

SERFF Tracking Number: LBLI-126305750 State: Arkansas  
 Filing Company: Liberty Life Insurance Company State Tracking Number: 43575  
 Company Tracking Number: CFA3000UAD(01-10) ET AL  
 TOI: H03G Group Health - Accidental Death & Sub-TOI: H03G.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: Uniform Accidental Death App  
 Project Name/Number: /

## Filing at a Glance

Company: Liberty Life Insurance Company

Product Name: Uniform Accidental Death App SERFF Tr Num: LBLI-126305750 State: Arkansas  
 TOI: H03G Group Health - Accidental Death & SERFF Status: Closed-Approved- State Tr Num: 43575  
 Dismemberment Closed  
 Sub-TOI: H03G.000 Health - Accidental Death Co Tr Num: CFA3000UAD(01-10) State Status: Approved-Closed  
 & Dismemberment ET AL  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Authors: Julie Duncan, Dianne Disposition Date: 09/28/2009  
 Harris  
 Date Submitted: 09/23/2009 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: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Overall Rate Impact: Group Market Type: Trust  
 Filing Status Changed: 09/28/2009 Explanation for Other Group Market Type:  
 State Status Changed: 09/28/2009  
 Deemer Date: Created By: Julie Duncan  
 Submitted By: Julie Duncan Corresponding Filing Tracking Number:  
 Filing Description:  
 Form Number: CFA3000UAD(01-10), Application for Accidental Death Insurance  
 Liberty Life Insurance Company, NAIC No. 61492, FEIN 44-0188050

Liberty Life Insurance Company has prepared the above referenced filing for your review and approval.

The submitted application will be used with previously approved Accidental Death form numbers AD2K-Pol(5-00) et al;

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LSM-CL01(5-98) et al; and LSM-LCADP(6-98) et al as well as any future accidental death products approved for use in your state. These forms were approved by your Department on 6-13-00, 5-18-98 and 1-25-99 respectively. Currently we plan to use this form in direct mail solicitations or statement insert mailings.

Included is a bracketed version of the application. This application will be used in a paper environment. A Statement of Variability is enclosed to explain other possible scenarios for the application.

To the best of my knowledge and belief, this form complies with the statutory and regulatory requirements of your state. This form contains no unusual or possible controversial items from normal company or industry standards. If you have any questions, or need additional information, please contact me at 864-609-3524 or by email at Julie.Duncan@rbc.com.

## Company and Contact

### Filing Contact Information

Julie Duncan, Compliance Specialist II julie.duncan@rbc.com  
 2000 Wade Hampton Blvd 864-609-3524 [Phone]  
 Greenville, SC 29615 864-609-3484 [FAX]

### Filing Company Information

Liberty Life Insurance Company CoCode: 61492 State of Domicile: South Carolina  
 2000 Wade Hampton Blvd Group Code: Company Type:  
 Greenville, SC 29602 Group Name: State ID Number:  
 (864) 609-4815 ext. [Phone] FEIN Number: 44-0188050

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Life Insurance Company	\$20.00	09/23/2009	30763490

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/28/2009	09/28/2009

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Filing Company: *Liberty Life Insurance Company* State Tracking Number: *43575*  
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TOI: *H03G Group Health - Accidental Death & Dismemberment* Sub-TOI: *H03G.000 Health - Accidental Death & Dismemberment*  
Product Name: *Uniform Accidental Death App*  
Project Name/Number: */*

## **Disposition**

Disposition Date: 09/28/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *LBLI-126305750* State: *Arkansas*  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Statement of Variability	Approved-Closed	Yes
<b>Form</b>	Application form	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: CFA3000UAD(01-10) et al**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/28/2009	CFA3000UAD(01-10)	Application/Enrollment Form	Application form	Initial		56.600	CFA3000UAD(01-10)-bracket.pdf

# Application Form

Liberty Life Insurance Company

[Box 789 Greenville, SC 29602-0789]

## The Amount of Decreasing Accidental Death Insurance Applied for is: \$XXX,XXX.

Your acceptance is guaranteed if you are from age xx through xx.

1



3



John Doe  
1234 Main Street  
Apt. 1234  
Anytown, USA 12345-6789

Sign me up for:  
Decreasing Accidental Death Insurance  
at \$ XXXXX per month.

