

SERFF Tracking Number: PRMD-126218257 State: Arkansas  
Filing Company: Primerica Life Insurance Company State Tracking Number: 44600  
Company Tracking Number: PLA-98  
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other  
Product Name: Application for Reinstatement  
Project Name/Number: Application for Reinstatement/PLA-98

## Filing at a Glance

Company: Primerica Life Insurance Company

Product Name: Application for Reinstatement

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: PRMD-126218257 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44600

Co Tr Num: PLA-98

Author: Freda Beale

Date Submitted: 01/15/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 02/17/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Application for Reinstatement

Project Number: PLA-98

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/17/2010

Status of Filing in Domicile:

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: 01/20/2010

Created By: Freda Beale

Corresponding Filing Tracking Number: PLA-98

Deemer Date:

Submitted By: Freda Beale

Filing Description:

Re: PLA-98 – Application for Reinstatement

Readability Certification

Filing Fee

The new form referenced above is being submitted for your review and approval. Application form PLA-98 will be used for reinstating lapsed policies. Primerica Life will mail this application to its policyowners, whose policy has lapsed, to give them the opportunity to reinstate their policy.

This form is intended to be used with all of our life insurance policy forms that have been previously approved by your

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Department. This application may also be used with any life insurance policy forms that we may develop in the future.

This form is in final print. The Company reserves the right to change the appearance, but not the text of this form. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of the paper on which this form is printed, any logo, telephone numbers and addresses, both of which are bracketed, and to correct typographical errors without refiling.

Your approval and/or acknowledgement of this filing will be appreciated. If you have any questions or need additional information, please do not hesitate to contact me.

## Company and Contact

### Filing Contact Information

freda beale, freda.beale@primerica.com  
 3100 breckinridge blvd 770-564-6122 [Phone]  
 duluth, GA 30099-0001 770-564-7948 [FAX]

### Filing Company Information

Primerica Life Insurance Company CoCode: 65919 State of Domicile: Massachusetts  
 3100 Breckinridge Blvd Group Code: Company Type: term life insurance  
 Duluth, GA 30099-0001 Group Name: State ID Number:  
 (770) 546-6158 ext. [Phone] FEIN Number: 04-1590590

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? Yes  
 Fee Explanation: Domiciliary state MA requires \$75 per form.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Primerica Life Insurance Company	\$75.00	01/15/2010	33572079

<i>SERFF Tracking Number:</i>	<i>PRMD-126218257</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Primerica Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44600</i>
<i>Company Tracking Number:</i>	<i>PLA-98</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.500 Other</i>
<i>Product Name:</i>	<i>Application for Reinstatement</i>		
<i>Project Name/Number:</i>	<i>Application for Reinstatement/PLA-98</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Linda Bird	02/17/2010	02/17/2010
Approved-Closed	Linda Bird	01/20/2010	01/20/2010

### Amendments

<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Form	APPLICATION FOR REINSTATEMENT	Freda Beale	02/11/2010	02/12/2010
Supporting Document	Form PLA-98 with Changes hi-lited	Freda Beale	02/11/2010	02/12/2010

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
REQUEST TO REOPEN FILING	Note To Filer	Linda Bird	02/11/2010	02/11/2010
REQUEST TO REOPEN FILING	Note To Reviewer	Freda Beale	02/08/2010	02/08/2010

*SERFF Tracking Number:* PRMD-126218257      *State:* Arkansas  
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*Product Name:* Application for Reinstatement  
*Project Name/Number:* Application for Reinstatement/PLA-98

## **Disposition**

Disposition Date: 02/17/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has added page numbers on pages 2 -4 to form PLA-98.

Rate data does NOT apply to filing.

