

SERFF Tracking Number: CMBD-126288126 State: Arkansas
 Filing Company: Combined Insurance Company of America State Tracking Number: 43495
 Company Tracking Number: 333096-AR-909
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Applications for Term Life Insurance
 Project Name/Number: 333096-AR-909/333096-AR-909

Company and Contact

Filing Contact Information

Anita Sibley, Policy Analyst Anita.Sibley@combined.com
 1000 N Milwaukee Avenue 847-953-1526 [Phone]
 6th Floor 847-953-1557 [FAX]
 Glenview, IL 60025

Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois
 1000 Milwaukee Avenue Group Code: 317 Company Type:
 Glenview, IL 60025 Group Name: State ID Number:
 (847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Retaliatory Fee is \$50.00 per form. Two applications are being filed. Therefore, the filing fee is:
 \$50.00 x 2 = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$100.00	09/14/2009	30521243

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/17/2009	09/17/2009

SERFF Tracking Number: CMBD-126288126 State: Arkansas
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Fixed/Indeterminate Premium - Single Life
Product Name: Applications for Term Life Insurance
Project Name/Number: 333096-AR-909/333096-AR-909

Disposition

Disposition Date: 09/17/2009

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
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Applications- Changes Highlighted		Yes
Supporting Document	Memorandum of Variability		Yes
Supporting Document	Replacement Notices		Yes
Form	Application for Level Premium Term Life Insurance		Yes
Form	Direct Response Application for Level Premium Term Life Insurance		Yes

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Form Schedule

Lead Form Number: 333096-AR-909

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	333096-AR-909	Application/Enrollment Form	Application for Level Premium Term Life Insurance	Initial		48.100	333096-AR-909.pdf
	333096R09-AR-DR	Application/Enrollment Form	Application for Level Premium Term Life Insurance	Initial		49.900	333096R09-AR-DR.pdf



Application for [Level Premium Term] Life Insurance

Policy No.

Combined Insurance Company of America
[5050 Broadway, Chicago, Illinois 60640]

[1] [Check] amount desired: [] \$10,000 [] \$100,00 [] \$500,000 [] \$1,000,000
[Check] term desired: [] 5 years [] 10 years [] 20 years [] to age 65 Form No. [33096]

[2] Proposed Insured: [(Ages 18 - 74)] Date of Birth [Social Security No.]
Address: Street, City, State, Zip Code Home Phone No.
Mailing Address: (if different) Weight Height [] Male [] Female
Driver's License No.: State

[3] Do you wish to include coverage for your spouse for half your benefit amount? [] Yes [] No
Spouse: [(Ages 18 - 74)] Date of Birth Social Security No.
Address: Street, City, State, Zip Code (if different than proposed insured) Weight Height [] Male [] Female
Driver's License No.: State

[4] Do you wish to include coverage for your child(ren) between the ages of 11 days and 17 years? [] Yes [] No
Check amount desired: [] \$5,000 [] \$10,000 [] \$20,000

[5] Owner / Applicant: (if not Proposed Insured): Address: Street, City, State, Zip Code Relationship To Insured:

[6] Beneficiary's Full Name: Relationship To Insured:

[7] Please answer the following questions to the best of your knowledge and belief for all individuals to be covered:

- 1. Within the past 5 years have you, your spouse or any eligible dependent received any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for: Stroke, heart attack, coronary artery disease, angina, or other heart condition? [] yes [] no
Cancer, Leukemia, Melanoma or Hodgkin's disease? [] yes [] no
Diabetes requiring insulin or diagnosed with any type of diabetes before age 35? [] yes [] no
Emphysema or Chronic Obstructive Lung disease? [] yes [] no
Kidney failure, organ transplant or polycystic kidney disease? [] yes [] no
Cirrhosis of the liver, alcoholism or drug addiction? [] yes [] no
2. Have you, your spouse or any eligible dependent been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)? [] yes [] no
3. Within the past 5 years have you, your spouse or any eligible dependent been convicted of reckless driving or driving under the influence of alcohol, or within the past 2 years had three or more moving violations? [] yes [] no
4. Have you, your spouse or any eligible dependent ever been declined, postponed or rated for life insurance? [] yes [] no
5. Within the past 5 years have you, your spouse or any eligible dependent had any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for any sickness, injury or defect, excluding flu, colds, sprains or routine physicals? [] yes [] no
6. Have you, your spouse or any eligible dependent used tobacco products in any form in the past 12 months? [] yes [] no

For any "YES" answer(s) for questions 1 through 5 above, list the name(s) of the individual(s), the condition/medication that caused the "YES" answer, and the physician's name, address and telephone number.