Sign both of us up for:  
Decreasing Accidental Death Insurance  
at \$ XXXXX per month

2

### Please Print

Name of Applicant		Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Second Applicant (if joint coverage selected)		Date of Birth / /	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Security #	Occupation	Daytime Telephone Number ( )		Social Security #	Occupation	Evening Telephone Number ( )	
Email Address		Cell Phone Number ( )		Email Address		Cell Phone Number ( )	
[Primary] Beneficiary		Relationship		[Secondary Beneficiary] (not applicable in TX)		Relationship	

5

I/we hereby enroll in the accidental death insurance coverage underwritten by Liberty Life Insurance Company ("Company").

I/we authorize my **Financial Institution** to bill and collect the monthly premium for this insurance coverage along with my/our mortgage payment each month for the coverage I/we have selected. If I have authorized my lending institution to automatically/electronically debit from my account, I hereby request this insurance premium to be added to this authorization. This authority is to remain in effect until I/we cancel it in writing, and until the Company [or my/our financial institution] actually receives such notice. Coverage begins on the Effective Date stated on the Certificate/Policy Schedule, provided the first premium is paid.

5b

I/we authorize the information contained on this form and my/our customer identification number to be provided to the Company and its Administrators which are non-affiliates of [Financial Institution Name], to activate my/our coverage.

6

5c

I/we hereby acknowledge that I/we have received, read and understand the Consumer Protection Disclosure(s) that follow:  
**Insurance is not a deposit or other obligation of the bank or any bank affiliate; is not guaranteed, issued or underwritten by the FDIC, the bank or any bank affiliate; is not insured by the FDIC or any other agency of the U.S., the bank or any bank affiliate; and is not a condition to the provision or term of any banking service or activity.**

7

Applicant's Signature	Date	Second Applicant's Signature (if applicable)	Date
X	/ /	X	/ /

Agent's Signature: \_\_\_\_\_

8

Agent's License Number: \_\_\_\_\_

## Important Notice

**For Arizona Residents:** It is a crime for a person to knowingly make or assist, aid, abet, solicit or conspire with another person to make a false claim for payment or any other benefit with intent to defraud, deceive, or injure an insurer.

**For Arkansas and Ohio Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud, which is a crime.

**For Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**For Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim or an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**For New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For District of Columbia, Louisiana and New Mexico Residents:** NOTICE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For Maryland Residents:** Any person who knowingly and willfully presents false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Tennessee, Virginia, Washington and Maine Residents:** 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.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/28/2009
<b>Comments:</b>		
<b>Attachment:</b> READABILITY CERT.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	09/28/2009
<b>Bypass Reason:</b> N/A application filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability	Approved-Closed	09/28/2009
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability.pdf		

## READABILITY COMPLIANCE CERTIFICATION

1. Insurer: Liberty Life Insurance Company  
PO Box 789  
Greenville, South Carolina 29602-0789
2. Certification: I hereby certify that the forms listed below produce Flesch reading ease scores which meet the minimum score required in your state.

In addition, I certify that the forms, except for schedules and tables, are printed in 10 point type, one point leaded. The words and terminology exempted are: (a) all words and terms defined in the forms, (b) all captions and subcaptions, (c) all tables and schedules, and (d) all medical terms. All exempted items are permitted in your state.

### READABILITY SCORE

<u>Name of Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application	CFA3000UAD(01-10)	56.6

September 16, 2009  
Date



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Mark S. Wessel  
Compliance Officer Policy Forms/Compliance

## UAD 2010 CFA3000UAD(01-10) Explanation to Brackets

**General Purpose Information** such as Company Address is bracketed to reflect variability. Items such as the barcode, Mail ID and Plan may vary in location and content depending on the product offering and vendor specifications. "I/we" and "my/our" are referenced throughout the authorization language. The 'I' and 'we', and 'my' and 'our', may appear together or interchangeably depending on client preference.

### Section 1

Section 1 will display information specific to the type of insurance being offered. The following are examples based on the type of Accidental Death Insurance being offered.

#### **Decreasing Accidental Death Insurance**

Offer line      The Amount of Decreasing Accidental Death Insurance applied for is: \$999,999.\*  
Your acceptance is guaranteed if you are between the ages of (18 and 69).  
*Issue ages may vary according to product.*  
*\*The amount offered on the application will be a predetermined amount.*

#### **Level Accidental Death Insurance**

Offer line      Select up to (\$10,000 to \$500,000)\*\* of Accidental Death Insurance, [or depending on the offer],  
Accidental Death & Dismemberment Insurance, (\$10,000 to \$1,000,000)\*\* of Accidental Death Insurance,  
Auto & Pedestrian and Common Carrier Insurance.  
Your acceptance is guaranteed if you are between the ages of (18 and 69).  
*Issue ages may vary according to product.*  
*\*\*The amount offered will be predetermined amount. The type and amount will vary base upon the product being offered.*

#### **Complimentary Accidental Death Insurance**

Offer line       (\$1,000 to \$10,000)\*\*\* of insurance paid for by your Financial Institution at no cost to you.  
To be eligible for this offer you must be between the ages of (18 and 69).  
*Issue ages may vary according to product.*  
*\*\*\*The amount offered will be a predetermined amount, rather than a range, shown on the application and paid for by the Financial Institution at no cost to the insured.*

### Section 2

Section 2 includes information specific to the product being offered. The following are examples based on the type of Accidental Death Insurance being offered.

