

SERFF Tracking Number: LHLI-126841957 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 46954
Company Tracking Number: APP GP 10 AR SR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: New enrollment form for life insurance
Project Name/Number: /

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: New enrollment form for life insurance SERFF Tr Num: LHLI-126841957 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved-Closed State Tr Num: 46954

Sub-TOI: L08.000 Life - Other Co Tr Num: APP GP 10 AR SR State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig, Robin Sellars

Date Submitted: 10/01/2010 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: Large

Overall Rate Impact:

Group Market Type: Trust

Filing Status Changed: 10/06/2010

Explanation for Other Group Market Type:

State Status Changed: 10/06/2010

Deemer Date:

Created By: Sally Roudebush

Submitted By: Sally Roudebush

Corresponding Filing Tracking Number:

Filing Description:

October 1, 2010

Re: Lincoln Heritage Life Insurance Company, NAIC #65927
APP GP 10 AR – Enrollment form for group life insurance

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FEIN #04-2314290

Dear Sir or Madam:

We submit the above listed enrollment form for your review and approval. This form will not be illustrated. This form will be marketed by licensed producers in your state.

It is similar to EAGP06-AR which was filed with your Department via SERFF under SERFF tracking # LHLI-125216935 and approved on 07/10/2007.

This form will initially be used with Forms SPGP06-AR, and LPGP06-AR which were filed with your Department as paper filings and were approved by your Department on January 19, 2006 and Forms GIGP07-AR and 3PGIGP07-AR which were filed with your Department via SERFF under SERFF Tracking # LHLI-125285337 and were approved by your Department on September 14, 2007 and Form ANGGN01 which was filed with your Department as a paper filing and was approved by your Department on July 22, 2003.. The intended use of these forms is for the funding of pre-need funeral contracts.

The group policies associated with the above certificates will be issued to a trust. The situs of the trust is the State of Arizona.

To the best of my knowledge, information and belief, this form is in compliance with the provisions of the insurance laws, rules and regulations of your state, and does not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information concerning this filing, please contact me at 800-433-8181 or by e-mail at sally.roudebush@londen-insurance.com.

Sally Roudebush
Assistant Manager/Compliance Department
Lincoln Heritage Life Insurance Company

Company and Contact

Filing Contact Information

Sally Roudebush,
4343 East Camelback Road

sally.roudebush@londen-insurance.com
800-433-8181 [Phone]

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Phoenix, AZ 85018 602-808-8845 [FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company	CoCode: 65927	State of Domicile: Illinois
4343 East Camelback Road	Group Code:	Company Type: Life and Health
Phoenix, AZ 85018	Group Name:	State ID Number:
(800) 433-8181 ext. [Phone]	FEIN Number: 04-2314290	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form @ \$50.00 ea (retaliatory) = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$50.00	10/01/2010	40116004

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/06/2010	10/06/2010

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Disposition

Disposition Date: 10/06/2010

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
Form	Group Enrollment Form for Life Insurance		Yes

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Form Schedule

Lead Form Number: APP GP 10 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APP GP 10 AR	Application/Group Enrollment Form	Application/Group Enrollment Form for Life Insurance	Initial		40.100	APP GP 10 AR.pdf



ENROLLMENT FORM FOR GROUP LIFE INSURANCE

LINCOLN HERITAGE LIFE INSURANCE CO.

Executive Office
4343 East Camelback Road
Phoenix, AZ 85018-2705

1. PROPOSED INSURED'S INFORMATION

First Name	MI	Last Name	Sex	Date of Birth	Age	SSN
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2. CERTIFICATE HOLDER'S INFORMATION (If other than proposed insured)

First Name	MI	Last Name	Relationship	SSN
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3. MAILING ADDRESS (For delivery of certificate and billings)

Address	City	State	Zip	Phone
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4. HEALTH QUESTIONS (Addressed to proposed insured) Yes No

1. **REQUIRED: Have you been diagnosed by a physician with a terminal illness or are you receiving hospice care?** Yes No
2. Are you confined to a bed, hospitalized, scheduled for surgery requiring an overnight hospital stay, or receiving skilled nursing care? Yes No
3. Within the past two (2) years, have you had, been diagnosed by a physician with, or received treatment for any of the following: Stroke, Organ Transplant, Leukemia, Hodgkin's Disease, Cancer (other than Basal Cell Carcinoma), or Heart Attack? Yes No
4. Within the past two (2) years have you ever tested positive for, been diagnosed by a physician, treated, or recommended for treatment for AIDS (Acquired Immune Deficiency Syndrome), or any other immune disorder? Yes No
5. Within the past one (1) year, have you had, been diagnosed by a physician with, or received treatment by a physician for any of the following:
 - a. Chronic lung disease, COPD, emphysema, chronic heart disease, congestive heart failure, cirrhosis of the liver, or liver disease? Yes No
 - b. Kidney/renal failure, kidney dialysis, dementia, ALS, or amputation due to disease? Yes No

Multipay Plan: If NO on question 1 and YES to any other health question, death benefit will be limited. If YES to question 1, modified Single Pay is available.

