

SERFF Tracking Number: TAPK-126307514 State: Arkansas
Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability income application
Project Name/Number: /

Filing at a Glance

Company: Leaders Life Insurance Company

Product Name: Disability income application

TOI: H111 Individual Health - Disability Income

Sub-TOI: H111.004 Other

Filing Type: Form

SERFF Tr Num: TAPK-126307514 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43519

Co Tr Num:

Author: Suzanne Heasley

Date Submitted: 09/16/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 09/17/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type:

Overall Rate Impact:

Filing Status Changed: 09/17/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/17/2009

Created By: Suzanne Heasley

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Suzanne Heasley

Filing Description:

See attached submission letter

Company and Contact

Filing Contact Information

Suzanne Heasley,

2325 Havard Oak Drive

Plano, TX 75074

Uheas@aol.com

972-398-3733 [Phone]

972-398-3733 [FAX]

Filing Company Information

SERFF Tracking Number: TAPK-126307514 State: Arkansas
 Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability income application
 Project Name/Number: /

(This filing was made by a third party - tallenpark)

Leaders Life Insurance Company	CoCode: 74799	State of Domicile: Oklahoma
1350 South Boulder	Group Code:	Company Type:
Suite 900	Group Name:	State ID Number:
Tulsa, OK 74153	FEIN Number: 73-1333608	
(800) 725-5433 ext. [Phone]		

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Leaders Life Insurance Company	\$20.00	09/16/2009	30593303

SERFF Tracking Number: TAPK-126307514 State: Arkansas
Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability income application
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/17/2009	09/17/2009

SERFF Tracking Number: TAPK-126307514 State: Arkansas
Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability income application
Project Name/Number: /

Disposition

Disposition Date: 09/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126307514 State: Arkansas
 Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability income application
 Project Name/Number: /

Schedule	Schedule Item	Schedule 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
Supporting Document	Authorization	Approved-Closed	Yes
Supporting Document	Submission letter	Approved-Closed	Yes
Form	application	Approved-Closed	Yes

SERFF Tracking Number: TAPK-126307514 State: Arkansas
 Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability income application
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-	LL-VSDI	Application/	application	Initial			application
Closed	APP-	Enrollment					rev
09/17/2009	Emp/Spous	Form					091409.pdf
	e (09/09)						

Leaders Life Insurance Company

P.O. Box 35768, Tulsa, OK 74153
1 800-725-5433

[Application # _____]

[LOGO]

WAGE PROTECTOR APPLICATION

Employee of Employer/Sponsor _____ SS No. _____
(Last) (First) (MI)

Proposed Insured _____ SS No. _____
(Last) (First) (MI)

Address _____ Home Phone # _____
Street City State Zip

Employer/Sponsor _____ Work Phone# _____

1. Date of Hire ____/____/____	Occupation & Job Title:	<input type="checkbox"/> Male	U. S. Citizen?	If No, Please Provide Green Card/Visa No.
		<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Date of Birth ____/____/____	Current Age	State of Birth	3. Height Weight ____ft ____in ____lbs	4. Monthly Salary \$ _____
				Proposed Insured is spouse of Employee <input type="checkbox"/> Yes <input type="checkbox"/> No

The Policy provides benefits on a weekly basis.

The Monthly Benefit amount shown below is a monthly equivalent of the weekly benefits payable under the Policy.

5. Policy Information	Elimination Period (Injury/Illness):	Benefit Period (Weeks):	Monthly Benefit:	Benefit Level:	Premium Monthly	Home Office Use
	<input type="checkbox"/> 0/7 <input type="checkbox"/> 7/7 <input type="checkbox"/> 0/14 <input type="checkbox"/> 14/14 <input type="checkbox"/> 0/30 <input type="checkbox"/> 30/30	<input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/> 104	\$ _____	_____ %		

[Optional Partial Disability Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No Benefit Period (%Total Disability Benefit Period) <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 Monthly Benefit: \$ _____]	[Optional Survivor Benefit <input type="checkbox"/> Yes <input type="checkbox"/> No Period of Prior Total Disability Benefits (weeks) <input type="checkbox"/> 6 <input type="checkbox"/> 12 Multiple of Total Disability Mo. Benefit <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6]
--	--

6. Premium Mode: Payroll Deduction <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly (List Bill or EFT only) <input type="checkbox"/> Bank Draft <input type="checkbox"/>	Total Monthly
---	----------------------

[7. Name of Beneficiary and Relationship]	[Contingent Beneficiary and Relationship]	HOME OFFICE USE
---	---	-----------------