Table with 3 columns: Name, Explanation, Physician Name, Address, Phone no.

Application for [Level Premium Term] Life Insurance

Combined Insurance Company of America
[5050 Broadway, Chicago, Illinois 60640]

8	Are you currently on Medicaid?	<input type="checkbox"/> yes <input type="checkbox"/> no
9	Do you currently have any existing life insurance policies or annuity contracts in force? (If "Yes", complete Important Notice Form No. 300055)	<input type="checkbox"/> yes <input type="checkbox"/> no
10	Do you wish to include an Accidental Death Benefit Rider with this policy that doubles your benefit amount in case of accidental death (not available for spouse or children)?	<input type="checkbox"/> yes <input type="checkbox"/> no

11	[Select] Payment Method
----	-------------------------

- [[Debit my checking account monthly – I have enclosed a check for the 1st month's premium. [I also have enclosed a blank check marked "VOID" to set up a monthly withdrawal from my checking account.]]
- [Bill me by mail, [semi-annually/annually] – enclosed is my check for the 1st [six month's/twelve month's] premium.]
- [Charge my credit card account [monthly/semi-annually/annually] – Choose one: VISA Mastercard

ACCOUNT #

EXPIRATION DATE

-]

<p>I am enclosing the initial premium of \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/></p> <p>I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.</p>	<p>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.</p>
<p>Signature of Applicant _____ City and State _____ Date _____</p>	

[See Premium Rate Sheet to determine your premium amount]

<p>I, the authorized agent, have on the Date of Application recorded the information as given to me by the Proposed Insured. To the best of my knowledge and belief the policy being applied for <input type="checkbox"/> will – will not <input type="checkbox"/> replace any existing insurance. I have delivered the Notice of Information Practices and Accelerated Benefit Disclosure. I have no knowledge of any unfavorable medical history not recorded on this Application.</p>
<p>Signature of Licensed Agent _____ Code # _____</p>



Application for [Level Premium Term] Life Insurance

Policy No.

Combined Insurance Company of America
[5050 Broadway, Chicago, Illinois 60640]

[1] [Check] amount desired: [] \$10,000 [] \$100,000 [] \$500,000 [] \$1,000,000
[Check] term desired: [] 5 years [] 10 years [] 20 years [] to age 65 Form No. [33096]

[2] Proposed Insured: [(Ages 18 - 74)] Date of Birth [/ /] [Social Security No.]
Address: Street, City, State, Zip Code Home Phone No.
Mailing Address: (if different) Weight Height [] Male [] Female
Driver's License No.: State

[3] Do you wish to include coverage for your spouse for half your benefit amount? [] Yes [] No
Spouse: [(Ages 18 - 74)] Date of Birth [/ /] Social Security No.
Address: Street, City, State, Zip Code (if different than proposed insured) Weight Height [] Male [] Female
Driver's License No.: State

[4] Do you wish to include coverage for your child(ren) between the ages of 11 days and 17 years? [] Yes [] No
Check amount desired: [] \$5,000 [] \$10,000 [] \$20,000

[5] Owner / Applicant: (if not Proposed Insured): Address: Street, City, State, Zip Code Relationship To Insured:

[6] Beneficiary's Full Name: Relationship To Insured:

[7] Please answer the following questions to the best of your knowledge and belief for all individuals to be covered:

- 1. Within the past 5 years have you, your spouse or any eligible dependent received any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for: Stroke, heart attack, coronary artery disease, angina, or other heart condition? [] yes [] no
Cancer, Leukemia, Melanoma or Hodgkin's disease? [] yes [] no
Diabetes requiring insulin or diagnosed with any type of diabetes before age 35? [] yes [] no
Emphysema or Chronic Obstructive Lung disease? [] yes [] no
Kidney failure, organ transplant or polycystic kidney disease? [] yes [] no
Cirrhosis of the liver, alcoholism or drug addiction? [] yes [] no
2. Have you, your spouse or any eligible dependent been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)? [] yes [] no
3. Within the past 5 years have you, your spouse or any eligible dependent been convicted of reckless driving or driving under the influence of alcohol, or within the past 2 years had three or more moving violations? [] yes [] no
4. Have you, your spouse or any eligible dependent ever been declined, postponed or rated for life insurance? [] yes [] no
5. Within the past 5 years have you, your spouse or any eligible dependent had any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for any sickness, injury or defect, excluding flu, colds, sprains or routine physicals? [] yes [] no
6. Have you, your spouse or any eligible dependent used tobacco products in any form in the past 12 months? [] yes [] no

For any "YES" answer(s) for questions 1 through 5 above, list the name(s) of the individual(s), the condition/medication that caused the "YES" answer, and the physician's name, address and telephone number.

