

SERFF Tracking Number: GRJR-126594025 State: Arkansas  
Filing Company: The Cincinnati Life Insurance Company State Tracking Number: 45479  
Company Tracking Number: CLI85400609DI  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Forms CLI-8540 (6/09), Quality Insurance For You and CLI-8540sp (6/09), Seguro de calidad para usted  
Project Name/Number: Point of Sale Advertising/Point of Sale Advertising

## Filing at a Glance

Company: The Cincinnati Life Insurance Company

Product Name: Forms CLI-8540 (6/09), Quality Insurance For You and CLI-8540sp (6/09), Seguro de calidad para usted SERFF Tr Num: GRJR-126594025 State: Arkansas

Insurance For You and CLI-8540sp (6/09),

Seguro de calidad para usted

TOI: H21 Health - Other

SERFF Status: Closed-Filed-Closed

State Tr Num: 45479

Sub-TOI: H21.000 Health - Other

Co Tr Num: CLI85400609DI

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jennifer Henley, Deborah Naegele, Karen Eichler Disposition Date: 04/22/2010

Date Submitted: 04/21/2010

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Point of Sale Advertising

Status of Filing in Domicile: Not Filed

Project Number: Point of Sale Advertising

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: 04/22/2010

Explanation for Other Group Market Type:

State Status Changed: 04/22/2010

Deemer Date:

Created By: Karen Eichler

Submitted By: Karen Eichler

Corresponding Filing Tracking Number:

PPACA: Pre-PPACA Submission

Filing Description:

FEIN: 31-1213778

NAIC: 0244-76236

The Cincinnati Life Insurance Company

Point of Sale Advertising Piece – A & H Insurance

Form CLI-8540 (6/09), Quality Insurance For You

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Form CLI-8540sp (6/09), Seguro de calidad para usted

For Use With: Form CLI-1019, Application for Life Insurance, previously approved by your department on September 12, 2006.

Dear Madame or Sir,

The above-captioned forms are being submitted for your review and approval. These forms are new.

The forms we are filing may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document but we assure that its content will not change.

This advertising material will be used to market individual life insurance to employees of an employer in worksite marketing situations. Premiums are paid by the employee through payroll deduction.

I would greatly appreciate your approval at your earliest convenience. Thank you for your usual courtesy and cooperation.

## Company and Contact

### Filing Contact Information

Karen Eichler AIS, API, Analyst karen\_eichler@cinfin.com  
P. O. Box 145496 513-870-2000 [Phone] 4386 [Ext]  
Cincinnati, OH 45250-5496 513-881-8984 [FAX]

### Filing Company Information

The Cincinnati Life Insurance Company CoCode: 76236 State of Domicile: Ohio  
6200 S. Gilmore Road Group Code: 244 Company Type:  
Fairfield, OH 45014 Group Name: State ID Number:  
(513) 870-2000 ext. 4386[Phone] FEIN Number: 31-1213778

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: 2 advertising forms X \$50.00 each  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Cincinnati Life Insurance Company	\$100.00	04/21/2010	35854470

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Linda Bird	04/22/2010	04/22/2010

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## **Disposition**

Disposition Date: 04/22/2010

Implementation Date:

Status: Filed-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
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Quality Insurance For You		Yes
Form	Seguro de calidad para usted		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CLI-8540 (6/09)	Advertising	Quality Insurance For You	Initial		0.000	Form CLI-8540 (6-09).pdf
	Form CLI-8540sp (6/09)	Advertising	Seguro de calidad para usted	Initial		0.000	Form CLI-8540sp (6-09).pdf



**Quality Insurance For You**

## About

# Cincinnati Life

Cincinnati Life, a wholly owned subsidiary of The Cincinnati Insurance Company, has grown and prospered by successfully serving policyholders for more than 20 years. Your policy comes from a company that has a high financial strength rating from A.M. Best Co., an independent provider of insurance ratings since 1899. Our A.M. Best rating places our company among the top life insurers. Please view [www.cinfin.com](http://www.cinfin.com) for our latest financial strength ratings.

For more information, please contact your local independent agent recommending coverage:

**This is not a policy. For a complete statement of the coverages and exclusions please see the policy contract. Products available in most states.**



[www.cinfin.com](http://www.cinfin.com)

The Cincinnati Insurance Companies refers to an insurer group that includes The Cincinnati Life Insurance Company.

**THE  
CINCINNATI LIFE INSURANCE COMPANY**  
6200 S. GILMORE ROAD, FAIRFIELD, OH 45014-5141

(7/04)



**Payroll Deduction Life Insurance**

**THE  
CINCINNATI LIFE INSURANCE COMPANY**

Form CLI-8540 (6/09)

## **What is Payroll Deduction life insurance?**

Payroll Deduction life insurance allows you to purchase insurance services from a professional agent through your workplace.

In the event of a claim, you may use insurance proceeds to help with:

- unpaid medical bills
- income replacement for survivors
- final expenses, such as burial costs

## **How can Payroll Deduction life insurance benefit you?**

### **Lifetime Protection**

Your policy is secure. The Cincinnati Life Insurance Company will not cancel your policy as long as required premiums are paid on time.

### **Financial Security**

Your policy provides financial security for those who depend upon you financially.

### **Convenience**

Your premiums are paid through the convenience of payroll deduction. This means no bills to remember and no checks to write.

### **Cost**

You determine the coverage that fits your budget. Purchase insurance for as little as \$2.00 per week.

### **No Medical Examination**

Medical examinations are not required, although issuance of the policy may depend upon answers to health-related questions in the application. A blood profile and urine analysis are needed when applying for coverage in excess of \$100,000.

### **Family Protection**

Coverage is available for your spouse, children, stepchildren, legally adopted children and grandchildren, ages 15 days through 18 years. You may also apply for a policy for your children ages 19 through 25 who are full-time students, unmarried and not in military service.

### **Portable Policy**

You own your policy. If you leave your employer or retire, you may continue coverage by paying the premiums directly to The Cincinnati Life Insurance Company at the same price with no change in coverage.



**Seguro de calidad  
para usted**

**Acerca de**

# Cincinnati Life

Cincinnati Life, subsidiaria propiedad totalmente de The Cincinnati Insurance Company, ha crecido y prosperado atendiendo satisfactoriamente a los tenedores de pólizas durante más de 20 años. Su póliza viene de una empresa que tiene una alta calificación de fortaleza financiera de A.M. Best Co., un proveedor independiente de calificaciones de seguros desde 1899. Nuestra mejor calificación de A.M. coloca a nuestra compañía entre los mejores aseguradores del ramo de vida. Vea [www.cinfin.com](http://www.cinfin.com) para conocer nuestras más recientes calificaciones de fortaleza financiera.

Para obtener más información, comuníquese con el agente independiente local que le recomienda su cobertura:

**Esto no es una póliza. Para obtener una lista completa de las coberturas y exclusiones, vea el contrato de la póliza. Productos disponibles en la mayoría de los estados.**



[www.cinfin.com](http://www.cinfin.com)

Cincinnati Insurance Companies se refiere a un grupo asegurador que incluye a The Cincinnati Life Insurance Company.

**THE  
CINCINNATI LIFE INSURANCE COMPANY**

6200 S. GILMORE ROAD, FAIRFIELD, OH 45014-5141

(7/04)

**Seguro de vida mediante  
deducciones de nómina**

**THE  
CINCINNATI LIFE INSURANCE COMPANY**

Formulario CLI-8540sp (6/09)



## **¿Qué es el seguro de vida mediante deducciones de nómina?**

El seguro de vida mediante deducciones de nómina le permite comprar servicios de seguros de un agente profesional por medio de su lugar de trabajo.

En caso de una reclamación, puede utilizar los fondos del seguro para ayudar con:

- facturas médicas pendientes
- reemplazo de ingresos para los sobrevivientes
- gastos finales, como son los costes de enterramiento

## **¿Cómo puede beneficiarle el seguro de vida mediante deducciones de nómina?**

### **Protección para toda la vida**

Su póliza está segura. The Cincinnati Life Insurance Company no cancelará su póliza mientras las primas requeridas se paguen a tiempo.

### **Seguridad financiera**

Su póliza ofrece seguridad financiera a quienes dependen de usted financieramente.

### **Conveniencia**

Sus primas se pagan mediante la conveniencia de una deducción de nómina. Esto significa que no es necesario recordar facturas ni emitir cheques.

### **Coste**

Usted determina la cobertura que se ajuste a su presupuesto. Adquiera un seguro por una cantidad tan pequeña como \$2.00 por semana.

