

SERFF Tracking Number: PALD-126868749 State: Arkansas
Filing Company: Pacific Life Insurance Company State Tracking Number: 47134
Company Tracking Number: A10MTC
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: A10MTC
Project Name/Number: A10MTC/A10MTC

Filing at a Glance

Company: Pacific Life Insurance Company

Product Name: A10MTC

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PALD-126868749 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47134

Co Tr Num: A10MTC

Author: Jill Dease

Date Submitted: 10/25/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/27/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: 12/01/2010

State Filing Description:

General Information

Project Name: A10MTC

Project Number: A10MTC

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/27/2010

Deemer Date:

Submitted By: Jill Dease

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/27/2010

Created By: Jill Dease

Corresponding Filing Tracking Number:
A10MTC

Filing Description:

Re: Form A10MTC

We are submitting the above referenced individual life insurance form in final print for your approval. This form will be used with our Multilife Temporary Insurance Agreement, forms P10MTG and P10MTS, both approved in your state on 7/8/2010. This form will be used in the multi-life market for individual life insurance, both variable life and non-variable life, owned by (or sponsored and paid by), employers when Temporary Insurance is sought.

The following pertain to this submission:

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- This Consent to Insure will be used for policies marketed through our licensed agents. The target release date is December 1, 2010, or upon approval.
- If a filing fee is required, it is handled in the usual manner.
- Any required certification forms are enclosed.
- The form satisfies relevant readability requirements with a readability score of 50.2.
- This form does not replace any previously filed form.

To the best of my knowledge and belief this filing complies with the laws and regulations of your state. If you would like to discuss any aspect of this filing, please feel free to contact me at (800) 800-6416, extension 7081 or jill.dease@pacificlife.com.

Sincerely,

Jill Dease
Sr. Compliance Analyst, Product Compliance, Life Division

Company and Contact

Filing Contact Information

Jill Dease, Compliance Analyst
45 Enterprise Drive
Aliso Viejo, CA 92656
Jill.Klinger@pacificlife.com
949-420-7081 [Phone]
949-420-7424 [FAX]

Filing Company Information

Pacific Life Insurance Company
45 Enterprise Drive
Aliso Viejo, CA 92656
(949) 420-7080 ext. [Phone]
CoCode: 67466
Group Code: 709
Group Name:
FEIN Number: 95-1079000
State of Domicile: Nebraska
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per form

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1 form (A10MTC) = \$50.00
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------------|---------|----------------|---------------|
| Pacific Life Insurance Company | \$50.00 | 10/25/2010 | 41132964 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 10/27/2010 | 10/27/2010 |

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Disposition

Disposition Date: 10/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|---------------------------------|---------------------------------------|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>PALD-126868749</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Pacific Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>47134</i> |
| <i>Company Tracking Number:</i> | <i>A10MTC</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>A10MTC</i> | | |
| <i>Project Name/Number:</i> | <i>A10MTC/A10MTC</i> | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|--|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Form | Multilife Temporary Insurance Agreement - Consent to Insure | | Yes |

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Form Schedule

Lead Form Number: A10MTC

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|-----------|---|---------|----------------------|-------------|------------|
| | A10MTC | Other | Multilife Temporary Insurance Agreement - Consent to Insure | Initial | | 50.200 | A10MTC.pdf |

PACIFIC LIFE INSURANCE COMPANY

[Life Insurance Operations Center
 P.O. Box 6390 • Newport Beach, CA 92658-6390
 (800) 347-7787 • Fax (949) 420-6302
 www.Pacificlifec.com]



PACIFIC LIFE

MULTILIFE TEMPORARY INSURANCE AGREEMENT - CONSENT TO INSURE

PROPOSED INSURED (Employee's work address should be location where proposed insured physically works)

| | | | | |
|---|--|----------------------|---|----------|
| 1. Proposed Insured's Name: First MI Last | | | 2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 3. Date of Birth (mm/dd/yyyy) | | 4. Social Security # | | |
| 5. Employer | | | 6. Occupation/Title | |
| 7. Employee's Work Address: Street | | City | State | Zip Code |

CONSENT TO INSURE

8. By signing below, you are consenting to insurance on your life under a Multilife Temporary Insurance Agreement (MLTIA) entered into by your employer. Insurance under the MLTIA is issued by Pacific Life Insurance Company (PLIC). The general purpose of the MLTIA is to provide temporary insurance coverage on your life during PLIC's consideration of your insurability.