Table with 3 columns: Name, Explanation, Physician Name, Address, Phone no.

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 Filing Company: Combined Insurance Company of America State Tracking Number: 43495
 Company Tracking Number: 333096-AR-909
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Applications for Term Life Insurance
 Project Name/Number: 333096-AR-909/333096-AR-909

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
333096-AR-909-Readability.pdf		
Certification of Compliance.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This is an application only filing. The applications are included in the Form Schedule.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment:		
333096-AR-909-Cover.pdf		

	Item Status:	Status Date:
Satisfied - Item: Applications- Changes Highlighted		
Comments:		
Attachments:		
333096-AR-909-Highlighted.pdf		
333096R09-AR-DR-Highlighted.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: CMBD-126288126 State: Arkansas
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Company Tracking Number: 333096-AR-909
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Applications for Term Life Insurance
Project Name/Number: 333096-AR-909/333096-AR-909

Satisfied - Item: Memorandum of Variability

Comments:

Attachment:

3333096-AR-909-Variability.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Replacement Notices

Comments:

Attachments:

300055.pdf

300055RM.pdf



September 11, 2009

READABILITY CERTIFICATION

RE: Form No. 333096-AR-909 – Application for Level Premium Term Life Insurance
Form No. 333096R09-AR-DR – Application for Level Premium Term Life Insurance

We hereby certify that Form No. 333096-AR-909 has a Flesch Index Score of 48.1, that Form No. 333096R09-AR-DR has a Flesch Index Score of 49.9, and that both forms meet the reading ease requirements.

Michael J. Hollar

Michael J. Hollar
Assistant Secretary

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Combined Insurance Company of America

Form Number(s): 333096-AR-909 - Application for Level Premium Term Insurance
333096R09-AR-DR - Application for Level Premium Term Insurance

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Michael J. Hollar

Signature of Company Officer

Michael J. Hollar
Name

Assistant Secretary
Title

September 11, 2009
Date



VIA SERFF

September 14, 2009

Honorable Jay Bradford
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, AR 72201-1904

RE: **SERFF Tracking Number: CMBD-126288126**
Combined Insurance Company of America
FEIN Number: 36-2136262 -- NAIC Number: 317-62146
Form Numbers: 333096-AR-909 -- Application for Term Life Insurance
333096R09-AR-DR -- Direct Response Application for Term Life Insurance
Individual Life

Dear Commissioner Bradford:

Attached for your review and approval are Applications 333096-AR-909 and 333096R09-AR-DR. These are new forms that will replace Applications 333096R07-AR and 333096-AR-DR respectively, which were previously approved by your department on May 2, 2007 under SERFF Tracking Number CMBD-125162801. The applications are used to market Individual Term Life Policy 33096-AR, which was approved on July 8, 2004 under SERFF Tracking Number USPH-62GKJT263/00.

The new applications were created to incorporate the changes required by Arkansas Life Insurance and Annuities Replacement Rule 97, which becomes effective on January 1, 2010. Specific changes are highlighted on the bracketed versions that are attached to the Supporting Documentation tab, along with a Variability Memorandum, Certification of Compliance and the required Readability Certification.

Also attached for your reference, are copies of our Important Notice for Replacement of Life Insurance or Annuities, Form No. 300055 and our Replacement Memorandum 30055RM.

Illinois, our domiciliary state, has not adopted the Life Replacement Model Regulation as yet. Therefore, these forms have not been filed in our state of domicile.

Your attention to this filing is very much appreciated. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Anita Sibley
Policy Analyst

Anita Sibley, ACS, AIRC – Policy Analyst – Policy Filings/Government Relations
Toll Free to Product Filings: 888-449-3623 Direct: 847-953-1526 Fax: 847-953-1557 E-Mail: anita.sibley@combined.com



Application for [Level Premium Term] Life Insurance

Policy No.