[8.] MEDICAL EVIDENCE OF INSURABILITY	Yes	No
A. Have you consulted a Physician, received medical treatment of any kind or been disabled or hospitalized in the past three years?		
B. Have you ever been medically diagnosed or treated as having "AIDS" (Acquired Immune Deficiency Syndrome), AIDS Related Complex (ARC), or tested positive for antibodies to the Human Immunodeficiency Virus (HIV) or Human T-lymphotrophic Virus Type III (HTLV) prior to today?		
C. Have you ever been treated for the following:	Yes	No
1. Disorder of stomach, intestines, liver or gallbladder?	<input type="checkbox"/>	<input type="checkbox"/>
2. Disorder of kidney, bladder or genitourinary organs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Diabetes, thyroid disorder, tumor, cancer or Hernia?	<input type="checkbox"/>	<input type="checkbox"/>
4. Disorder of muscles, bones, spine, back or joints?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently taking medication?	<input type="checkbox"/>	<input type="checkbox"/>
6. Heart disease, heart attack, chest pain, hypertension, high cholesterol, murmur, palpitations or any other disorder of the heart or blood vessels?	<input type="checkbox"/>	<input type="checkbox"/>
7. Alcoholism, drug abuse, mental or physical disorders not listed?	<input type="checkbox"/>	<input type="checkbox"/>
D. During the past six months, have you been limited in performing normal activity in a job for 24 hours or more per week?		
E. Within the last 90 days, have you been told by your medical provider that you are pregnant?		
F. Within the past two years, have you engaged in any type of racing, parachuting or scuba diving activities?		
G. Within the past two years, have you had a driver's license suspended or revoked? If Yes, provide license # _____ State of Issue _____		

[9.] Details for Item A through C answered "YES"			
Question Item	Medication, Disease & Injury	Date (Mo/Yr)	Details Physician/Hospital/Address
[10.] Details for Item D through G answered "YES"			

LL-VSDI APP-Emp/Spouse (09/09)

MEDICAL INFORMATION BUREAU NOTICE

Information given in your application may be made available to other insurance companies to which you make application for life or health insurance coverage or to which a claim is submitted.

Information you provide will be treated as confidential except that the Leaders Life Insurance Company, or its reinsurers, however, makes a brief report to the Medical Information Bureau, a non-profit membership organization or life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the MIB will supply such company with the information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number 617-426-3660.

Leaders Life Insurance Company, or its reinsurers, may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. (See NOTICE TO APPLICANT on reverse side.)

LEADERS LIFE INSURANCE COMPANY
(WWW.LEADERSLIFE.COM)

Conditions With Respect To This Application

PROPOSED INSURED'S AUTHORIZATION TO OBTAIN INFORMATION: I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsurance company, the Medical Information Bureau, Inc., consumer reporting agency, employer or Veterans Administration, having information available as to diagnosis, treatment or care of any physical or mental condition concerning me, including information about drugs, alcoholism, or mental illness, and any other non-medical information concerning me to give the Leaders Life Insurance Company, its legal representative or its reinsurers any and all such information.

To facilitate rapid submission of such information, I authorize all said resources, except MIB, to give such records or knowledge to any agency employed by the Company to collect and transmit such information.

I UNDERSTAND the information obtained by the use of this Authorization will be by the Leaders Life Insurance Company to determine eligibility for insurance.

I KNOW that I may request to receive a copy of this Authorization.

I ACKNOWLEDGE having received and read the Notice Regarding Medical Information Bureau and the Notice to Applicant.

I AGREE that a copy of this Authorization shall be as valid as the original.

I AGREE that this Authorization shall remain valid for two years from its date.

I UNDERSTAND that I may revoke this Authorization at any time.

PROPOSED INSURED'S STATEMENTS AND ACKNOWLEDGMENTS: I represent that all statements and answers in this application are complete, true, and correctly recorded. If I am deemed to be insurable at standard rates, the insurance shall become effective on the date hereon; otherwise, the insurance shall not take effect until a policy is issued and the first premium paid. I have read and agree that the above statements are true, to the best of my knowledge and belief and shall constitute a part of this application. I also agree that the Authorization for additional information shall be a part of this application. A photocopy of this Authorization shall be valid as the original.

Where required, I certify that I have received the outline of coverage. Receipt of notice of Fair Credit Reporting Act of 1970 and Pre-Notice relating to Medical Information Bureau is hereby acknowledged.

AUTHORIZATION FOR PAYROLL DEDUCTION: As the Proposed Insured, my signature authorizes the Employer/Sponsor to payroll deduct my premiums from the Employee of the Employer/Sponsor with his or her authorization. As the Employee of the Employer/Sponsor, my signature authorizes payroll deduction of premiums under this application from my Employer/Sponsor.

NOTICE: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of a crime and may be subject to fines and imprisonment.

Applicable to AR residents: 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.

Applicable to KS residents: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of insurance fraud as determined by a court of law.

