

SERFF Tracking Number: GRWE-126571545 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
Company Tracking Number: PPVULSUPPAPPREV
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PPVULsuppapprev
Project Name/Number: PPVULsuppapprev/

Filing at a Glance

Company: Great-West Life & Annuity Insurance Company

Product Name: PPVULsuppapprev

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: GRWE-126571545 State: Arkansas

SERFF Status: Closed-Approved- Closed State Tr Num: 45353

Co Tr Num: PPVULSUPPAPPREV State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Alicia Uttley

Date Submitted: 04/05/2010

Disposition Date: 04/07/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: PPVULsuppapprev

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/07/2010

Deemer Date:

Submitted By: Alicia Uttley

Filing Description:

Supplemental Application for Flexible Premium Variable Universal Life

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt in state of domicile

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/07/2010

Created By: Alicia Uttley

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Alicia Uttley, Compliance Analyst

8515 E. Orchard Rd.

8T2

alicia.uttley@gwl.com

303-737-6793 [Phone]

303-737-5434 [FAX]

SERFF Tracking Number: GRWE-126571545 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
Company Tracking Number: PPVULSUPPAPPREV
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PPVULsuppapprev
Project Name/Number: PPVULsuppapprev/

Greenwood Village , CO 80110

Filing Company Information

Great-West Life & Annuity Insurance Company CoCode: 68322 State of Domicile: Colorado
8515 East Orchard Road Group Code: 769 Company Type:
Greenwood Village, CO 80111 Group Name: State ID Number:
(303) 737-3992 ext. [Phone] FEIN Number: 84-0467907

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great-West Life & Annuity Insurance Company	\$50.00	04/05/2010	35398169

SERFF Tracking Number: GRWE-126571545 State: Arkansas
 Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
 Company Tracking Number: PPVULSUPPAPPREV
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PPVULsuppapprev
 Project Name/Number: PPVULsuppapprev/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/07/2010	04/07/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Flexible Premium Variable Universal Life Insurance Application CONSENT TO BE INSURED	Alicia Uttley	04/05/2010	04/05/2010

SERFF Tracking Number: GRWE-126571545 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
Company Tracking Number: PPVULSUPPAPPREV
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: PPVULsuppapprev
Project Name/Number: PPVULsuppapprev/

Disposition

Disposition Date: 04/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRWE-126571545 State: Arkansas
 Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
 Company Tracking Number: PPVULSUPPAPPREV
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PPVULsuppapprev
 Project Name/Number: PPVULsuppapprev/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form (revised)	Flexible Premium Variable Universal Life Insurance Application CONSENT TO BE INSURED		Yes
Form	Flexible Premium Variable Universal Life Insurance Application CONSENT TO BE INSURED	Replaced	Yes

SERFF Tracking Number: GRWE-126571545 State: Arkansas
 Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
 Company Tracking Number: PPVULSUPPAPPREV
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PPVULsuppapprev
 Project Name/Number: PPVULsuppapprev/

Amendment Letter

Submitted Date: 04/05/2010

Comments:

The non-bracketed version of the application was attached by mistake. Please find an updated version of the application with brackets. Thank you.

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
PPVULsupp apprev	Application/EFlexible nrollment Form	Premium Variable Universal Life Insurance Application CONSENT TO BE INSURED	Initial					PPVULsuppa pprev.pdf

SERFF Tracking Number: GRWE-126571545 State: Arkansas
 Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
 Company Tracking Number: PPVULSUPPAPPREV
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PPVULsuppprev
 Project Name/Number: PPVULsuppprev/

Form Schedule

Lead Form Number: PPVULsuppprev

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PPVULsup pprev	Application/Flexible Premium Enrollment Form Variable Universal Life Insurance Application CONSENT TO BE INSURED	Initial			PPVULsuppa pprev.pdf

**Flexible Premium Variable Universal Life Insurance Application
CONSENT TO BE INSURED**

Employer: _____ **Date of Hire:** _____

Business Address: _____

Proposed Insured: _____ **D.O.B.:** _____
Print Name MM/DD/YYYY

Sex: Male Female **Social Security No:** _____ - _____ - _____ **State of Residence** _____

I acknowledge that my Employer has insurable interest on my life, and I consent to have insurance purchased on my life for the benefit of my Employer. My Employer may purchase the insurance directly through a trust ("Trust") established by the Employer. I have received an explanation from my Employer or Trust, understand the reason(s) for this insurance and agree to have insurance placed on my life. I agree that my Employer or Trust will have all the rights of ownership, will pay all premiums, and will be the sole beneficiary of the policy. I understand and agree that my administrators, estate, heirs, and assignees have no rights to any policy proceeds, unless expressly agreed otherwise in a separate writing between my Employer or Trust and me. I also understand that my Employer or Trust may keep a life insurance policy or policies in effect on my life after my employment has ended or my retirement benefits expire.

Furthermore, I authorize my Employer or Trust to purchase additional insurance on my life without obtaining additional consent from me for up to 12 months provided I am actively at work with my Employer. The maximum aggregate face amount for all Policies issued will not exceed \$ _____ at the time such Policies are issued.

1. I am actively at work at least 30 hours per week performing normal duties at my customary place of employment on the date this consent form is signed. **(If "No," give details below.)** YES NO
2. During the past 90 days, have you (a) been absent from work for a total of four or more days for any illness or injury, or (b) been hospitalized? **(If "Yes," give reason and details below.)** YES NO
3. Are you a U.S. citizen or do you have a permanent U.S. resident status and currently reside in the U.S.? **(If "No," give details below, including visa type, country of citizenship, and plans to become a U.S. citizen.)** YES NO
4. In the past 10 years, have you had or been treated for: Any disorder of the heart or blood vessels; tumor or cancer; diabetes; stroke; or any blood disorder; lungs; kidneys; drug or alcohol use; mental or emotional disorders; or been diagnosed by a doctor or by a member of the medical profession as having Acquired Immune Deficiency Syndrome, or received a positive result of a HIV (Human Immunodeficiency Virus) test? **(If "Yes," give details below.)** YES NO
5. Have you used any tobacco or nicotine products within the last 12 months? **(If "Yes," give type(s), frequency and date last used below.)** YES NO

Details to Q. 1-5: _____

Signature

I declare and agree that: 1) All statements and answers to questions made in this application and any supplement to it are true and complete to the best of my knowledge and belief. The information I have provided will be taken into consideration for and will serve as the basis of any contract of insurance based on this application. 2) No information or answers to any question will be deemed communicated to or binding on Great-West Life & Annuity Insurance Company (the Company) unless set out in this application. 3) Only the president, a vice president or the secretary of the Company is authorized to change or waive any terms of this application or any contract of insurance issued.

Any policy issued based on this application shall not take effect until delivered and the first premium paid to the Company, provided no change has taken place in the insurability of the Insured after the application has been completed and all proposed Insureds are still living.

Authorization to Obtain and Disclose Information

I have received and read the Notice of Insurance Information Practices and Notice regarding Medical Information (MIB). Great-West Life & Annuity Insurance Company, its reinsurers and their authorized representative, may obtain medical and other information in order to evaluate my application for life insurance. The Medical Information Bureau, Inc., consumer reporting agency, state motor vehicle department or insurance company who possesses medical or other information about me or my health may furnish such information to the Company upon presenting this authorization or a photocopy. The Company may make a brief report regarding me or my health to the MIB or to other Bureau Member companies to whom I have applied and have authorized to receive such information. I consent to a consumer report containing personal information that may be requested in connection with my application. This authorization is valid from the date signed for a period of 2 1/2 years. I have read this authorization and understand I have the right to receive a copy.

Signature of Proposed Insured/Employee

Date

**Notice of Insurance Information Practices
and Notice Regarding Medical Information
Bureau**

This is to inform you that, as part of our procedure for processing your application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your business associates, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, financial information and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. You have the right to access information upon written request. You may request correction, amendment or deletion of any information which you believe to be inaccurate.

In connection with your application for insurance you may receive a telephone call from an authorized person to obtain some personal and financial information. You may be assured that the information is considered confidential and will be used to assess your eligibility for insurance. The interview normally takes from five to ten minutes and will be conducted at a time convenient for you. In the event you are not in when the interviewer calls, the interviewer will leave his or her name and telephone number so that you can return the call at no charge to you and supply the necessary information.

Inquiries on the above notices should be addressed to:

Great-West Life & Annuity Insurance Company
[Department 690, P.O. Box 1700
Denver, CO 80201]

Information regarding your insurability will be treated as confidential. The Company, or its reinsurers, may, however, make a brief report thereon to the 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 Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Recording Act. The address of the Bureau's information office is:

Medical Information Bureau
[50 Braintree Hill Park, Suite 400
Braintree, MA 02184-8734
Phone: (866) 692-6901 (TTY 866-346-3642)]

The Company, or its reinsurers, 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.

**THIS STANDARD DISCLOSURE IS
REQUIRED OF ALL LIFE INSURANCE
PROVIDERS. BE ASSURED THAT
GREAT-WEST'S BUSINESS PRACTICES
MEET THE HIGHEST INDUSTRY
STANDARDS.**

SERFF Tracking Number: GRWE-126571545 State: Arkansas
 Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
 Company Tracking Number: PPVULSUPPAPPREV
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PPVULsuppapprev
 Project Name/Number: PPVULsuppapprev/

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: This application will be used to apply for a Private Placement Variable product exempt from Flesch Readability scores.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Application being filed for approval, included under Form Schedule.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: AR letter.pdf		



8515 East Orchard Road
Greenwood Village, CO 80111 Tel. (303) 737-3000
Address mail to: P.O. Box 1700, Denver, CO 80201
www.gwla.com

April 2, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #769-68322

**RE: Supplemental Application for Flexible Premium Variable Universal Life
Form PPVULsuppprev**

We are submitting the above referenced supplemental application for your review and approval. The attached supplemental application will replace form PPVULsupppapp previously approved in your state on February 8, 2005 under SERFF tracking # USPH-69DVK5447. It has been revised to more closely correspond with IRC § 101 (j) whereby employers must obtain positive written consent from employees that the employer may insure their life.

Depending on the underwriting criteria this supplemental application may be used in addition to the basic application, PPVULappsa-r1 approved in your state on May 22, 2009 under SERFF tracking # GRWE-126158024. The applications will be used to apply for our private placement product, policy number PPVULsa-CSO approved in your state on June 9, 2008 under SERFF tracking number GRWE-125682152. These are sold through duly licensed agents to sophisticated corporate buyers. States will be limited to corporate purchasers, including banks, insurance companies and other high net worth businesses. To be eligible the corporate owner must be a Qualified Purchaser either as an "Accredited Investor" defined in Regulation D of the Securities Act of 1933 ("Regulation D") or as a "Qualified Purchaser" as defined in Section 3(c)(7) of the Investment Company Act of 1940, or both.

The form submitted:

- is in final printed form;
- is being submitted in all states where we are licensed;
- is exempt from Flesch Readability they are subject to Regulation D; and
- is exempt from filing in Colorado, our state of domicile, pursuant to Regulation B-4.1. Colorado requires a fee to be paid each February 28th based on our Company's direct written premium. If appropriate, a retaliatory fee has been paid in your state in conjunction with your annual premium tax return.

We reserve the right at any time to make non-material changes to this form, including (but not limited to) paper stock, type face (but not font size) and page layout made necessary by unavoidable changes.

If we can be of further assistance please do not hesitate to contact me directly.

We trust that the information provided is satisfactory and look forward to your approval.

Sincerely,

A handwritten signature in black ink that reads "Tanya D. Gonzales". The signature is written in a cursive, flowing style.

Tanya Gonzales
Manager, Individual Markets
Great-West Life & Annuity Insurance Company.
(800) 537-2033 x 75829
Tanya.gonzales@gwla.com

SERFF Tracking Number: GRWE-126571545 State: Arkansas
 Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number: 45353
 Company Tracking Number: PPVULSUPPAPPREV
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: PPVULsuppapprev
 Project Name/Number: PPVULsuppapprev/

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.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/05/2010	Form	Flexible Premium Variable Universal Life Insurance Application CONSENT TO BE INSURED	04/05/2010	PPVULsuppapprev.pdf (Superseded)

**Flexible Premium Variable Universal Life Insurance Application
CONSENT TO BE INSURED**

Employer: _____ **Date of Hire:** _____

Business Address: _____

Proposed Insured: _____ **D.O.B.:** _____
Print Name MM/DD/YYYY

Sex: Male Female **Social Security No:** _____ - _____ - _____ **State of Residence** _____

I acknowledge that my Employer has insurable interest on my life, and I consent to have insurance purchased on my life for the benefit of my Employer. My Employer may purchase the insurance directly through a trust ("Trust") established by the Employer. I have received an explanation from my Employer or Trust, understand the reason(s) for this insurance and agree to have insurance placed on my life. I agree that my Employer or Trust will have all the rights of ownership, will pay all premiums, and will be the sole beneficiary of the policy. I understand and agree that my administrators, estate, heirs, and assignees have no rights to any policy proceeds, unless expressly agreed otherwise in a separate writing between my Employer or Trust and me. I also understand that my Employer or Trust may keep a life insurance policy or policies in effect on my life after my employment has ended or my retirement benefits expire.

Furthermore, I authorize my Employer or Trust to purchase additional insurance on my life without obtaining additional consent from me for up to 12 months provided I am actively at work with my Employer. The maximum aggregate face amount for all Policies issued will not exceed \$ _____ at the time such Policies are issued.

1. I am actively at work at least 30 hours per week performing normal duties at my customary place of employment on the date this consent form is signed. **(If "No," give details below.)** YES NO
2. During the past 90 days, have you (a) been absent from work for a total of four or more days for any illness or injury, or (b) been hospitalized? **(If "Yes," give reason and details below.)** YES NO
3. Are you a U.S. citizen or do you have a permanent U.S. resident status and currently reside in the U.S.? **(If "No," give details below, including visa type, country of citizenship, and plans to become a U.S. citizen.)** YES NO
4. In the past 10 years, have you had or been treated for: Any disorder of the heart or blood vessels; tumor or cancer; diabetes; stroke; or any blood disorder; lungs; kidneys; drug or alcohol use; mental or emotional disorders; or been diagnosed by a doctor or by a member of the medical profession as having Acquired Immune Deficiency Syndrome, or received a positive result of a HIV (Human Immunodeficiency Virus) test? **(If "Yes," give details below.)** YES NO
5. Have you used any tobacco or nicotine products within the last 12 months? **(If "Yes," give type(s), frequency and date last used below.)** YES NO

Details to Q. 1-5: _____

Signature

I declare and agree that: 1) All statements and answers to questions made in this application and any supplement to it are true and complete to the best of my knowledge and belief. The information I have provided will be taken into consideration for and will serve as the basis of any contract of insurance based on this application. 2) No information or answers to any question will be deemed communicated to or binding on Great-West Life & Annuity Insurance Company (the Company) unless set out in this application. 3) Only the president, a vice president or the secretary of the Company is authorized to change or waive any terms of this application or any contract of insurance issued.

Any policy issued based on this application shall not take effect until delivered and the first premium paid to the Company, provided no change has taken place in the insurability of the Insured after the application has been completed and all proposed Insureds are still living.

Authorization to Obtain and Disclose Information

I have received and read the Notice of Insurance Information Practices and Notice regarding Medical Information (MIB). Great-West Life & Annuity Insurance Company, its reinsurers and their authorized representative, may obtain medical and other information in order to evaluate my application for life insurance. The Medical Information Bureau, Inc., consumer reporting agency, state motor vehicle department or insurance company who possesses medical or other information about me or my health may furnish such information to the Company upon presenting this authorization or a photocopy. The Company may make a brief report regarding me or my health to the MIB or to other Bureau Member companies to whom I have applied and have authorized to receive such information. I consent to a consumer report containing personal information that may be requested in connection with my application. This authorization is valid from the date signed for a period of 2 1/2 years. I have read this authorization and understand I have the right to receive a copy.

Signature of Proposed Insured/Employee

Date

**Notice of Insurance Information Practices
and Notice Regarding Medical Information
Bureau**

This is to inform you that, as part of our procedure for processing your application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your business associates, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, financial information and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. You have the right to access information upon written request. You may request correction, amendment or deletion of any information which you believe to be inaccurate.

In connection with your application for insurance you may receive a telephone call from an authorized person to obtain some personal and financial information. You may be assured that the information is considered confidential and will be used to assess your eligibility for insurance. The interview normally takes from five to ten minutes and will be conducted at a time convenient for you. In the event you are not in when the interviewer calls, the interviewer will leave his or her name and telephone number so that you can return the call at no charge to you and supply the necessary information.

Inquiries on the above notices should be addressed to:

Great-West Life & Annuity Insurance Company
Department 690, P.O. Box 1700
Denver, CO 80201

Information regarding your insurability will be treated as confidential. The Company, or its reinsurers, may, however, make a brief report thereon to the 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 Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Recording Act. The address of the Bureau's information office is:

Medical Information Bureau
50 Braintree Hill Park, Suite 400
Braintree, MA 02184-8734
Phone: (866) 692-6901 (TTY 866-346-3642)

The Company, or its reinsurers, 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.

**THIS STANDARD DISCLOSURE IS
REQUIRED OF ALL LIFE INSURANCE
PROVIDERS. BE ASSURED THAT
GREAT-WEST'S BUSINESS PRACTICES
MEET THE HIGHEST INDUSTRY
STANDARDS.**