

SERFF Tracking Number: UFFL-126516071 State: Arkansas
Filing Company: United Home Life Insurance Company State Tracking Number: 45012
Company Tracking Number: 200-642
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: 200-642
Project Name/Number: /

Filing at a Glance

Company: United Home Life Insurance Company

Product Name: 200-642

SERFF Tr Num: UFFL-126516071 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 45012

Sub-TOI: L04I.500 Other

Co Tr Num: 200-642

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Karen Hynes

Disposition Date: 03/01/2010

Date Submitted: 02/26/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

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: 03/01/2010

Explanation for Other Group Market Type:

State Status Changed: 03/02/2010

Deemer Date:

Created By: Karen Hynes

Submitted By: Karen Hynes

Corresponding Filing Tracking Number:

Filing Description:

Attached please find the form referenced below for your review and approval. The requested implementation date of the form included in this submission is upon your approval.

Form 200-642A 1-10 (AR) is a term life application that will be used to apply for products currently on file with your department and those that may be filed at a later date. The application replaces form 200-642A 8-09 (AR) previously approved by your department July 24, 2009. The main differences between the enclosed application and that previously approved are we: a) added "(Required)" at the end of question 2; b) added an asterisk after "PAC" and the footnote for the asterisk in question 6.e.; c) bolded "Required" in two places in question 9; d) moved the statements at the end of each section of underwriting questions to the beginning of each section; e) added "The following information is

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extremely important” at the top of the bank authorization and moved “Include copy of voided check for bank draft.” directly beneath the statement added; and f) updated the insured's and agent's replacement questions to comply with Rule and Regulation 97.

We reserve the right to make any typographical corrections or make minor revisions to the appearance of the form due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me at 317-692-7465 or by email at Karen.Hynes@infarmbureau.com.

Company and Contact

Filing Contact Information

Karen Hynes, karen.hynes@infarmbureau.com
 225 S East 317-692-7465 [Phone]
 Indianapolis, IN 46202

Filing Company Information

United Home Life Insurance Company CoCode: 69922 State of Domicile: Indiana
 225 S. East St. Group Code: Company Type: LAH
 Indianapolis, IN 46202 Group Name: State ID Number:
 (317) 692-7465 ext. [Phone] FEIN Number: 35-0841899

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR imposes a filing fee of \$50 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Home Life Insurance Company	\$50.00	02/26/2010	34475994

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/01/2010	03/01/2010

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Disposition

Disposition Date: 03/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *UFFL-126516071* *State:* *Arkansas*
Filing Company: *United Home Life Insurance Company* *State Tracking Number:* *45012*
Company Tracking Number: *200-642*
TOI: *L041 Individual Life - Term* *Sub-TOI:* *L041.500 Other*
Product Name: *200-642*
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Term Life Insurance Application		Yes

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Form Schedule

Lead Form Number: 200-642A 1-10 (AR)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	200-642A 1-10 (AR)	Application/ Term Life Insurance Enrollment Application Form	Initial		53.300	200-642A 1-10 - AR.pdf

Term Life Insurance Application

United Home Life Insurance Company • 225 S. East St. • P.O. Box 7192 • Indianapolis, IN 46207-7192 • 1-800-428-3001

1. Last Name		First Name		Middle Initial	Date of Birth (M-D-Y)	State of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	Height	Weight	Social Security Number		U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, give immigration status/type of visa:</i>		
Street Address		City		State	Zip Code	Phone Number () - () - ()	

2. Employer/Occupation/Duties/How Long There (Required)

3.a. Primary Beneficiary Name		Relationship		Age		
3.b. Contingent Beneficiary Name		Relationship		Age		
4.a. Owner Name		Relationship		Social Security Number		
Owner Street Address		City		State	Zip Code	
4.b. Contingent Owner Name		Relationship		Social Security Number		
5. Billing Street Address		City		State	Zip Code	
Secondary Addressee (For Past Due Notice)	Name	Street		City	State	Zip Code

6.a. Plan of Insurance Express Issue Term Deluxe 20
 Express Issue Term + Premier 20 Express Issue Term 30 Premier 30 Express Issue Term 65 Premier 65

6.b. Face Amount: \$ _____

6.c. Accidental Death Benefit (not available with Premier 20, Premier 30 or Premier 65)

6.d. Waiver of Premium (not available with EIT Deluxe 20, Premier 20, Premier 30, or Premier 65)

6.e. Modal Premium: Annual Semi-Annual Qtrly. PAC*
 Modal Premium Amount \$ _____
 *If selected, bank information on Page 3 must be fully completed.

7. Do you have any existing life insurance policies or annuity contracts? Yes No If "Yes," please complete any necessary replacement forms.

8. Has the proposed insured used nicotine in any form in the past 12 months? Yes No

9. Name and Address of Family Physician (Required) _____ Family Physician Telephone Number (Required) _____
 () - () - ()

SECTION I - EXPRESS ISSUE TERM DELUXE 20 - COMPLETE SECTION I ONLY

If any question in Section I is answered "Yes", you are not eligible for any plan of insurance.

