

SERFF Tracking Number: SENL-126881857 State: Arkansas  
Filing Company: Security National Life Insurance Company State Tracking Number: 47168  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: LPWL-MIB-BA APP (10/10)-AR  
Project Name/Number: Individual Whole Life Application/

## Filing at a Glance

Company: Security National Life Insurance Company

Product Name: LPWL-MIB-BA APP (10/10)-AR SERFF Tr Num: SENL-126881857 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 47168  
Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed  
Premium - Single Life

Filing Type: Form

Author: Jeanine Larson

Reviewer(s): Linda Bird

Date Submitted: 10/28/2010

Disposition Date: 11/01/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Individual Whole Life Application

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/01/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/27/2010

Domicile Status Comments: Approved for use.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/01/2010

Created By: Jeanine Larson

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jeanine Larson

Filing Description:

Re: First Submission Form Filing: LPWL-MIB-BA APP (10/10)-AR

Security National Life Insurance Company

NAIC Company Code: 69485 0454

Federal ID No.: 36-2610791

Dear Commissioner,

SERFF Tracking Number: SENL-126881857 State: Arkansas  
Filing Company: Security National Life Insurance Company State Tracking Number: 47168  
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Attached, please find the above-referenced Form Filing for your review and approval; the application, the Flesch/Readability Score Certification and Compliance Certification. We are also submitting the required Form Filing Fees of \$50.00, through EFT in SERFF

Copies of the Arkansas Guaranty Association Letter, Welcome Notice, Arkansas Notice, Important Notice and Buyer's Guide are included with all policies issued.

The following document is included in this filing:

LPWL-MIB-BA APP (10/10)-AR – An application to use with the LDBWL (06/2001)-AR and LPWL (06/2001)-AR policies, which were approved by the Arkansas Department of Insurance on June 22, 2004; the MIB (07/07)-AR policy, which was approved by the Arkansas Department of Insurance on April 8, 2008; and the BA I (02/2000)-AR policy, which was approved by the Arkansas Department of Insurance on April 4, 2000.

The LPWL-MIB-BA APP (10/10) application which was approved by our domicile State of Utah on September 27, 2010 will be marketed on an individual basis by licensed agents of Security National Life Insurance Company.

Thank you for your time and assistance in this matter. Should you need additional information, please feel free to contact me at (800) 574-7117 ext. 1101 or e-mail at [jeanine.larson@securitynational.com](mailto:jeanine.larson@securitynational.com).

Sincerely yours,

Jeanine Larson, Compliance  
Legal Department

## Company and Contact

### Filing Contact Information

Jeanine Larson, Compliance [jeanine.larson@securitynational.com](mailto:jeanine.larson@securitynational.com)  
5300 South 360 West 800-574-7117 [Phone] 1101 [Ext]  
Suite 250 801-265-9882 [FAX]  
Salt Lake City, UT 84123

### Filing Company Information

Security National Life Insurance Company	CoCode: 69485	State of Domicile: Utah
5300 South 360 West	Group Code: 454	Company Type: Life, Annuity, Health and Accident
Suite 250	Group Name: N/A	State ID Number:

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Salt Lake City, UT 84123 FEIN Number: 36-2610791  
(800) 574-7117 ext. [Phone]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 1 application @ \$50.00  
Total = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security National Life Insurance Company	\$50.00	10/28/2010	41286263

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/01/2010	11/01/2010

*SERFF Tracking Number:*      *SENL-126881857*                      *State:*                      *Arkansas*  
*Filing Company:*              *Security National Life Insurance Company*      *State Tracking Number:*      *47168*  
*Company Tracking Number:*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.101 Fixed/Indeterminate Premium - Single*  
*Product Name:*              *LPWL-MIB-BA APP (10/10)-AR*  
*Project Name/Number:*      *Individual Whole Life Application/*  
*Life*

## **Disposition**

Disposition Date: 11/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: LPWL-MIB-BA APP (10/10)-AR**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LPWL-MIB-BA APP (10/10)-AR	Application/ Enrollment Form	Application	Initial		52.000	APPLICATION - LPWL-MIB-BA APP (10-10)-AR w1pay 10-28-10.pdf