5. PLAN AND PAYMENT DETAILS

Available Plans <input type="checkbox"/> Single Pay <input type="checkbox"/> 3 Year Pay <input type="checkbox"/> 5 Year Pay <input type="checkbox"/> 10 Year Pay <input type="checkbox"/> 20 Year Pay <input type="checkbox"/> Annuity (over age 99)	Payment Mode <input type="checkbox"/> PAC Monthly * <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Face and Payment Amount Information</th> </tr> <tr> <th></th> <th style="text-align: center;">Face Amount</th> <th style="text-align: center;">Payment Amount</th> <th style="text-align: center;">Payment Today</th> </tr> </thead> <tbody> <tr> <td>Single Pay</td> <td style="text-align: center;">\$</td> <td style="background-color: #e0e0e0;"></td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Multi Pay</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Total</td> <td colspan="2" style="text-align: center;">\$ _____</td> <td style="text-align: center;">Total \$ _____</td> </tr> </tbody> </table>	Face and Payment Amount Information				Face Amount	Payment Amount	Payment Today	Single Pay	\$		\$	Multi Pay	\$	\$	\$	Total	\$ _____		Total \$ _____	<i>Lincoln Heritage Life Insurance Company reserves the right to convert your check into an electronic payment. This will be reflected on your account as an ACH transaction. Funds may be debited from your account on the same day the payment is received. Your original check will not be returned. If you do not wish for your check to be processed electronically, please contact our offices at 877-624-4480.</i>
Face and Payment Amount Information																						
	Face Amount	Payment Amount	Payment Today																			
Single Pay	\$		\$																			
Multi Pay	\$	\$	\$																			
Total	\$ _____		Total \$ _____																			

6. DIRECTIONS FOR PAYMENT OF PROCEEDS

Proceeds are to be paid to _____ (Funeral Firm) to secure the Funeral Firm guarantees stated in the Prearrangement Agreement. These directions may be changed at any time before the funeral is provided by giving written notice to our Executive Office. If the named Funeral Firm does not provide services, proceeds will be paid to the beneficiary.

BENEFICIARY (other than Funeral Firm): _____ RELATIONSHIP: _____

7. REPLACEMENT QUESTIONS

Will this cause any existing insurance or annuity to be replaced? Yes No If yes, list company and policy # _____

8. SIGNATURES AND CERTIFICATE HOLDER'S STATEMENT

The information herein is true and complete to the best of my knowledge and belief. Coverage is in force when the completed application is received and payment is honored. Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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.

Signature of Proposed Insured X	Signature of Certificate Holder	City and State	Date
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9. PRODUCER'S STATEMENT AND SIGNATURE

To the best of my knowledge, replacement is is not involved in this transaction. If replacement is involved, I presented and read the applicant a notice regarding replacement. If the Health Questions are completed, I certify that the information was provided directly by the proposed insured or their legal representative.

Signature of Producer	Printed Name of Producer	Producer Number
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10. *PAC AUTHORIZATION TO MY BANK

I authorize the payment of debits drawn on my **checking** account payable to Lincoln Heritage Life Insurance Company, provided there are sufficient funds in said account. I agree that if any such debit is dishonored, the financial institution shall be under no liability in the event the dishonored debit results in forfeiture of insurance. This authority shall remain in effect until revoked by me in writing and until you actually receive such notice of revocation. I request that the withdrawal of payment be made on the _____ (1-28th) day of the month. **Must include a voided check.**

X _____
Signature (as it appears on my bank records)

_____ Joint account signature (if required)

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

CERT OF FLESCH.pdf

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40.1 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

APP GP 10 AR – Enrollment Form for Group Life Insurance

Lincoln Heritage Life Insurance Company



Sally Roudebush

Assistant Manager, Compliance Department

October 1, 2010