

SERFF Tracking Number: FUDL-126232221 State: Arkansas
Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 42974
Company Tracking Number: APP-AS032009AR
TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
Product Name: Active Series Application
Project Name/Number: /APP-AS032009AR

Filing at a Glance

Company: Funeral Directors Life Insurance Company

Product Name: Active Series Application

TOI: L071 Individual Life - Whole

Sub-TOI: L071.104 Fixed/Indeterminate
Premium - Single Life - Funeral Expense

Filing Type: Form

SERFF Tr Num: FUDL-126232221 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 42974

Co Tr Num: APP-AS032009AR

State Status: Approved-Closed

Author: Mike Walls

Date Submitted: 07/16/2009

Reviewer(s): Linda Bird

Disposition Date: 07/22/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number: APP-AS032009AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/22/2009

Deemer Date:

Submitted By: Mike Walls

Filing Description:

The submitted form is an application for individual life insurance and individual annuities to fund prepaid funeral contracts. It may be used for final expense insurance where a preneed contract is not involved. This application will be used with policies and annuities previously approved for use in Arkansas.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: A similar form has
been approved in the state of domicile.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/22/2009

Created By: Mike Walls

Corresponding Filing Tracking Number:

Company and Contact

SERFF Tracking Number: FUDL-126232221 State: Arkansas
 Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 42974
 Company Tracking Number: APP-AS032009AR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
 Product Name: Active Series Application
 Project Name/Number: /APP-AS032009AR

Filing Contact Information

Mike Walls, chaselaw@camalott.com
 P.O. Box 726 325-673-3745 [Phone]
 Abilene, TX 79604

Filing Company Information

Funeral Directors Life Insurance Company CoCode: 99775 State of Domicile: Texas
 6550 Directors Parkway Group Code: 801 Company Type: Life
 Abilene, TX 79606 Group Name: DIG State ID Number:
 (325) 695-3412 ext. [Phone] FEIN Number: 74-1001040

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Fee is based on the the Texas (state of domicile) Department of Insurance filing fee schedule.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Funeral Directors Life Insurance Company	\$100.00	07/16/2009	29257835

SERFF Tracking Number: FUDL-126232221 State: Arkansas
Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 42974
Company Tracking Number: APP-AS032009AR
TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense
Product Name: Active Series Application
Project Name/Number: /APP-AS032009AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/22/2009	07/22/2009

SERFF Tracking Number: FUDL-126232221 *State:* Arkansas
Filing Company: Funeral Directors Life Insurance Company *State Tracking Number:* 42974
Company Tracking Number: APP-AS032009AR
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense

Product Name: Active Series Application
Project Name/Number: /APP-AS032009AR

Disposition

Disposition Date: 07/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FUDL-126232221 State: Arkansas
 Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 42974
 Company Tracking Number: APP-AS032009AR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
 Product Name: Active Series Application
 Project Name/Number: /APP-AS032009AR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Active Series Application		Yes

SERFF Tracking Number: FUDL-126232221 State: Arkansas
 Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 42974
 Company Tracking Number: APP-AS032009AR
 TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense
 Product Name: Active Series Application
 Project Name/Number: /APP-AS032009AR

Form Schedule

Lead Form Number: APP-AS032009AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APP-AS032009AR	Application/ Enrollment Form	Active Series Enrollment Application	Initial		43.900	Active Series Application AR.pdf

APPLICATION FOR INSURANCE OR ANNUITY

POLICY INFORMATION

Proposed Insured/Annuitant First Name _____ Middle Initial ____ Last Name _____ Sex ____

Soc Sec No _____ Age _____ Birth Date _____

Street _____ City _____ State _____ Zip _____

Owner's First Name _____ Middle Initial ____ Last Name _____ Soc Sec No _____

Street _____ City _____ State _____ Zip _____

Primary Beneficiary _____ Relationship _____

Contingent Beneficiary _____ Relationship _____

Ultimate Face Amount \$ _____ Choose One: Single Pay Multi-Pay Life Multi-Pay Annuity

Initial Payment \$ _____ Scheduled Payment \$ _____ Will coverage fund a preneed contract? Yes No

Billing Frequency: Annual Semi-annual Quarterly Monthly Years to Pay _____

Billing Method: Direct Bill Coupon Book Monthly PAC Credit Card

Send Bill To: Owner Proposed Insured/Annuitant Individual Billing Family Billing

HEALTH INFORMATION

SECTION A. -- to be answered by all applicants ("You" refers to the Proposed Insured/Annuitant.)

