

SERFF Tracking Number: UNNC-126179560 State: Arkansas
 Filing Company: The Union Central Life Insurance Company State Tracking Number: 42877
 Company Tracking Number: UN 92
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UN 92 - Application for Insurance-UCL
 Project Name/Number: UN 92 - Application for Insurance/UN 92

Filing at a Glance

Company: The Union Central Life Insurance Company

Product Name: UN 92 - Application for Insurance-UCL SERFF Tr Num: UNNC-126179560 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved-Closed State Tr Num: 42877

Sub-TOI: L09I.001 Single Life Co Tr Num: UN 92 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Bobbie Cramer, Joanne Friend, Jenny Andrus Disposition Date: 07/20/2009

Date Submitted: 07/02/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name: UN 92 - Application for Insurance

Project Number: UN 92

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/20/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 07/20/2009

Created By: Bobbie Cramer

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Bobbie Cramer

Filing Description:

Re: The Union Central Life Insurance Company NAIC No. 80837-0943 FEIN No. 31-0472910

Acacia Life Insurance Company NAIC No. 60038-0943 FEIN No. 53-0022880

Ameritas Life Insurance Corp. NAIC No. 61301-0943 FEIN No. 47-0098400

Submission Form Identification: UN 92 PI et al - Application for Insurance (Simplified Issue)

Designation of form as Individual or Group Market: Individual

SERFF Tracking Number: UNNC-126179560 State: Arkansas
Filing Company: The Union Central Life Insurance Company State Tracking Number: 42877
Company Tracking Number: UN 92
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UN 92 - Application for Insurance-UCL
Project Name/Number: UN 92 - Application for Insurance/UN 92

Enclosed for your review and approval is our Application for Insurance (Simplified Issue) which we are updating and revising the format for a multi-company approach. This UN 92 Application series is being submitted in a modular format and will be used by the three UNIFI companies of Acacia Life Insurance Company, Ameritas Life Insurance Corporation, and The Union Central Life Insurance Company as our application for simplified issue for all individual life product lines. The applicant will be asked to check a box to indicate the Company for which they are applying.

Since your state requires each company be filed separately, we are also submitting these forms for the other two companies simultaneously with this filing.

Form UN 92 PI et al, will replace the Union Central Life forms of either UC 92 A, approved by your Department between 12/1/98 and 7/30/01, or UC 92-1 A, approved by your Department between 10/1/07 and 5/13/09. Form UN 92 PI et al, does not replace any previously approved forms for Acacia Life Insurance or Ameritas Life Insurance.

This format will eliminate costly duplicative forms and enable the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc); or 2) provided to the client on the same form (such as the Notice of Insurance Information Practices, Conditional Receipt, and Authorization). Product specific information will be collected on the enclosed product specific components (such as traditional or universal life, or variable universal life). This will enable streamlined and cost efficient computerized recordkeeping and also future compliance since only one form will need to be revised rather than multiple forms.

We are attaching an Exhibit A which lists the form numbers, form descriptions, flesch scores, and whether or not each form is replacing a previously approved form. The flesch scores listed on the Exhibit A exclude medical terminology, and federally or state required language. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

These forms were filed concurrently with our state of domicile. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52329 (email address: bcramer@unioncentral.com), or at the above-referenced address. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

(Mrs.) Bobbie J. Cramer
Senior Contract Analyst

Company and Contact

SERFF Tracking Number: UNNC-126179560 State: Arkansas
Filing Company: The Union Central Life Insurance Company State Tracking Number: 42877
Company Tracking Number: UN 92
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UN 92 - Application for Insurance-UCL
Project Name/Number: UN 92 - Application for Insurance/UN 92

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/20/2009	07/20/2009

SERFF Tracking Number: UNNC-126179560 State: Arkansas
Filing Company: The Union Central Life Insurance Company State Tracking Number: 42877
Company Tracking Number: UN 92
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: UN 92 - Application for Insurance-UCL
Project Name/Number: UN 92 - Application for Insurance/UN 92

Disposition

Disposition Date: 07/20/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNNC-126179560 State: Arkansas
 Filing Company: The Union Central Life Insurance Company State Tracking Number: 42877
 Company Tracking Number: UN 92
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UN 92 - Application for Insurance-UCL
 Project Name/Number: UN 92 - Application for Insurance/UN 92

