

SERFF Tracking Number: USLH-126839633 State: Arkansas
Filing Company: United Security Life and Health Insurance Company State Tracking Number: 46942
Company Tracking Number: E-Z KID (AR)
TOI: L07I Individual Life - Whole Sub-TOI: L07I.301 Current Assumption - Fixed Premium - Single Life
Product Name: First Step E-Z Life Product
Project Name/Number: First Step E-Z Life Product/

Filing at a Glance

Company: United Security Life and Health Insurance Company

Product Name: First Step E-Z Life Product SERFF Tr Num: USLH-126839633 State: Arkansas
TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved-Closed State Tr Num: 46942
Closed

Sub-TOI: L07I.301 Current Assumption - Fixed Co Tr Num: E-Z KID (AR) State Status: Approved-Closed
Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird
Author: Jaime Gettemans Disposition Date: 10/06/2010
Date Submitted: 09/30/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: First Step E-Z Life Product
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/06/2010

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: 10/06/2010
Created By: Jaime Gettemans
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jaime Gettemans

Filing Description:

Please see the cover letter under the "Supporting Documents" tab for a detailed filing description.

Company and Contact

Filing Contact Information

Jaime Gettemans,

jaimegettemans@jandpholdings.com

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6640 S. Cicero Avenue 708-552-2417 [Phone]
 Bedford Park, IL 60638

Filing Company Information

United Security Life and Health Insurance CoCode: 81108 State of Domicile: Illinois
 Company
 6640 S. Cicero Group Code: Company Type:
 Bedford Park, IL 60638 Group Name: State ID Number:
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR ADC 054 00 057(II)(a)(1)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Security Life and Health Insurance Company	\$50.00	09/30/2010	40061006
United Security Life and Health Insurance Company	\$50.00	10/06/2010	40330851

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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	10/01/2010	10/01/2010	Jaime Gettemans	10/06/2010	10/06/2010

SERFF Tracking Number: USLH-126839633 *State:* Arkansas
Filing Company: United Security Life and Health Insurance *State Tracking Number:* 46942
Company
Company Tracking Number: E-Z KID (AR)
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.301 Current Assumption - Fixed Premium -
Product Name: First Step E-Z Life Product *Single Life*
Project Name/Number: First Step E-Z Life Product/

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
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Children's E-Z Life Insurance Application		Yes
Form	Children's E-Z Life Insurance Plan (Brochure)		Yes

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TOI: L071 Individual Life - Whole Sub-TOI: L071.301 Current Assumption - Fixed Premium -
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/01/2010
Submitted Date 10/01/2010
Respond By Date 11/01/2010

Dear Jaime Gettemans,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/06/2010
Submitted Date 10/06/2010

Dear Linda Bird,

Comments:

I hope this correspondence finds you well.

Response 1

Comments: Please note that I submitted an additional \$50 via EFT for this filing.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any other questions, please feel free to contact me.

Thank you and we look forward to your approval of this filing.

Sincerely,
Jaime Gettemans

Sincerely,
Jaime Gettemans

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	EZKID-APP-10/10	Application/Enrollment Form	Children's E-Z Life Insurance Application	Initial			EZKID-APP-10.10.pdf
	EZKID-BRO-10/10	Advertising	Children's E-Z Life Insurance Plan (Brochure)	Initial			EZKID-BRO-10.10.pdf

1. Benefit Selection

Requested Effective Date	Face Amount (Choose from \$1,000 to \$25,000)
/ /	\$

Primary Beneficiary		Contingent Beneficiary	
Name	Relationship	Name	Relationship

2. Child Information

Name of Proposed Insured (First, Middle Initial, Last Name)	Sex	Age	Birth Date	State of Birth	Height	Weight

SSN# of Proposed Insured	Street Address of Proposed Insured	City	State	Zip	Phone #

3. Replacing Life Insurance

Does the Applicant Currently Have Life Insurance In Force?	Will First Step Replace Existing Policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Complete the Information Below:</i> Company Name: _____ Policy #: _____ Face Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Medical Questions

To the best of your knowledge and belief:

Has the Proposed Insured been medically diagnosed, received medical care for, or had:

(a) a heart or circulatory system disease, birth defect, or mental or developmental disorder?..... Yes No

(b) any other chronic medical condition which has required care within the past 3 years?..... Yes No

(c) Acquired Immune Deficiency Syndrome (AIDS)?..... Yes No

Please list condition that caused yes answers to questions above.

