

SERFF Tracking Number: THRV-126215840 State: Arkansas
Filing Company: Thrivent Financial for Lutherans State Tracking Number: 42930
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.002 Short Term - Unrelated to marketing
with employer or association groups
Product Name: SIDI Application (Direct Sales) 26721 N6-09
Project Name/Number: /

Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: SIDI Application (Direct Sales) SERFF Tr Num: THRV-126215840 State: ArkansasLH
26721 N6-09

TOI: H111 Individual Health - Disability Income SERFF Status: Closed State Tr Num: 42930
Sub-TOI: H111.002 Short Term - Unrelated to Co Tr Num: State Status: Approved-Closed
marketing with employer or association groups
Filing Type: Form

Co Status: Reviewer(s): Rosalind Minor
Author: Julie Van Beck Disposition Date: 07/17/2009
Date Submitted: 07/10/2009 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:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 07/17/2009 Explanation for Other Group Market Type:
State Status Changed: 07/17/2009
Deemer Date: Corresponding Filing Tracking Number:

Filing Description:

We are submitting for your review and approval the following application:

Form 26721AR N6-09 - Simplified Issue Disability Income (DI) Application – Direct Sale

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This form will be used for direct sales of our Disability Income Insurance contract form AR12124 that was approved by your Department on 07/10/2000.

This application form is very similar to previously approved form 23772AR N9-05 used by our representatives (approved by your Department on 05/31/2005, State Tracking #29506). The only changes to this application are to accommodate direct solicitation of disability income insurance:

- added pre-existing condition notice on page 2 just before the signature line
- deleted signature block for the representative
- a copy of the Outline of Coverage will be provided at the time the policy is issued

This simplified application form may be used when the applicant has applied for at least \$100,000 of life insurance. If (1) the life insurance contract is issued with a risk class of standard or better; (2) the applicant answers "no" to each of the insurability questions in Section 4 of the simplified application; and (3) the applicant is working at least 10 hours per week and has no individual disability income coverage, we will issue a disability income insurance contract as follows:

- Monthly benefit of \$1,000 if there is no existing group coverage, otherwise \$500
- Deductible Period [elimination period] of 3 months
- Maximum Benefit Period of 60 months
- Guaranteed renewable contract

The application questions will be asked via the internet. The questions posed on the internet will have identical wording to what appears in the application. From the responses, we will fill out the application and send it to the applicant who will review it and sign it or ask for changes to it. If any changes are requested, the revised application will again be sent to the applicant for their review and signature. The signature will generally be obtained through an electronic process such as a secure email or an encrypted signature and cannot be transferred or used for any other purpose. The applicant can alternatively print, sign and mail a completed application. In all cases, a printed copy of the signed application will be included in the issued contract.

In the future, we may decide to provide for delivery and completion of the application by fax, email, computerized software or co-browse. Any personally identifiable information will be communicated or sent in a secure manner. If applications are completed via telephone, the necessary signature will be voice recorded and will not be used for any other purpose. If required by law, the applicant will receive a copy of the voice recording. If any changes are made to

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$20.00	07/10/2009	29115827

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/17/2009	07/17/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/15/2009	07/15/2009	Julie Van Beck	07/16/2009	07/16/2009

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Disposition

Disposition Date: *07/17/2009*

Implementation Date:

Status: *Approved-Closed*

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Simplified Issue Disability Income (DI) Application - Direct Sale	Approved-Closed	Yes
Form	Simplified Issue Disability Income (DI) Application - Direct Sale	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/15/2009
Submitted Date 07/15/2009
Respond By Date
Dear Julie Van Beck,
This will acknowledge receipt of the captioned filing.

Objection 1

- Simplified Issue Disability Income (DI) Application - Direct Sale (Form)

Comment:

The application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/16/2009
Submitted Date 07/16/2009

Dear Rosalind Minor,

Comments:

Response to Objection Report dated 07/15/2009

Response 1

Comments: The caution statement at the bottom of page 2 has been changed to reflect the required language as outlined in insurance code 23-66-503.

