

SERFF Tracking Number: HERT-126594248 State: Arkansas  
Filing Company: United Heritage Life Insurance Company State Tracking Number: 45476  
Company Tracking Number: PN30-01ADVPLT-2010AR  
TOI: L07I Individual Life - Whole Sub-TOI: L07I.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense  
Product Name: Preneed Life Insurance Applications  
Project Name/Number: Preneed Life Insurance Applications/PN30-01ADVPLT-2010

## Filing at a Glance

Company: United Heritage Life Insurance Company

Product Name: Preneed Life Insurance Applications SERFF Tr Num: HERT-126594248 State: Arkansas

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 45476

Sub-TOI: L07I.104 Fixed/Indeterminate Premium - Single Life - Funeral Expense Co Tr Num: PN30-01ADVPLT-2010AR State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird  
Author: Michele MacKenzie Disposition Date: 04/22/2010  
Date Submitted: 04/21/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
State Filing Description:

Implementation Date:

## General Information

Project Name: Preneed Life Insurance Applications

Project Number: PN30-01ADVPLT-2010

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/22/2010

Deemer Date:

Submitted By: Michele MacKenzie

Filing Description:

RE: Preneed Insurance Advantage Plan Application, Form No. 30-01ADV-AR (6-2010)

Preneed Insurance Platinum Plan Application, Form No. 30-01PLT-AR (6-2010)

Filed with the Idaho Department of Insurance March 15, 2010.

Gentlemen:

Please find for your review and approval United Heritage' new and revised preneed application forms. The Advantage Plan Application, Form No. 30-01ADV-AR(6-2010) is replacing form no. 30-01E AR(4/2006) filed and approved with

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/15/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/22/2010

Created By: Michele MacKenzie

Corresponding Filing Tracking Number:

SERFF Tracking Number: HERT-126594248 State: Arkansas  
Filing Company: United Heritage Life Insurance Company State Tracking Number: 45476  
Company Tracking Number: PN30-01ADVPLT-2010AR  
TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
Product Name: Preneed Life Insurance Applications  
Project Name/Number: Preneed Life Insurance Applications/PN30-01ADVPLT-2010

your state on 4/26/06. The Platinum Plan Application, Form No. 30-01 PLT-AR(6-2010) is replacing form no. 30-01E2.1 AR/NM/LA (5/2004) filed and approved with your state on 7/26/05. The new applications will take effect on or after June 1, 2010.

These applications are to be used with the following preneed policies on file with your state.  
1720U.1(1/1999), Advantage Whole Life Policy, Guaranteed Issue filed with your state 3/26/1999

1723U.1(1/1999), Advantage Whole Life Policy, Graded Benefit, filed with your state 3/26/1999

1890U.5 (5/2004) Platinum Whole Life Policy, Unisex, Guaranteed Issue, filed with your state 7/26/2005.

Other supporting documents for these plans are as follows:

Preneed Grandchild Rider, Form No. 1909-GIR.25 (3-2008) filed in your state 10/22/2008  
Preneed Grandchild Rider Application, Form No. 30-01 GIR FW (3-2008) filed in your state 10/22/2008.  
Death Away From Home Rider, Form No. 1730(1/1999) approved in your state 3/26/1999.  
Advantage Single Premium Insurance Rider, Form No. 1729U (1/1999) filed in your state 3/26/1999.  
Platinum Single Premium Insurance Rider, 1906U (5/2004) filed in your state 7/26/2005.  
Assignment of Proceeds, Form No. 20-2711(1-2009) filed in your state 2/10/2009.

We are also submitting with this filing, United Heritage Life Insurance Endorsement #134(02-2010) which clarifies, for the aforementioned policies, the information set forth and as required in Arkansas Rule § 054.00.0030(B). The endorsement is to be used immediately upon approval

The application forms have been redesigned to better obtain information from our potential insureds, including a secondary notice contact in case of lapse and more comprehensive replacement language.

We believe that these forms meet or exceed the requirements by the state of Arkansas. Should you have any questions regarding this filing, please do not hesitate to contact me at 208-475-0981 or toll free 1-800-657-6351 ext. 2281, or by email at mmackenzie@unitedheritage.com.

## Company and Contact

### Filing Contact Information

Michele MacKenzie, Regulatory Compliance Analyst mmackenzie@unitedheritage.com  
707 W. United Heritage Court 208-475-0981 [Phone] 2281 [Ext]

SERFF Tracking Number: HERT-126594248 State: Arkansas  
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 Product Name: Preneed Life Insurance Applications  
 Project Name/Number: Preneed Life Insurance Applications/PN30-01ADVPLT-2010

Meridian, ID 83680

**Filing Company Information**

United Heritage Life Insurance Company	CoCode: 63983	State of Domicile: Idaho
PO BOX 7777	Group Code: 2878	Company Type:
Meridian, ID 83680-7777	Group Name:	State ID Number:
(208) 475-0981 ext. [Phone]	FEIN Number: 82-0123320	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? No  
 Fee Explanation: 2 application forms and 1 Policy Endorsement  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Heritage Life Insurance Company	\$150.00	04/21/2010	35852347

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TOI: L071 Individual Life - Whole Sub-TOI: L071.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense  
Product Name: Preneed Life Insurance Applications  
Project Name/Number: Preneed Life Insurance Applications/PN30-01ADVPLT-2010

## Correspondence Summary

### Dispositions

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

SERFF Tracking Number: *HERT-126594248* State: *Arkansas*  
Filing Company: *United Heritage Life Insurance Company* State Tracking Number: *45476*  
Company Tracking Number: *PN30-01ADVPLT-2010AR*  
TOI: *L071 Individual Life - Whole* Sub-TOI: *L071.104 Fixed/Indeterminate Premium - Single  
Life - Funeral Expense*  
Product Name: *Preneed Life Insurance Applications*  
Project Name/Number: *Preneed Life Insurance Applications/PN30-01ADVPLT-2010*

## **Disposition**

Disposition Date: 04/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HERT-126594248 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Preneed Advantage Life Insurance Application		Yes
Form	Preneed Platinum Life Insurance Application		Yes
Form	Arkansas Preneed Policy Endorsement		Yes

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## Form Schedule

### Lead Form Number: 30-01ADV-AR(6-2010)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	30-01ADV-AR(6-2010)	Application/Enrollment Form	Preneed Advantage Life Insurance Application	Initial		40.000	30-01ADV-AR(6-2010).pdf
	30-01PLT-AR(6-2010)	Application/Enrollment Form	Preneed Platinum Life Insurance Application	Initial		40.000	30-01PLT-AR(6-2010).pdf
	ENDORSE.134	Policy/Contract	Arkansas Preneed Fraternal Policy Endorsement Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		40.000	ENDORSE.134.pdf

**APPLICATION FOR INSURANCE TO:**



**UNITED HERITAGE LIFE INSURANCE COMPANY**

P.O. BOX 7777 MERIDIAN, IDAHO 83680-7777

Policy # \_\_\_\_\_

(Please Print)

**1. Proposed Insured Name** \_\_\_\_\_  
 First Middle Last Phone Number

Mail Policy to:  
 Client  
 Agent

**2. Birthdate** \_\_\_\_\_ **Age Last Birthday** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  Male  Female  
 MM/DD/YY

**3. Residence Address** \_\_\_\_\_  
 Physical Number and Street (No PO Box) City State Zip

**4. Owner Name** \_\_\_\_\_  
 (if other than insured) First Middle Last Phone Number Social Security #

**5. Owner Residence Address** \_\_\_\_\_  
 Physical Number and Street (No PO Box) City State Zip

**6. Mailing Address** \_\_\_\_\_  
 (if different from Residence Address for Billing and Correspondence) Number and Street City State Zip  
 Email Address (opt) \_\_\_\_\_

**7. Secondary Contact - Where copies of Pay Plan lapse notices will be sent:**

Name \_\_\_\_\_ Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**8. Beneficiary Designations:** In states where naming a funeral establishment is permitted, benefits will be paid as their interest may appear.

**Primary - Irrevocable**  Yes  No

PRIMARY NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SECOND PRIMARY (Proceeds in excess of the funeral establishment's interest will be paid to Second Primary Beneficiary)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CONTINGENT NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9. Do you have any existing life insurance or annuity contracts pending or in force?**  No  Yes (If yes, complete state replacement form if required)

**Will this policy replace or change any existing life policy or annuity contract?**  No  Yes (If yes, complete state replacement form)

Company name, address, and policy number \_\_\_\_\_

**10. Plan**  \*SP  3 Pay  5 Pay  10 Pay  \*\*GB **Premium Mode**  Single  Annual  Semi-Annual  Monthly P.C.  Other \_\_\_\_\_

**Face Amount** ..... \$ \_\_\_\_\_ **Base Premium** ..... \$ \_\_\_\_\_

**Amount Paid** ..... \$ \_\_\_\_\_ **SP/Down Payment Premium** ... \$ \_\_\_\_\_

Death Away From Home Rider (DAR) if face amount is under \$3,000  Yes If "Yes" include ..... **DAR Premium** ..... \$ \_\_\_\_\_

Grandchild Insurance Rider (GIR)  Yes If "Yes", attach GIR application and include ..... **GIR Fee** ..... \$ \_\_\_\_\_

\* If you select the Single Pay or Graded Benefit Plan, you do not need to complete questions 11, 12, or 13.

\*\* If you are selecting only a Graded Benefit Plan please initial at the end of 14.

**11. Is Proposed Insured currently hospitalized, bedridden, or in a nursing facility?** .....  YES  NO

**12. Within the past year, has Proposed Insured:**

(a) had congestive heart failure, heart attack, angina pectoris, stroke, coronary artery bypass surgery, or had or been medically advised to have surgery for a heart condition or peripheral vascular disease? .....  YES  NO

(b) had or been treated for internal cancer, melanoma, leukemia, kidney failure, Amyotrophic Lateral Sclerosis (ALS), Alzheimer's disease or dementia, alcoholism, drug dependence, or liver cirrhosis? .....  YES  NO

(c) had or been treated for an Acquired Immune Deficiency Syndrome (AIDS) or the AIDS Related Complex (ARC)? .....  YES  NO

(d) had or been medically advised to have any amputation as a result of a disease? .....  YES  NO

(e) had or been medically advised to use, or are using, oxygen equipment to assist in breathing? .....  YES  NO

**13. If the Proposed Insured is under age 21, has Proposed Insured within the past year had or been treated for:**  N/A

(a) cystic fibrosis, muscular disease, diabetes, birth defects or Down's syndrome? .....  YES  NO

(b) mental or nervous disorder? .....  YES  NO

**14. If any of the above health questions are answered "yes", or are not answered, a Graded Death Benefit policy will be issued with a face adjustment with the same premium payment amount as designated in question 10 above. PLEASE INITIAL \_\_\_\_\_**

<b>Graded Benefit Schedule</b>	<b>Death Benefit during 1st Year</b>	<b>Death Benefit during 2nd Year</b>	<b>Death Benefit after 2nd Year</b>
● Three Pay	50% of the Face Amount	100% of the Face Amount	Face Amount
● Five/Ten Pay	30% of the Face Amount	70% of the Face Amount	Face Amount

Proposed Insured's Name \_\_\_\_\_

**Arkansas** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**STATEMENT OF AGREEMENT**

All statements contained in this application for insurance shall be deemed representations and not warranties. I have read all of the questions and answers in this application and any form(s) made part of this application and declare that they are true and complete to the best of my knowledge and belief and have been correctly recorded. I acknowledge that the Company will rely on such statements and answers in considering this application and that this application shall be a part of any policy issued. I understand that no person other than an officer of the Company is authorized to pass on the acceptability for insurance, to modify or change any contract, or to waive any Company requirement. **I understand and agree that the insurance applied for will not take effect until the policy is actually issued by the Company and the full first premium has been paid thereon while the Proposed Insured's health and other conditions remain as described in this application.**

"Under penalties of perjury, I certify that the (taxpayer identification) number shown on this form is my correct taxpayer number and that I am not subject to withholding for under reporting under Section 3406(a)(1)(c)."

Signed at: \_\_\_\_\_ / \_\_\_\_\_  
City State Date (MM/DD/YY)

\_\_\_\_\_  
Signature of Proposed Insured (Insured must sign on all Pay Plans) Signor's Relationship to Insured

\_\_\_\_\_  
Signature of Owner (If other than Proposed Insured) Owner's Relationship to Insured

I hereby certify that I have met with the applicant in person. I certify that I have correctly recorded the information furnished by the Owner, applicant, and/or Insured.

I certify to the best of my knowledge that replacement of existing life insurance policy(ies) or annuity contract(s)  is  is not involved in this transaction.

\_\_\_\_\_  
Agent's Signature Agent's Number 2nd Agent's Signature Agent's Number

**RECEIPT**

Received from \_\_\_\_\_ on \_\_\_\_\_ the amount of \$ \_\_\_\_\_  
(MM/DD/YY)

**I understand and agree that the insurance applied for will not take effect until the policy is actually issued by the Company and the full first premium has been paid thereon while the Proposed Insured's health and other conditions remain as described in this application.**

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

\_\_\_\_\_  
Signature of Owner/Applicant



**APPLICATION FOR INSURANCE TO:**



**UNITED HERITAGE LIFE INSURANCE COMPANY**

P.O. BOX 7777 MERIDIAN, IDAHO 83680-7777

Policy # \_\_\_\_\_

*(Please Print)*

**1. Proposed Insured Name** \_\_\_\_\_  
First Middle Last Phone Number

Mail Policy to:  
 Client  
 Agent

**2. Birthdate** \_\_\_\_\_ **Age Last Birthday** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
MM/DD/YY Male Female

**3. Residence Address** \_\_\_\_\_  
Physical Number and Street (No PO Box) City State Zip

**4. Owner Name** \_\_\_\_\_  
(if other than insured) First Middle Last Phone Number Social Security #

**5. Owner Residence Address** \_\_\_\_\_  
Physical Number and Street (No PO Box) City State Zip

**6. Mailing Address** \_\_\_\_\_  
(if different from Residence Address for Billing and Correspondence) Number and Street City State Zip  
Email Address (opt) \_\_\_\_\_

**7. Secondary Contact - Where copies of Pay Plan lapse notices will be sent:**

Name \_\_\_\_\_ Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**8. Beneficiary Designations:** In states where naming a funeral establishment is permitted, benefits will be paid as their interest may appear.  
**Primary - Irrevocable**  Yes  No

PRIMARY NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SECOND PRIMARY (Proceeds in excess of the funeral establishment's interest will be paid to Second Primary Beneficiary)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CONTINGENT NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**9. Do you have any existing life insurance or annuity contracts pending or in force?**  No  Yes *(If yes, complete state replacement form if required)*  
**Will this policy replace or change any existing life policy or annuity contract?**  No  Yes *(If yes, complete state replacement form)*

Company name, address, and policy number \_\_\_\_\_

**10. Plan**     **Premium Mode**  Single  Annual  Semi-Annual  Monthly P.C.  Other \_\_\_\_\_

*SP	3 Pay	5 Pay	10 Pay
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**Face Amount** ..... \$ \_\_\_\_\_ **Base Premium** ..... \$ \_\_\_\_\_

**Amount Paid** ..... \$ \_\_\_\_\_ **SP/Down Payment Premium** ... \$ \_\_\_\_\_

Death Away From Home Rider (DAR) if face amount is under \$3,000  Yes If "Yes" include ..... **DAR Premium** ..... \$ \_\_\_\_\_

Grandchild Insurance Rider (GIR)  Yes If "Yes", attach GIR application and include ..... **GIR Fee** ..... \$ \_\_\_\_\_

**\* If you select the Single Pay, you do not need to complete questions 11 or 12.**

**11. Is Proposed Insured currently hospitalized, bedridden, or in a nursing facility?** .....  YES  NO

**12. Within the past 3 years have you been diagnosed as having or been treated for (including medication) or had or been advised to have any of the following:** .....  YES  NO

Heart Disease or Disorder  
 Peripheral Vascular Disease  
 Stroke/TIA  
 Angioplasty, or Coronary Artery Bypass Surgery  
 Diabetes Diagnosed Prior to Age 40  
 Amputation Due to Disease

Internal Cancer, Melanoma or Leukemia  
 Anemia  
 Alzheimers Disease or Dementia  
 Mental or Nervous Disorder  
 Drug or Alcohol Abuse  
 Emphysema/Oxygen Dependence

Liver Disease  
 Kidney Insufficiency or Failure  
 Cystic Fibrosis  
 Muscular Dystrophy  
 Downs Syndrome  
 Amyotrophic Lateral Sclerosis (ALS)

"Notice to the Following States' Residents, For Your Protection, your state requires its Individual Fraud Notice as follows:"