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 Project Name/Number: Application for Reinstatement/PLA-98

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	Form PLA-98 with Changes hi-lited		Yes
Form (revised)	APPLICATION FOR REINSTATEMENT		Yes
Form	APPLICATION FOR REINSTATEMENT	Replaced	Yes

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## **Disposition**

Disposition Date: 01/20/2010

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	Form PLA-98 with Changes hi-lited		Yes
Form ( <i>revised</i> )	APPLICATION FOR REINSTATEMENT		Yes
Form	APPLICATION FOR REINSTATEMENT	Replaced	Yes

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**Amendment Letter**

Submitted Date: 02/12/2010

**Comments:**

Dear Ms. Bird:

Thank you for reopening this approved filing. Form PLA-98 has been amended to include page numbers on pages 2 - 4. We would like to request that the attached form PLA-98 replace the form that was originally submitted and approved. A copy of form PLA-98 with the changes highlighted is also included in this submission.

We appreciate your assistance with this request. If additional information is required, please advise.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
PLA-98	Application/EAPPLICATI nrollment Form	ON FOR REINSTATE MENT	Initial				47.995	PLA-98.pdf

**Supporting Document Schedule Item Changes:**

**User Added -Name: Form PLA-98 with Changes hi-lited**

Comment: See document attached.

PLA-98 with changes highlighted.pdf

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*Product Name:* Application for Reinstatement  
*Project Name/Number:* Application for Reinstatement/PLA-98

**Note To Filer**

**Created By:**

Linda Bird on 02/11/2010 03:26 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

02/11/2010 03:26 PM

**Subject:**

REQUEST TO REOPEN FILING

**Comments:**

Filing has been reopened.

*SERFF Tracking Number:* PRMD-126218257      *State:* Arkansas  
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*Product Name:* Application for Reinstatement  
*Project Name/Number:* Application for Reinstatement/PLA-98

**Note To Reviewer**

**Created By:**

Freda Beale on 02/08/2010 10:14 AM

**Last Edited By:**

Freda Beale

**Submitted On:**

02/08/2010 10:16 AM

**Subject:**

REQUEST TO REOPEN FILING

**Comments:**

Dear Ms. Bird:

Thank you for the approval of this filing. Since your approval, we added page numbers on pages 2 - 4 to form PLA-98. We would like to request that the file be reopened so that the approved form may be replaced with form PLA-98 that has the page numbers included.

If you have questions or need more information, please advise.

Sincerely,

Freda A. Beale

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 Product Name: Application for Reinstatement  
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## Form Schedule

**Lead Form Number: PLA-98**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PLA-98	Application/ APPLICATION FOR Enrollment REINSTATEMENT Form	Initial		47.995	PLA-98.pdf

**PRIMERICA**

Life Insurance Company

[3120 Breckinridge Boulevard]  
[Duluth, Georgia 30099-0001]

**Client Services & Espanol Line [1-800-257-4725]**

**Hearing Impaired [1-800-824-1715]**

HOME OFFICE: Boston, Massachusetts

PRODUCT DESCRIPTION	PERIOD COVERED	AMOUNT DUE
[LIFE INSURANCE]	[10/01/2009-02/01/2010]	[ \$192.92]

POLICY NUMBER - [04SPECIMEN]

[John Doe] [Any Street] [Any City, XX 00000]	Change address to: _____ _____ _____
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Dear Policyowner:

At Primerica, we take the responsibility of ensuring financial protection seriously. Although your life insurance policy has lapsed because we have not received your payment, we would like to offer you the opportunity to apply for reinstatement of your policy.

To apply for reinstatement of your life insurance policy, please complete, sign and submit this Reinstatement Application. The Policyowner and all Insured(s) must answer the questions, provide details where indicated, and sign and date this Application. You must also choose one of the following options:

- Option 1: Pay all unpaid, past due premiums in the amount of [ \$192.92] in order to maintain the original anniversary date of your policy.
- Option 2: Select the **Monthly Bank Draft** option if you would like to have your bank account drafted on a monthly basis. Your policy will be given a new anniversary date which may cause the insurance age of all insured(s) to change and increase your premiums.
- Option 3: Select annual, semi-annual or quarterly payment method and submit the indicated premium amount. Your policy may be given a new anniversary date which may cause the insurance age of all insured(s) to change and increase your premiums.

In all options above, your contestability period will begin anew. Once you have read, completed and signed the reverse side of this Reinstatement Application and have chosen a method of payment on this page, you must send this Application to our address below. Please retain the enclosed Disclosures for your records. If you need assistance completing this Reinstatement Application or have any questions, please call our Client Services Line at [1-800-257-4725].

**Please choose your method of payment by following the directions below:**

1. Indicate your method of payment by checking one of the boxes below.
2. **Bank drafts are only available for monthly payments.**
  - Enclose a voided check from the account to be drafted.
  - Indicate the day of the month to draft this account.
3. The Payor must sign and date below.

**[04SPECIMEN]**

[John Doe]  
[Any Street]  
[Any City, XX 00000]

Make check payable to:

<input type="checkbox"/> MONTHLY * (BANK DRAFT)	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY
[ \$51.88]	[ \$546.00]	[ \$283.92]	[ \$144.70]
* By choosing the <b>monthly bank draft option</b> and signing below you agree to the Authorization For Electronic Funds Payments enclosed with this Application.			
X _____ Payor Signature		_____ Date	
<input type="checkbox"/>	◀ Indicate desired bank draft day.		<b>Please attach voided check.</b>
<b>PLEASE PAY THIS AMOUNT</b>			[ \$192.92]

**Primerica Life Insurance Company**  
[P.O. Box 105111]  
[Atlanta, GA 30348-5111]



***-PLEASE RETAIN THIS DISCLOSURE AND  
AUTHORIZATION FOR YOUR RECORDS-***

**AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENTS**

**Authorization for Monthly Payment Plan.** If you have chosen to pay the premium for your policy through the preauthorized monthly bank draft (the "payment plan"), you hereby authorize Primerica Life to automatically debit your checking or savings account in the amount indicated for monthly bank draft payments on the reverse side of this Application (each such debit being a "payment transfer"). You also acknowledge and agree to the following terms and conditions:

1. You may revoke this authorization for the payment plan either by submitting a written revocation to Primerica Life Insurance Company, [3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001] or by calling our toll-free Client Services phone line at [1-800-257-4725.] This authorization for the payment plan will remain in effect until Primerica Life receives and processes your revocation, which could require 3 to 10 business days from the date the revocation is received.
2. The entry on your financial institution's account statement showing that a payment transfer has been made will be your notice of our receipt of your premiums. A premium payment will be considered as having been made and received by Primerica Life only if the payment transfer for that premium is completed by your financial institution. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution for any reason, including a stop payment order or for insufficient funds, **you will be responsible for any charges incurred and Primerica Life may make a second attempt to have a payment transfer made from your account for that portion of premiums due.** Any subsequent payment transfer or any other payment will be applied toward back premiums due and may not prevent a lapse of the policy for non-payment of premium(s).
3. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution, it may result in a termination of the payment plan. If the payment plan is terminated for any reason, your policy will automatically be placed on a quarterly direct billing method, unless you instruct us otherwise by contacting us at our toll-free Client Services phone line. The amount of the first premium due after the date of the termination will be adjusted in accordance with your direct billing method.
4. Primerica Life will not be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance, resulting directly or indirectly from, or in any way connected with the rejection, dishonor, return, reversal or readjustment of a payment transfer by your financial institution.

PLEASE KEEP FOR YOUR RECORDS

**DISCLOSURE FOR MIB, INC.**

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

The Company, or it reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [[www.mib.com](http://www.mib.com)].

