

SERFF Tracking Number: PHMU-126501325 State: Arkansas  
Filing Company: The Pharmacists Life Insurance Company State Tracking Number: 44859  
Company Tracking Number:  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Short Form Life App  
Project Name/Number: Short Form Life App/

## Filing at a Glance

Company: The Pharmacists Life Insurance Company

Product Name: Short Form Life App

SERFF Tr Num: PHMU-126501325 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44859

Sub-TOI: L08.000 Life - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Sandra Laubenthal

Disposition Date: 02/18/2010

Date Submitted: 02/15/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Short Form Life App

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 01/28/2010

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: Sandra Laubenthal

Submitted By: Sandra Laubenthal

Corresponding Filing Tracking Number:

Filing Description:

I am submitting our new short form life application to be used in conjunction with our tele underwriting process for our term and whole life policies. I have attached our new short form life application. The new application will be used for all applications with face amounts \$100,000 and up.

No previously approved applications will be replaced as the previously approved applications will be used for all face amounts under \$100,000.

This product was filed to the Interstate compace and approved by them on January 28, 2010.

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Thank you in advance for your review of this filing.

## Company and Contact

### Filing Contact Information

Sandra Laubenthal, Marketing Coordinator Sandra.Laubenthal@phmic.com  
 PO Box 370 515-295-2461 [Phone]  
 Algona, IA 50511 515-295-9306 [FAX]

### Filing Company Information

The Pharmacists Life Insurance Company CoCode: 90247 State of Domicile: Iowa  
 PO Box 370 Group Code: 775 Company Type: Life  
 Algona, IA 50511 Group Name: State ID Number:  
 (515) 295-2461 ext. [Phone] FEIN Number: 42-1125294  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 form at \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Pharmacists Life Insurance Company	\$50.00	02/15/2010	34194773

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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		No
Supporting Document	Application		Yes
Form	Short Form Life Application		Yes

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## Form Schedule

**Lead Form Number: PL1819 (01/10)**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PL1819 (01/10)	Application/ Short Form Life Enrollment Application Form	Initial			PL1819 0110 Shortform.pdf

Application to: The Pharmacists Life Insurance Company  
P.O. Box 370, Algona, Iowa 50511

**PROPOSED INSURED** Please Print

1. Name: First, Middle, Last \_\_\_\_\_ Social Security # \_\_\_\_\_  
Gender  M  F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth Place (State) \_\_\_\_\_
2. Address (street, city, state, zip) \_\_\_\_\_  
Proposed Insured's Phone # (cell) \_\_\_\_\_ Best Time to Call \_\_\_\_\_  AM  PM  
Proposed Insured's Phone # (work) \_\_\_\_\_ Best Time to Call \_\_\_\_\_  AM  PM
3. Occupation and Duties (including those pertaining to any part-time occupation) \_\_\_\_\_  
Employer Name and Address \_\_\_\_\_  
How long employed \_\_\_\_\_ Average annual income \_\_\_\_\_
4. Plan of Insurance (base policy) \_\_\_\_\_ If term # of years \_\_\_\_\_ Face Amount \_\_\_\_\_ Planned Premium \_\_\_\_\_  
Riders (Waiver of Premium, Child Protection Rider, Other) \_\_\_\_\_

**PROPOSED OWNER**

5. Proposed Owner (if other than proposed insured) \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_  
Social Security #/FEIN # \_\_\_\_\_  
Address (street, city, state, zip) \_\_\_\_\_

**BENEFICIARY**

6. Beneficiary \_\_\_\_\_ Relationship to Proposed Insured \_\_\_\_\_  
Age \_\_\_\_\_

**OTHER INSURED**

7. Name of Other Insured \_\_\_\_\_ Social Security # \_\_\_\_\_  
Gender  M  F Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Birth Place (State) \_\_\_\_\_  
Amount of Insurance \_\_\_\_\_ Nicotine use (past 24 months) \_\_\_\_\_ (past 12 months) \_\_\_\_\_