### **Sin examen médico**

No se requieren exámenes médicos, aunque la emisión de la póliza puede depender de respuestas a preguntas relacionadas con la salud en la solicitud. Se necesita un perfil de sangre y un análisis de orina al solicitar una cobertura de más de \$100,000.

### **Protección familiar**

Hay cobertura disponible para su cónyuge, hijos, hijastros, hijos legalmente adoptados y nietos, desde los 15 días hasta los 18 años de edad. También puede solicitar una póliza para sus hijos de 19 a 25 años de edad que sean estudiantes de tiempo completo, solteros y que no estén prestando servicio militar.

### **Póliza portátil**

Usted es dueño de su póliza. Si deja a su empleador o se retira, puede continuar la cobertura pagando las primas directamente a The Cincinnati Life Insurance Company al mismo precio sin cambios en la cobertura.

La versión en inglés de este folleto es la versión oficial. Esta versión en español es sólo para efectos informativos. Los contratos de póliza tienen precedencia y están disponibles únicamente en inglés.

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> N/A Advertising filing <b>Comments:</b>		
<b>Satisfied - Item:</b> Application <b>Comments:</b> <b>Attachment:</b> CLI-1019.pdf		
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> N/A Advertising filing <b>Comments:</b>		
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> N/A Advertising filing <b>Comments:</b>		

**THE CINCINNATI LIFE INSURANCE COMPANY**

P.O. BOX 145496, Cincinnati, Ohio 45250-5496

513-870-2000

**Application for Life Insurance**

**Please print or type all information**

1. Proposed Insured (first, middle, last)				2. <input type="checkbox"/> Male <input type="checkbox"/> Female		3. Birth Date	
4. Street Address		Apt. #	City		State	Zip	5. Birthplace (State)
6. Social Security No.		7. Driver's Lic. No. and State			8. Occupation		
9. Daytime Phone # _____		Evening Phone # _____		Cell Phone # _____			
10. Has the Proposed Insured used any tobacco or nicotine products in the last 36 months? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
11. Plan		12. Face Amount			13. UL Death Benefit Option <input type="checkbox"/> A <input type="checkbox"/> B		
14. Optional Benefit Riders:							Other Riders
<input type="checkbox"/> Accidental Death	\$ _____	Amount	<input type="checkbox"/> Waiver of Premium/COI	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Insured Insurability (GPO)	\$ _____	Amount	<input type="checkbox"/> Extension of Maturity Date	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Children's Term	# _____	Units	<input type="checkbox"/> Accelerated Benefit	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
15. Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> List Bill <input type="checkbox"/> Bank-O-Matic (complete authorization)							
16. Amount Remitted with Application \$ _____				17. Automatic Premium Loan (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Owner, if other than the Proposed Insured (first, middle last)				19. Relationship		20. Date of Birth	
21. Street Address		Apt. #	City		State	Zip	22. Social Security No. or EIN
23. Primary Beneficiary (first, middle, last)					24. Relationship		
25. Contingent Beneficiary (first, middle, last)					26. Relationship		
27. Does the Proposed Insured have any life insurance or annuities in force with The Cincinnati Life Insurance Company or any other company? (Complete any applicable replacement forms) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No							
If "Yes," list and indicate if it is to be replaced, changed or borrowed against as a result of this application.							
Insurer	Policy Number	Amount	Replaced?	Yes	No	Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIMEN

**AGREEMENT:** I, the undersigned, have read, or had read to me, this completed Application. To the best of my knowledge and belief, all the answers and statements given are true and complete. I agree that: 1. All parts of the Application will be a part of any policy issued; 2. Insurance shall become effective if: A. a policy is formally approved by The Cincinnati Life Insurance Company; and B. the full first premium has been paid; or C. according to the terms of the Conditional Premium Receipt (a) if it is given and (b) the full first premium is paid when this Application is signed; and 3. No provision of this Application or the policy can be modified or waived except by an endorsement signed by me and by an officer of The Cincinnati Life Insurance Company. I realize that any false statement or misrepresentation may result in loss of coverage under the policy.

I acknowledge receipt of the Conditional Premium Receipt (if one is given) and of the Important Notice to the Proposed Insured.