I, the undersigned, represent specifically for the purpose of obtaining this coverage the following:

1. Are you now a patient in a hospital of any kind, or receiving hospice care or within the past 12 months, have you been advised by a medical practitioner to be hospitalized, but have chosen not to follow that advice? Yes No
2. Have you received diagnosis or treatment by a licensed member of the medical profession, consulted by you, for a terminal illness or condition, not including HIV/AIDS? Yes No

If either of the above questions is answered "Yes", only a single pay annuity policy can be issued.

SECTION B. -- to be answered by all applicants for Multi-Pay life insurance who answer "No" to all questions in Section A.

1. Are you currently bedridden, confined to a nursing home (including custodial care) or extended care facility, or have you been told within the past 12 months by a medical practitioner that you should be so confined but have chosen not to follow that advice? Yes No
2. Within the last 36 months has a medical practitioner diagnosed you with, or treated you for, any of the following?
Cancer; Heart Disorder; Kidney Disorder; Liver Disorder; Lung Disorder; Brain Disorder; Circulatory Disorder;
Blood Disorder; Stroke; Alzheimer's; Nervous System Disorder, AIDS, ARC, HIV infection. Yes No

3. _____
Name and address of personal physician (REQUIRED).

Single Pay benefits in the first 12 months may be less than the Ultimate Face Amount. For Multi-Pay Life, if all questions above are answered fully, and the correct answer to all the health questions is "No", you qualify for full coverage. Otherwise, you qualify for coverage which has a limited benefit in the first 1 or 2 years. For Multi-Pay Annuity, benefits are limited until all Scheduled Payments have been made.

CERTIFICATION

I, the undersigned, affirm that the above information is true and complete to the best of my knowledge. I understand that false statements or misrepresentations may result in loss of coverage. **I agree that no coverage is effective until a premium has been paid and a policy or certificate is issued while the Insured/Annuitant is living.** I may return the policy within 30 days of receipt for a full refund. I hereby grant consent for any of the below listed entities to give to Funeral Directors Life Insurance Company information about my past or present physical or mental condition, and health care service provided to me. I may revoke my consent at any time by calling 1-800-234-8031. This consent shall apply to any health care or custodial facility, clinic, practitioner, hospital or medical service plan, health service plan, health maintenance organization. I understand that information disclosed pursuant to this consent shall be used for the sole purpose of insurance rating, investigating a claim or other insurance activities. I understand the authorization is valid for no longer than 30 months and that I or my authorized representative is entitled to receive a copy of the authorization form. **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 civil fines and criminal penalties.**

Does the Proposed Insured/Annuitant have existing life policies or annuity contracts? Yes No

Will the Insurance/Annuity applied for replace any existing coverage on the same Proposed Insured/Annuitant? Yes No

If yes, provide company name and policy number (agents: complete required replacement form, if required by your state.)

Signature & Consent of Proposed Insured/Annuitant _____ Phone _____ City Where Signed _____ State _____ Date _____

Signature of Owner (if other than Proposed Insured/Annuitant) _____ Phone _____

AGENT CERTIFICATION

To the best of my knowledge, the coverage applied for replaces existing coverage. Yes No

I certify that all information contained in this application is true to the best of my knowledge, was recorded accurately, and that this application was signed in my presence.

Print Agent Name _____ Agent Signature _____ Agent No. _____

SERFF Tracking Number: FUDL-126232221 State: Arkansas
Filing Company: Funeral Directors Life Insurance Company State Tracking Number: 42974
Company Tracking Number: APP-AS032009AR
TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single
Life - Funeral Expense
Product Name: Active Series Application
Project Name/Number: /APP-AS032009AR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: See attached. Attachment: Readability Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: The form being submitted is an application. Comments:		

July 16, 2009

FLESCH READABILITY CERTIFICATION

Form APP-AS032009AR, Active Series Application

I certify that this form attains a Flesch readability score of 43.9. In calculating this score, the name and address of the insurer, the title and form number of the endorsement and the signatures were excluded.

A handwritten signature in blue ink that reads "Charles M. Walls". The signature is written in a cursive style with a large initial 'C'.

Charles M. Walls
Attorney for Funeral Directors Life Insurance Company