5. Applicant (Owner) Information

Applicant (Owner), if other than the Proposed Insured: (Complete below and sign Signature Block at bottom of Application)

Name	Relationship to Proposed Insured	
Address	Phone #	Email

6.

Insured's Statement And HIPPA Compliant Authorization To Release Medical Information

I hereby apply to United Security Life and Health Insurance Company ("USL&H") for insurance. I represent the statements I have made herein are complete and true. I understand the following; (a) if any material information on this application is incorrect, this coverage may be voided; and, (b) if this application is declined and a Policy is not issued, USL&H's only obligation will be to return any premium paid; and, (c) there is no insurance in force until a Policy indicating the effective date is received from USL&H and the initial premium, including the applicable fee, is paid in full. By this form (or copy), I authorize any medical practitioner, physician, pharmacist, pharmacy-related facility, hospital, clinic, healthcare professional, medical or medically-related facility, records custodian, insurance company, or the Medical Information Bureau, that has any records of my health, to give USL&H, its reinsurers, affiliates, or business associates, any such information which shall include, but not be limited to, Alcohol or Drug abuse treatment, lab data, and diagnostic testing. I understand the information obtained by use of this authorization will be used by USL&H to determine eligibility for insurance. Any information obtained will not be released by USL&H to any person or organization except to reinsurance companies, the Medical Information Bureau, or other persons or organizations performing business or legal service in connection with my application, claim, or as may be otherwise lawfully required or as I may further authorize. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. This authorization shall be valid for two and one half years from the date shown below. (For residents of Arizona, this authorization is valid for 180 days for any HIV-related information. I acknowledge receipt of the important notice regarding a consumer report and disclosure of information to the Medical Information Bureau. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to USL&H, P.O. Box 388342, Chicago, Illinois 60638. Attention: Privacy Officer. I understand that a revocation is not effective to the extent that any of my providers has relied on this authorization or the extent that USL&H has a legal right to contest a claim under an insurance policy or to contest the policy itself within the two year Contestable Period. A photographic copy of this authorization and acknowledgment shall be as valid as the original. Upon request, I, or my authorized representative, is entitled to receive a copy of this authorization form. 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Signature of Proposed Insured

Signature of Applicant/Owner (if other than Proposed Insured)

X

X

7.

Agent's Statement

Is insurance being applied for intended to replace any insurance now in force?

Yes No If "YES", submit required Replacement Form.

I have truly and accurately recorded in this Application, the information supplied by applicant.

Print Agent Name

Licensed Agent Signature

Agent No.

X

X

8.

Premium Payment Mode

Choose a Payment Method

Annually Semi-Annually Quarterly PAC Monthly Direct Monthly Credit Card Monthly

Visa/MasterCard/Discover #

Expiration Date

Name of Bank

City

State

Routing Number

Account Number

Authorization Agreement for EFT

As a convenience to me, I hereby request and authorize you to pay and charge my account (checks or electronic debits) drawn on my account by and payable to United Security Life and Health Insurance Company, provided there are sufficient funds in said account to pay the same on presentation. I agree that your rights with respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me.

I agree that if any such check or electronic debit be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. This authorization is to remain in effect until revoked by me, in writing, and until you actually receive such notice.

Signature

Date



Get Started Today!

That's All It Costs?

Face Amounts

Choose between \$1,000 - \$25,000 in coverage. This face amount will never decrease due to age or a change in health.

