

SERFF Tracking Number: PRTA-126647486 State: Arkansas  
 Filing Company: West Coast Life Insurance Company State Tracking Number: 45806  
 Company Tracking Number: VICKIE-315  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: WC-LAD-315 (5/10)  
 Project Name/Number: WC-LAD-315 (5/10)/WC-LAD-315 (5/10)

## Filing at a Glance

Company: West Coast Life Insurance Company

Product Name: WC-LAD-315 (5/10)

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PRTA-126647486 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45806

Co Tr Num: VICKIE-315

State Status: Approved-Closed

Author: Vickie Jerkins

Reviewer(s): Linda Bird

Date Submitted: 05/27/2010

Disposition Date: 06/01/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: 08/02/2010

Implementation Date:

State Filing Description:

## General Information

Project Name: WC-LAD-315 (5/10)

Project Number: WC-LAD-315 (5/10)

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This filing has been submitted to our domiciliary state of Nebraska, concurrently.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/01/2010

Explanation for Other Group Market Type:

State Status Changed: 06/01/2010

Deemer Date:

Created By: Vickie Jerkins

Submitted By: Vickie Jerkins

Corresponding Filing Tracking Number:

Filing Description:

Form Number.....Form Title

WC-LAD-315 (5/10)....Tobacco Use Questionnaire

West Coast Life Insurance Company is a subsidiary of Protective Life Insurance Company. Protective Life Insurance Company represents West Coast Life Insurance Company in the submission of the above-referenced forms and will negotiate with state insurance departments for their approval. A separate letter of authorization is not required due to subsidiary status.

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The intended implementation date for this filing is August 02, 2010 or upon approval by your Department. The above referenced Individual Life Filing is being submitted for filing acknowledgement or prior approval, as appropriate. This filing does not contain any unusual or possibly controversial items that vary from normal company or industry standards. The form submitted in this filing is new and will not replace any form currently in use. This filing has been submitted to our domiciliary state of Nebraska, concurrently.

This standalone Tobacco Use Questionnaire will be used by the Company primarily for insureds who wish to change their status from Smoker / Tobacco to Non-Smoker / Non-Tobacco in order to reduce their premium rate. This form may be used with any life insurance contract previously approved or submitted in the future.

The submitted application questionnaire has obtained FLESCH Ease of Reading Test Scores of 50.31. The submitted form was created using fonts of 10 point or greater in the case of logos, addresses, headings. Due to rapidly changing technology, the Company wishes to reserve the right to use different font style, paper size, stock, ink, border, company logo and adaptation to computer printing. In addition, when the application and information are input to the computer system, it may result in non-material formatting changes due to the amount of information received (i.e. the size of open narrative sections will vary based on the information supplied by the applicant). While the formatting of this form may vary slightly by applicant, the material and content will remain the same and the fonts will never be smaller than 10 point.

In addition to the traditional paper format, in some cases, the data gathered on the application will be transmitted to the home office electronically. For electronic submissions, a signature pad will be used for the signature of both the applicant and the agent. No other electronic signatures will be used at this time; however, the Company would like to reserve the right to use other forms of electronic signature in the future. Should the Company do so, we will comply with UETA in this regard.

Actuarial Materials are not required with the application type filing.

The only variable fields are related to Company Address and Phone Number – which will only be changed to accurately disclose the company's correct mailing address and phone number.

If you are in need of further information to complete the review of this filing, I can be contacted via SERFF Notes, email at Vickie.Jerkins@protective.com or tollfree at 1-800-866-3555 ext. 5514.

## **Company and Contact**

### **Filing Contact Information**

Vickie Jerkins, Policy Contract Filing Specialist vickie.jerkins@protective.com

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2801 Highway 280 South 800-866-3555 [Phone] 5514 [Ext]  
 Birmingham, AL 35223 205-268-3401 [FAX]

**Filing Company Information**

West Coast Life Insurance Company CoCode: 70335 State of Domicile: Nebraska  
 2801 Highway 280 Group Code: 458 Company Type: Life Insurance  
 Birmingham, AL 35223 Group Name: State ID Number:  
 (800) 866-3555 ext. [Phone] FEIN Number: 94-0971150

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per form filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
West Coast Life Insurance Company	\$50.00	05/27/2010	36859445

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/01/2010	06/01/2010

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## Disposition

Disposition Date: 06/01/2010

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
Supporting Document	Statement of Variables		Yes
Form	Tobacco Use Questionnaire		Yes