Combined Insurance Company of America
[5050 Broadway, Chicago, Illinois 60640]

[1] [Check] amount desired: [] \$10,000 [] \$100,00 [] \$1,000,000
[Check] term desired: [] 5 years [] 10 years [] 20 years [] to age 65 Form No. [33096]

[2] Proposed Insured: [(Ages 18 - 74)] Date of Birth [Social Security No.]
Address: Street, City, State, Zip Code Home Phone No.
Mailing Address: (if different) Weight Height [] Male [] Female
Driver's License No.: State

[3] Do you wish to include coverage for your spouse for half your benefit amount? [] Yes [] No
Spouse: [(Ages 18 - 74)] Date of Birth Social Security No.
Address: Street, City, State, Zip Code (if different than proposed insured) Weight Height [] Male [] Female
Driver's License No.: State

[4] Do you wish to include coverage for your child(ren) between the ages of 11 days and 17 years? [] Yes [] No
Check amount desired: [] \$5,000 [] \$10,000 [] \$20,000

[5] Owner / Applicant: (if not Proposed Insured): Address: Street, City, State, Zip Code Relationship To Insured:

[6] Beneficiary's Full Name: Relationship To Insured:

[7] Please answer the following questions to the best of your knowledge and belief for all individuals to be covered:

- 1. Within the past 5 years have you, your spouse or any eligible dependent received any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for: Stroke, heart attack, coronary artery disease, angina, or other heart condition? [] yes [] no
Cancer, Leukemia, Melanoma or Hodgkin's disease? [] yes [] no
Diabetes requiring insulin or diagnosed with any type of diabetes before age 35? [] yes [] no
Emphysema or Chronic Obstructive Lung disease? [] yes [] no
Kidney failure, organ transplant or polycystic kidney disease? [] yes [] no
Cirrhosis of the liver, alcoholism or drug addiction? [] yes [] no
2. Have you, your spouse or any eligible dependent been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)? [] yes [] no
3. Within the past 5 years have you, your spouse or any eligible dependent been convicted of reckless driving or driving under the influence of alcohol, or within the past 2 years had three or more moving violations? [] yes [] no
4. Have you, your spouse or any eligible dependent ever been declined, postponed or rated for life insurance? [] yes [] no
5. Within the past 5 years have you, your spouse or any eligible dependent had any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for any sickness, injury or defect, excluding flu, colds, sprains or routine physicals? [] yes [] no
6. Have you, your spouse or any eligible dependent used tobacco products in any form in the past 12 months? [] yes [] no

For any "YES" answer(s) for questions 1 through 5 above, list the name(s) of the individual(s), the condition/medication that caused the "YES" answer, and the physician's name, address and telephone number.

Table with 3 columns: Name, Explanation, Physician Name, Address, Phone no.



Application for [Level Premium Term] Life Insurance

Policy No.

Combined Insurance Company of America
[5050 Broadway, Chicago, Illinois 60640]

[1] [Check] amount desired: [] \$10,000 [] \$100,000 [] \$500,000 [] \$1,000,000
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[2] Proposed Insured: [(Ages 18 - 74)] Date of Birth [Social Security No.]
Address: Street, City, State, Zip Code Home Phone No.
Mailing Address: (if different) Weight Height [] Male [] Female
Driver's License No.: State

[3] Do you wish to include coverage for your spouse for half your benefit amount? [] Yes [] No
Spouse: [(Ages 18 - 74)] Date of Birth Social Security No.
Address: Street, City, State, Zip Code (if different than proposed insured) Weight Height [] Male [] Female
Driver's License No.: State

[4] Do you wish to include coverage for your child(ren) between the ages of 11 days and 17 years? [] Yes [] No
Check amount desired: [] \$5,000 [] \$10,000

[5] Owner / Applicant: (if not Proposed Insured): Address: Street, City, State, Zip Code Relationship To Insured:

[6] Beneficiary's Full Name: Relationship To Insured:

[7] Please answer the following questions to the best of your knowledge and belief for all individuals to be covered:

- 1. Within the past 5 years have you, your spouse or any eligible dependent received any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for: Stroke, heart attack, coronary artery disease, angina, or other heart condition? [] yes [] no
Cancer, Leukemia, Melanoma or Hodgkin's disease? [] yes [] no
Diabetes requiring insulin or diagnosed with any type of diabetes before age 35? [] yes [] no
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Kidney failure, organ transplant or polycystic kidney disease? [] yes [] no
Cirrhosis of the liver, alcoholism or drug addiction? [] yes [] no
2. Have you, your spouse or any eligible dependent been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex), or tested positive for HIV (Human Immunodeficiency Virus)? [] yes [] no
3. Within the past 5 years have you, your spouse or any eligible dependent been convicted of reckless driving or driving under the influence of alcohol, or within the past 2 years had three or more moving violations? [] yes [] no
4. Have you, your spouse or any eligible dependent ever been declined, postponed or rated for life insurance? [] yes [] no
5. Within the past 5 years have you, your spouse or any eligible dependent had any medical ADVICE or TREATMENT from a physician or taken prescription MEDICINE for any sickness, injury or defect, excluding flu, colds, sprains or routine physicals? [] yes [] no
6. Have you, your spouse or any eligible dependent used tobacco products in any form in the past 12 months? [] yes [] no

For any "YES" answer(s) for questions 1 through 5 above, list the name(s) of the individual(s), the condition/medication that caused the "YES" answer, and the physician's name, address and telephone number.