The rate chart to the right shows the annual cost for \$1,000 in coverage. To calculate the premium, simply find the rate and multiply it by the number (between 1 and 25) of thousands of dollars in coverage.

For example, let's look at a \$10,000 First Step policy for a 1-year-old female. Take the annual rate per thousand (\$6.10) and multiply it by the number of thousands of dollars in coverage (10) to get an annual premium of \$61. **That's only \$5 per month!***

Gross Annual Premiums Per \$1,000*	Issue Age	Male	Female
	0	\$7.30	\$6.00
1	\$7.40	\$6.10	
2	\$7.80	\$6.50	
3	\$8.00	\$6.80	
4	\$8.30	\$6.90	
5	\$8.50	\$7.10	
6	\$9.00	\$7.40	
7	\$9.30	\$7.80	
8	\$9.60	\$8.10	
9	\$10.10	\$8.40	
10	\$10.50	\$8.60	
11	\$11.00	\$9.10	
12	\$11.50	\$9.50	
13	\$11.90	\$10.00	
14	\$12.50	\$10.40	
15	\$12.90	\$10.80	
16	\$13.50	\$11.30	
17	\$14.00	\$11.80	



* Rates Do Not Include An Annual \$42.00 Administrative Fee

Easy To Quote

Use the rate chart to the left to figure out your annual payment, or get a quick quote at our website, www.unitedsecuritylandh.com.

Easy To Apply

You can apply for coverage by answering a handful of Yes/No application questions. No records or tests are necessary!

Easy To Pay

We offer convenient payment methods:

- Annual, Semi-Annual, Quarterly or Monthly Bill
- Credit Card
- Check By Phone
- Automatic Checking Withdrawal

Our easy application and payment process allows you to secure coverage for your child within a few minutes! Contact your agent listed below, or visit www.unitedsecuritylandh.com to get started!



FIRST STEP

Children's E-Z Life Insurance Plan



Unlike Your Child, Our Premiums Stay Little Forever

The First Step policy is a whole life insurance policy designed for your young loved ones.

The time to buy life insurance is when your child is young and healthy. That way, you lock in an inexpensive policy where the premium never increases, even if your child develops a serious illness or injury that prevents them from buying another life insurance policy in the future.

Not only do the rates stay level for life, but USL&H will not cancel the policy for any reason as long as the premiums are paid on time.

Understanding Cash Value

As years go by, the First Step policy accumulates cash value. Cash value is the amount of money a policy owner can "cash the policy in for" or borrow against while the policy remains in force.

Your cash value increases every year. There are many uses for these funds, as described in the "Value of Cash Value" to the right.

Cover Your Child, Top to Bottom



Guess Who Just Got a \$25,000 Life Insurance Policy?

The Value Of Cash Value

Cash value gives you and your little loved one protection *and* flexibility.

While the policy provides a life insurance benefit, it also builds a valuable nest egg that you or your child can borrow against in the future. The cash value will be a fast and easy account to draw from if an emergency arises or you need to:

- Help Buy Their First Car
- Help Pay For School & Tuition Costs
- Help Put A Down Payment On Their Home
- Help Pay For Their Wedding

These are just examples. You can draw against your cash value account for *any reason*. It can even come in handy when you choose to no longer pay the premium on the First Step policy. With cash value, you can surrender the policy and keep the cash or use it to temporarily extend the policy!

First Step = One Step Ahead

By giving your child a First Step policy, you ensure a life insurance amount that will never decrease at a premium that will never increase! Why is that important? The older your child gets, the more expensive life insurance becomes. On top of that, there are a number of other factors that could make life insurance unaffordable for your child in the future:

- Health Conditions such as High Blood Pressure, High Cholesterol, Or Diabetes
- Tobacco Use
- Becoming Overweight
- Dangerous Occupation Or Hobby
- Driving History

With the uncertainty that the future brings, it's smart to buy a First Step policy for as **little as \$4 a month** before future health concerns, dangerous occupations or hobbies ever get in the way.

