

<i>SERFF Tracking Number:</i>	AAAL-126549069	<i>State:</i>	Arkansas
<i>Filing Company:</i>	AAA Life Insurance Company	<i>State Tracking Number:</i>	45208
<i>Company Tracking Number:</i>	GT8107APP-10		
<i>TOI:</i>	L04G Group Life - Term	<i>Sub-TOI:</i>	L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
<i>Product Name:</i>	7-Q APP		
<i>Project Name/Number:</i>	7-Q APP/GT8107APP-10		

## Filing at a Glance

Company: AAA Life Insurance Company

Product Name: 7-Q APP

TOI: L04G Group Life - Term

Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: AAAL-126549069 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45208

Co Tr Num: GT8107APP-10

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Barbara Hassell, Victoria  
Windham

Disposition Date: 07/13/2010

Date Submitted: 03/18/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 7-Q APP

Project Number: GT8107APP-10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/13/2010

Deemer Date:

Submitted By: Victoria Windham

Filing Description:

Please refer to our cover letter for a complete filing description.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We are exempt  
from filing in our domiciliary state of Michigan.

Market Type: Group

Group Market Size: Small

Group Market Type: Association, Trust

Explanation for Other Group Market Type:

State Status Changed: 03/22/2010

Created By: Victoria Windham

Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: AAAL-126549069 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 45208  
 Company Tracking Number: GT8107APP-10  
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: 7-Q APP  
 Project Name/Number: 7-Q APP/GT8107APP-10

Victoria Windham, Compliance Specialist VWindham@aaalife.com  
 17900 N. Laurel Park Drive 800-624-1662 [Phone] 2075 [Ext]  
 Livonia, MI 48152-3985 734-805-6282 [FAX]

**Filing Company Information**

AAA Life Insurance Company CoCode: 71854 State of Domicile: Michigan  
 17900 N. Laurel Park Drive Group Code: -99 Company Type:  
 Livonia, MI 48152-3985 Group Name: State ID Number:  
 (800) 624-1662 ext. 2942[Phone] FEIN Number: 52-0891929

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AAA Life Insurance Company	\$50.00	03/18/2010	35007134

SERFF Tracking Number: AAAL-126549069

State: Arkansas

Filing Company: AAA Life Insurance Company

State Tracking Number: 45208

Company Tracking Number: GT8107APP-10

TOI: L04G Group Life - Term

Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: 7-Q APP

Project Name/Number: 7-Q APP/GT8107APP-10

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/13/2010	07/13/2010
Approved-Closed	Linda Bird	03/22/2010	03/22/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Group Term Life Insurance Application	Barbara Hassell	07/12/2010	07/12/2010

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open	Note To Filer	Linda Bird	07/12/2010	07/12/2010
Request to re-open	Note To Reviewer	Barbara Hassell	07/09/2010	07/09/2010

*SERFF Tracking Number:* AAAL-126549069      *State:* Arkansas  
*Filing Company:* AAA Life Insurance Company      *State Tracking Number:* 45208  
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*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
  
*Product Name:* 7-Q APP  
*Project Name/Number:* 7-Q APP/GT8107APP-10

## **Disposition**

Disposition Date: 07/13/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has submitted a modified version of the application that was previously approved on 4/6/10.

Rate data does NOT apply to filing.

SERFF Tracking Number: AAAL-126549069 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 45208  
 Company Tracking Number: GT8107APP-10  
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: 7-Q APP  
 Project Name/Number: 7-Q APP/GT8107APP-10

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form ( <i>revised</i> )	Group Term Life Insurance Application		Yes
Form	Group Term Life Insurance Application	Replaced	Yes

