

SERFF Tracking Number: MUTM-126630896 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45714
 Company Tracking Number: KENDRA SAYLER
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LUT-SUL Band 1 Application-D075LNA10A REV 0510
 Project Name/Number: LUT-SUL Band 1 Application/D075LNA10A REV 0510

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: LUT-SUL Band 1 Application- SERFF Tr Num: MUTM-126630896 State: Arkansas
 D075LNA10A REV 0510

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 45714
 Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: KENDRA SAYLER State Status: Approved-Closed
 Reviewer(s): Linda Bird

Filing Type: Form

Authors: Shelly Kaipust, Kim
 Meyerring, Krysia Gannon, Ellen
 Cochrane, Kendra Sayler, Kristin
 Miller

Date Submitted: 05/19/2010 Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LUT-SUL Band 1 Application

Status of Filing in Domicile:

Project Number: D075LNA10A REV 0510

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/20/2010

Explanation for Other Group Market Type:

State Status Changed: 05/20/2010

Deemer Date:

Created By: Kristin Miller

Submitted By: Kristin Miller

Corresponding Filing Tracking Number:

Filing Description:

RE: United of Omaha Life Insurance Company

NAIC 261-69868 FEIN 47-0322111

Individual Life Insurance

D085LNS10A - Application for Life Insurance

SERFF Tracking Number: MUTM-126630896 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45714
Company Tracking Number: KENDRA SAYLER
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LUT-SUL Band 1 Application-D075LNA10A REV 0510
Project Name/Number: LUT-SUL Band 1 Application/D075LNA10A REV 0510

Enclosed for filing with your Department is the above-captioned form in final format for review and approval. It contains no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, it complies with all your applicable statutes.

Application D085LNS10A is new and intended to replace application A369LNS10A, which was approved by your Department on February 1, 2006. We are filing this application with an update to the health questions on page two.

Application D085LNS10A will be used to apply for policies with face amounts of \$10,000 to \$50,000. Policies applied for on this form, which are subject to limited underwriting, will be solicited through direct response marketing via direct mail, telemarketing and billing insert channels.

Please see attached Memorandum of Variability regarding all variable options for application form D085LNS10A. We ask that all application information shown in brackets be filed as variable to accommodate any changes in marketing criteria and the needs of our direct mail distribution channel.

The Flesch score of application D085LNS10A meets or exceeds your state requirement when scored with the base policy.

Enclosed are the required filing materials. Please feel free to contact me if you should have any questions and/or concerns. Thank you for your time and consideration of this submission.

Sincerely,

Kendra Sayler
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-2454
Fax: 402-351-5298
E-mail: Kendra.Sayler@mutualofomaha.com

Company and Contact

Filing Contact Information

Kendra Sayler, Senior Product & Advertising Compliance Analyst
Regulatory Affairs Division
Mutual of Omaha
Mutual of Omaha Plaza
kendra.sayler@mutualofomaha.com
402-351-2454 [Phone]
402-351-5298 [FAX]

SERFF Tracking Number: MUTM-126630896 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45714
Company Tracking Number: KENDRA SAYLER
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LUT-SUL Band 1 Application-D075LNA10A REV 0510
Project Name/Number: LUT-SUL Band 1 Application/D075LNA10A REV 0510

Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	05/19/2010	36658793

SERFF Tracking Number: MUTM-126630896 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45714
Company Tracking Number: KENDRA SAYLER
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: LUT-SUL Band 1 Application-D075LNA10A REV 0510
Project Name/Number: LUT-SUL Band 1 Application/D075LNA10A REV 0510

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/20/2010	05/20/2010

SERFF Tracking Number: *MUTM-126630896* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *45714*
Company Tracking Number: *KENDRA SAYLER*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *LUT-SUL Band 1 Application-D075LNA10A REV 0510*
Project Name/Number: *LUT-SUL Band 1 Application/D075LNA10A REV 0510*

Disposition

Disposition Date: 05/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126630896 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45714
 Company Tracking Number: KENDRA SAYLER
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LUT-SUL Band 1 Application-D075LNA10A REV 0510
 Project Name/Number: LUT-SUL Band 1 Application/D075LNA10A REV 0510

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	AR Credit card cert		Yes
Supporting Document	AR Fee Schedule		Yes
Supporting Document	Memo of Variability		Yes
Form	Application		Yes