Related Objection 1

Applies To:

SERFF Tracking Number: THRV-126215840 State: Arkansas
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Product Name: SIDI Application (Direct Sales) 26721 N6-09
 Project Name/Number: /
 - Simplified Issue Disability Income (DI) Application - Direct Sale (Form)
 Comment:

The application must contain a Fraud Statement as outlined under ACA 23-66-503 and Bulletin 7-97.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Simplified Issue Disability Income (DI) Application - Direct Sale	26721AR	N6-09	Application/Enrollment Form	Initial			SIDI Application 26721AR N6-09.pdf
Previous Version							
Simplified Issue Disability Income (DI) Application - Direct Sale	26721AR	N6-09	Application/Enrollment Form	Initial			SIDI Application 26721AR N6-09.pdf

No Rate/Rule Schedule items changed.

Thank you for your continued review of our filing!

Sincerely,
 Julie Van Beck

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Form Schedule

Lead Form Number: 26721AR N6-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	26721AR	Application/	Simplified Issue	Initial			SIDI
Closed	N6-09	Enrollment Form	Disability Income (DI) Application - Direct Sale				Application 26721AR N6-09.pdf

Simplified Issue Disability Income (DI) Application - Direct Sale

Section 1 - Proposed Insured

Name (print title, first, middle, last name and suffix, as applicable)	Sex	Date of birth (mm/dd/yyyy)
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Section 2 - Other Coverage and Occupation Information

- Yes No 1. Are you working 10 hours or more per week?*
- Yes No 2. Do you have individual disability income coverage (either with Thrivent Financial or with another company) in force or pending?*
- Yes No 3. Do you have group disability income coverage in force or pending?
- Yes No 4. Within the past two years, have you used tobacco or other nicotine products?

Current occupation	Occupation class
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List duties of occupation and percentage of time spent on each duty.

Duty	Time	%	Duty	Time	%

Section 3 - Product Information

Total Disability Monthly Benefit Amount - \$ _____	Deductible Period: 3 months
(\$[500] if existing group DI coverage, \$[1000] if no existing DI coverage)	Maximum Period: 60 months

Section 4* - Declaration of Insurability

1. Have you:
- Yes No (a) Within the past two years participated in any of the following activities: pilot, copilot, student pilot, or crew member; auto racing, motorcycle racing, powerboat racing, hang gliding, mountain climbing, ballooning, sky diving, skin/scuba diving, or other similar avocation?
- Yes No (b) Within the past seven years had a disability income insurance application declined, postponed, rated, modified or withdrawn?
2. Within the past five years have you been diagnosed or been treated by a physician or member of the medical profession, chiropractor, counselor, or any other professional for:
- Yes No (a) Disease or disorder of the heart, circulatory system, or kidney (excluding high blood pressure if no reading during the past 24 months above 140/90)?
- Yes No (b) Diabetes, chronic hepatitis, ulcerative colitis, Crohn's disease, pancreatitis, or chronic lung disorder excluding asthma?
- Yes No (c) Arthritis or any joint disorder, tendon disorder, fibromyalgia, chronic fatigue syndrome, or disorder of the spine?
- Yes No (d) Disease or disorder of the nervous system, including psychological or psychiatric care (excluding treatment for abuse-related conditions)?
- Yes No 3. Within the past five years have you been advised to seek treatment or counseling, been treated for or received counseling, or joined AA, NA, or other support organization for the use of alcohol or drugs?
- Yes No 4. Are you currently disabled or using any special medical equipment or appliance such as a walker, cane, wheelchair, catheter, oxygen tank or artificial limb?

* Note: If you are working fewer than 10 hours per week, have individual disability income coverage in force or pending, or answered "Yes" to any question in Section 4, then full underwriting is required and this application may not be used.

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Rate Information

Rate data does NOT apply to filing.

