

SERFF Tracking Number: AMLC-126451169 State: Arkansas
Filing Company: Liberty National Life Insurance Company State Tracking Number: 44538
Company Tracking Number: AGE1AR
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Term Life Enrollment Form
Project Name/Number: Group Term Life Enrollment Form/A-GE10-A

Filing at a Glance

Company: Liberty National Life Insurance Company

Product Name: Group Term Life Enrollment Form SERFF Tr Num: AMLC-126451169 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed State Tr Num: 44538

Sub-TOI: L04G.500 Other

Co Tr Num: AGE1AR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Pattie Church, Donna Kennedy

Disposition Date: 01/14/2010

Date Submitted: 01/12/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Group Term Life Enrollment Form

Status of Filing in Domicile: Authorized

Project Number: A-GE10-A

Date Approved in Domicile: 07/21/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form was approved in Nebraska, our state of domicile, on 7/21/08.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 01/14/2010

Explanation for Other Group Market Type:

State Status Changed: 01/14/2010

Deemer Date:

Created By: Donna Kennedy

Submitted By: Donna Kennedy

Corresponding Filing Tracking Number:

Filing Description:

RE: Form – AGE1AR – Group Term Life Enrollment Form

Enclosed for your information is a copy of the above referenced form. This form has updated replacement questions to reflect Arkansas's adoption of the NAIC Model Replacement Regulation pursuant to Arkansas Regulation 97.

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AGE1AR will replace Form A-GE10-A, Ed. 2-98 which was approved by your department on October 29, 1997.

To the best of our knowledge and belief this form complies with the laws and regulations of your state. This form does not contain any language that is unusual in terms of normal company or industry standards. The Flesch score for form AGE1AR is 50.

Included with this filing are transmittal documents or other documents required by your State.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 1-800-288-2722, extension 4919 or by email at regulatory@libnat.com.

Company and Contact

Filing Contact Information

Pattie Church, Compliance Analyst regulatory@libnat.com
 2001 Third Avenue South 205-325-4919 [Phone]
 Birmingham, AL 35233 205-325-2720 [FAX]

Filing Company Information

Liberty National Life Insurance Company CoCode: 65331 State of Domicile: Nebraska
 2001 Third Avenue South Group Code: 290 Company Type: Life and Health
 Birmingham, AL 35233 Group Name: Liberty National Life State ID Number:
 (800) 288-2722 ext. 2912[Phone] FEIN Number: 63-0124600

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: We are paying the \$20 required fee for a form filed separately. Nebraska our state of domicile, has no filing fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty National Life Insurance Company	\$20.00	01/12/2010	33463374

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/14/2010	01/14/2010

SERFF Tracking Number: *AMLC-126451169* *State:* *Arkansas*
Filing Company: *Liberty National Life Insurance Company* *State Tracking Number:* *44538*
Company Tracking Number: *AGEIAR*
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Disposition

Disposition Date: 01/14/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLC-126451169 State: Arkansas
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Form Schedule

Lead Form Number: AGE1AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGE1AR	Application/ Enrollment for Group Initial Enrollment Term Life Form			50.000	AGE1AR.pdf

LIBERTY NATIONAL LIFE INSURANCE COMPANY

Enrollment for Group Term Life

Branch	Agency	Agent Number	Client Number	Mode: Cafeteria Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> PD Franchise # _____	Presently Employed full time? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employment Date ____/____/____
Employer Name _____						Month Year

Proposed Insured	First	Middle	Last	Social Security No.	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____	Age Last Birthday	Height ft. in.	Weight lbs.
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Mailing Address _____ City _____ State _____ Zip _____