**1. Proposed Insured / Owner (Please Print)**

First	M.I.	Last	
Birth date (mo / day / year)	Age	Sex	Social Security Number
Street			
City	State	Zip	Telephone ( )
<input type="checkbox"/> Owner <input type="checkbox"/> Payor (If different than Proposed Insured)		Relationship to Insured	
Street			
City	State	Zip	Telephone ( )

**2. Beneficiary**

Primary	Relationship to Insured
Contingent	Relationship to Insured

**4. Coverage Amount**

Funeral Amount	Initial Payment
Initial Face Amount	Periodic Payment Amount

**5. Initial Payment & Billing Information (See back for agreement)**

Initial Payment  Check or Money Order (Payable to SNL)

Billing Mode: <input type="checkbox"/> Direct Bill <input type="checkbox"/> EFT (Complete EFT section below)	Payment Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Monthly	EFT Date: ____/____/____ (mo/day) 1 through 28
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**5a. Electronic Funds Transfer (EFT) Information/Authorization**

Customer Name: \_\_\_\_\_

Account Holders Name: \_\_\_\_\_ Relationship to Insured: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Routing Number	Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
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Credit Card # \_\_\_\_\_

Card Type:  Visa  MasterCard  American Express Expiration Date: \_\_\_\_\_

I authorize SNL to initiate debit entries to my checking or savings account, or credit card account indicated above and authorize the financial institution (bank) named above to debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.

Account Holder's Signature \_\_\_\_\_

**7. Agreement/Authorization**

I have read the questions and answers shown above. They are complete and true to the best of my knowledge. I understand that the agent does not have the authority to waive an answer to any of the above questions. No Insurance shall take effect until the premium has been paid and a policy has been issued while the insured is living.

If the health questions are answered, then I authorize my doctor, hospital, or related facility, pharmacy benefit manager, insurance company, person or organization, having records of me or my family, to give Security National Life Insurance Company and its representatives any such information. Such records or information will be used by Company personnel to determine eligibility for insurance and/or benefits. There may be certain circumstances under which the information received may be disclosed to third parties who are not subject to the regulations under federal health privacy law. A reproduction of this authorization shall be valid as the original. This authorization shall be valid for two (2) years from the date signed. This authorization may be revoked upon submission of a written notice to the Home Office.

Signed at: City \_\_\_\_\_ State \_\_\_\_\_ Effective Date (Mo/day/yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Proposed Insured's / Annuitant **Signature** \_\_\_\_\_ Owners Signature (if different) \_\_\_\_\_

**8. Agent's Statement**

Is there an existing life insurance policy or annuity contract?  Yes  No

If the optional health questions and Bank information are completed, I certify that the information was provided directly by the Proposed Insured.

Agent's Signature \_\_\_\_\_ Agent's Printed Name \_\_\_\_\_ Date (mo/day/yr) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Agent # \_\_\_\_\_ Funeral Home Name \_\_\_\_\_ Funeral Home # \_\_\_\_\_

**3. Plan Selection**

(To be answered by Proposed Insured)

- Are you now a patient in a hospital of any kind, or receiving hospice care, bedridden, or have you been advised by a medical practitioner to be hospitalized, but have chosen not to follow that advice? Have you been diagnosed with a terminal illness or condition?  Yes  No
- Have you ever tested positive for HIV? Have you ever been diagnosed or tested positive as having AIDS or ARC? Have you ever been diagnosed, treated, or taken medication for Alzheimer's?  Yes  No
- During the last five years, have you been diagnosed as having, or have you received treatment from a medical practitioner for any of the following?  Yes  No  
**(Only check ailments that you have had or take medication for.)**  
 Kidney disorder or dialysis  
 Heart disease or condition  
 Lung disorder  
 Diabetes in combination with High Blood Pressure  
 Amputation due to disease  
 Circulatory disorder  
 Cancer except basal cell skin cancer  
 Liver disorder including Hepatitis  
 Alcohol or Drug Abuse  
 Brain or neurological disorder, including stroke or tumor  
 Mental disorder, including Down's Syndrome or depression  
 Organ transplant