Table with 3 columns: Name, Explanation, Physician Name, Address, Phone no.



VARIABILITY MEMORANDUM
Application for Level Premium Term Life Insurance
Form No. 333096-AR-909 and Form No. 333096R09-AR-DR

Bracketed Information	Options/Reasons
Level Premium Term	Bracketed to allow us the flexibility to change if we use this application for other approved life policies.
Home Office Address	Bracketed to alleviate a future filing if the address changes.
Form Number	Bracketed to allow for a future change in the form number of the policy being marketed.
Check	This term will be removed for telephone solicitations
Benefit Amounts (10,000 \$100,000)	Bracketed to allow us the flexibility to offer benefit amounts within the range of \$10,000 to \$100,000.
Benefit Terms (5 years, 10 years, 20 years, to age 65)	Bracketed to allow us the flexibility to remove one or more of the stated terms.
(Ages 18 – 74)	Bracketed to allow us the flexibility to adjust the Policyholder and Spouse Issue Age Ranges. Minimum will not fall below 18, Maximum will not exceed 74.
Social Security Number	Bracketed to allow us the flexibility to remove if we decide not to use this field.
Child Coverage Benefit Amounts (\$5,000 \$10,000)	Bracketed to allow us the flexibility to offer benefit amounts within the range of \$5,000 to \$10,000.
[Select] Payment Method	The word "Select" will be removed for telephone solicitations.
Debit Option	All inclusive. Delete in its entirety, if this option is not offered.
Debit Option – I have also enclosed a blank check...	Delete this sentence if we decide not to collect the initial premium payment at time of application.
Bill by Mail Option	All inclusive. Delete in its entirety, if this option is not offered.
Bill by Mail Option (semi-annually, annually)	To allow for the removal of one method of payment
Bill by Mail Option (six month's, twelve month's)	To allow for the removal of one method of payment
Credit Card Charge Option	All inclusive. Delete in its entirety, if this option is not offered.
Credit Card Charge Option (monthly, semi-annually, annually)	To allow for the removal of one or two methods of payment.
See Premium Rate Sheet to determine your premium amount	This text will be removed for telephone solicitations.

**COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640**

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name Date

Agent's Signature and Printed Name Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older - are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you brought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor).
- Is there a benefit from favorable "grand-fathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

**COMBINED INSURANCE COMPANY OF AMERICA
5050 Broadway, Chicago, Illinois 60640**

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on an existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? YES NO
2. Are you considering using funds from your existing policies or contract to pay premiums due on the new policy or contract? YES NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

	INSURER NAME	CONTRACT OR POLICY #	INSURED OR ANNUITANT	REPLACED (R) OR FINANCING (F)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name Date

Agent's Signature and Printed Name Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older - are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you brought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

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LIFE INSURANCE AND ANNUITIES

REPLACEMENT MEMORANDUM

EXISTING CONTRACT/POLICY

PROPOSED CONTRACT/POLICY

Owner / Annuitant(s) _____

Owner / Annuitant(s) _____

Insurer _____

Insurer _____

Contract # _____

Application # _____

Product Type * _____

Product Type * _____

Product Name _____

Product Name _____

FOR BOTH LIFE INSURANCE AND ANNUITIES
(Complete all that is applicable)

CONTRACT OR POLICY PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Current Proposed Premium / Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		

* Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment

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LIFE INSURANCE AND ANNUITIES

REPLACEMENT MEMORANDUM

EXISTING CONTRACT/POLICY

PROPOSED CONTRACT/POLICY

Owner / Annuitant(s) _____

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Insurer _____

Insurer _____

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Product Type * _____

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FOR BOTH LIFE INSURANCE AND ANNUITIES
(Complete all that is applicable)

CONTRACT OR POLICY PROVISION	EXISTING CONTRACT/POLICY	REPLACEMENT CONTRACT/POLICY
Current Proposed Premium / Annual Consideration		
Current Contract Value		
Current Surrender Value		
Death Benefit Amount		
Current Interest Rate & Guarantee Period		
Guaranteed Minimum Accumulation/Interest Rate		

* Deferred Fixed Annuity, Deferred Variable Annuity, Deferred Indexed Fixed Annuity, Immediate Annuity, Indexed Life Insurance, Variable Life Insurance, Whole Life Insurance, Universal Life Insurance, Term Life Insurance and Endowment