*SERFF Tracking Number:* AAAL-126549069

*State:* Arkansas

*Filing Company:* AAA Life Insurance Company

*State Tracking Number:* 45208

*Company Tracking Number:* GT8107APP-10

*TOI:* L04G Group Life - Term

*Sub-TOI:* L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

*Product Name:* 7-Q APP

*Project Name/Number:* 7-Q APP/GT8107APP-10

## **Disposition**

Disposition Date: 03/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AAAL-126549069 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 45208  
 Company Tracking Number: GT8107APP-10  
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
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 Product Name: 7-Q APP  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form ( <i>revised</i> )	Group Term Life Insurance Application		Yes
Form	Group Term Life Insurance Application	Replaced	Yes

SERFF Tracking Number: AAAL-126549069 State: Arkansas  
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 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: 7-Q APP  
 Project Name/Number: 7-Q APP/GT8107APP-10

**Amendment Letter**

Submitted Date: 07/12/2010

**Comments:**

We are submitting a modified version of this application, which was previously approved by you on 4/6/10. We have modified questions 4, 6 & 7 to provide clearer instructions to our applicants.

**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
GT8107APP-10	Application/EGroup Enrollment Form	Term Life Insurance Application	Initial				54.800	GT8107APP-10rAR.pdf

*SERFF Tracking Number:* AAAL-126549069      *State:* Arkansas  
*Filing Company:* AAA Life Insurance Company      *State Tracking Number:* 45208  
*Company Tracking Number:* GT8107APP-10  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
  
*Product Name:* 7-Q APP  
*Project Name/Number:* 7-Q APP/GT8107APP-10

**Note To Filer**

**Created By:**

Linda Bird on 07/12/2010 08:53 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

07/12/2010 08:53 AM

**Subject:**

Request to re-open

**Comments:**

Filing has been re-opened in order for company to submit revised application.

*SERFF Tracking Number:* AAAL-126549069      *State:* Arkansas  
*Filing Company:* AAA Life Insurance Company      *State Tracking Number:* 45208  
*Company Tracking Number:* GT8107APP-10  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium  
  
*Product Name:* 7-Q APP  
*Project Name/Number:* 7-Q APP/GT8107APP-10

**Note To Reviewer**

**Created By:**

Barbara Hassell on 07/09/2010 09:25 AM

**Last Edited By:**

Barbara Hassell

**Submitted On:**

07/09/2010 09:26 AM

**Subject:**

Request to re-open

**Comments:**

We have made some minor modifications to the questions on this application to provide more clarity for our clients. We request that you re-open this filing so that we may submit the revised application for your records.

SERFF Tracking Number: AAAL-126549069 State: Arkansas  
 Filing Company: AAA Life Insurance Company State Tracking Number: 45208  
 Company Tracking Number: GT8107APP-10  
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -  
 Fixed/Indeterminate Premium  
 Product Name: 7-Q APP  
 Project Name/Number: 7-Q APP/GT8107APP-10

## Form Schedule

**Lead Form Number: GT8107APP-10 (AR)**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GT8107AP	Application/	Group Term Life	Initial		54.800	GT8107APP-
	P-10 r	(AR) Enrollment	Insurance Application				10rAR.pdf
		Form					



# GROUP TERM LIFE INSURANCE APPLICATION

**How to apply:** Complete this form in ink and PRINT clearly. All sections must be completed to process your application. Return in the postage-free envelope. AAA members and their spouses may apply (even if the spouse is not a AAA member). You do NOT have to send money now. Remember – you have 31 days to review your Certificate of Insurance when it arrives. **Questions? Call TOLL-FREE 1-800-974-1713.**

It's as easy as 1-2-3!

Master Policy GT8107

**PLEASE REPLY WITHIN 10 DAYS**

## 1 Member Information

Q-Code=XXX  
Joe Smith  
Suite 100  
12345 Newburgh Road  
Livonia, Michigan 48152

### Member Coverage Amount Desired:

\$200,000  \$100,000  \$50,000  \$25,000

Gender  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be age 18-69 to apply.)

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Place of Birth \_\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs.