Home Telephone Number ()	Beneficiary	Relationship
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Plan GL	Amount Applied for	Premium \$	1. <input type="checkbox"/> Weekly 2. <input type="checkbox"/> Bi-Weekly	3. <input type="checkbox"/> Semi-Monthly 4. <input type="checkbox"/> Monthly	Requested Effective Date ____/____/____
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- Does the Proposed Insured have existing **Life Insurance or Annuities** other than Group or Credit Life Insurance with this or any other company? If "Yes," comply with the applicable Replacement Regulation. Yes No 1.
- Is the proposed insured currently confined to a hospital or a resident in a nursing home, or ever been diagnosed as having a terminal illness, including Alzheimer's disease? Yes No 2.
- Has the proposed insured ever been diagnosed as having an immune deficiency disorder, AIDS, the AIDS Related Complex (ARC) or test results indicating exposure to the AIDS virus? Yes No 3.
- During the past ten (10) years, has the proposed insured been diagnosed as having, received treatment for, or been advised to take tests to determine if they have melanoma, Hodgkin's disease, leukemia, malignant tumor, or cancer (other than skin or Carcinoma-In-Situ)? Yes No 4.
- Has the proposed insured ever been diagnosed as having Down's Syndrome, mental retardation, mental or nervous disorders or any type of brain disease? Yes No 5.
- During the past three (3) years, has the proposed insured been treated for, taken medication for, or been diagnosed as having:
 - Kidney failure, cirrhosis of the liver, sickle cell anemia, hemophilia, or diabetes requiring treatment with insulin? Yes No 6A.
 - Emphysema, chronic obstructive pulmonary disease (COPD), or chronic lung disease? Yes No 6B.
 - Systemic lupus, Parkinson's disease, seizure disorder, epilepsy or a degenerative disease of the muscles or nerves? Yes No 6C.
- During the past three (3) years has the proposed insured:
 - Had their driver's license suspended or revoked because of a moving violation or for driving under the influence of alcohol or drugs or been convicted of driving while under the influence of alcohol or drugs? Yes No 7A.
 - Received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption? Yes No 7B.
 - Used or received treatment or consultation for heroin, cocaine or other similar agent or narcotic drug? Yes No 7C.
- Is the proposed insured currently disabled due to accident or illness? OR Unable to perform the duties of his or her occupation due to accident or illness? Yes No 8.
- Has the proposed insured ever been diagnosed as having or been advised to take tests to determine if they have a disease or disorder of the heart, arteries or circulatory system including high blood pressure or stroke? Yes No 9.
- A recorded phone interview may be necessary as part of the underwriting of this application.**
The most convenient time and place for the phone interview is:
 Home (Phone # from above will be used) Preferred Time 8AM - Noon 6PM - 9PM Noon - 6PM
 Office (Phone # _____) E-mail address: _____@_____

DECLARATION

I hereby declare that the statements recorded above are true and complete to the best of my knowledge and belief. I understand that no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements. I understand and agree that the Company reserves the right during the first year the policy is in force, to restrict beneficiaries to designations acceptable to the Company. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the proposed insured. 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.

Date	Application State	Print Applicant's (Employee's) Name	Employee's Social Security #
		Applicant's (Employee's) Signature	Relationship of Applicant to Proposed Insured

AGENT'S STATEMENT

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you have any reason to believe that any response to the health questions (including height and weight) is not accurate? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To the best of my knowledge and belief, the insurance applied for <input type="checkbox"/> is <input type="checkbox"/> is not intended to replace any insurance now in effect. Is the Proposed Insured covered under one or more existing life insurance policies or annuities in force, including policies under conditional receipt, with any insurance company?
(follow all applicable state requirements). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the application signed in your presence?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Signed _____, Agent

AGE1AR

0110

HEIGHT AND WEIGHT CHART

Height in Feet-inches	Weight in Pounds						
4 - 8	174	5 - 3	220	5 - 10	272	6 - 5	329
4 - 9	180	5 - 4	227	5 - 11	280	6 - 6	337
4 - 10	187	5 - 5	234	6 - 0	288	6 - 7	346
4 - 11	193	5 - 6	242	6 - 1	296	6 - 8	355
5 - 0	200	5 - 7	249	6 - 2	304	6 - 9	364
5 - 1	206	5 - 8	256	6 - 3	312		
5 - 2	213	5 - 9	264	6 - 4	320		

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: See Attached		
Attachment: AR Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: This is not a policy filing. We are filing the application for approval, see form schedule.		
Comments:		

STATE OF ARKANSAS
READABILITY CERTIFICATION

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>SCORE</u>	<u>SCORED SEPARATELY</u>
AGE1AR	Group Term Life Enrollment Form	50	X

This is to certify that the above listed forms have achieved the Flesch Ease Score indicated, and that to the best of my knowledge and belief comply with the requirements to **Ark. Stat. Ann. Sec. 66-3251** through **66.3258**, cited as the Life and Disability Insurance Policy Language Simplification Act.



Cathy C. Pilcher
Second Vice President, Compliance
Liberty National Life Insurance Company

01/12/10

Date