

SERFF Tracking Number: JEPL-126659396 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 45895
Company Tracking Number: LFF10071
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Streamlined Application for Life Insurance
Project Name/Number: LFF10071/LFF10071-40

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Streamlined Application for Life Insurance SERFF Tr Num: JEPL-126659396 State: Arkansas

Insurance

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 45895

Sub-TOI: L08.000 Life - Other

Co Tr Num: LFF10071

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jane Neidermyer, William Otten, Lori Saltmarsh
Disposition Date: 06/16/2010

Date Submitted: 06/08/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: LFF10071

Status of Filing in Domicile: Pending

Project Number: LFF10071-40

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: 06/16/2010

Explanation for Other Group Market Type:

State Status Changed: 06/16/2010

Deemer Date:

Created By: Lori Saltmarsh

Submitted By: Jane Neidermyer

Corresponding Filing Tracking Number:

Filing Description:

Re: Individual Life Application Form

LFF10071-40 Streamlined Application for Life Insurance

The Lincoln National Life Insurance Company

Group & NAIC #: 020-65676

We are submitting the above-referenced form for your review and approval. This is a new form and will not be replacing

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any other forms.

Upon approval, Form LFF10071-40 Streamlined Application for Life Insurance will be used in applying for our individual life insurance products sold by properly licensed agents/representatives in the general individual life market. It will become part of the policy.

Upon approval, the company reserves the right to change the format of the forms without altering the approved language. We have bracketed the Service Address of the company in order to provide for flexibility. We confirm the brackets will not appear on production versions of the form.

Form LFF10071 has attained a Flesch score of 51.00 when scored with policy form LN850-1. Form LFF10071 has been submitted concurrently for approval to our Home State of Indiana. This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards. To the best of our knowledge and belief, this form complies with all the applicable laws and regulations of your state. If applicable, the appropriate certifications, transmittals, checklists and filing fees are included.

Company and Contact

Filing Contact Information

Jane Neidermyer, Senior Compliance Analyst jane.neidermyer@lfg.com
One Granite Place 800-258-3648 [Phone] 5627 [Ext]
PO Box 515 603-226-5128 [FAX]
Concord, NH 03302-0515

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
350 Church Street Group Code: 20 Company Type: Life Insurance
Hartford, CT 06103 Group Name: State ID Number:
(800) 258-3648 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
Fee Amount: \$35.00
Retaliatory? Yes
Fee Explanation: IN fee of \$35 per form filed
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$35.00	06/08/2010	37061128
The Lincoln National Life Insurance Company	\$15.00	06/15/2010	37217783

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/16/2010	06/16/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/15/2010	06/15/2010	Jane Neidermyer	06/15/2010	06/15/2010

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Disposition

Disposition Date: 06/16/2010

Implementation Date:

Status: Approved-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		Yes
Supporting Document	Application		No
Form	Streamlined Application for Life Insurance		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/15/2010
Submitted Date 06/15/2010
Respond By Date 07/15/2010

Dear Jane Neidermyer,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$15.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/15/2010
Submitted Date 06/15/2010

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird,

We have sent an additional EFT payment of \$15. Sorry we missed the change.

Sincerely,
Jane Neidermyer

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$15.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jane Neidermyer, Lori Saltmarsh, William Otten

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Form Schedule

Lead Form Number: LFF10071-40

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LFF10071-40	Application/Streamlined Enrollment Form	Application for Life Insurance	Initial		51.000	LFF10071-40 AR OH filing.pdf

IMPORTANT NOTICE

Since you are applying for insurance, we would like you to know more about our underwriting process and what occurs after you submit your application.

(Please give a copy of this notice to the Proposed Insured.)

THE UNDERWRITING PROCESS

All forms of insurance are based on the concept of risk-sharing. Underwriters seek to determine the level of risk represented by each applicant, and then assign that person to a group with similar risk characteristics. In this way, the risk potential can be spread among all policyholders within a given risk group, assuring that each assumes his fair share of the insurance cost.

Underwriters collect and review risk factors such as age, occupation, physical condition, and medical history. The level of risk and premium for the amount of coverage requested is based on this information.

