

SERFF Tracking Number: UFFL-126161633 State: Arkansas
Filing Company: United Home Life Insurance Company State Tracking Number: 42556
Company Tracking Number: 200-490A 4-09
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 200-490 4-09
Project Name/Number: /

Filing at a Glance

Company: United Home Life Insurance Company

Product Name: 200-490 4-09

SERFF Tr Num: UFFL-126161633 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 42556

Sub-TOI: L08.000 Life - Other

Co Tr Num: 200-490A 4-09

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Karen Hynes

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:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed concurrently
with our state of domicile, Indiana.

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: Karen Hynes

Submitted By: Karen Hynes

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the form noted below for your review and approval.

Form 200-490A 4-09 (AR) is an application for life insurance for use with a whole life product currently on file with your department and other products that may be filed at a later date. This form is new and replaces form 200-490A 7-06 (AR) approved by your department October 12, 2006.

The main differences between the form enclosed and that previously approved are we: a) revised the proposed insured's and agent's replacement questions; b) updated Medical Information Bureau references to MIB, Inc.; c) revised

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the street address and added the website address of MIB, Inc. in the Fair Credit Reporting Act/MIB, Inc., Notice; d) revised the bank authorization to allow various options for bank drafts; and e) added language regarding anti-money laundering.

We hereby certify we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49 and this submission meets the provisions of Rule 19.

We reserve the right to make typographical corrections or make minor revisions to the appearance of the form due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me at 317-692-7465 or by email at Karen.Hynes@infarmbureau.com.

Company and Contact

Filing Contact Information

Karen Hynes, karen.hynes@infarmbureau.com
 225 S East 317-692-7465 [Phone]
 Indianapolis, IN 46202

Filing Company Information

United Home Life Insurance Company CoCode: 69922 State of Domicile: Indiana
 225 S. East St. Group Code: Company Type: LAH
 Indianapolis, IN 46202 Group Name: State ID Number:
 (317) 692-7465 ext. [Phone] FEIN Number: 35-0841899

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: AR imposes a filing fee of \$20 for applications.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Home Life Insurance Company	\$20.00	06/02/2009	28252324

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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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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Whole Life Protector Application		Yes

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Form Schedule

Lead Form Number: 200-490A 4-09 (AR)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	200-490A 4-09 (AR)	Application/Whole Life Protector Enrollment Form	Initial		45.500	200-490A 4-09 - AR.pdf

Whole Life Protector Application

United Home Life Insurance Company • 225 S. East St. • P.O. Box 7192 • Indianapolis, IN 46207-7192 • 1-800-428-3001

1. Last Name	First Name	Middle Initial	Date of Birth (M-D-Y)	State of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	Social Security Number		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, give immigration status/type of visa:</i>		
Street Address	City	State	Zip Code	Phone Number ()	

2. Employer/Occupation/Duties

3.a. Primary Beneficiary Name	Relationship	Age	
3.b. Contingent Beneficiary Name	Relationship	Age	
4.a. Owner Name	Relationship	Social Security Number	
Owner Street Address	City	State	Zip Code
4.b. Contingent Owner Name	Relationship	Social Security Number	

5. Billing Street Address	City	State	Zip Code		
Secondary Addressee (For Past Due Notice)	Name	Street	City	State	Zip Code

6.a. <input type="checkbox"/> Whole Life Protector - Base Policy \$	6.b. <input type="checkbox"/> Accidental Death Benefit Rider \$	6.c. Modal Premium: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Qtrly. <input type="checkbox"/> PAC Modal Premium Amount \$
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7. Will this insurance replace or change any other insurance policies or annuities? Yes No If "Yes," please complete any necessary replacement forms.

8. In the past 3 years, have you had any participation in, or contemplate any future participation in any hazardous sport or aviation, or had your drivers license suspended or revoked or in the past 5 years have you been convicted of operating a vehicle while intoxicated? **If yes, does not qualify for plan.** Yes No

I hereby apply for the insurance indicated above and I am submitting the first premium. I certify that the answers are true and accurate whether written by my own hand or not. I understand that my policy will not be effective until the date it is issued by the company.

I declare that I have read and received a copy of the Fair Credit Reporting Act/MIB, Inc., Notice.

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or MIB, Inc., or other organization, institution, or person, that has any records or knowledge of me or my dependents or our health, to give the United Home Life Insurance Company or its reinsurer(s) any such information. I understand that I am giving permission to release medical information which may include treatment of physical and/or emotional illness, communicable diseases, alcohol or drug abuse treatment and/or HIV, AIDS, or AIDS-related information.

A photographic copy of this authorization shall be as valid as the original. This release may be used for any legitimate insurance purpose for up to two (2) years from the date the contract is issued.

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.

\$ _____ paid with application.

Dated _____, this _____ day of _____, _____
City State Month Year

X _____ X _____
Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

To the best of my knowledge and belief the insurance applied for herein is is not intended to replace or change any existing life insurance or annuity coverage.

X _____ X _____
Printed Agent Name Agent's Signature

Agent Code _____ Agent's E-Mail _____

Agent: Phone # _____ Fax# _____ License Identification Number (_____) _____
State

Check or money order must accompany. All premium checks must be made payable to United Home Life Insurance Company. Do not make check or money order payable to the agent or leave the Payee blank. Include copy of voided check for bank draft.

AUTHORIZATION TO HONOR CHECKS DRAWN BY THE UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana

Please select ONLY one option, complete bank information and sign authorization below.

- Draft my account for the first premium (initial premium may be drafted upon receipt of this application). Please draft subsequent premiums on the _____ day of each month.
- Draft my account for the first premium on: _____ . All subsequent drafts will occur on this same day each month. *Month, Day*
- Do NOT draft my account for the first premium. The initial premium is attached, is being mailed or will be collected on delivery. Please draft subsequent premiums on the _____ day of each month.

I understand that my policy will not be effective until the date it is issued by the Company.

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

TO: _____ Bank _____ Bank Address _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries drawn on my account by and payable to the order of the United Home Life Insurance Company, Indianapolis, Indiana, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit entry shall be the same as if it were a debit entry drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit entry.

I further agree that if any such debit entry be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account No. _____ Date _____ Bank signature of Premium Payor _____

PLEASE DETACH AND GIVE TO APPLICANT

FAIR CREDIT REPORTING ACT/MIB, INC., NOTICE

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as 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 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 it may have in your file. If you question the accuracy of 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 MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) 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. Information for consumers about MIB may be obtained on its website at www.mib.com.

IMPORTANT INFORMATION FOR VERIFYING IDENTIFICATION

To help fight the funding of terrorism and money-laundering activities, Federal law requires all financial institutions (including insurance companies) to obtain, verify and record information that identifies each person who engages in certain transactions. This means that when you apply for permanent life insurance or annuity products we will verify your name, residential address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or passport.

If you do not receive your Policy within 60 days from the date of your application, please write to UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192

UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana (Herein referred to as the Company)

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

I understand that my policy will not be effective until the date it is issued by the company.

RECEIPT

Received from _____ The sum of \$ _____

Being the 1st premium of _____ mode

Type of proposed insurance _____ Amount of proposed insurance \$ _____

This receipt shall be void if given for check or draft which is not honored on presentation.

Dated at _____ on _____ Month _____ Day _____ Year

Agent Signature _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
Readability - Signed.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A - Application included in Form Schedule tab.		
Comments:		



CERTIFICATION

I hereby certify the following scores on the Flesch Reading Ease Test.

Form 200-490A 4-09

Score 45.5

Date: 5/27/2009

Carl L. Shepherd
Senior Vice President
United Home Life Insurance Company