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Certificates		Yes
Form	Insurance Application - Personal Information		Yes
Form	Insurance Application - Policy Details		Yes
Form	Insurance Application - Financial, Lifestyle & Health Questionnaire		Yes
Form	Insurance Application - Agreement		Yes

SERFF Tracking Number: UNNC-126179560 State: Arkansas
 Filing Company: The Union Central Life Insurance Company State Tracking Number: 42877
 Company Tracking Number: UN 92
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UN 92 - Application for Insurance-UCL
 Project Name/Number: UN 92 - Application for Insurance/UN 92

Form Schedule

Lead Form Number: UN 92

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	UN 92 PI	Application/ Insurance Application Enrollment - Personal Form Information	Initial		52.000	UN 92 PI.pdf
	UN 92 UC PD	Application/ Insurance Application Enrollment - Policy Details Form	Initial		56.000	UN 92 UC PD.pdf
	UN 92 FI LHQ	Application/ Insurance Application Enrollment - Financial, Lifestyle Form & Health Questionnaire	Initial		60.000	UN 92 FI LHQ.pdf
	UN 92 AG	Application/ Insurance Application Enrollment - Agreement Form	Initial		55.000	UN 92 AG.pdf



Application for Insurance

Personal Information

CHECK ALL COMPANIES THAT APPLY:

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218
(Client Service Department)

1. Proposed Insured:

- a) Name: _____
- b) Date of Birth: _____ c) Sex: Male Female
- d) Place of Birth: _____
- e) Social Security/Tax ID No.: _____
- f) Driver's License or other Government issued picture ID:
_____ State: _____
- g) Home Address: _____
City: _____ State: _____ ZIP: _____
- h) Tel. (Home): _____
(Business): _____
Fax: _____
E-mail: _____
Best time to call: _____ at: Business Home
In the event you are not available when our
interviewer calls, may we speak with your spouse? Yes No
- i) Residency Status: U.S. Resident Other: _____
- j) Are you a U.S. Citizen: Yes No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____
- k) Employer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
- l) Occupation: _____ Years: _____
- m) Duties: _____

2. Owner Information:

(Complete only if Owner is other than Proposed Insured.)

- a) Individual b) Trust (provide copy) c) Partnership
- d) Corporation: State of Incorporation: _____
- e) Full Name: _____
- f) Relationship to Proposed Insured(s): _____
- g) Trustee(s) Name: _____
- h) Date of Birth or Date of Trust: _____
- i) Social Security/Tax ID No.: _____
- j) Driver's License or other Government issued picture ID:
_____ State: _____
- k) Address: _____
City: _____ State: _____ ZIP: _____
- l) Residency Status: U.S. Resident Other: _____
- m) Are you a U.S. Citizen: Yes No
If "No," complete Foreign National form UN 0918
and provide the following:
Citizenship: _____
Visa Type: _____ Visa #: _____

3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: _____

Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____
- b) Contingent Beneficiary: _____

Address: _____
City: _____ State: _____ ZIP: _____
Relationship to Proposed Insured: _____
Social Security/Tax ID: _____
Date of Birth or Date of Trust: _____



Universal Life / Traditional Life Policy Details

The Union Central Life Insurance Company

P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218
(Client Service Department)

1. Universal Life:

- a) Specified Amount (base only): \$ _____
Plan of Insurance: _____
 - b) Death Benefit Option:
 - Option A (Specified Amount)
 - Option B (Specified Amount plus Account Value)
 - Option C (Return of Premium)
 - c) Life Insurance Qualification Test:
 - GPT (Guideline Premium Test)
 - CVAT (Cash Value Accumulation Test)
 - d) Planned Periodic Premium (modal): \$ _____
Additional First-Year Premium (lump sum deposits): \$ _____
 - e) Single Life Supplementary Benefits:
 - Accelerated Benefit Rider (include Disclosure Statement)
 - Accidental Death Benefit Rider: \$ _____
 - Accounting Benefit Rider: \$ _____
 - Guaranteed Insurability Rider: \$ _____
 - Scheduled Increase Rider: _____ %
 - Supplemental Coverage Rider: \$ _____
 - Total Disability Benefit Rider: \$ _____
 - Waiver of Monthly Deductions Rider
 - Other: _____
 - f) Indexed UL Account Allocations:
 - _____ % Fixed Account: a current interest rate.
 - _____ % Capped Participation Account: a 100% participation rate on a limited percentage increase in the S & P Index.
 - _____ % Uncapped Participation Account: a lower participation rate on unlimited percentage increases in the S & P Index.
- 100 % Total**