A. Do you currently receive kidney dialysis or require oxygen use or have you received or been told that you need an organ transplant or have you been diagnosed as having a terminal illness? (Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within twenty-four (24) months.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you require assistance to feed, bathe, dress or take your own medication or are you currently confined to a hospital, nursing home, mental facility, hospice, or require home health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever tested positive for the AIDS virus or been diagnosed or treated, or recommended for treatment for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or any other immune disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. In the past twelve (12) months:	
1. Other than for temporary or minor conditions, have you been hospitalized two or more times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Other than preventive, maintenance or risk lowering medications prescribed, have you been treated for or diagnosed with any cancer (other than Basal Cell skin cancer), heart attack, stroke, or had heart surgery (including angioplasty)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you used any illegal drugs, been treated for or advised to have treatment for drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. In the past 5 years:	
1. Have you been diagnosed or treated for, or are you currently under treatment for:	
a. Alzheimer's Disease or Dementia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any form of Cancer (other than Basal Cell skin cancer) or Brain Tumor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Other than preventive, maintenance or risk lowering medications prescribed, have you been diagnosed or treated for Heart or Circulatory Disorder (except controlled hypertension) or Stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Had surgery for any Heart Disorder (including angioplasty) or Circulatory Disorder (except varicose veins)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Sickle Cell Anemia or Kidney Disease (including dialysis) or Liver Disease (including hepatitis B & C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

THE FOLLOWING INFORMATION IS EXTREMELY IMPORTANT

Include copy of voided check for bank draft.

Check or money order must accompany. All premium checks must be made payable to United Home Life Insurance Company.
Do not make check or money order payable to the agent or leave the Payee blank.

AUTHORIZATION TO HONOR CHECKS DRAWN BY THE UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana

Please select ONLY one option, complete bank information and sign authorization below.

- Draft my account for the first premium (initial premium may be drafted upon receipt of this application). Please draft subsequent premiums on the _____ day of each month.
- Draft my account for the first premium on: _____ . All subsequent drafts will occur on this same day each month. *Month, Day*
- Do NOT draft my account for the first premium. The initial premium is attached, is being mailed or will be collected on delivery. Please draft subsequent premiums on the _____ day of each month.

I understand that my policy will not be effective until the date it is issued by the Company.

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

TO: _____ Bank _____ Bank Address

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries drawn on my account by and payable to the order of the United Home Life Insurance Company, Indianapolis, Indiana, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such debit entry shall be the same as if it were a debit entry drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit entry.

I further agree that if any such debit entry be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account No. _____ Date _____ Bank signature of Premium Payor _____

PLEASE DETACH AND GIVE TO APPLICANT

If you do not receive your Policy within 60 days from the date of your application, please write to UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192

UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana (Herein referred to as the Company)

All premium checks must be made payable to United Home Life Insurance Company. Do not make check payable to the agent or leave payee blank.

I understand that my policy will not be effective until the date it is issued by the company.

RECEIPT

Received from _____ The sum of \$ _____

Being the 1st premium of _____ mode

Type of proposed insurance _____ Amount of proposed insurance \$ _____

This receipt shall be void if given for check or draft which is not honored on presentation.

Dated at _____ on _____, _____
Month Day Year

Agent Signature _____

FAIR CREDIT REPORTING ACT/MIB, INC., NOTICE

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life 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 it may have in your file. If you question the accuracy of 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, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) may also release information in its file to other life 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.

IMPORTANT INFORMATION FOR VERIFYING IDENTIFICATION

To help fight the funding of terrorism and money-laundering activities, Federal law requires all financial institutions (including insurance companies) to obtain, verify and record information that identifies each person who engages in certain transactions. This means that when you apply for permanent life insurance or annuity products we will verify your name, residential address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or passport.

Terminal Illness Accelerated Benefit Disclosure Statement
(This benefit is not available with the Express Issue Term Deluxe 20 plan.)

Benefits paid under this benefit may be taxable. If so, the Owner or Beneficiary may incur a tax obligation. As with all tax matters, a personal tax advisor should be consulted to assess the impact of this benefit.

Description of Benefits - This Benefit provides you with the right to access the Death Benefit (discounted at interest for one year)* on the life of the Insured if the Insured is diagnosed with a life expectancy of twelve (12) months or less.

There is no additional premium charge for the Terminal Illness Accelerated Benefit Rider.

Effect on the Policy - When the accelerated benefit is paid, the policy terminates.

Example - This example is for illustration only, uses a \$100,000 policy and an interest rate of 7%.* **The amounts shown are not based on your specific policy.**

Accelerated Benefit Payment Amount equals the Death Benefit discounted at interest for one full year.

Death Benefit	\$100,000.00
Less 7%	<u>6,542.06</u>
Accelerated Benefit	\$ 93,457.94

*The interest rate used to discount this benefit is defined in Section A of your Terminal Illness Accelerated Benefit Rider.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability - Signed 1-10.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A - Submission does not include a policy. Comments:		



CERTIFICATION

I hereby certify the following score on the Flesch Reading Ease Test.

Form 200-642A 1-10

Score 53.3

Date: 2/24/2010

A handwritten signature in black ink that reads "Carl L. Shepherd". The signature is written in a cursive style and is positioned above a horizontal line.

Carl L. Shepherd
Senior Vice President
United Home Life Insurance Company