SERFF Tracking Number: MUTM-126630896 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45714
 Company Tracking Number: KENDRA SAYLER
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LUT-SUL Band 1 Application-D075LNA10A REV 0510
 Project Name/Number: LUT-SUL Band 1 Application/D075LNA10A REV 0510

Form Schedule

Lead Form Number: D085LNS10A

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	D085LNS10A	Application/ Enrollment Form	Initial			Application D085LNS10A.pdf

Application to United of Omaha Life Insurance Company for ¹[Term] [Whole] Life Insurance

Home Office Use Only.
1a [Code]



²[Reply by]
³[Keyline Code]

PROPOSED INSURED

4 [Name] _____ Sex Male Female ⁵[Social Security No. _____ - _____ - _____]
 First Name Middle Initial Last Name
 Address _____ Height _____ Weight _____ Date of Birth _____
 Street City State ZIP Code
 Phone (_____) _____ Birth State _____ ⁶[Driver's License No. _____ State of Issue _____]
 7 [E-mail Address _____]
 8 [Benefit] Amount: (Please check one) [\$00,000] [\$00,000] [\$00,000]
 9 [Term Period:] [(Please check one)] [10-Year Term] [20-Year Term]
 10 [Optional Coverage(s):] _____
 [Description] [Rider] _____
 [Select benefit amount] [(Please check one)] [\$00,000] [\$00,000] [\$00,000]

APPLICANT/OWNER INFORMATION (Complete only if different than Proposed Insured)

11 Name _____ Relationship to Proposed Insured _____
 First Name Middle Initial Last Name
 Address _____ ⁵[Social Security No. _____ - _____ - _____]
 Street City State ZIP Code

OTHER INSURED CHILDREN'S RIDER INFORMATION (Complete only if Other Insured is Child(ren) are proposed for insurance)

12

First Name, Middle Initial, Last Name	⁵ [Social Security Number]	Relationship to Proposed Insured	Date of Birth Mo./Day/Yr.	[Sex M/F]	[Ht.]	[Wt.]
		[Child]				

[Other Insured's Birth State _____] [Other Insured's Driver's License No. _____ State of Issue _____]

BENEFICIARY INFORMATION (Person to be paid at death)

Beneficiary: (Please Print)

13

First Name	Middle Initial	Last Name	Relationship to Proposed Insured
------------	----------------	-----------	----------------------------------

Other Insured Rider Beneficiary: (Please Print)

First Name	Middle Initial	Last Name	Relationship to Proposed Insured
------------	----------------	-----------	----------------------------------

Note: If no beneficiary has been named, the proceeds will be paid to the estate of the Insured.

PAYMENT INFORMATION

14

<input type="checkbox"/> [Send Money] I have enclosed \$ _____ to pay for the first month of coverage for the Proposed Insured(s) shown above. After the first month, I wish to be billed: (Check one only) <input type="checkbox"/> Annually (once a year) <input type="checkbox"/> Semiannually (twice a year) <input type="checkbox"/> Quarterly (four times a year) <input type="checkbox"/> Monthly (twelve times a year) <input type="checkbox"/> Monthly through the Easy Pay Option (Please complete the EASY PAY OPTION AUTHORIZATION Form [enclosed] [below] [on back of application].)	<input type="checkbox"/> [Send No Money] I wish to have my initial and renewal premiums paid as selected below: <input type="checkbox"/> Monthly Credit Card (Automatically charged through your credit card account) <input type="checkbox"/> Visa® Account Number <input type="checkbox"/> MasterCard® Account Number _____ - _____ - _____ - _____ [Plan Code] Exp. Date ____/____/____ <input type="checkbox"/> Monthly through the Easy Pay Option (Automatic withdrawals from your [checking] [or] [savings] account) Please complete the EASY PAY OPTION AUTHORIZATION Form [enclosed] [below] [on back of application].
---	---

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS (Complete for Proposed Insured & Other Insured Rider if proposed for insurance)

