

SERFF Tracking Number: BALT-126453494 State: Arkansas
Filing Company: The Baltimore Life Insurance Company State Tracking Number: 44900
Company Tracking Number: 8270
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Non-Occupational Disability Income Rider Questionnaire
Project Name/Number: Non-Occupational Disability Income Rider Questionnaire/8270

Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: Non-Occupational Disability SERFF Tr Num: BALT-126453494 State: Arkansas

Income Rider Questionnaire

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 44900
Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: 8270

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Lesia Williams

Disposition Date: 02/18/2010

Date Submitted: 02/17/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Non-Occupational Disability Income Rider Questionnaire Status of Filing in Domicile: Authorized

Project Number: 8270

Date Approved in Domicile: 01/15/2010

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/18/2010

Explanation for Other Group Market Type:

State Status Changed: 02/18/2010

Deemer Date:

Created By: Lesia Williams

Submitted By: Lesia Williams

Corresponding Filing Tracking Number: 8270

Filing Description:

Attached for your review and formal approval is Form 8270. This is a new form and does not supersede any previously approved form.

Form 8270 is a supplemental questionnaire to be used in conjunction with our Disability Income Rider, Form 8196, which was approved by your Department on 2/24/09.

We certify that this submission meets the provisions of Regulations 19, as well as all of the applicable requirements of

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the department.

Company and Contact

Filing Contact Information

Lesia Williams, Director Policy Forms Compliance
 10075 Red Run Boulevard Owings Mills, MD 21117-4871
 lesia.williams@baltlife.com
 800-628-5433 [Phone]
 410-581-6605 [FAX]

Filing Company Information

The Baltimore Life Insurance Company
 10075 Red Run Boulevard Owings Mills, MD 21117
 (410) 581-6600 ext. 3050[Phone]
 CoCode: 61212
 Group Code: 849
 Group Name:
 FEIN Number: 52-0236900
 State of Domicile: Maryland
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$125.00	02/17/2010	34249375

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/18/2010	02/18/2010

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Disposition

Disposition Date: 02/18/2010

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	NON-OCCUPATIONAL DISABILITY INCOME RIDER QUESTIONNAIRE		Yes

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Form Schedule

Lead Form Number: 8270

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8270	Application/NON-Enrollment Form OCCUPATIONAL DISABILITY INCOME RIDER QUESTIONNAIRE	Initial		41.600	8270.pdf



Non-Occupational Disability Income Rider Questionnaire

Proposed Insured Name (First, M.I., Last, Suffix)	Social Security or Tax ID	Monthly Disability Income Being Applied For: \$
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1. Current monthly income from your occupation \$ _____

2. Occupation	Duties:
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3. Do you have any other existing disability or loss of income insurance in force or is any such application now pending? Yes No

4. Existing disability income insurance:

Name of Company	Policy Number	Monthly Amount	Year Issued	To be Replaced?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Have you ever applied for or are you eligible for, or are you receiving disability payment compensation or benefit from any Armed Forces, insurance company other source due to illness or injury? Yes No

6. Do you need assistance of any kind with bathing, continence, dressing, eating, using the toilet or transferring? Yes No

7. Has the proposed insured had any medical testing recommended but not yet completed? Yes No

8. If you provided any "Yes" answers to questions 5, 6 or 7, please provide details:

I certify that the responses made above are complete and true to the best of my knowledge and belief. I understand that if I provide any false or incomplete answers and/or if the health of the Proposed Insured changes before the rider effective date and I don't notify The Baltimore Life Insurance Company of such changes, then benefits may be denied or the rider may be rescinded.

WARNING: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

X _____
Signature of Proposed Insured

X _____
Signature of Agent

Date

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ar-read.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:		

THE BALTIMORE LIFE INSURANCE COMPANY
10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-5060
(410) 581-6600

CERTIFICATION OF READABILITY

This is to certify that Form 8270 meets the minimum reading ease score for the state of Arkansas on the Flesch reading ease test.

Vice President

A handwritten signature in black ink, appearing to be "J. Kelly", written over a horizontal line.

February 17, 2010

Date