TEMPORARY INSURANCE AMOUNT

9. PLIC agrees to provide a death benefit equal to the Temporary Insurance Amount as indicated in the Multilife Temporary Insurance Agreement. The maximum death benefit of life insurance that you can be insured for under the MLTIA is \$3,000,000. This does not necessarily mean that the particular MLTIA entered into by your employer will in fact provide that amount of coverage on your life.

Under the terms of the MLTIA, any insurance payable upon your death will be payable to your employer, or to a beneficiary named by your employer.

Coverage under the MLTIA may continue after termination of your employment with your employer.

GENERAL INFORMATION

10A. Are you currently engaged in active full-time work (at least 30 hours per week in a normal capacity)?

Yes No (If "No," give details in "Remarks")

B. Have you been hospitalized or absent from work due to illness or accident more than a total of three days in the preceding three months?

Yes (If "Yes," give details in "Remarks") No

11. Have you smoked a cigarette in the last 12 months? Yes (If "Yes," give date last smoked) No

Date: _____ (mm/yy)

REMARKS – Identify question # and give details

SIGNATURES

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance 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. (Not applicable in Oregon.)

I declare that the answers provided in this Consent to Insure are true and complete to the best of my knowledge and belief and I understand that the statements made on this declaration are part of the application for insurance.

Signed and Dated: Date (mm/dd/yyyy)



X

 Proposed Insured's Signature



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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Readability Certification _TIA_.pdf
AR1GuarAssocNote.pdf
AR Reg 19 Cert of Compliance.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

This Consent to Insure will be used with approved Temporary Insurance Agreement(s), P10MTG and P10MTS.
These forms were approved on 7/08/2010

READABILITY CERTIFICATION

Form Filing for: **Pacific Life Insurance Company**

Policy Form Number(s): A10MTC

Form Name(s): Multilife Temporary Insurance Agreement Consent to Insure

Flesch Score(s): 50.2

(Flesch test was made for entire form, not for selected samples.)

Test type: 10 point

I certify that in my judgment this filing is:

- READABLE (simple sentence structure – shortness of sentences – use of common words – avoidance of legal and technical terms to greatest possible extent and defining of those terms which cannot be avoided – minimum of cross-references).
- LEGIBLE (ample type size for text with contrasting type for headings and subheadings – ample space between lines – ample white space in margins and between section – ample ink-to-paper contrast).
- IN LOGICAL ORDER AND FORMAT (table of contents or index included – sections and subsections self-contained and arranged in logical flow – extensive use of headings and subheadings to facilitate location of particular items – outline form used where desirable for clarity).

I believe this filing:

- Meets or exceeds the requirements of the policy readability legislation already enacted in numerous states; and
- Meets or exceeds the requirements of the NAIC Model Bill on language simplification.

Signed for the Company at Newport Beach, California on

October 19, 2010



SIGNATURE

THOMAS S. BEADLESTON

NAME

VICE PRESIDENT

TITLE

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND DISABILITY INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or disability insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Disability Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Disability Insurance Guaranty Association
c/o The Liquidation Division
1200 West Third Street (Third & Cross)
Little Rock, Arkansas 72201-1904

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety net is called the Arkansas Life and Disability Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$100,000 in health insurance benefits, \$100,000 in present value of annuity benefits, or \$100,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

PACIFIC LIFE INSURANCE COMPANY
45 Enterprise Drive · Aliso Viejo · California · 92656

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

RE: A10MTC

I hereby certify that to the best of my knowledge and belief, the above forms and their submission comply with Regulation 19, as well as the other laws and regulations of the State of Arkansas.

Signed for the Company at Aliso Viejo, California on October 25, 2010

SIGNATURE

Thomas S. Beadleston

NAME

Vice President

TITLE