Applicable to OK residents: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

PROPOSED INSURED'S STATEMENT: Will the policy applied for replace or change any disability insurance in force? (If Yes, give name of company, policy number being replaced/ changed and enclose any required state replacement forms.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed Insured's Signature:	Employee of Employer/Sponsor's Signature:
Printed Name of Proposed Insured:	Printed Name of Employee of Employer/Sponsor:
Date:	Date:
AGENT'S STATEMENT: Does this insurance replace or change any existing disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, and if required, is replacement form completed and attached? If NO, give details _____	
Witness (licensed Resident Agent, if required): _____ # _____ / ____ / ____ <div style="display: flex; justify-content: space-between; width: 100%;"> Agent's Signature Agent Number Date </div>	
X	X
#	#
Agent	Agent

LL-VSDI APP-Emp\Spouse (09/09)

NOTICE TO APPLICANT

PLEASE DETACH AND HAND TO APPLICANT – FAIR CREDIT REPORTING ACT OF 1970 – This is to inform you that as part of this Company's procedure for processing your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputations, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. (See Notice on Reverse Side)

LEADERS LIFE INSURANCE COMPANY – Tulsa, Oklahoma

SERFF Tracking Number: TAPK-126307514 State: Arkansas
 Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
 Company Tracking Number:
 TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
 Product Name: Disability income application
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/17/2009
Comments:		
Attachment: Readability certificate.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	09/17/2009
Bypass Reason: This is an application filing. The application is added under the forms schedule		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	09/17/2009
Bypass Reason: This is an application filing		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	09/17/2009
Bypass Reason: This is an application filing		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Authorization	Approved-Closed	09/17/2009
Comments:		
Attachment: HeasleyAuthorizationForms.pdf		

SERFF Tracking Number: TAPK-126307514 State: Arkansas
Filing Company: Leaders Life Insurance Company State Tracking Number: 43519
Company Tracking Number:
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.004 Other
Product Name: Disability income application
Project Name/Number: /

	Item Status:	Status
Satisfied - Item: Submission letter	Approved-Closed	Date: 09/17/2009
Comments:		
Attachment:		
Submission letter AR for 091409 application.pdf		

Readability Certification

Insurance Company: Leaders Life Insurance Company

Form Number

LL-VSDI APP-Emp/Spouse (09/09)

Description of Form

Short Term Disability Income Application

I hereby certify that the above referenced form complies with the readability requirements of this State.

Karen S. Carper

Authorized Signature

Karen S. Carper

Name

Secretary

Title

September 14, 2009

Date



September 12, 2008

Re: Filing Authorization
Lewis & Ellis, Inc.
PO Box 851857
Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representatives of L&E to submit state filings of insurance forms/rates/products on behalf of Leaders Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Leaders Life Insurance Company.

A handwritten signature in cursive script that reads 'Russell E. Angell'. The signature is written in black ink and is positioned above a horizontal line.

Russell E. Angell, CPA FLMI

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Steven D. Bryson, F.S.A.
Michael A. Mayberry, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Robert E. Gove, A.S.A.
Alexis M. Bash, A.S.A.
Sarah A. Hoover, A.S.A.
Wes R. Campbell, A.S.A.
Jacqueline B. Horstmann, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)



Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Christopher H. Davis, F.S.A.
Thomas L. Handley, F.S.A.
Anthony G. Proulx, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

September 24, 2008

Re: Filing Authorization
T. Allen Park & Associates, Inc.
9441 LBJ Freeway, Suite 102
Dallas, TX 75074

Re: Leaders Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Leaders Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in cursive script that reads 'David M. Dillon'. The signature is written in dark ink and is positioned above a horizontal line.

David M. Dillon, FSA, MAAA
Vice President & Principal
Lewis & Ellis, Inc.



T. ALLEN PARK & ASSOCIATES, INC.

2325 Havard Oak Drive Plano, TX 75074
(972) 398-3733 Uheas@aol.com

September 16, 2009

Arkansas Department of Insurance
Life and Health Section
1200 West Third Street
Little Rock, AR 72201

ATTN: Life & Health

RE: Leaders Life Insurance Company NAIC # 74799

LL-VSDI APP-Emp/Spouse (09/09) Short Term Disability Income Application

Dear Sir or Madam:

This filing is being submitted on behalf of Leaders Life Insurance Company. The above referenced form is submitted for your review and approval. This form is new and is not intended to replace any previously approved forms.

LL-VSDI APP-Emp/Spouse (09/09) is an alternate application to be used with the following forms approved by your office as shown below.

Form Number	Form Description	Approval Date
LL-VSTD (09/08)	Short Term Disability Policy	11/10/08
LL-VSTD OC (09/08)	Outline of Coverage	10/28/08
LL-ARK-NOT	Required Notice	10/28/08
LL-VSTD APP (09/08)	Application	10/28/08
LL-VSDI APP-100 (07/09)	Application	07/09/09
LL-VSDI APP-Emp/Spouse (08/09)	Application	09/11/09

This application is similar to form LL-VSDI Emp/Spouse (08/09) approved by your office on September 11, 2009 with the exception that a fraud statement applicable to Kansas residents has been added.

Similar forms were approved in the Company's domiciliary State of Oklahoma on September 15, 2009.

Should you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,

Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist

