

SERFF Tracking Number: FNWW-126517609 State: Arkansas
 Filing Company: Farmers New World Life Insurance Company State Tracking Number: 45029
 Company Tracking Number: AD CONFIRMATION LETTER
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: Accidental Death Confirmation Letter
 Project Name/Number: /

Filing at a Glance

Company: Farmers New World Life Insurance Company

Product Name: Accidental Death Confirmation Letter SERFF Tr Num: FNWW-126517609 State: Arkansas

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved-Closed State Tr Num: 45029

Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment Co Tr Num: AD CONFIRMATION LETTER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
 Author: Christine Andreason Disposition Date: 03/02/2010
 Date Submitted: 02/25/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: 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: 03/02/2010 Explanation for Other Group Market Type:
 State Status Changed: 03/02/2010

Deemer Date: Created By: Christine Andreason
 Submitted By: Christine Andreason Corresponding Filing Tracking Number:

Filing Description:

We are filing a "Confirmation Letter", for an Accidental Death Benefit, Freestanding contract.

We are filing this letter since it confirms a Policy Date which may different than the date in the contract, and as such, is legally binding.

It the proposed insured accepts our offer of a freestanding Accidental Death Policy, and we receive the acceptance

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later than the effective date listed in the contract, we will be using this letter to confirm the later effective date.

We indicate in the letter that this letter should be attached to the contract.

I am attaching the Accidental Death Policy as supporting Documentation. It was previously approved in your state.

Company and Contact

Filing Contact Information

Christine Andreason, Contract Specialist christine_andreason@farmersinsurance.com
 3003 77th Ave SE 206-275-8084 [Phone]
 Mercer Island, WA 98040 206-236-6526 [FAX]

Filing Company Information

Farmers New World Life Insurance Company CoCode: 63177 State of Domicile: Washington
 3003 77th Avenue S.E. Group Code: 212 Company Type: Life
 Mercer Island, WA 98040 Group Name: State ID Number:
 (206) 275-8131 ext. [Phone] FEIN Number: 91-0335750

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Farmers New World Life Insurance Company	\$50.00	02/25/2010	34458243

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/02/2010	03/02/2010

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Annotated letter showing variables	Approved-Closed	Yes
Supporting Document	Accidental Death Policy	Approved-Closed	Yes
Form	Confirmation Letter	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SADS005

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/02/2010	SADS005	Other	Confirmation Letter	Initial		69.220	SADS005.pdf



FARMERS
LIFE INSURANCE

Farmers New World Life Insurance Company

Accidental Death Insurance policies administered by:

Direct Response Insurance Administrative Services, Inc.

P.O. Box 96, Minneapolis, MN 55440-0096

Accidental Death Customer Service Phone: (877)775-4500

December 4, 2003

Kenneth Earl
15100 Anola St.
Whittier, CA 90604-2232

Re: Confirmation of Your Accidental Death Insurance Coverage
Policy AD9-2155786, Kenneth Earl

Dear Kenneth Earl:

Your request for accidental death insurance coverage for yourself has been processed.

The policy that we recently sent you (AD9-2155786) has been activated. However, since we did not receive your Authorization form until after the requested deadline date, your coverage will take effect on 12/15/2003 instead of the "Effective Date" indicated on your policy. Please attach this letter to your policy to indicate your new effective date. The premium for your policy will be deducted automatically from your bank account each month as requested starting on 12/15/2003.

Your policy has the following features:

- \$100,000.00 lump sum cash benefit for death due to all kinds of covered accidents.
- Guaranteed coverage to age 80 (benefits start to reduce at age 65).
- Low monthly premium of just \$8.00. Guaranteed never to increase!

If you have any questions about this coverage, please call us toll-free at 1-877-775-4500 between 8:00 A.M. and 5:00 P.M., Central Time, Monday - Friday. Please call this same number if you change your address or bank account, or if you want to change the owner or beneficiary of your policy.

If you would like more information about other products and services offered by Farmers Insurance, such as Life, Homeowners, or Business insurance, please contact your Farmers Insurance representative.

We are pleased that you have once again selected Farmers to meet your insurance needs.

Sincerely,

Richard H. Votel
Accidental Death Benefit Policies Service Office

P.S. Don't forget, your policy is a valuable legal document and should be placed in a safe location.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: ARKANSAS Flesch Score.pdf ARKANSAS Certification.pdf	Approved-Closed	03/02/2010
Bypassed - Item: Application Bypass Reason: There is no application used with this policy. Comments:	Approved-Closed	03/02/2010
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not needed for this policy. Comments:	Approved-Closed	03/02/2010
Bypassed - Item: Outline of Coverage Bypass Reason: Does not apply to this filing. Comments:	Approved-Closed	03/02/2010
Satisfied - Item: Annotated letter showing variables Comments: Attachments:	Approved-Closed	03/02/2010

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SADS005 Annotated.pdf
Statement of Variability for letter.pdf

	Item Status:	Status
Satisfied - Item: Accidental Death Policy	Approved-Closed	Date: 03/02/2010
Comments: We will be using the filed letter with this AD policy, previously approved in your state.		
Attachment: Standard.pdf		

**ARKANSAS
Readability Certificate**

The undersigned certifies as follows:

The Flesch Score of the enclosed form is:

Form Number:	Form:	Flesch Score:
SADS005	Confirmation Letter	69.2

The form complies with the requirements of Arkansas Stat. Ann.66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Farmers New World Life Insurance Company



By:

Ryan Larson
Title: Vice President and Chief Actuary

Date: February 25, 2010

**ARKANSAS
Certification**

The undersigned certifies that to the best of his knowledge, information, and belief, the guidelines in Arkansas Bulletin No. 11-83 have been reviewed and that the following forms are in compliance with these guidelines.

The undersigned certifies that to the best of his knowledge, information and belief, Rule and Regulation 19 has been reviewed and that the following forms are in compliance with this Rule.

Form Number: Form:
SADS005 Confirmation Letter

Farmers New World Life Insurance Company

By: 

Ryan Larson
Title: Vice President and Chief Actuary

Date: February 25, 2010



FARMERS
LIFE INSURANCE

Farmers New World Life Insurance Company
Accidental Death Insurance policies administered by:
Direct Response Insurance Administrative Services, Inc.
P.O. Box 96, Minneapolis, MN 55440-0096
Accidental Death Customer Service Phone: (866)599-6003

[¹February 13, 2009]

[²Sample A. Sample
1234 Any Street
Anytown, USA 12345-1234]

Re: Confirmation of Your Accidental Death Insurance Coverage
[³Z88-1234567, Sample A. Sample]

Dear [⁴Sample A. Sample]:

Your request for Accidental Death coverage for yourself has been processed.

The Farmers New World Life Insurance Company policy we recently sent you [⁵Z88-1234567] has been activated. However, since we did not receive your Authorization Form until after the requested deadline date, your coverage will take effect on [⁶xx/xx/xxxx] instead of the "Effective Date" stated on your policy contract. Please attach this letter to your policy to indicate your new effective date. The premium for your policy will now be deducted automatically from your bank account each month as requested, starting on [⁷xx/xx/xxxx].

Your Accidental Death policy contains the following features:

- [⁸\$100,000] lump sum death benefit for death due to a covered accident.
- Guaranteed coverage to age 80 (benefits start to reduce at age 65).
- Low monthly premium of just \$⁹8.00]. Guaranteed never to increase!

If you have any questions about this coverage, please call us toll-free at [¹⁰1-866-599-6003] between 8:00 A.M. and 7:00 P.M., Central Time, Monday – Friday. Please call this same number if you change your address or bank account, or if you would like to change the owner or beneficiary of your policy.

Please note that Accidental Death Coverage does not provide the same benefits as Life insurance*. Farmers New World Life Insurance Company also offers Life insurance for both you and members of your family at competitive rates. Call your Farmers agent now to set up an appointment for a free consultation and quote.

We are pleased that once again you have selected Farmers to meet your insurance needs.

Sincerely,

Richard H. Votel
Accidental Death Benefit Policies Service Office

P.S. Don't forget, your policy is a valuable legal document and should be placed in a safe location.

*Life insurance issued by Farmers New World Life Insurance Company, Mercer Island WA 98040.

SADS005

1. The date the letter is produced.
2. Name and address of the insured.
3. Policy number and Insured's name.
4. Name of insured.
5. Policy number
6. Date the policy will be effective.
7. The date the premium will be deducted from the insured's bank account.
8. Amount of Death Benefit
9. Amount of monthly premium.
10. Our toll free number.

ACCIDENTAL DEATH INSURANCE POLICY

Farmers New World Life Insurance Company
Mercer Island, WA
(a stock company)

This policy is guaranteed renewable until age 80.

POLICY OWNER: MARY A. SAMPLE

SCHEDULE

INSURED: Mary A. Sample
INSURED'S DATE OF BIRTH: 05/10/59
POLICY NO.: L99999999

— SCHEDULE OF ACCIDENTAL DEATH BENEFITS —

<u>INSURED'S ATTAINED AGE</u>	<u>INSURED BENEFIT</u>
UNDER 65	\$ 100,000.00
65-69	\$ 75,000.00
70-74	\$ 50,000.00
75-79	\$ 25,000.00
80 AND OVER	\$.00

PREMIUM: \$0.00/Month
EFFECTIVE DATE: May 1, 2008

COVERAGE WILL TAKE EFFECT ON DATE SPECIFIED
ONLY IF COMPLETED AUTHORIZATION HAS BEEN RECEIVED
BY FARMERS NEW WORLD LIFE INSURANCE COMPANY

This is an accidental death only policy. No benefits are paid for a loss from sickness.
It is a legal contract between you, the Policy Owner, and us, Farmers New World Life Insurance Company.
We agree to pay to the beneficiary the benefits of this policy according to its provisions.

Notice of 30 Day Right to Examine Policy

You may return this policy within 30 days from the date you receive it. The policy will then become void from the beginning and any premium paid will be refunded to you.

Signed at our Home Office
Farmers New World Life Insurance Company



C. Paul Patsis
President




John R. Patton
Secretary

2001-ADB-I

General Provisions

Effective Date: This policy and the insurance provided by it become effective at 12:01 A.M. Pacific Time on the Effective Date shown in the Schedule, provided the necessary premiums have been paid.

Right to Renew: Subject to the provisions in the Termination of Coverage section, this policy is renewable at your option subject to the payment of premiums when due.

Covered Persons: The "Insured" means the person named as the Insured in the Schedule.

Attained Age: The sum of the Insured's age on the Effective Date plus the number of complete years since the Effective Date.

Payment: The first premium is due on the Effective Date. Renewal premiums are payable in advance of their respective due dates. Your monthly renewal

premiums will be deducted automatically from your bank account. Direct bills for any other payment interval will be mailed to you prior to the due date.

Grace Period: A grace period of 31 days will be allowed for the payment of each premium after the first premium has been received. Coverage will continue in force during this period.

Reinstatement: If a premium due is not paid by the end of the grace period, this policy will lapse. You may reinstate this policy while the Insured is alive any time within 5 years after any premium is overdue. The coverage will be reinstated on the date we accept the premium. There will be no coverage in force from the end of the grace period until the date the policy is reinstated.

(continued on reverse)

2001-ADB-I

Date: 12/5/07 Product: FNW26 - AD to AUTO Component: Initial Schedule/Policy Form General States "I" Mail States: AL,AR,CO,IA,IN,MI,NE,OH,WY	Size: 8-3/8" x 14" File Set @: 100% Colors: PMS 485 Red, 280 Blue, Black Paper Stock: White Offset, 60#	<input type="checkbox"/> OK <input type="checkbox"/> OK WITH CORRECTIONS	<h2 style="margin: 0;">ReMark</h2>
		Signature _____ Date _____	PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE

Beneficiary: The Beneficiary is as shown in the application, or on any later change notice. While the Insured is living, you may change the Beneficiary by written notice satisfactory to us. After we have recorded the change, it becomes effective on the date you sign it, subject to any payments we may have made or actions we may have taken before we recorded it.

You may designate more than one Beneficiary and may designate what percentage of the policy benefits is to be paid to each Beneficiary. If not designated, policy benefits will be split into equal shares. If a Beneficiary dies before the Insured, the benefit will be paid to the remaining Beneficiaries if any. If no Beneficiaries are alive at the time of the Insured's death or if no valid Beneficiary has been designated, then the benefit will be paid to the estate of the Insured. Payment of the benefit to the administrator or executor of the estate of the Insured or any other person deemed by us to be the representative of the Insured will relieve us of any further liability for payment under this policy.

Misstatement of Age: If the age of a covered person has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. If, due to such misstatement, we accept a premium for a period when coverage would not normally have been effective, then our liability for such period shall be limited to a refund of all premiums paid for coverage of such period.

Benefit

When we receive due proof that the Insured has died, we will pay the Accidental Death Benefit amount shown in the Schedule provided that:

1. Death occurs as the direct result of an accidental bodily injury, independent of all other causes;
2. The accident causing the injury occurs while this policy is in force;
3. Death occurs within 90 days of the accident; and
4. Death occurs before the Insured reaches attained age 80.

The amount of the benefit payable will be the amount shown on the Schedule but subject to all other provisions of this policy. Benefits shall be paid according to the provisions of this policy. All benefits for the Insured will reduce to 75% of the Amount of Insurance on the date the Insured reaches attained age 65, to 50% at attained age 70, and to 25% at attained age 75. Coverage terminates at attained age 80.

Common Carrier Death Benefit

The amount of this benefit is the same as the Insured Benefit shown on the Schedule. It will be paid in addition to the Insured Benefit upon receipt of due proof that the following conditions have been met:

1. a death benefit must be payable under the terms of the policy; and
2. the accident causing the injury must occur while riding as a fare-paying passenger in or on a licensed public conveyance operated by a common carrier on its regularly scheduled route.

Exclusions

We will not pay a benefit for a death which is caused by, results from, or is contributed to by:

1. suicide, attempted suicide or intentionally self-inflicted injury, while sane or insane;

2. declared or undeclared war or any act of war;
3. injury sustained while performing military duty or active service;
4. participating in a riot;
5. committing a felony;
6. sickness or its medical or surgical treatment, including diagnosis or any bacterial infection except through a wound accidentally sustained;
7. operating or riding in any kind of aircraft except as a fare-paying passenger on a commercial flight;
8. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
9. alcoholic intoxication (as defined in the state where the accident occurred);
10. taking of any drug, medication, narcotic or hallucinogen unless as prescribed by a physician;
11. operating a mechanical device or motor vehicle while intoxicated (as defined in the state where the accident occurred); or
12. riding in or driving any type of motorized vehicle in any kind of speed contest.

Claim Provisions

Proof of Death: Upon the Insured's accidental death, written notice should be provided to us. This notice should include the name of the Insured, the policy number, and a certified death certificate. We reserve the right to require the completion of a claim form and other reasonable documentation to establish the cause of death. We also reserve the right, subject to any legal prohibitions, to require an autopsy to help establish the cause of death. Unless otherwise limited by law, claims not submitted within one year of the Insured's death are void.

Payment of Claim: Benefits will be paid according to the provisions of this policy as soon as we receive proper written proof of the Insured's death. Payment made by us in good faith shall fulfill our entire obligations under this contract.

Time Limits of Payment of Claims: Payment on valid claims are typically made within 45 days. Valid claims not paid in that period will be increased by interest at 1½% per month until finally settled. If we do not pay when due, you may bring action to recover such benefits and any other damages.

Termination of Coverage

The coverage provided by this policy shall terminate on the **earliest** of the following:

1. When a premium due has not been paid by the end of the grace period.
2. When we receive written notification from you that you wish to terminate this policy.
3. When the Insured reaches attained age 80.

Entire Contract

This policy, with its endorsements and any attached Schedules and applications, shall represent the entire contract between you and us. No change in this policy will be effective until it is approved by one of our officers. This approval must be noted on or attached to this policy.



Farmers New World Life Insurance Company
Mercer Island, WA 98040

2001-ADB-I

Date: 7/16/07	Size: 8-3/8" x 14"	<input type="checkbox"/> OK	ReMark
Product: FNW26 - AD AUTO	File Set @: 100%	<input type="checkbox"/> OK WITH CORRECTIONS	
Component: Schedule/Policy Form — General States "I" - BACK	Colors: PMS 485 Red, 280 Blue, Black		
Mail States: AL,AR,CO,IA,IN,MI,ND,NE,OH,WY	Paper Stock: White Offset, 60#		
		Signature	Date
PLEASE REVIEW PROOF, INDICATE APPROVAL, SIGN AND DATE			