Telephone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

## 2 Spouse Information (if applying)

Name \_\_\_\_\_  
First Middle Initial Last

Home Address \_\_\_\_\_

City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a AAA member or spouse of a member?  Yes  No

### Spouse Coverage Amount Desired:

\$200,000  \$100,000  \$50,000  \$25,000

Gender  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be age 18-69 to apply.)

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Place of Birth \_\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs.

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

## 3 Select Any Optional Riders for Member

- Disability Waiver of Premium Rider
- Accidental Death Rider
- Child Rider
- Daily Benefit Rider – Daily Benefit Amount:  
 \$100  \$200  \$300  \$400  \$500  \$600
- Travel Accident Rider

## Select Any Optional Riders for Spouse

- Disability Waiver of Premium Rider
- Accidental Death Rider
- Child Rider
- Daily Benefit Rider – Daily Benefit Amount:  
 \$100  \$200  \$300  \$400  \$500  \$600
- Travel Accident Rider

## 4 Complete All Questions – for each person applying

1. In the past 12 months have you used nicotine in any form? .....

**In the past 5 years, have you been:**

- 2. Convicted of a felony, DUI, or had your license suspended or revoked? .....
- 3. Diagnosed, treated, or advised to seek treatment for alcohol or substance abuse? .....
- 4. Advised to have any surgery, treatment, follow-up test, hospital care, or medical investigations that are still pending for any abnormalities? .....

**In the past 10 years, have you been diagnosed or treated by a member of the medical profession for:**

- 5. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection? .....
- 6. Paralysis, insulin dependent diabetes, lupus, Amyotrophic Lateral Sclerosis (ALS), multiple sclerosis, bipolar disorder, schizophrenia, major depression, stroke, heart or circulatory disorder, cancer, or tumor? (Answer **NO** if you **ONLY** have high blood pressure, or basal or squamous cell skin cancer.) .....
- 7. Chronic kidney disease, cirrhosis, hepatitis C, blood disorders including leukemia, any central nervous disorder including epilepsy, or lung disorders? (Answer **NO** if you **ONLY** have asthma or bronchitis.) .....

Will this certificate, if issued, replace any life insurance or annuity now in force? .....

(If "Yes," please list name of company and policy number of policy to be replaced.)

Company/Policy # (Member) \_\_\_\_\_ Company/Policy # (Spouse) \_\_\_\_\_

MEMBER		SPOUSE	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5 Payment Method - SEND NO MONEY NOW, but please give us your payment choice. Absolutely no obligation.

### Select one payment option

I authorize, until I revoke in writing, deduction of the **monthly premium** from my checking account. (Please attach a void check if you select this option.)

I authorize, until I revoke in writing, the payment of the **monthly premium** from my credit card account. (VISA, MasterCard, Discover, or AmEx only.)

Credit Card Number: □□□□ □□□□ □□□□ □□□□ Expiration Date: □□/□□

● Please print name as it appears on checking account or credit card: \_\_\_\_\_

I would like to be billed directly. Choose one:  Annually  Semi-Annually  Quarterly  Monthly (\$1 fee per direct monthly billing.)

## 6 Please Read, Sign, and Date

All answers in this application and any questionnaire completed in connection with this application are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be issued, and will be part of the Certificate. • If I misstate any of the information above, the Certificate may be voidable from inception by AAA Life Insurance Company. • Coverage will take effect on the Effective Date shown on the Certificate of Insurance; provided the first premium has been paid and there has been no change in my health since the date of the application. If my health changes prior to the issue date of the Certificate, I must inform the Company in writing. • To determine eligibility for insurance benefits, I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, insurance company, the Medical Information Bureau (MIB) or other organization that has any records or knowledge of medical or prescription history about me to give any such information to AAA Life Insurance Company, its reinsurer(s) or any agency employed by the Company to collect and transmit such information. • The Company will not use or disclose medical information for any purposes other than stated above except as

may be required by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations. • This authorization shall be valid for 24 months from the date signed. A copy of this authorization will be as valid as the original. • I have the right to revoke this authorization in writing to the Company; however if I do, the Company may decline my application. • I further acknowledge receiving the "NOTIFICATION" regarding the MIB. • **Fraud Warning:** 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.

X \_\_\_\_\_ / /  
Member Signature (required if applying) Date Signed (required)

X \_\_\_\_\_ / /  
Spouse Signature (required if applying) Date Signed (required)

SERFF Tracking Number: AAAL-126549069

State: Arkansas

Filing Company: AAA Life Insurance Company

State Tracking Number: 45208

Company Tracking Number: GT8107APP-10

TOI: L04G Group Life - Term

Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Product Name: 7-Q APP

Project Name/Number: 7-Q APP/GT8107APP-10

## Supporting Document Schedules

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

READABILITY CERTIFICATION.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Application

**Comments:**

The application is also included on the Form Schedule.

**Attachment:**

GT8107APP-10 AR.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

AR Cover Letter.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** Statement of Variability

**Comments:**

**Attachment:**

Statement of Variability.pdf

**READABILITY CERTIFICATION**

**COMPANY NAME:** AAA Life Insurance Company

I hereby certify that the form listed below has (have) the following score as calculated by the Flesch Reading Ease Test.

<b>Form Number</b>	<b>Score</b>
GT8107APP-10(AR)	54.8



\_\_\_\_\_  
Company Officer: Robert J Dotson  
Title: Secretary and General Counsel

\_\_\_\_\_  
March 15, 2010  
Date



# GROUP TERM LIFE INSURANCE APPLICATION

**How to apply:** Complete this form in ink and PRINT clearly. All sections must be completed to process your application. Return in the postage-free envelope. AAA members and their spouses may apply (even if the spouse is not a AAA member). You do NOT have to send money now. Remember – you have 31 days to review your Certificate of Insurance when it arrives. **Questions? Call TOLL-FREE 1-800-974-1713.**

It's as easy as 1-2-3!

Master Policy GT8107

**PLEASE REPLY WITHIN 10 DAYS**

## 1 Member Information

Q-Code=XXX  
Joe Smith  
Suite 100  
12345 Newburgh Road  
Livonia, Michigan 48152



### Member Coverage Amount Desired:

\$200,000  \$100,000  \$50,000  \$25,000

Gender  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be age 18-69 to apply.)

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth \_\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs.

Telephone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Are you a AAA member or spouse of a member?  Yes  No

## 2 Spouse Information (if applying)

Name \_\_\_\_\_  
First Middle Initial Last

Home Address \_\_\_\_\_

City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a AAA member or spouse of a member?  Yes  No

### Spouse Coverage Amount Desired:

\$200,000  \$100,000  \$50,000  \$25,000

Gender  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be age 18-69 to apply.)

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth \_\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs.

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

## 3 Select Any Optional Riders for Member

- Disability Waiver of Premium Rider
- Accidental Death Rider
- Child Rider
- Daily Benefit Rider – Daily Benefit Amount:  
 \$100  \$200  \$300  \$400  \$500  \$600
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- Disability Waiver of Premium Rider
- Accidental Death Rider
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## 4 Complete All Questions – for each person applying

1. In the past 12 months have you used nicotine in any form? .....

**In the past 5 years, have you been:**

2. Convicted of a felony, DUI, or had your license suspended or revoked? .....

3. Diagnosed, treated, or advised to seek treatment for alcohol or substance abuse? .....

4. Advised to have any surgery, treatment, follow-up test, hospital care, or medical investigations that are still pending? .....

**In the past 10 years, have you been diagnosed or treated by a member of the medical profession for:**

5. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection? .....

6. Heart or circulatory disorder, paralysis, stroke, cancer or tumor (excluding basal and squamous cell skin cancer), insulin dependent diabetes, lupus, Amyotrophic Lateral Sclerosis (ALS), multiple sclerosis, bipolar disorder, schizophrenia, major depression, or Parkinson's disease? .....

7. Lung disorders (excluding asthma and bronchitis), chronic kidney disease, cirrhosis, hepatitis C, blood disorders including leukemia, or any central nervous disorder including epilepsy? .....

Will this certificate, if issued, replace any life insurance or annuity now in force? .....

(If "Yes," please list name of company and policy number of policy to be replaced.)

Company/Policy # (Member) \_\_\_\_\_ Company/Policy # (Spouse) \_\_\_\_\_

MEMBER		SPOUSE	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5 Payment Method - SEND NO MONEY NOW, but please give us your payment choice. Absolutely no obligation.

### Select one payment option

I authorize, until I revoke in writing, deduction of the **monthly premium** from my checking account. (Please attach a void check if you select this option.)

I authorize, until I revoke in writing, the payment of the **monthly premium** from my credit card account. (VISA, MasterCard, Discover, or AmEx only.)

Credit Card Number:           Expiration Date:  /

• Please print name as it appears on checking account or credit card: \_\_\_\_\_

I would like to be billed directly. Choose one:  Annually  Semi-Annually  Quarterly  Monthly (\$1 fee per direct monthly billing.)

## 6 Please Read, Sign, and Date

All answers in this application and any questionnaire completed in connection with this application are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be issued, and will be part of the Certificate. • If I misstate any of the information above, the Certificate may be voidable from inception by AAA Life Insurance Company. • Coverage will take effect on the Effective Date shown on the Certificate of Insurance; provided the first premium has been paid and there has been no change in my health since the date of the application. If my health changes prior to the issue date of the Certificate, I must inform the Company in writing. • To determine eligibility for insurance benefits, I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, insurance company, the Medical Information Bureau (MIB) or other organization that has any records or knowledge of medical or prescription history about me to give any such information to AAA Life Insurance Company, its reinsurer(s) or any agency employed by the Company to collect and transmit such information. • The Company will not use or disclose medical information for any purposes other than stated above except as

may be required by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations. • This authorization shall be valid for 24 months from the date signed. A copy of this authorization will be as valid as the original. • I have the right to revoke this authorization in writing to the Company; however if I do, the Company may decline my application. • I further acknowledge receiving the "NOTIFICATION" regarding the MIB. • **Fraud Warning:** 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.

X \_\_\_\_\_ / /  
Member Signature (required if applying) Date Signed (required)

X \_\_\_\_\_ / /  
Spouse Signature (required if applying) Date Signed (required)



Victoria Windham, AIRC  
Compliance Specialist I

17900 N. Laurel Park Drive  
Livonia, Michigan 48152-3985  
Phone: 734-779-2075  
Fax: 734-805-2915  
vwindham@aaalife.com

March 18, 2010  
Arkansas Insurance Department

RE: **AAA Life Insurance Company**  
**NAIC No.:** 71854 **FEIN:** 52-0891929

<u>Form Number</u>	<u>Description</u>
GT8107APP-10AR	Group Term Life Insurance Application

Dear Reviewer:

Attached is the above referenced application form for your review and approval. This is a new direct response application and will not replace any previously approved forms. Once approved, the applications will be mailed to members of the American Automobile Association in your state to apply for a certificate of coverage under our Group Term Life Insurance product, approved as follows:

Certificate Form Number	SERFF ID or Filing No.	Approval Date
GT8107CERT	AAAL-125336825	11/28/2007

This form is exempt from prior review and approval in our domiciliary state of Michigan. No part of the form contains any unusual or potentially controversial items apart from normal Company or industry standards.

Spouse insurance is not required; however if the spouse should apply, they would, upon approval, be issued their own certificate of insurance. Both the primary AAA member and the member's spouse are individually underwritten. In addition, we may market one or more optional riders at the time we solicit the base coverage.

We reserve the right to change fonts or layout of this form. However, we certify the font size will never be less than a minimum of 10-point

We are also attaching, for informational purposes, a Statement of Variability which provides information regarding the variable data enclosed in brackets on the submitted form.

To the best of our knowledge and belief, this submission complies with all the relevant statutes and regulations of your State, and includes nothing that has been previously objected to or disapproved by your Department.

Please feel free to contact me personally if you should have any questions, or require any further information to complete your review. My contact information is at the top of this letter. Thank you for your time and consideration.

Sincerely,

Victoria Windham, AIRC  
Compliance Specialist I



INSURANCE MARKETPLACE  
STANDARDS ASSOCIATION

## Statement of Variability

### GT8107APP-10

Variable data for the listed forms is bracketed, as explained below:

1. **Here's How to Apply** – Section is variable to allow us to change wording of instructions, or to accommodate any future change in the toll-free number. NOTE: The toll-free number at the bottom of the application is also bracketed.
2. **It's as easy as 1-2-3!** – This phrase may be deleted or replaced with a similar notation.
3. **Please Reply Within 10 Days** – Allows us to expand the response period, or rephrase (such as Please Respond Soon).
4. **Are you a AAA member or spouse of a member?** – This question is included on applications that are provided to our Member Services department and Club offices. (The question is not necessary the apps we mail, because we are using member mailing lists from the AAA clubs)
5. **Member Coverage Amounts** - Allows us to change base amounts being offered.
6. **Section 3\*** – Allows us to solicit our group term life insurance product with no optional riders; or a combination of one or more optional riders at the time of original application. (May be shown as section C)
7. **Sections numbers 4, 5, & 6\*** - Allows for appropriate re-numbering when we don't include any riders on the application. NOTE: The \$1 Fee is bracketed to allow us to remove or revise. (May be shown as Section D, E. & F)
8. **Payment Method** – Allows us to offer all or just one or two payment methods, for purposes of test marketing.

Instructions regarding **Payment Method** are bracketed to allow us to make appropriate revisions if only one payment option is offered.

\*The sections may be changed to alpha rather than numeric, beginning with the first section on the application (i.e., instead of 1, 2, 3, etc. they will be A, B, C, etc.)

<i>SERFF Tracking Number:</i>	AAAL-126549069	<i>State:</i>	Arkansas
<i>Filing Company:</i>	AAA Life Insurance Company	<i>State Tracking Number:</i>	45208
<i>Company Tracking Number:</i>	GT8107APP-10		
<i>TOI:</i>	L04G Group Life - Term	<i>Sub-TOI:</i>	L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
<i>Product Name:</i>	7-Q APP		
<i>Project Name/Number:</i>	7-Q APP/GT8107APP-10		

## 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.

<b>Creation Date:</b>	<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Replacement Creation Date</b>	<b>Attached Document(s)</b>
03/18/2010	Form	Group Term Life Insurance Application	07/12/2010	GT8107APP-10 AR.pdf (Superseded)



# GROUP TERM LIFE INSURANCE APPLICATION

**How to apply:** Complete this form in ink and PRINT clearly. All sections must be completed to process your application. Return in the postage-free envelope. AAA members and their spouses may apply (even if the spouse is not a AAA member). You do NOT have to send money now. Remember – you have 31 days to review your Certificate of Insurance when it arrives. **Questions? Call TOLL-FREE 1-800-974-1713.**

It's as easy as 1-2-3!

Master Policy GT8107

**PLEASE REPLY WITHIN 10 DAYS**

## 1 Member Information

Q-Code=XXX  
Joe Smith  
Suite 100  
12345 Newburgh Road  
Livonia, Michigan 48152



### Member Coverage Amount Desired:

\$200,000  \$100,000  \$50,000  \$25,000

Gender  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be age 18-69 to apply.)

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth \_\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs.