2. Term Life:

- a) Specified Amount: \$ _____
- b) Plan of Insurance:
 - Term 1 Term 10 Term 15
 - Term 20 Term 30 Other: _____
- c) Supplementary Benefits:
 - Accelerated Benefit Rider (include Disclosure Statement)
 - Accidental Death Benefit Rider: \$ _____
 - Waiver of Premium Rider
 - Other: _____

3. Whole Life:

- a) Specified Amount: \$ _____
Plan of Insurance: _____
- b) Dividend Option:
 - Paid Up additions
 - Cash
 - Accumulate at Interest
 - Reduce premium (not on monthly modes)
 - One-year term
 - Other: _____
- c) Nonforfeiture Option:
 - Extended Term Insurance
 - Reduce Paid Up
 - Automatic Premium Loan
- d) Supplementary Benefits:
 - Accelerated Benefit Rider (include Disclosure Statement)
 - Accidental Death Benefit Rider: \$ _____
 - Guaranteed Insurability Rider: \$ _____
 - One Year Term Rider: \$ _____
 - Paid-up Rider:
 - Annual Premium: \$ _____
 - Single Premium: \$ _____
 - Term Paid-up Rider (TPL): \$ _____
 - Total Disability Benefit Rider
 - Waiver of Premium Rider
 - Other: _____

4. Premium:

- a) Send Premium Notices to: Residence Business
 Owner Insured
 Other: (Specify relationship and address) _____
- b) Premium Frequency:
 - Annual Electronic Fund Transfer (complete EFT form)
 - Semi-Annual Salary Allotment
 - Quarterly Other: _____
- c) Has any premium been given in connection with this application? Yes No
(If "Yes," state amount paid for which Conditional Receipt has been given; the terms of which are hereby agreed to.)
Amount: \$ _____
- d) Association Discount: (If "Yes," provide IPN.) Yes No
Association IPN: _____



Universal Life / Traditional Life / VUL

- Financial Information
- Lifestyle and Health Questionnaire

Acacia Life Insurance Company
 P.O. Box 81889, Lincoln, NE 68501
 800-745-1112, Fax 402-467-7335
 (Client Service Department)

Ameritas Life Insurance Corp.
 P.O. Box 81889, Lincoln, NE 68501
 800-745-1112, Fax 402-467-7335

The Union Central Life Insurance Company
 P.O. Box 40888, Cincinnati, OH 45240
 800-319-6901, Fax 513-595-2218
 (Client Service Department)

FINANCIAL INFORMATION

1. Existing and Pending Insurance - Proposed Insured:

- a) Total insurance in force on the Proposed Insured. \$ _____
- b) Total insurance currently pending with all companies, including this application. \$ _____

2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? (If "Yes," complete a Replacement Notice if required by State Law.) Yes No
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? (If "Yes," give details.) Yes No

Company: _____

Policy No.: _____ Type of Policy: _____

Amount: \$ _____ Date: _____

3. Insurance Producer's Replacement Statement:

- a) To the best of your knowledge, does the applicant have any existing life insurance policies or annuity contracts? Yes No
- b) To the best of your knowledge, does the policy applied for involve replacement, in whole or in part, of any existing life insurance, annuity, disability income or overhead expense insurance, or any other accident and sickness insurance? (If "Yes," give details.) Yes No

Company: _____

Policy No.: _____

- c) Will a policy loan on one or more policies be utilized to pay any portion of the initial premium or deposit on the policy applied for? Yes No
 (If "Yes," give policy number(s) involved.) _____

4. Source of Premiums: (Check one or more.)

- Current Income Cash Savings Employer
 Securities Relative Premium Finance
 Sale of personal property or real estate 1035 Exchange
 Insurance or annuity maturity value or death benefit
 Insurance/Annuities (Loans/Withdrawals)
 Rollover/Transfer of 401(k) or Pension Funds
 Other: _____

LIFESTYLE QUESTIONS (Please provide details for "Yes" answers.)