**Arkansas** - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**STATEMENT OF AGREEMENT**

All statements contained in this application for insurance shall be deemed representations and not warranties. I have read all of the questions and answers in this application and any form(s) made part of this application and declare that they are true and complete to the best of my knowledge and belief and have been correctly recorded. I acknowledge that the Company will rely on such statements and answers in considering this application and that this application shall be a part of any policy issued. I understand that no person other than an officer of the Company is authorized to pass on the acceptability for insurance, to modify or change any contract, or to waive any Company requirement. **I understand and agree that the insurance applied for will not take effect until the policy is actually issued by the Company and the full first premium has been paid thereon while the Proposed Insured's health and other conditions remain as described in this application.**

"Under penalties of perjury, I certify that the (taxpayer identification) number shown on this form is my correct taxpayer number and that I am not subject to withholding for under reporting under Section 3406(a)(1)(c)."

Signed at: \_\_\_\_\_ / \_\_\_\_\_  
City State Date (MM/DD/YY)

Signature of Proposed Insured (Insured must sign on all Pay Plans) \_\_\_\_\_ / \_\_\_\_\_  
Signor's Relationship to Insured

Signature of Owner (If other than Proposed Insured) \_\_\_\_\_ / \_\_\_\_\_  
Owner's Relationship to Insured

I hereby certify that I have met with the applicant in person. I certify that I have correctly recorded the information furnished by the Owner, applicant, and/or Insured.

I certify to the best of my knowledge that replacement of existing life insurance policy(ies) or annuity contract(s)  is  is not involved in this transaction.

Agent's Signature \_\_\_\_\_ Agent's Number \_\_\_\_\_ 2nd Agent's Signature \_\_\_\_\_ Agent's Number \_\_\_\_\_

**RECEIPT**

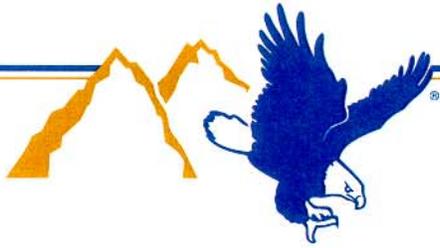
Received from \_\_\_\_\_ on \_\_\_\_\_ the amount of \$ \_\_\_\_\_  
(MM/DD/YY)

**I understand and agree that the insurance applied for will not take effect until the policy is actually issued by the Company and the full first premium has been paid thereon while the Proposed Insured's health and other conditions remain as described in this application.**

Signature of Agent

Signature of Owner/Applicant





**UNITED HERITAGE**  
*Life Insurance Company*®

707 E United Heritage Ct, Meridian, Idaho 83642-3527  
P. O. Box 7777 - Meridian, Idaho 83680-7777  
1-800-657-6351

**ARKANSAS PRENEED POLICY ENDORSEMENT**

Policy Form No(s) 1721U.1(1/1999), 1723U.1(1/1999)  
1890U.5 (5/2004)

In accordance with Arkansas Administrative Code § 054.00.0030(B) we hereby add the following to the face page of your policy by this Endorsement:

This Policy does not constitute a prepaid funeral contract as referenced in Arkansas Code Ann. §23-40-101 to §23-40-118.

*Marjorie A. Hopkins*

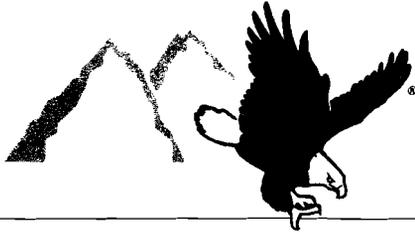
Secretary

SERFF Tracking Number: HERT-126594248 State: Arkansas  
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Product Name: Preneed Life Insurance Applications  
Project Name/Number: Preneed Life Insurance Applications/PN30-01ADVPLT-2010

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Certification of Readability.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> This is an application filing.		



UNITED HERITAGE®  
Life Insurance Company

*a United Heritage Financial Group Company*

April 21, 2010

Arkansas Insurance Department  
1200 W. Third St.  
Little Rock, AR 72201-1904

**CERTIFICATION OF READABILITY**

I, Deborah Sloan, Senior V.P. & Actuarial Manager, hereby certify that the following forms included in this filing comply with the Arkansas Flesch Score Requirement of 40.

Form No. 30-01ADV-AR (6-2010)      Form No. 30-01PLT-AR (6-2001)  
Endorsement #134

*Deborah Sloan*

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Deborah Sloan

Senior Vice President & Chief Actuary