**OTHER**

8. Mode of Premium Payment:  Annual  Semi Annual  Quarterly  Monthly (EFT only)
9. Any new insurance or reinstatement refused, postponed, limited, offered, or quoted on a substandard or rated basis?  Yes  No
10. Are you replacing any existing policy or considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  Yes  No
11. Any other application for life insurance pending?  Yes  No
12. Has the Proposed Insured ever used any form of Nicotine based products?  Yes  No  
If "yes" when did the Proposed Insured last use Nicotine based products? Date \_\_\_\_\_
13. Amount of life insurance currently in-force? \_\_\_\_\_ With what company? \_\_\_\_\_

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If answering yes to any question please give full details.	YES	NO	Identify questions and proposed insured to which details apply.
14. Except for vacations; do you intend to travel outside of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has your driver's license been suspended or revoked within the last 5 years? Driver's License # _____	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you had a felony conviction in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>17. Any past, present, or expected.</b>			
a. Aviation activities as a pilot or crew member?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Sky diving; skin diving; motor vehicle racing; motorcycle racing; mountain climbing; rodeos?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you drink alcoholic beverages? If yes, specify type and weekly consumption.	<input type="checkbox"/>	<input type="checkbox"/>	
19. Have you ever used marijuana, or any illegal or addictive drugs? If yes, specify type and usage frequency.	<input type="checkbox"/>	<input type="checkbox"/>	
a. Have you ever received treatment for alcohol or drug addiction?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Ever been diagnosed or treated for cancer?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>21. Have you ever been diagnosed with.</b>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Nervous system (brain; nerves; etc.) such as paralysis; fainting; epilepsy; convulsions; mental or nervous disorders?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Circulatory system (heart; blood; arteries; veins; etc.) such as high blood pressure; heart attack; murmur?	<input type="checkbox"/>	<input type="checkbox"/>	
c. To the best of your knowledge and belief; Have you ever had, been told you had, or have you ever been treated for Acquired Immune Deficiency Syndrome (AIDS, AIDS related complex (ARC) or AIDS related conditions.)?	<input type="checkbox"/>	<input type="checkbox"/>	
d. Been on, or now on, any prescribed diet or medications?	<input type="checkbox"/>	<input type="checkbox"/>	
22. Have you consulted a physician in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	
23. History in parents, brothers, or sisters of mental illness; cancer; heart disease; diabetes; or stroke? If yes, please give details and age of diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	
24. Death of a parent, or sibling, under age of 60 due to heart disease; diabetes; or cancer? If yes, please give details and age of death.	<input type="checkbox"/>	<input type="checkbox"/>	

**AUTHORIZATION AGREEMENT FOR EZ FUNDS TRANSFER (EFT)  
PHARMACISTS LIFE INSURANCE COMPANY • P.O. BOX 370 • ALGONA, IOWA 50511**

*Please attach a voided check to this form.*

*Before the first EFT is transferred from your account you will be notified of the amount and date of transaction.*

I hereby authorize Pharmacists Life Insurance Company to initiate variable entries to my account indicated below. The financial institution named below is authorized to charge "EZ Funds Transfer" insurance premiums to my account.

Name of Financial Institution \_\_\_\_\_

Address of Financial Institution \_\_\_\_\_  
(street) (city) (state) (zip)

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

This authority is to remain in full force and effect until **Pharmacists Life** has received written notification from me of its termination in such time and in such manner as to afford **Pharmacists Life** and named **Financial Institution** a reasonable opportunity to act on it.

\_\_\_\_\_  
Name (please print) Signature Date

*If you wish to terminate this agreement please call 1-800-247-5930 or send written notice to Pharmacists Life Insurance Company, PO Box 370, Algona, IA 50511.*



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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification		
<b>Bypass Reason:</b> n/a - life application		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
short form application is what is being filed, it has been attached to the froms schedule. This application will be used with previously approved policies for our Term and Whole Life Products.		

Whole Life #'s: PI1800 5/05, PL1801 5/05, and PL1802 5/05  
 Term Life #: Term 2004 PL17890(3-04)

The previously approved application will remain in place as this short form application will be used for applications with face amounts over \$100,000 face amounts. Previously approved applications will be used for all applications under \$100,000 face amount.