	Proposed Insured		15 Other Insured	
	Yes	No	Yes	No
1 In the past 5 years , have you ever received treatment for, or been diagnosed by a licensed physician as having:				
a) coronary artery disease, heart attack, heart valve disease, stroke/mini-stroke, abnormal heart rhythm, cerebral or symptomatic aneurysm?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) kidney disease, liver disease, diabetes, cancer, leukemia, melanoma or other malignancy (excluding basal cell skin cancer), alcoholism, alcohol or drug/substance abuse, chronic bronchitis, emphysema, cystic fibrosis, schizophrenia, Down's Syndrome or any disease of the central nervous system?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) Infection (symptomatic or asymptomatic) or been treated for AIDS, ARC or HIV by a physician or health care provider?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently bedridden or confined to any hospital, nursing home, or other medical facility?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 In the past 5 years , have you been convicted or incarcerated for a felony, convicted of driving under the influence of drugs or alcohol or had 4 or more moving violations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 In the past 12 months have you used any form of tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you ever been declined for coverage by an insurance company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Will this insurance replace, discontinue or change any existing life insurance or annuity contract?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes," give details: 16 [Name(s) of Proposed Insured(s) _____]
 Company(ies) _____ Policy No.(s) _____

PLEASE READ & SIGN

Authorization: I authorize the state departments of motor vehicles and other entities possessing motor vehicle records, consumer reporting agencies and The MIB Group, Inc. ("MIB") to release all information about me or my health to United of Omaha Life Insurance Company ("United of Omaha"), or its reinsurers, for the purpose of determining my insurability. This authorization includes personal information about me such as finances, occupation and general reputation.

I authorize all sources, except for the MIB, to provide such information for any agency employed by United of Omaha to collect and transmit such information. I understand that United of Omaha may disclose certain information that it receives to the MIB and as otherwise allowed or required by law.

This authorization is valid for 30 months from the date below. A photocopy of this authorization is as valid as the original. I have received the MIB Group, Inc. Pre-Notice and Notice of Information Practices before completing this application. I will receive a copy of this authorization upon request.

Agreement: I represent that any and all answers to the questions in this application are true and complete and will be used to determine my insurability. I also understand that coverage will not be in force until this application is completed in full and approved by United of Omaha, all outstanding application requirements have been received, my initial premium has been received and a policy has been issued, all during my lifetime. If the applicant is other than the Proposed Insured, the applicant will be the owner of the policy. Coverage under the policy, if issued, will be effective on the policy Issue Date shown in the policy, which is the date my application was received at the United of Omaha home office. The initial premium will provide coverage from the policy Issue Date until the date the next premium is due.

17 **X [My] [Proposed Insured] Signature** _____ **Date** _____ 18 **[Other Insured Signature** _____ **Date** _____]

19 **[X Credit Cardholder's Signature** _____ **Date** _____] 20 **[Signature of Applicant/Owner** _____ **Date** _____
 (if other than Proposed Insured)]

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Licensed Agent Statement:

In addition to the above, by signing below, I, the Licensed Agent, hereby agree that I know of nothing detrimental to the risk that is not recorded in this application.

21 Do you, the Licensed Agent, have any reason to believe the policy applied for has replaced or will replace any insurance policy and/or annuity contract? Yes No

Has the Applicant informed you, the Licensed Agent, that any Proposed Insured has one or more existing life insurance policies and/or annuity contracts in force? Yes No

(If either question is answered "Yes," fulfill all state and company requirements.)

Signature of Licensed Agent _____ 22 [Production] [License] [Employee] [ID] Number _____ Date _____ Month _____ Day _____ Year _____

Print or Stamp Licensed Agent Name _____ Print or Stamp Call Center Name _____ Applicant's City of Birth/Mother's Maiden Name _____

SERFF Tracking Number: MUTM-126630896 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 45714
 Company Tracking Number: KENDRA SAYLER
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: LUT-SUL Band 1 Application-D075LNA10A REV 0510
 Project Name/Number: LUT-SUL Band 1 Application/D075LNA10A REV 0510

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: AR Read Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Applications are under the Form Schedule Tab.		

	Item Status:	Status Date:
Satisfied - Item: AR Credit card cert		
Comments:		
Attachment: AR Credit Card Cert.pdf		

	Item Status:	Status Date:
Satisfied - Item: AR Fee Schedule		
Comments:		
Attachment: AR Fee Schedule Cert .pdf		

	Item Status:	Status Date:
Satisfied - Item: Memo of Variability		
Comments:		
Attachment:		

SERFF Tracking Number: *MUTM-126630896* *State:* *Arkansas*
Filing Company: *United of Omaha Life Insurance Company* *State Tracking Number:* *45714*
Company Tracking Number: *KENDRA SAYLER*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *LUT-SUL Band 1 Application-D075LNA10A REV 0510*
Project Name/Number: *LUT-SUL Band 1 Application/D075LNA10A REV 0510*
LUT-SUL Filing Memo of Variability D085LNS10A.pdf

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
D085LNS10A	Application for Term Life Insurance	51.2*

*When scored with the policy.

