for insurance. Upon written request, you will be informed if such a report was obtained and, if so, the name and address of the consumer reporting agency to whom such a request was made. You may contact that agency and ask for a copy of this report.

Upon request, Degree of Honor will furnish details on how to obtain and correct personal information in its file.

APPLICATION FOR POLICY REINSTATEMENT

FRAUD NOTICES

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: 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.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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.

Indiana: A person who knowingly and with the intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with an intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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.

Oklahoma: WARNING: 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.

Tennessee: 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.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 include imprisonment, fines, and denial of insurance benefits.

West Virginia: 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.



Degree of Honor Protective Association

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachments: AR Cert Comp 19.pdf AR Cert Comp 34.pdf AR Flesch.pdf</p>		
<p>Bypassed - Item: Application Bypass Reason: N/A application being filed Comments:</p>		
<p>Satisfied - Item: Authorization Letter Comments: Attachment: Author Ltr-Generic.pdf</p>		

STATE OF ARKANSAS

1200 West Third Street
Little Rock, AR 72201

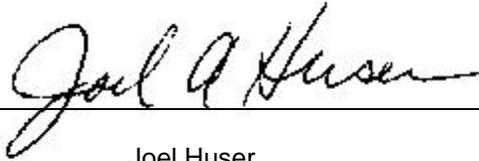
***Certification of Compliance
Rule and Regulation 19***

Carrier: **DEGREE OF HONOR PROTECTIVE ASSOCIATION**

Form Number and Title: **APP REINSTATE 09 - Application for Policy Reinstatement**

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 19.

Signature of Officer: _____



Name (typed or printed): _____

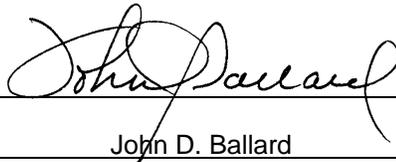
Joel Huser

Title or business affiliation: _____

Chief Executive Secretary

Date: May 28, 2009

Signature of Actuary : _____



Name (typed or printed): _____

John D. Ballard

Title or business affiliation: _____

Consulting Actuary, Griffith, Ballard and Company

Date: May 29, 2009

STATE OF ARKANSAS

1200 West Third Street
Little Rock, AR 72201

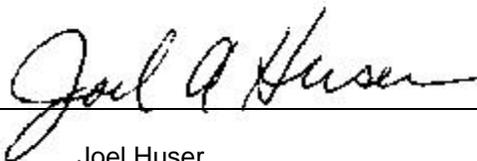
*Certification of Compliance
Rule and Regulation 34*

Carrier: **Degree of Honor Protective Association**

Form Number and Title: **APP REINSTATE 09 - Application for Policy Reinstatement**

We hereby certify that to the best of our knowledge and belief the above submission complies with the Arkansas Rule and Regulation 34.

Signature of Officer: _____



Name (typed or printed): _____

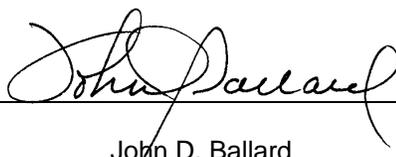
Joel Huser

Title or business affiliation: _____

Chief Executive Secretary

Date: May 28, 2009

Signature of Actuary : _____



Name (typed or printed): _____

John D. Ballard

Title or business affiliation: _____

Consulting Actuary, Griffith, Ballard and Company

Date: May 29, 2009

STATE OF ARKANSAS

DEPARTMENT OF INSURANCE

1200 West Third Street
Little Rock, AR 72201

CERTIFICATION

Readability Requirement

DEGREE OF HONOR PROTECTIVE ASSOCIATION hereby certifies that this filing complies with Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act and achieves a Flesch reading ease test score as follows:

<u>Form #</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables/ Characters</u>	<u>Flesch Score</u>
APP REINSTATE 09	48	1,113	6,316	43.3

Signature



Joel A. Huser
Name (Signed by Officer of Company)

Chief Executive Officer
Title



Degree of Honor Protective Association

400 Robert Street N., Suite 1600
Saint Paul, Minnesota 55101-2029
1-800-947-5812 • (651) 228-7600 • FAX: (651) 224-7446
degreeofhonor.com

June 28, 2009

Re: DEGREE OF HONOR PROTECTIVE ASSOCIATION – NAIC #57088

APP REINSTATE 09 Application for Policy Reinstatement

To Whom it May Concern:

I HEREBY CERTIFY that Griffith, Ballard and Company has supervised the development of the application included in this submission, and that they are authorized to submit these forms on behalf of DEGREE OF HONOR PROTECTIVE ASSOCIATION.

Any questions regarding this submission should be directed to John D. Ballard of Griffith, Ballard and Company, as the individual responsible for this filing.

Joel Huser
Chief Financial Officer