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Signed at: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ On: \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured (if signing on behalf of a minor, specify relationship)

\_\_\_\_\_  
Signature of Owner (if other than Proposed Insured)

**AGENT'S STATEMENT:** I certify that I have truly and accurately recorded on this Application the information supplied by the Proposed Insured and/or applicant. I further certify that the Proposed Insured  does  does not have existing life insurance or annuities in force with The Cincinnati Life Insurance Company or any other company and that the policy applied for  will  will not replace or change any other life insurance or annuity presently in force.

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Agent's Name (please print)

\_\_\_\_\_  
Agent's Code Number

\_\_\_\_\_  
Agency Name (please print)

THE CINCINNATI LIFE INSURANCE COMPANY

P.O. BOX 145496, Cincinnati, Ohio 45250-5496

513-870-2000

In Continuation of Application for Life Insurance

CONDITIONAL PREMIUM RECEIPT - MAXIMUM LIABILITY \$300,000

Received from \_\_\_\_\_ Proposed Owner (please print) Owner's Social Security or EIN # \_\_\_\_\_

On \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Must be Full Modal Premium

which is paid subject to the conditions of this Receipt as payment of the full first premium of the life insurance policy applied for in a written application to The Cincinnati Life Insurance Company.

Section I: If the Proposed Insured dies before we issue and deliver the policy, this Receipt may create temporary life insurance coverage. Such coverage will not exist unless each of the following conditions is fulfilled exactly:

- 1. The premium paid must be a full first premium at the premium mode and plan applied for. The premium must be paid at the time the Application is signed. This Receipt must be issued at the same time.
2. We, The Cincinnati Life Insurance Company, must receive the total premium paid at our Home Office.
3. The premium check must be paid the first time it is presented.
4. We must receive the application and all medical examinations or tests we request or which our underwriting rules require. We must receive these papers not later than 60 days from the date of this Receipt.
5. Our Underwriters must formally determine that on the latest of: a) the date of the Application; b) the date of any supplemental application; or c) the date of the latest medical examination or tests that we require, the Proposed Insured was acceptable to us under our rules, limits and standards. The Proposed Insured must be insurable at standard premium rates.
6. No temporary insurance will be effective if any incorrect, untrue or incomplete statement of material fact is made on: a) the Application; b) any supplemental application; or c) any report of any examination or medical test submitted to us. Knowledge of the true facts by the agent or medical examiner shall not be imputed to us unless stated in the Application or in a medical report received in our Home Office.

Section II: Temporary insurance under this Receipt is also subject to these limitations:

- 1. Maximum temporary life and accidental death insurance cannot exceed \$300,000. This amount will be reduced by any other life insurance applied for or in force with us. This amount will also be reduced by any other accidental death insurance applied for or in force with us.
2. Temporary insurance may be in effect for up to 60 days from the date of this Receipt.

Temporary insurance will become effective if each of the six conditions precedent in Section I is fulfilled exactly. This coverage is subject to the limitations in Section II. The effective date of this coverage will be either the date of the last dated Application or the date of the last required medical test, if later.

Temporary insurance shall terminate on the earliest of the following dates:

- 1. The date a policy becomes effective;
2. The date we determine the Proposed Insured doesn't qualify as a standard risk and elect to terminate the temporary insurance;
3. The date we formally approve a policy: a) on a different plan; b) for a different amount; or c) at a substandard premium rate;
4. The date when we formally determine not to offer any policy; or
5. 60 days from the date of this Receipt.

If we issue and physically deliver to the proposed owner a policy on the Application, we will apply the premium received with the Application to pay the first premium. We will refund the premium received with the Application if: a) we terminate the temporary insurance; b) we issue no policy; or c) the proposed owner doesn't accept the policy as provided in the Right to Examine Policy provision of the policy.

THIS IS NOT A BINDER. NO BROKER, AGENT OR MEDICAL EXAMINER CAN ACCEPT THE RISKS, APPRAISE INSURABILITY OR BIND US. NO SUCH PERSON IS AUTHORIZED TO WAIVE OR CHANGE ANY TERMS OF THIS RECEIPT OR ANY OTHER RIGHTS OF THE CINCINNATI LIFE INSURANCE COMPANY. WE WILL EITHER ISSUE THE AMOUNT OF INSURANCE APPLIED FOR OR REFUND THE AMOUNT OF THE PREMIUM PAID.

Signature of Agent

Agency Name (please print)

Agent Name (please print)

Agency Phone No.

Agency Address (please print)