CONTESTABILITY

We strongly urge you to review the completed application closely for accuracy. During the 2 year contestability period described in the policy, a claim may be denied if the application contains false statements or misrepresentations or fails to disclose material facts. In such a case, the policy could be void and coverage could be lost.

MIB, INC.

Information you provide regarding your insurability or claims will be treated as confidential except that The Company or its reinsurers, may make a brief report of it to MIB, Inc. This is a nonprofit membership organization of life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or submitted a claim, MIB, Inc. will provide the information it may have in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB at: [50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734]. You can reach MIB by phone toll free at [(866) 692-6901]. [(TTY {866} 346-3642)]

STREAMLINED APPLICATION FOR LIFE INSURANCE

1. Name (<i>First, MI, Last</i>)		2. Date of Birth (<i>mm/dd/yy</i>)	
3. Occupation	4. Soc. Sec. No. (SSN)		5. Are you a citizen of the United States? <input type="checkbox"/> Y <input type="checkbox"/> N If "No," do you have a valid Green Card? <input type="checkbox"/> Y <input type="checkbox"/> N
6. Place of Birth (<i>State, Country</i>)			
7. Home Address (<i>St., City, ST, ZIP</i>)			8. <input type="checkbox"/> Male <input type="checkbox"/> Female

9. Plan of Insurance _____ 10. Specified Amount/Amount of Insurance \$ _____

11. Additional Benefits and Riders: (*If applicable*) Accelerated Benefits Rider Other Benefits and Riders _____

12. Single Premium: \$ _____ 13. Planned Premium: \$ _____ Frequency _____

14. Lump Sum: \$ _____ 15. Source of Premium: _____ (*inheritance, loan, business activity*)

16. Owner Name	17. Date of Birth	18. SSN/TIN
19. Relationship		20. Citizen of (Country)
21. Owner Address (<i>St., City, ST, ZIP</i>)		

22. Indicate Primary (P) or Contingent (C) Beneficiary for each line completed in the first column. ***Unless otherwise stated below, if multiple beneficiaries are named in a class (Primary, Contingent), the proceeds are to be paid equally to the survivor or survivors, if any, in the class.***

P/C	Beneficiary Name	Relationship	Date of Birth	SSN/TIN

23. Are you considering stopping premium payments, surrendering, replacing, forfeiting, assigning to the insurer or reducing your benefits under an existing policy or annuity, or are you considering using or borrowing funds from your existing policies or annuities to pay premiums due on the new or applied for policy? Y N (*If "Yes", please complete and sign all required replacement forms.*)

24. Please list amounts of all inforce life insurance on your life, including any policies that have been sold. (*Please list in the box below.*)

If none, check this box: <input type="checkbox"/>	Face Amount	Policy Number	Issue Date (<i>mm/dd/yy</i>)	Replacement or Change of Policy?	1035 Exchange
Company	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	\$			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

25. Have you smoked any cigarettes in the past 12 months? Y N

26. In the past 10 years have you had, been diagnosed with or treated by a licensed medical professional for:

a. Heart disease, heart attack, heart failure or atrial fibrillation? Y N

b. Stroke, transient ischemic attack (TIA or mini-stroke), vascular disease, Alzheimer's disease, dementia, emphysema, chronic lung, kidney or liver disease? Y N

c. Diabetes requiring insulin? Y N

27. In the past 5 years have you been diagnosed with or treated by a licensed medical professional for:

a. Any type of cancer other than non-melanoma skin cancer? Y N

b. Alcohol or drug abuse, or been advised to limit your alcohol intake? Y N

28. Have you ever been diagnosed with or treated by a licensed medical professional for human immune deficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS)? Y N

29. In the past 5 years have you been declined or turned down for life insurance? Y N

30. Provide full details here for any questions answered "Yes" (*Include question numbers and if more space is required, use the "Continuation of Details Supplement."*):

31. Personal Physician's Name, Address and Telephone Number:

SERVICE OFFICE ENDORSEMENTS (For Company Use Only. We will attach additional documentation as needed.)

AGREEMENT AND ACKNOWLEDGEMENT

I, the Owner, certify my TIN or SSN as provided by me is correct. I also certify that I am not subject to backup withholding.