Eligibility

Children from 14 days through age 18 are eligible to apply for coverage. USL&H also offers a similar life insurance product for ages 19 and older.

The child's parent, grandparent or legal guardian can apply for and purchase the coverage. As the purchaser, you own the policy and can borrow against the cash value earned on the policy.

Though your child may think they already know what to do with the money, they are not able to draw against the cash value or surrender the policy until you transfer the ownership of the policy.

You can transfer ownership of the policy to the insured anytime after they reach age 18.

Termination

All coverage under the First Step policy will terminate when one of the following occurs:

- The premium for the policy is not paid within grace period and no cash values are available;
- You request that this policy be surrendered;
- The insured dies;
- The period of Extended Term Insurance expires; or
- The policy debt exceeds the cash value

My Own Savings Account? Cool!



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Single Life
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: Please find attached two Flesch Certifications; one for the Application and one for the Brochure.		
Attachments: Arkansas Flesch Certification (EZKID-APP-10.10).pdf Arkansas Flesch Certification (EZKID-BRO-10.10).pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments: Please find attached the cover letter which contains a detailed filing description for this filing.		
Attachment: 9.30.10 - AR Cover Letter (EZKID).pdf		



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Children's E-Z Life Insurance Application (EZKID-APP-10/10) that is being filed for review and approval and is to be used with our current Whole Life Insurance Policy, EZ-Life 07, received a Flesch Reading Ease Score of 32.5. This Application does not comply with the requirements of A.C.A. 23-80-206, but is in compliance with the requirements of A.C.A. 23-80-207 since it is warranted by the nature of a particular policy form.

Robert G. Dial
Vice President & Secretary

9/30/10

Date



UNITED SECURITY

LIFE AND HEALTH INSURANCE COMPANY

6640 S. Cicero Avenue, Bedford Park, Illinois 60638
(708) 475-6100 (800) 875-4422 Fax: (708) 475-6120

FLESCH CERTIFICATION

This is to certify that the attached Children's E-Z Life Insurance Plan Brochure (EZKID-BRO-10/10) that is being filed for review and approval and is to be used with our current Whole Life Insurance Policy, EZ-Life 07, received a Flesch Reading Ease Score of 57.4. This Application is in compliance with the requirements of A.C.A. 23-80-206.

Robert G. Dial
Vice President & Secretary

9/30/10

Date



September 30, 2010

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

Re: UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY

FEIN #: 36-3692140 / NAIC #: 81108

EZKID-APP-10/10 - Children's E-Z Life Insurance Application
EZKID-BRO-10/10 - Children's E-Z Life Insurance Plan
(Brochure)

To Whom It May Concern:

Enclosed are the forms referenced above for your review and approval. These are new forms and do not replace any forms previously filed and approved by your Department.

The captioned forms will provide a lump sum benefit for children between the ages of 0 and 18, chosen by either the Insured or Legal Guardian of the Insured, upon the death of the Insured. We will use our current Whole Life Insurance Policy, EZ-Life 07, and current rate tables for our Whole Life Insurance Policy, which were filed and approved by your department on February 7, 2007 as the Policy and rates for this product.

This product will be individually underwritten and marketed by United Security's Agent/Broker field force.

Please direct any questions, correspondence, or approval to my attention concerning this filing. I look forward to your approval of these forms. You may reach me directly at (708) 552-2417.

Sincerely,

A handwritten signature in black ink that reads 'Jaime Gettemans'.

Jaime Gettemans
Compliance Department
United Security Life and Health Insurance Company
jaimegettemans@priscorp.net
Fax: (708) 552-2464

Quality Products from Caring Professionals

6640 South Cicero Avenue, Bedford Park, IL 60638
800-875-4422 / 708-475-6100 Fax: 708-475-6120