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## Form Schedule

### Lead Form Number: WC-LAD-315 (5/10)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WC-LAD-315 (5/10)	Application/Tobacco Use Enrollment Questionnaire Form	Initial		50.310	WC-LAD-315 (5_10).pdf

WEST COAST LIFE INSURANCE COMPANY

[P.O. Box 830570]

[Birmingham, AL 35283]

# Tobacco Use Questionnaire

Supplemental Application  
For Rate Reclassification  
To Non-smoker or Tobacco Class

Name: \_\_\_\_\_ Policy No(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Daytime Telephone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

a) Last use of tobacco in any form:

Within one year       1-3 Years       3-5 Years

Type:

Cigarettes       Cigars       Chewing Tobacco or Snuff       Pipe  
 Nicotine Gum       Nicotine Patch

Date last used: \_\_\_\_\_

b) Within the past 10 years, have you been treated by a physician for any heart disorder, stroke, cancer, emphysema, chronic bronchitis, asthma, or any disease of the lungs? Yes  No   
(If yes, give name and address of physicians seen, medications being taken and dates of visit.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby represent that the statements and answers made in response to the above questions are complete and true. I agree that the Company can rely on these answers in making their decision and that these answers shall be a supplement to and form a part of the application for this policy.

**Any person who knowingly 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 may be a crime and may subject such person to criminal and civil penalties, according to state law.**

Signed at: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
(City/State)

\_\_\_\_\_  
Signature of Insured      Signature of Agent/Witness

\_\_\_\_\_  
Signature of Owner If Other Than The Insured

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State: Arkansas  
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Sub-TOI: L08.000 Life - Other

## Supporting Document Schedules

**Item Status:**  
**Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR Certification.pdf  
Readability Certification.pdf

**Item Status:**  
**Status Date:**

**Bypassed - Item:** Application  
**Bypass Reason:** See FORM SCHEDULE tab.  
**Comments:**

**Item Status:**  
**Status Date:**

**Satisfied - Item:** Statement of Variables

**Comments:**

**Attachment:**

Statement of Variables.pdf

# WEST COAST LIFE INSURANCE COMPANY BIRMINGHAM, ALABAMA

## CERTIFICATION OF COMPLIANCE

### Arkansas

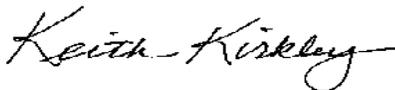
**FORM(S):** WC-LAD-315 (5/10).....Tobacco Use Questionnaire

This is to certify that the Company is in compliance with Arkansas Insurance Department regarding:

Rule and Regulation 19 requirements of Unfair Sex Discrimination in the Sale of Insurance;

Rule and Regulation 49 requirements for Guaranty Association Notice;

Code Ann. 23-79-138 requirements for Consumer Notice.



Keith Kirkley, J.D., MBA  
Assistant Vice President  
Product Development  
Contract Drafting & Filing Team

May 25, 2010

West Coast Life Insurance Company  
PO BOX 10648  
Birmingham, AL 35202-0648



NAIC 458-70335  
FEIN 94-0971150

## READABILITY CERTIFICATION

**Regarding:** Form Number      Form Title  
WC-LAD-315 (5/10)      Tobacco Use Questionnaire

This is to certify that the enclosed forms (and the corresponding state specific variations) have achieved compliance with the FLESCH Ease of Reading Test, with scores as outlined in the following table.

	<b>WC-LAD-315</b>
<b>Words:</b>	161
<b>Sentences:</b>	8
<b>Syllables:</b>	259
<b>FLESCH Score:</b>	<u>50.31</u>

Keith Kirkley, J.D., MBA  
Assistant Vice President  
West Coast Life Insurance Company  
Product Development  
Contract Drafting & Filing Team

May 25, 2010

West Coast Life Insurance Company  
Birmingham, Alabama 35282-9887

NAIC 458-70335  
FEIN 94-0971150

**Statement of Variability**  
**Form: WC-LAD-315 (05/10)**  
**(and state variations)**

**General AND Specific Variables**

Company Address and Phone Number – Will only be changed to accurately disclose the company's correct mailing address and phone number.

**CERTIFICATION**

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.

Signed for the Company by:



Keith Kirkley, JD, MBA  
AVP – Product Development  
West Coast Life Insurance Company  
May 25, 2010