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION  
FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

By our signature(s) below: (1) We authorize Primerica Life Insurance Company, its affiliates, reinsurers, and authorized representatives, including agents, insurance support organizations and service providers to receive our health information; (2) We acknowledge that health information may include information within the past 10 years about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes; (3) We authorize any licensed physician, medical practitioner, hospital, clinic, Veteran's Administration, government facility, or other entity or person ("Our Providers") to disclose our health information; (4) We acknowledge that this Authorization is to determine our eligibility for insurance, any claim for insurance benefits, or other business purposes; (5) We acknowledge that this Authorization expires two years from the date it is signed; (6) We acknowledge that we may revoke this Authorization at any time, by sending written notice to Our Provider's address, however, our revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits; (7) We acknowledge that if we refuse to sign this Authorization, Our Providers may not refuse to provide treatment or payment for health care services, however the Company may not be able to process our application or, if coverage is issued, make any benefit payments; (8) We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and (9) We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of our signature, is valid as the original and we may receive a copy of this Authorization after it is signed.

X \_\_\_\_\_  
Signature of Proposed Primary Insured

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Spouse (if proposed for coverage)

\_\_\_\_\_  
Date

PLEASE KEEP FOR YOUR RECORDS

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TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other  
Product Name: Application for Reinstatement  
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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> See documents attached. <b>Attachments:</b> AR READ CERT.pdf MCF197AR.PDF MCF255AR.PDF AR FORM CERT.pdf		
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> The application is the filed form. <b>Comments:</b>		
<b>Satisfied - Item:</b> Form PLA-98 with Changes hi-lited <b>Comments:</b> See document attached. <b>Attachment:</b> PLA-98 with changes highlighted.pdf		



**Primerica Life Insurance Company**  
3120 Breckinridge Boulevard  
Duluth, Georgia 30099-0001  
(770) 381-1000

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME: Primerica Life Insurance Company**

This is to certify that the forms referenced below have achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>FORM NUMBER</b>	<b>SCORE</b>
PLA-98	47.995

\_\_\_\_\_  
Steven A. Reidich

\_\_\_\_\_  
Senior Vice President  
**Title**

\_\_\_\_\_  
January 15, 2010

**Date**

## **IMPORTANT NOTICE TO POLICYHOLDERS**

**In the event you have questions about your policy for any reason, please contact your agent. Additionally, you may contact the insurance company issuing this policy at the following address and telephone number:**

**PRIMERICA LIFE INSURANCE COMPANY  
ATTENTION: POLICYOWNER SERVICE  
3120 BRECKINRIDGE BOULEVARD  
DULUTH, GEORGIA 30099-0001  
TOLL-FREE NUMBER: 1-800-257-4725**

**If we at Primerica Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:**

**STATE OF ARKANSAS  
ARKANSAS INSURANCE DEPARTMENT  
CONSUMER SERVICES DIVISION  
1200 WEST 3RD STREET  
LITTLE ROCK, AR 72201-1904  
1-800-852-5494**

**Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Insurance Department, please have your policy number available.**

**LIMITATIONS AND EXCLUSIONS UNDER THE  
ARKANSAS LIFE AND HEALTH INSURANCE  
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health 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 Health 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 Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol  
Little Rock, Arkansas 72201**

**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 Health 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.

(please turn to back of page)

## COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health 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 Guaranty Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 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.



**Primerica Life Insurance Company**  
3120 Breckinridge Boulevard  
Duluth, Georgia 30099-0001  
(770) 381-1000

**STATE OF ARKANSAS**

**FORM CERTIFICATION**

**RE: PLA-98**

We hereby certify that we have carefully reviewed the form (or forms) listed above and to the best of our knowledge and ability find that the said form (or forms) conform to Arkansas Regulation 19 Section 10B, Regulation 49, Ark. Code Ann. 23-79-138 and applicable Departmental requirements.

A handwritten signature in black ink, reading "Steven A. Reidich". The signature is written in a cursive style and is positioned above a horizontal line.