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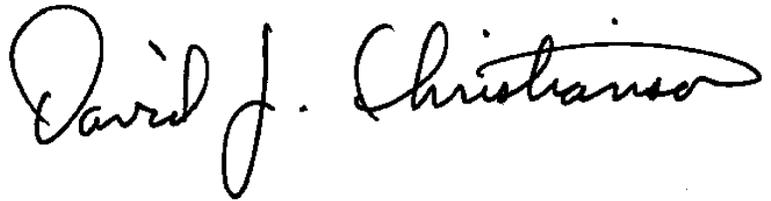
Supporting Document Schedules

Satisfied -Name: Flesch Certification	Review Status: Approved-Closed	07/17/2009
Comments: Life & Health Certification is attached. Readability is not required for application forms.		
Attachment: AR Life and Health Cert.pdf		
Bypassed -Name: Application	Review Status: Approved-Closed	07/17/2009
Bypass Reason: The application being submitted for review is attached under the Form Schedule.		
Comments:		
Bypassed -Name: Health - Actuarial Justification	Review Status: Approved-Closed	07/17/2009
Bypass Reason: Not applicable to this application filing.		
Comments:		
Satisfied -Name: Outline of Coverage	Review Status: Approved-Closed	07/17/2009
Comments: A copy of the Outline of Coverage will be provided at the time the policy is issued.		

ARKANSAS

CERTIFICATION OF ARKANSAS INSURANCE RULE AND REGULATION 19

I certify, to the best of my knowledge and belief, that this filing meets the provisions of Arkansas Insurance Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink that reads "David J. Christianson". The signature is written in a cursive style with a large initial "D" and a long horizontal flourish at the end.

David J. Christianson, FSA, MAAA, CLU
Director, Contract Forms and Compliance
Product and Solutions Management

Date: July 10, 2009

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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Simplified Issue Disability Income (DI) Application - Direct Sale	07/07/2009	SIDI Application 26721AR N6-09.pdf

Simplified Issue Disability Income (DI) Application - Direct Sale

Section 1 - Proposed Insured

Name (print title, first, middle, last name and suffix, as applicable)	Sex	Date of birth (mm/dd/yyyy)
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Section 2 - Other Coverage and Occupation Information

- Yes No 1. Are you working 10 hours or more per week?*
- Yes No 2. Do you have individual disability income coverage (either with Thrivent Financial or with another company) in force or pending?*
- Yes No 3. Do you have group disability income coverage in force or pending?
- Yes No 4. Within the past two years, have you used tobacco or other nicotine products?

Current occupation	Occupation class
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List duties of occupation and percentage of time spent on each duty.

Duty	Time	%	Duty	Time	%

Section 3 - Product Information

Total Disability Monthly Benefit Amount - \$ _____ Deductible Period: 3 months
 (\$[500] if existing group DI coverage, \$[1000] if no existing DI coverage) Maximum Period: 60 months

Section 4* - Declaration of Insurability

1. Have you:
- Yes No (a) Within the past two years participated in any of the following activities: pilot, copilot, student pilot, or crew member; auto racing, motorcycle racing, powerboat racing, hang gliding, mountain climbing, ballooning, sky diving, skin/scuba diving, or other similar avocation?
- Yes No (b) Within the past seven years had a disability income insurance application declined, postponed, rated, modified or withdrawn?
2. Within the past five years have you been diagnosed or been treated by a physician or member of the medical profession, chiropractor, counselor, or any other professional for:
- Yes No (a) Disease or disorder of the heart, circulatory system, or kidney (excluding high blood pressure if no reading during the past 24 months above 140/90)?
- Yes No (b) Diabetes, chronic hepatitis, ulcerative colitis, Crohn's disease, pancreatitis, or chronic lung disorder excluding asthma?
- Yes No (c) Arthritis or any joint disorder, tendon disorder, fibromyalgia, chronic fatigue syndrome, or disorder of the spine?
- Yes No (d) Disease or disorder of the nervous system, including psychological or psychiatric care (excluding treatment for abuse-related conditions)?
- Yes No 3. Within the past five years have you been advised to seek treatment or counseling, been treated for or received counseling, or joined AA, NA, or other support organization for the use of alcohol or drugs?
- Yes No 4. Are you currently disabled or using any special medical equipment or appliance such as a walker, cane, wheelchair, catheter, oxygen tank or artificial limb?

* Note: If you are working fewer than 10 hours per week, have individual disability income coverage in force or pending, or answered "Yes" to any question in Section 4, then full underwriting is required and this application may not be used.