1. Have you used tobacco or nicotine products in any form within the last five years? (In Details, provide dates and type: cigarettes, cigars, cigarillos, a pipe, chewing tobacco, nicotine patches, gum, etc.) Yes No
2. Have you ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? (In Details, provide date, reason, and company name.) Yes No
3. Have you ever made any flights as: a pilot, student pilot, or crew member of any aircraft? (If "Yes," complete Aviation Questionnaire.) Yes No
4. Have you engaged in or plan to engage in any form of: motorized racing, scuba diving, parachuting, sky diving, hang gliding, ballooning, mountain climbing, rodeo, competitive skiing, snowmobiling, gliding, boat racing or any other hazardous sport? (If "Yes," complete appropriate form(s).) Yes No

HEALTH QUESTIONS (Please provide details for "Yes" answers.)

1. a) Height: _____ b) Weight: _____
2. Have you ever been medically treated for or had any known indication of:
- a) Chest pain, palpitation, high blood pressure, heart murmur, heart attack or other disorder of the heart or blood vessels? Yes No
- b) Diabetes, thyroid, or other endocrine disorders? Yes No
- c) Disorder of skin, lymph glands, cyst, tumor or cancer? Yes No
3. Within the past 10 years, have you:
- a) Used marijuana, cocaine, barbiturates, tranquilizers, heroin, LSD, amphetamines, morphine, narcotics; or any other drug, except as legally prescribed by a physician? Yes No
- b) Consumed alcoholic beverages? Yes No

If "Yes," specify extent: _____

4. Have you been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV)? Yes No

5. a) Name and address of personal or attending physician:

- b) Phone: _____ c) Date last consulted: _____

- d) Reason and any medication/treatment given:

- e) List any medications (prescription or nonprescription) you are currently taking: _____

Details. For each "Yes," answer, provide question number, diagnoses, dates, duration, names and addresses of all attending physicians and medical facilities. Attach additional sheet if needed.



Application for Insurance Agreement

Acacia Life Insurance Company
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335

The Union Central Life Insurance Company
P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218
(Client Service Department)

Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the **CONDITIONAL RECEIPT**;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
 - (1) **the first premium is paid during the lifetime of the proposed insured and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
 - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____
City State Month Day Year

Print or Type Proposed Insured Name.

X _____
Signature of Proposed Insured.

Print or Type Owner if not Proposed Insured.

X _____
Signature of Owner if not Proposed Insured.

Print or Type Insurance Producer Name. Producer No./Sit. Code.

X _____
Signature of Licensed Soliciting Producer. Producer State Lic. No.

Print or Type Insurance Producer Name. Producer No./Sit. Code.

X _____
Signature of Licensed Soliciting Producer. Producer State Lic. No.

Agency Name. Agency No.

Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

X _____
Signature of Owner, Trustee/Employer Date

SERFF Tracking Number: UNNC-126179560 State: Arkansas
 Filing Company: The Union Central Life Insurance Company State Tracking Number: 42877
 Company Tracking Number: UN 92
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: UN 92 - Application for Insurance-UCL
 Project Name/Number: UN 92 - Application for Insurance/UN 92

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: UN 92 Readability Cert - UCL.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: n/a - we are only submitting an application.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: n/a - we are only submitting an application.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Certificates		
Comments:		
Attachment: AR Certs - UCL.pdf		

READABILITY CERTIFICATION

I, John M. Lucas, an officer of The Union Central Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Form Title</u>	<u>Readability Score #</u>
UN 92 PI	Application for Insurance-Personal Information	52
UN 92 UC PD	Application for Insurance-Policy Details	45*
UN 92 FI LHQ	Application for Insurance-Financial, Lifestyle & Health Questionnaire	60
UN 92 AG	Application for Insurance-Agreement	55

Flesch scores exclude medical terminology, and federal or state required language.

* The score shown is the page taken by itself. When taken with all four pages together, this page reaches an average flesch readability score of 56.



John M. Lucas
Second Vice President, Associated General Counsel & Assistant Secretary
The Union Central Life Insurance Company

06/09/09

Date

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that The Union Central Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that The Union Central Life Insurance Company is in compliance.



John M. Lucas
Second Vice Pres., Associate General Counsel & Assistant Secretary

July 2, 2009

Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that The Union Central Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.



John M. Lucas
Second Vice Pres., Associate General Counsel & Assistant Secretary

July 2, 2009

Date