---

Steven A. Reidich  
Senior Vice President

January 15, 2010

---

Date

**PRIMERICA**

Life Insurance Company

[3120 Breckinridge Boulevard]  
[Duluth, Georgia 30099-0001]

**Client Services & Espanol Line [1-800-257-4725]**

**Hearing Impaired [1-800-824-1715]**

HOME OFFICE: Boston, Massachusetts

PRODUCT DESCRIPTION	PERIOD COVERED	AMOUNT DUE
[LIFE INSURANCE]	[10/01/2009-02/01/2010]	[ \$192.92]

POLICY NUMBER - [04SPECIMEN]

[John Doe] [Any Street] [Any City, XX 00000]	Change address to: _____ _____ _____
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Dear Policyowner:

At Primerica, we take the responsibility of ensuring financial protection seriously. Although your life insurance policy has lapsed because we have not received your payment, we would like to offer you the opportunity to apply for reinstatement of your policy.

To apply for reinstatement of your life insurance policy, please complete, sign and submit this Reinstatement Application. The Policyowner and all Insured(s) must answer the questions, provide details where indicated, and sign and date this Application. You must also choose one of the following options:

- Option 1: Pay all unpaid, past due premiums in the amount of [ \$192.92] in order to maintain the original anniversary date of your policy.
- Option 2: Select the **Monthly Bank Draft** option if you would like to have your bank account drafted on a monthly basis. Your policy will be given a new anniversary date which may cause the insurance age of all insured(s) to change and increase your premiums.
- Option 3: Select annual, semi-annual or quarterly payment method and submit the indicated premium amount. Your policy may be given a new anniversary date which may cause the insurance age of all insured(s) to change and increase your premiums.

In all options above, your contestability period will begin anew. Once you have read, completed and signed the reverse side of this Reinstatement Application and have chosen a method of payment on this page, you must send this Application to our address below. Please retain the enclosed Disclosures for your records. If you need assistance completing this Reinstatement Application or have any questions, please call our Client Services Line at [1-800-257-4725].

**Please choose your method of payment by following the directions below:**

1. Indicate your method of payment by checking one of the boxes below.
2. **Bank drafts are only available for monthly payments.**
  - Enclose a voided check from the account to be drafted.
  - Indicate the day of the month to draft this account.
3. The Payor must sign and date below.

**[04SPECIMEN]**

[John Doe]  
[Any Street]  
[Any City, XX 00000]

Make check payable to:

<input type="checkbox"/> MONTHLY * (BANK DRAFT)	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY
[ \$51.88]	[ \$546.00]	[ \$283.92]	[ \$144.70]
* By choosing the <b>monthly bank draft option</b> and signing below you agree to the Authorization For Electronic Funds Payments enclosed with this Application.			
X _____ Payor Signature		_____ Date	
<input type="checkbox"/> _____ ◀ Indicate desired bank draft day.		<b>Please attach voided check.</b>	
<b>PLEASE PAY THIS AMOUNT</b>			[ \$192.92]

**Primerica Life Insurance Company**  
[P.O. Box 105111]  
[Atlanta, GA 30348-5111]



***-PLEASE RETAIN THIS DISCLOSURE AND  
AUTHORIZATION FOR YOUR RECORDS-***

**AUTHORIZATION FOR ELECTRONIC FUNDS PAYMENTS**

**Authorization for Monthly Payment Plan.** If you have chosen to pay the premium for your policy through the preauthorized monthly bank draft (the "payment plan"), you hereby authorize Primerica Life to automatically debit your checking or savings account in the amount indicated for monthly bank draft payments on the reverse side of this Application (each such debit being a "payment transfer"). You also acknowledge and agree to the following terms and conditions:

1. You may revoke this authorization for the payment plan either by submitting a written revocation to Primerica Life Insurance Company, [3120 Breckinridge Boulevard, Duluth, Georgia 30099-0001] or by calling our toll-free Client Services phone line at [1-800-257-4725.] This authorization for the payment plan will remain in effect until Primerica Life receives and processes your revocation, which could require 3 to 10 business days from the date the revocation is received.
2. The entry on your financial institution's account statement showing that a payment transfer has been made will be your notice of our receipt of your premiums. A premium payment will be considered as having been made and received by Primerica Life only if the payment transfer for that premium is completed by your financial institution. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution for any reason, including a stop payment order or for insufficient funds, **you will be responsible for any charges incurred and Primerica Life may make a second attempt to have a payment transfer made from your account for that portion of premiums due.** Any subsequent payment transfer or any other payment will be applied toward back premiums due and may not prevent a lapse of the policy for non-payment of premium(s).
3. If a payment transfer is rejected, dishonored, returned, reversed or readjusted by your financial institution, it may result in a termination of the payment plan. If the payment plan is terminated for any reason, your policy will automatically be placed on a quarterly direct billing method, unless you instruct us otherwise by contacting us at our toll-free Client Services phone line. The amount of the first premium due after the date of the termination will be adjusted in accordance with your direct billing method.
4. Primerica Life will not be liable for any loss, damage or expenses of any kind or nature, including the forfeiture of insurance, resulting directly or indirectly from, or in any way connected with the rejection, dishonor, return, reversal or readjustment of a payment transfer by your financial institution.

PLEASE KEEP FOR YOUR RECORDS

**DISCLOSURE FOR MIB, INC.**

Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at [866-692-6901 (TTY 866-346-3642)]. If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734].

The Company, or it reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [[www.mib.com](http://www.mib.com)].

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) AUTHORIZATION  
FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION**

By our signature(s) below: (1) We authorize Primerica Life Insurance Company, its affiliates, reinsurers, and authorized representatives, including agents, insurance support organizations and service providers to receive our health information; (2) We acknowledge that health information may include information within the past 10 years about prescription histories, the diagnosis, treatment and prognosis of any physical or mental condition and the use of drugs or alcohol, but not psychotherapy notes; (3) We authorize any licensed physician, medical practitioner, hospital, clinic, Veteran's Administration, government facility, or other entity or person ("Our Providers") to disclose our health information; (4) We acknowledge that this Authorization is to determine our eligibility for insurance, any claim for insurance benefits, or other business purposes; (5) We acknowledge that this Authorization expires two years from the date it is signed; (6) We acknowledge that we may revoke this Authorization at any time, by sending written notice to Our Provider's address, however, our revocation will not apply retroactively or prevent the Company from contesting a claim for insurance benefits; (7) We acknowledge that if we refuse to sign this Authorization, Our Providers may not refuse to provide treatment or payment for health care services, however the Company may not be able to process our application or, if coverage is issued, make any benefit payments; (8) We acknowledge that information disclosed pursuant to this Authorization may be redisclosed and no longer covered by certain federal rules governing privacy of health information; and (9) We acknowledge that a photographic copy of this Authorization, including a photographic or electronic copy of our signature, is valid as the original and we may receive a copy of this Authorization after it is signed.

X \_\_\_\_\_  
Signature of Proposed Primary Insured

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Spouse (if proposed for coverage)

\_\_\_\_\_  
Date

PLEASE KEEP FOR YOUR RECORDS

*SERFF Tracking Number:* PRMD-126218257      *State:* Arkansas  
*Filing Company:* Primerica Life Insurance Company      *State Tracking Number:* 44600  
*Company Tracking Number:* PLA-98  
*TOI:* L041 Individual Life - Term      *Sub-TOI:* L041.500 Other  
*Product Name:* Application for Reinstatement  
*Project Name/Number:* Application for Reinstatement/PLA-98

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
01/14/2010	Form	APPLICATION FOR REINSTATEMENT	02/11/2010	PLA98.PDF (Superceded)

# PRIMERICA

Life Insurance Company

[3120 Breckinridge Boulevard]  
[Duluth, Georgia 30099-0001]

**Client Services & Espanol Line [1-800-257-4725]**

**Hearing Impaired [1-800-824-1715]**

HOME OFFICE: Boston, Massachusetts

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X \_\_\_\_\_  
Signature of Proposed Primary Insured

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature of Spouse (if proposed for coverage)

\_\_\_\_\_  
Date

PLEASE KEEP FOR YOUR RECORDS