Filing at a Glance

Company: Texas Life Insurance Company

Product Name: Whole Life Insurance Policy
SERFF Tr Num: METF-126234684
State: Arkansas

TOI: L07I Individual Life - Whole
SERFF Status: Closed-Approved-Closed
State Tr Num: 42991

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Co Tr Num: NWLA 7/09
State Status: Approved-Closed

Filing Type: Form
Reviewer(s): Linda Bird

Author: Jan Spoede
Disposition Date: 07/27/2009

Date Submitted: 07/20/2009
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name:
Status of Filing in Domicile:

Project Number: NWLA 7/09
Date Approved in Domicile:

Requested Filing Mode: Review & Approval
Domicile Status Comments: N/A

Explanation for Combination/Other:
Market Type: Individual

Submission Type: New Submission
Group Market Size:

Overall Rate Impact:
Group Market Type:

Filing Status Changed: 07/27/2009
Explanation for Other Group Market Type:

State Status Changed: 07/27/2009

Deemer Date:
Created By: Jan Spoede

Submitted By: Jan Spoede
Corresponding Filing Tracking Number:

Filing Description:

This filing is to replace previously approved application NWLA 7/09 MO with NWLA 7/09. It was previously approved on April 21, 2009. I attached the Missouri state specific version of the application. We are now replacing it with the correct version for Arkansas.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
jspoede@texaslife.com
P.O. Box 830
800-283-9233 [Phone] 6371 [Ext]
Waco, TX 76703
254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company	CoCode: 69396	State of Domicile: Texas
P.O. Box 830	Group Code:	Company Type: Life
Waco, TX 76703	Group Name:	State ID Number:
(800) 283-9233 ext. [Phone]	FEIN Number: 74-0940890	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	Our domiciliary state of Texas charges $50.00 for filings of this type.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	$50.00	07/20/2009	29310851

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/27/2009	07/27/2009

Disposition

Disposition Date: 07/27/2009
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*METF-126234684*	*State:*	*Arkansas*
Filing Company:	*Texas Life Insurance Company*	*State Tracking Number:*	*42991*
Company Tracking Number:	*NWLA 7/09*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance Policy*		
Project Name/Number:	*/NWLA 7/09*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Compliance Certification for Bulletin 11-83		Yes
Supporting Document	Certification of review of Bulletin Number 19		Yes
Supporting Document	No Illustration Certification		Yes
Form	Application for Level Death Benefit		Yes

Form Schedule

Lead Form Number: NWLA 7/09

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	NWLA 7/09	Application/ Enrollment Form	Application for Level Death Benefit	Initial		45.200	App - NWLA 7-09.pdf

Telephone Interview Completed:
Yes ☐ Case # _____
No ☐ Best Time To Call:
Day _____ Time_____

TEXAS LIFE INSURANCE COMPANY
Application for Individual Whole Life Insurance
Level Death Benefit NWLA 7/09

SECTION 1 - APPLICATION FOR INSURANCE

First Name	MI	Last Name (indicate if hyphenated name)	State of Birth	☐ M ☐ F	Date of Birth	Age

Address	City	State	Zip Code	Height	Weight

Automatic Premium Loan will be provided. ☐No Check if APL is NOT desired.	Social Security No.	Phone No.	Alternate Phone or Cell No.

Do you have any existing life insurance or annuity contracts in force? ☐Yes ☐No
Will the proposed insurance replace any existing life insurance or annuity? ☐Yes ☐No
If Yes, give name of Company and face amount: _____
In the past year, have you had any life insurance contract declined, postponed, or rated? ☐Yes ☐No

Underwriting Class
Have you used nicotine in any form in the past 12 months?
☐Yes ☐No

☐ Level ☐ Level With ADB Rider	Face Amount $	Premium Amount $	Requested Effective Date (if other than issue date)

BILLING MODES: ☐ A ☐ S/A ☐ Q ☐ M (EFT) **PAY FIRST PREMIUM BY**: ☐ Check ☐ Draft ☐ Credit Card

SECTION 2 - BENEFICIARY DESIGNATION

Primary	Address	Relationship to Insured
Contingent	Address	Relationship to Insured

SECTION 3 - OWNER FOR POLICY IF OTHER THAN PROPOSED INSURED

First Name	MI	Last Name (indicate if hyphenated)	Date of Birth	Social Security No. or Tax ID