**Plans Payment Years**

Ask question 1 only.		
Single Pay	Answer to question 1 must be no.	<input type="checkbox"/> Single Pay
Dollar for Dollar Multi-pay	Answer to question 1 must be no.	<input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10
Ask questions 1 through 3.		
Insured Plan – Limited Benefit	Answers to questions 1 and 2 must be no.	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 10
Insured Plan – Full Benefit	Answers to all questions must be no.	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 10
Annuity	<b>No health questions required for Annuity</b>	<input type="checkbox"/> Single Pay <input type="checkbox"/> Flexible Premium

**6. Replacement**

Do you have an existing life insurance policy or annuity contract?  
 Yes  No

Are you replacing an existing life insurance policy or annuity contract?  
 Yes  No

If yes, give name of the existing insurer and policy number.  
 \_\_\_\_\_  
 \_\_\_\_\_

## Conditional Premium Receipt

### THIS RECEIPT PROVIDES COVERAGE ONLY IF CONDITIONS BELOW ARE MET.

The company hereby acknowledges receipt of the initial premium from the proposed insured for which an application for insurance is made to Security National Life Insurance Company on the date of application and for the premium collected as shown on the reverse side.

### Conditions of Life Insurance Coverage

(Please read carefully)

Subject to the limitations of this receipt and the terms and conditions of the policy that may be issued by the company on the basis of the application, the life insurance and any additional benefits applied for will not be deemed to take effect unless the company, after investigation and such medical examination (if any) as it may require, is satisfied that on the date of the application the person proposed for insurance was insurable for the amount of life insurance and any additional benefits applied for according to the company's rules and practice of selection; provided, however, that approval by the company of the insurability of the proposed insured for a plan of insurance other than that applied for shall not invalidate the terms and conditions for the receipt relating to life insurance and any other additional benefit applied for.

The amount received shall be refunded if the application is declined or if a policy is issued other than as applied for and is not accepted. Any check, draft, or money order is received subject to collection.

Security National Life Insurance Company or its reinsurers may also release limited information in its file to other properly authorized life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.

**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.**

### Arkansas Insurance Department Consumer Services Department

1200 West Third Street, Little Rock, AR 72201  
1 (501) 371-2640 • Toll Free: 1 (800) 852-5494

### Electronic Funds Transfer (EFT) Authorization Agreement to Security National Life Insurance Company (SNL)

I authorize SNL to initiate debit entries to my checking or savings account, indicated on the front of this form, and authorize the financial institution (bank) named to Debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.

#### TERMS AND CONDITIONS

1. This arrangement may be terminated with respect to any or all contracts listed below by SNL or by me upon written notice to the other party. Until such notice is actually received by SNL, SNL shall be fully protected in drawing the EFT.
2. I understand that if any EFT is dishonored by my bank, and if any monthly amount due SNL is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. During the continuance of this arrangement SNL shall not be required to send any payment notices on any contract I have authorized to be included hereunder.
4. If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
5. This Authorization shall not be effective for any contract for which application is pending until such contract is actually issued.
6. I will pay a returned-item fee as specified by the bank or SNL for any debit entry that is returned to SNL for insufficient funds.

This Authorization is to be accompanied by a voided check, deposit slip, or bank statement that contains the name on the account and the bank account and routing numbers.

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

CERTIFICATIONS FOR LPWL-MIB-BA APP (10-10)-AR.pdf

C E R T I F I C A T I O N

Security National Life Insurance Company hereby certifies that form number LPWL-MIB-BA APP (10/10)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 52.0.

**SECURITY NATIONAL LIFE INSURANCE COMPANY**

By: Jeffrey R. Stephens, General Counsel  
Legal Department

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
October 28, 2010  
Date

## CERTIFICATE OF COMPLIANCE

Security National Life Insurance Company hereby certifies that the Company has reviewed the enclosed policy forms and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of rule and Regulation 19, § 10 B, and all applicable requirements of the Arkansas Insurance Department, State of Arkansas, and Regulations promulgated pursuant thereto.

### SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel  
Legal Department

  
\_\_\_\_\_  
Signature

October 28, 2010

\_\_\_\_\_  
Date