Each of the Undersigned declares that:

- 1. This Application consists of: a) Application for Life Insurance; b) any amendments to the application(s) attached thereto; and c) any supplements, all of which are required by the Company for the plan, amount and benefits applied for.
- 2. No agent, broker or medical examiner has the authority to make or modify any Company contract or to waive any of the Company’s requirements.
- 3. I HAVE READ, or have had read to me, the completed Application for Life Insurance before signing below. All statements and answers in this application are correctly recorded, and are full, complete and true. I confirm that upon receipt of the contract I will review the answers recorded on the application. I will notify the Company immediately if any information in the application is incorrect. Caution: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or rescind coverage under the policy and any riders attached to it.
- 4. For employer owned life insurance policies, the owner hereby acknowledges its sole responsibility for ensuring that it complies with all legal and regulatory requirements related to life insurance it purchases on its employees, including appropriate disclosure to each employee whose life is insured under such a life insurance policy.
- 5. Corrections, additions or changes to this application may be made by the Company. Any such changes will be shown under “Service Office Endorsements”. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

STATE DISCLOSURES - AR, NM and OH Only. 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 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.

AUTHORIZATION - The undersigned declares that:

I authorize any medical professional, hospital or other medical institution, insurer, MIB, Inc., or any other person or organization that has any records or knowledge of me or my physical or mental health or insurability to disclose that information to the Company, its reinsurers, or any other party acting on the Company’s behalf. I authorize the Company to disclose information related to my insurability to MIB, Inc., and to other insurers to whom I may apply for coverage. I understand that some of these people or entities may not be covered by federal or state privacy regulations and that the information they receive may be redisclosed, however the Company contractually requires them to protect the information we disclose to them. Information may be disclosed as allowed by law or regulation.

I acknowledge receipt of the Privacy Notice and the Important Notice containing the MIB, Inc. information.

This authorization shall be valid for 24 months after it is signed. A photographic copy of this authorization shall be as valid as the original. I understand this consent may be revoked in writing at any time, except to the extent: 1) the Company has taken action in reliance on this Authorization; or 2) the Company is using this Authorization in connection with a contestable claim under my policy with that Company.

Signed in _____, this _____ day of _____ (state) (month) (year)

Signature of Proposed Insured
(Parent or Guardian if under 14 years of age)

Signature of Applicant/Owner/Trustee (If other than Proposed Insured. Provide Officer’s Title if policy is owned by a Corporation)

TO BE COMPLETED BY AGENT ONLY

- (i) Does the applicant have any existing life insurance policies or annuities? Y N
- (ii) Do you know or have you any reason to believe that replacement of insurance is involved? Y N

If a replacement is involved, I certify that only company approved sales materials were used in this sale and that copies of all sales materials were left with the applicant.

- ▶ I declare that I have accurately answered all questions contained in this section. I know of nothing affecting the insurability of the Proposed Insured which is not fully recorded in this application. I declare that I have provided the Proposed Insured and Owner with the Important Notice as well as a copy of the Privacy Practices Notice. I declare that I have verified that all life insurance coverage in force on the Proposed Insured has been disclosed on this application, including any coverage that has been sold or is in the process of being sold to a life settlement, viatical or other secondary market provider.
- ▶ I declare I have not been involved in any recommendation regarding the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider. If otherwise, please explain: _____

Signature of Licensed Agent or Broker

Print Name of Licensed Agent or Broker

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR_Readability LNL.pdf

Arkansas

READABILITY CERTIFICATION

The Lincoln National Life Insurance Company

Re: *LFF10071-40 - Streamlined Application for Life Insurance*

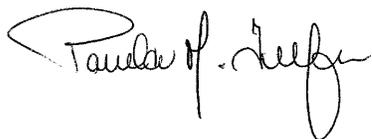
We hereby certify that the attached Form(s) is (are) in compliance with the Rules and Regulation requirements regarding Life, Annuities, and Accident and Sickness Insurance Language Simplification Standards and has (have) achieved a Flesch Reading Ease score of:

Form Number:

Flesch:

LFF10071-40 scored with Policy LN-850-1

51.00



Pamela M. Telfer, Assistant Vice President
Product Compliance

Date: June 7, 2010