Address	City	State	Zip Code	Relationship to Insured

SECTION 4 - IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED "YES", LEVEL COVERAGE CAN NOT BE ISSUED

1) Have you ever been diagnosed or treated by a medical professional for: Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for Human Immunodeficiency Virus (HIV)?	☐Yes ☐No
2) Are you now, or have you been in the past 90 days: confined to a Hospital, Psychiatric or Nursing Facility, receiving Home Health Care or need personal assistance performing activities of daily living such as bathing, dressing, eating, toileting, moving about or personal assistance taking medications?	☐Yes ☐No
3) Have you ever been medically diagnosed as having, been treated for, or been prescribed or taken medication for:	
a) life expectancy of 12 months or less; any end stage disease or condition?	☐Yes ☐No
b) Parkinson's Disease; Sickle Cell Anemia; Alzheimer's Disease or Dementia; or have you been prescribed any of the following medications: Aricept, Reminyl, Razadyne, Cognex, Namenda, and Exelon?	☐Yes ☐No
c) Chronic Obstructive Pulmonary Disease (COPD), Emphysema, Cirrhosis, Systemic Lupus (SLE), Congestive Heart Failure (CHF), or Cardiomyopathy?	☐Yes ☐No
4) Have you ever received or been advised you needed to receive: an Organ or Tissue Transplant?	☐Yes ☐No
5) Have you been advised or recommended to have any diagnostic testing, surgery, Home Health Care, or hospitalization which has not been completed or for which the results have not been received, or been advised to take any medication and have not been compliant?	☐Yes ☐No
6) Currently, or in the past 2 years have you had, been medically diagnosed, treated, taken or been prescribed medication for:	
a) Kidney Disease, Dialysis, Renal Insufficiency or Renal Failure; Chronic Hepatitis, Hepatitis C; or Liver Disease?	☐Yes ☐No
b) Tuberculosis, Black Lung, Cystic Fibrosis, or other Chronic Respiratory Disorders (excluding Asthma), or used oxygen equipment to assist in breathing (excluding CPAP or Nebulizer)?	☐Yes ☐No
c) Alcohol Abuse, Drug Abuse, used Illegal Substances, or been confined to a Correctional Facility?	☐Yes ☐No
7) Currently, or in the past 2 years have you had, been medically diagnosed, treated, taken or been prescribed medication for: Brain Tumor, Internal Cancer, Leukemia or Melanoma (excluding Basal/Squamous cell skin cancer)?	☐Yes ☐No
8) In the past 2 years have you:	
a) Had an occurrence of or been diagnosed for: Stroke; Transient Ischemic Attack (TIA); Aneurysm; Heart Attack; or	☐Yes ☐No
b) Had Brain, Heart or Circulatory surgery, Bypass surgery, Angioplasty, Stent insertion, or any procedure to improve circulation, such as Femoral bypass (lower extremities) or Endarectomy (carotid arteries)?	☐Yes ☐No
9) In the past 2 years, have you experienced complications of diabetes (Type 1 or Type 2) such as:	
a) Neuropathy, Amputation, or Retinopathy; Diabetic Coma, Insulin Shock or Diabetic Shock?; or are you	☐Yes ☐No
b) Taking Insulin for Diabetes combined with medications for any Heart or Circulatory disorder (excluding medications for Blood Pressure or Cholesterol)?	☐Yes ☐No

Texas Life Insurance Company, Administrative Office, 100 Centerview Drive, Suite 100, Nashville, TN 37214

MEDICAL AUTHORIZATION: I, THE PROPOSED INSURED, AUTHORIZE any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc.("MIB"), consumer reporting agency, employer, relative, friend or neighbor to give to Texas Life Insurance Company or its reinsurer(s) all information it holds that pertains to medical consultations, treatments, surgeries, prescription drug records, and hospital confinements which relate to the physical and mental condition of myself. This Authorization also includes information about drugs or alcoholism or any other medical history information. I understand that such information will be used to determine eligibility for insurance, or for benefits under existing insurance. I further authorize Texas Life Insurance Company to release any information obtained only to reinsuring companies, MIB, 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. As to this Authorization, I agree that a photographic copy will be as valid as the original and that it will be valid for 24 months from the date the Authorization is signed and may be revoked by sending written notice to Texas Life Insurance Company. I know that I, or my representative may request a copy of this Authorization.

APPLICANT'S STATEMENT: I have read the completed Application. The above representations are true to the best of my knowledge and belief. I agree the policy shall not be in effect until the initial premium has been paid in full and the policy has been issued by Texas Life Insurance Company during the lifetime of the Proposed Insured. I understand that the information on this Application will be relied upon to determine insurability and underwriting class, and that incorrect information may result in coverage being contested, subject to the policy Incontestability Provision. I understand that the agent has no authority to change or approve the Application, change the policy, waive any policy provisions or has no authority to approve a claim. I understand no insurance will be effective until the date stated in the policy and the initial premium has been collected and/or honored by your financial institution.