#### **Decreasing Accidental Death Insurance**

Offer       Sign me up for Decreasing Accidental Death Insurance at (\$xx.xx) per month (rates vary by plan).  
 Sign both of us up for Decreasing Accidental Death Insurance at (\$xx.xx) per month.

#### **Level Accidental Death Insurance**

Offer      Depending on the offer, check boxes will reflect the plans being offered.- Individual/Spouse/Family

#### **Complimentary Accidental Death Insurance**

Offer       Select Additional Coverage [ \$10,000 to \$200,000 ],  Select Family Coverage.

### Section 3

Name and Address area.

### Section 4

**Information requested in these fields will vary with the type of Accidental Death Insurance offer.** Second applicant or spouse information may be omitted if the product does not include a joint coverage option. Beneficiary information will vary based on the product being offered. Titles can be changed to Primary/Secondary Beneficiary depending on the product being offered. Fields such as email address, cell phone number, occupation and Relationship to Beneficiary may or may not appear depending on the product offer.

(continued)

**Section 5**

This section includes the appropriate permissions and authorizations needed to complete the insurance sale. It is made up of three components. Minor variations within each may occur based on each Financial Institution’s customer authorization requirements.

- a. This section provides authorization to collect premium whether by escrow, electronic funds transfer, or credit card. Below are samples of each. Depending on the campaign, only one payment authorization will be shown.

Escrow payment

[I/we] hereby enroll in the accidental death insurance coverage underwritten by Liberty Life Insurance Company (“Company”). [I/we] authorize my **Financial Institution** to bill and collect the monthly premium for this insurance coverage along with [my/our] mortgage payment each month for the coverage [I/we] have selected. If I have authorized my lending institution to automatically/electronically debit from my account, I hereby request this insurance premium to be added to this authorization. This authority is to remain in effect until I/we cancel it in writing, and until the Company [or my/our financial institution] actually receives such notice. Coverage begins on the Effective Date stated on the Certificate/Policy Schedule, provided the first premium is paid.

EFT payment:

[I/we] hereby enroll in the accidental death insurance coverage underwritten by Liberty Life Insurance Company (“Company”). I authorize the necessary automatic electronic debits to my Financial Institution's account for the Coverage I have checked above. This authority is to remain in effect until revoked by [me/us] in writing, and until the financial institution receives such notice. Coverage begins on the Effective Date stated on the Certificate/Policy Schedule, provided the first premium is paid.

For customers of a credit card company:

[I/we] hereby enroll in the accidental death insurance coverage underwritten by Liberty Life Insurance Company (“Company”). I authorize the necessary charges to my credit card account for the Coverage I have checked above, subject to credit authorization. This authority is to remain in effect until [I/we] cancel it in writing, and until the Company or my credit card company receives such notice. Coverage begins on the Effective Date stated on the Certificate/Policy Schedule, provided the first premium is paid.

Credit card payment:

[I/we] hereby enroll in the accidental death insurance coverage underwritten by Liberty Life Insurance Company (“Company”). I authorize the necessary charges to my credit card account identified below for the Coverage I have checked above, subject to credit authorization. This authority is to remain in effect until [I/we] cancel it in writing, and until the Company or my credit card company actually receives such notice. Coverage begins on the Effective Date stated on the Certificate/Policy Schedule, provided the first premium is paid.

Check One     
  Visa     
  MasterCard     
  Discover     
 Account No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- b. This sentence may or may not appear based on Financial Institution requirements; this information provides authorization for the necessary sharing of information between the policyholder and Liberty Life Insurance Company to complete policy issuance and billing.
- c. This area is provided as an acknowledgement that the policyholder has received and understood the appropriate Consumer Protection Disclosures such as an FDIC disclosure. The disclosure may not appear on the application but be included as a separate enclosure. The language in this section will address the placement of the disclosures.

**Section 6**

The phrase “or my/our Financial Institution” may appear if requested by the financial institution.

**Section 7**

Either the name of the Financial Institution or just the generic term “the Financial Institution” will appear here.

**Section 8**

Agent signature and license number information area -may be omitted if not required.