United of Omaha Life Insurance Company

Date: May 19, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

Arkansas Insurance Department

Mike Huckabee
Governor



Julie Benafield Bowman
Commissioner

Please read and acknowledge your understanding and assurance of complying with the following requirements:

1. If a sponsor or endorser is involved such as a bank, school, retail store, etc., it must be ascertained whether that sponsor is to receive any form of compensation for the use of the card. If so, this must be disclosed to the insured. If there is compensation, the sponsor would need to be licensed to sell insurance.
2. The company must certify that failure to pay the credit card bill will not affect the premium payment.
3. If the credit card company does not pay the premium for any reason, the insurance company must notify the insured of this and allow a thirty day Grace Period for the insured to pay the premium.


SIGNATURE

May 19, 2010
DATE

United of Omaha Life Insurance Company
COMPANY

CC-1

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868

Company Contact Person & Phone: Kendra Saylor

402-351-2454

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* _____ X \$50 = \$ _____

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* 1 X \$20 = 50.00

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

Memorandum of Variability
Explanation of Variable Statements and Fields
For United of Omaha Life Insurance Company Application Form
D085LNS10A

Each variable section, statement or field is denoted by [brackets] and annotated with numbers in **RED**. The explanations below follow the order in which the variable fields appear in the form.

The large numbers bracketed represent section numbers, [2.] etc. These are subject to change based on the different sections of the application that may vary depending on marketing layout and distribution channel (Direct to Consumer Market, 3rd Party Mass Marketing, Telemarketing and Internet).

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
PAGE 1	
1 [Term] [Whole]	"Term" will print or "Whole" will print depending on which product is applied for.
1a [Code]	Variable for internal company use only.
2 [Reply by]	"Reply by" will print, or "Reply within xx days" will print, or neither will print depending on layout.
3 [Keyline Code]	Variable for internal corporate use only.
4 [Name...]	Section may be preprinted with proposed insured information depending on marketing channel.
5 [Social Security No.]	At this time, capturing Social Security Number information is not a requirement during the sale of Insurance products. If the US Treasury Department issues requirements that mandate Social Security Number information be obtained, this application will comply with those requirements.
6 [Driver's License Number]	May or may not print depending on marketing decision to capture Motor Vehicle Records in the future.
7 [Email Address]	May or may not print depending on marketing decision to capture email addresses in the future.
8 [Benefit] [] [\$00,000] [] [\$00,000] [] [\$00,000]	Either "Benefit" or "Face" will print depending on marketing decisions. Amount ranges variable from \$10,000 to \$50,000.
9 [Term Period] [(Please check one)] [] [10-Year Term] [] [20-Year Term]	May or may not print depending on changes in plan information or coverage offered.
10 [Optional Coverage(s):...]	May or may not print depending on changes in plan information or coverage offered.
11 [APPLICANT/OWNER INFORMATION..]	Will print if the marketing decision allows for the proposed insured and the applicant/owner to be different individuals.
12 [[OTHER INSURED] [CHILDREN'S RIDER INFORMATION...]	May or may not print depending on changes in plan information or coverage offered.
13 [Other Insured Rider Beneficiary...]	May or may not print depending on changes in plan information or coverage offered.

Variable Statements/Fields	How or When Used
14 [PAYMENT INFORMATION...]	Variable to allow for changes in payment information.
PAGE 2	
15 [Other Insured...]	May or may not print depending on changes in plan information or coverage offered.
16 [Name(s) of Proposed Insured(s)]	May or may not print depending on whether Other Insured Rider is offered.
17 [My] [Proposed Insured]	[My] will print if the applicant/owner and proposed insured is the same person. Otherwise, [proposed insured] will print.
18 [Other Insured Signature...]	Will print if an Other Insured Rider is offered.
19 [Credit Cardholder's Signature...]	Variable to allow for the future capability to accept credit card payments.
20 [Signature of Applicant/Owner...]	Will print if the applicant/owner and the proposed insured are not the same person.
21 [Licensed Agent Statement...]	Will print for telemarketing sales when a licensed agent is involved in the sale.
22 [Production] [License] [Employee] [ID]	One of these options, depending on state specific terminology, will print for telemarketing sales when a licensed agent is involved in the sale.