Any person who knowingly and with intent to defraud any insurance company submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading may be committing a crime which may subject such person to criminal and civil penalties.

For Residents in 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.

I Acknowledge receipt of the following notices and disclosures:

(a) "Description of Information Practices" required by Public Law 91-508 and other information practices statutes,
(b) Pre Notification - Fair Credit Reporting Act, and
(c) Notice Concerning the Medical Information Bureau.

I have paid the sum of $_____ with this Application, dated at _____
CITY STATE

this _____ day of _____ 20_____.

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

AGENT'S STATEMENT: I did not observe and I am not aware of any other information that might affect the insurability or underwriting class of the proposed insured. I certify that any information recorded by me on this application is true and accurate to the best of my knowledge. I further certify that I have interviewed the applicant face to face, and witnessed the applicant's signature. In addition, To the best of my knowledge the applicant ☐ does ☐ does not have existing life insurance policies or annuity contracts and the insurance applied for ☐ will ☐ will not replace any existing life insurance or annuity.

➡ _____
Licensed Agent's Signature State License No.

_____
Print Agent #1 Name Agent # % Split

Administrative Use:

IF MONTHLY BANK DRAFT - ATTACH VOIDED CHECK AND SIGN AUTHORIZATION

As a convenience to me, I hereby request and authorize you to initiate debit entries, whether by electronic or paper means, with these debits made to my account and drawn by Texas Life Insurance Company, Nashville, Tennessee provided there are sufficient collected funds in that account to pay the same upon presentation. I agree that your rights in respect to such debit shall be the same as if they were a check drawn on you and signed personally by me. I hereby agree that if any debit is not paid by me for any reason with or without cause or whether such nonpayment is intentional, inadvertent or otherwise, you shall be under no liability whatsoever, even though such nonpayment results in the forfeiture of insurance. This authorization is to remain in full force and effect until revoked by me upon 30 days advance written notice, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit to my account.

Transit / Routing #	Account #	Draft Start Date	☐ Checking – Attach Void Check (Deposit slip not acceptable)
		Month_____Day_____	☐ Savings – Deposit slip acceptable

_____ X _____ _____
Printed name, as it appears on bank records Signature, as it appears on bank records Date

[form number]

MAIL TO: ☐ Applicant ☐ Agent

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

NWLA Read_Cert.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: N/A This is a filing of an application.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Compliance Certification for Bulletin 11-83

Comments:

Attachment:

AR Cert of Bull 11-83.pdf

Item Status: **Status Date:**

Satisfied - Item: Certification of review of Bulletin Number 19

Comments:

Attachment:

AR Cert of Bull 19.pdf

Item Status: **Status Date:**

SERFF Tracking Number:	*METF-126234684*	*State:*	*Arkansas*
Filing Company:	*Texas Life Insurance Company*	*State Tracking Number:*	*42991*
Company Tracking Number:	*NWLA 7/09*		
TOI:	*L07I Individual Life - Whole*	*Sub-TOI:*	*L07I.101 Fixed/Indeterminate Premium - Single Life*
Product Name:	*Whole Life Insurance Policy*		
Project Name/Number:	*/NWLA 7/09*		

Satisfied - Item: No Illustration Certification

Comments:

Attachment:

No Illus Cert.pdf

TEXASLIFE
INSURANCE COMPANY

CERTIFICATION OF READABILITY
FORM NWLA 7/09 & NWLA COVER 7/09

This is to certify that Texas Life Insurance Company Form NWLA 7/09 & NWLA Cover 7/09 have achieved a Flesch Reading Ease Score of 45.20.

Michael R. Khoury

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 30 March 2009

TEXASLIFE
INSURANCE COMPANY

CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form NWL 7/09 does comply with the guidelines of such Bulletin.

Michael Khoury

Michael Khoury, JD
Director
Product Development, Claims and Records

Date: 6 April 2009

TEXASLIFE
INSURANCE COMPANY

CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

Michael Khoury

Michael Khoury, JD
Director
Product Development, Claims and Records

Date: 6 April 2009

TEXASLIFE INSURANCE COMPANY

Notification of policy form to be marketed without illustrations

Form: NWL 7/09

Texas Life Insurance Company herein is providing notification that it intends to market the above referenced form without the use of an illustration.

Michael R. Khoury, JD
Director
Product Development, Claims, & Records

Date: 10 March 2009