Telephone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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

Are you a AAA member or spouse of a member?  Yes  No

## 2 Spouse Information (if applying)

Name \_\_\_\_\_  
First Middle Initial Last

Home Address \_\_\_\_\_

City State Zip

Telephone Number (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you a AAA member or spouse of a member?  Yes  No

### Spouse Coverage Amount Desired:

\$200,000  \$100,000  \$50,000  \$25,000

Gender  Male  Female

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Must be age 18-69 to apply.)

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Birth \_\_\_\_\_

Height \_\_\_\_ ft. \_\_\_\_ in. Weight \_\_\_\_ lbs.

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

## 3 Select Any Optional Riders for Member

- Disability Waiver of Premium Rider
- Accidental Death Rider
- Child Rider
- Daily Benefit Rider – Daily Benefit Amount:  
 \$100  \$200  \$300  \$400  \$500  \$600
- Travel Accident Rider

## Select Any Optional Riders for Spouse

- Disability Waiver of Premium Rider
- Accidental Death Rider
- Child Rider
- Daily Benefit Rider – Daily Benefit Amount:  
 \$100  \$200  \$300  \$400  \$500  \$600
- Travel Accident Rider

## 4 Complete All Questions – for each person applying

1. In the past 12 months have you used nicotine in any form? .....

### In the past 5 years, have you been:

- 2. Convicted of a felony, DUI, or had your license suspended or revoked? .....
- 3. Diagnosed, treated, or advised to seek treatment for alcohol or substance abuse? .....
- 4. Advised to have any surgery, treatment, follow-up test, hospital care, or medical investigations that are still pending? .....

### In the past 10 years, have you been diagnosed or treated by a member of the medical profession for:

- 5. Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection? .....
- 6. Heart or circulatory disorder, paralysis, stroke, cancer or tumor (excluding basal and squamous cell skin cancer), insulin dependent diabetes, lupus, Amyotrophic Lateral Sclerosis (ALS), multiple sclerosis, bipolar disorder, schizophrenia, major depression, or Parkinson's disease? .....
- 7. Lung disorders (excluding asthma and bronchitis), chronic kidney disease, cirrhosis, hepatitis C, blood disorders including leukemia, or any central nervous disorder including epilepsy? .....

Will this certificate, if issued, replace any life insurance or annuity now in force? .....

(If "Yes," please list name of company and policy number of policy to be replaced.)

Company/Policy # (Member) \_\_\_\_\_ Company/Policy # (Spouse) \_\_\_\_\_

MEMBER		SPOUSE	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 5 Payment Method - SEND NO MONEY NOW, but please give us your payment choice. Absolutely no obligation.

### Select one payment option

I authorize, until I revoke in writing, deduction of the **monthly premium** from my checking account. (Please attach a void check if you select this option.)

I authorize, until I revoke in writing, the payment of the **monthly premium** from my credit card account. (VISA, MasterCard, Discover, or AmEx only.)

Credit Card Number:           Expiration Date:  /

• Please print name as it appears on checking account or credit card: \_\_\_\_\_

I would like to be billed directly. Choose one:  Annually  Semi-Annually  Quarterly  Monthly (\$1 fee per direct monthly billing.)

## 6 Please Read, Sign, and Date

All answers in this application and any questionnaire completed in connection with this application are, to the best of my knowledge and belief, true. I understand the answers will be used to determine if coverage will be issued, and will be part of the Certificate. • If I misstate any of the information above, the Certificate may be voidable from inception by AAA Life Insurance Company. • Coverage will take effect on the Effective Date shown on the Certificate of Insurance; provided the first premium has been paid and there has been no change in my health since the date of the application. If my health changes prior to the issue date of the Certificate, I must inform the Company in writing. • To determine eligibility for insurance benefits, I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical-related facility, insurance company, the Medical Information Bureau (MIB) or other organization that has any records or knowledge of medical or prescription history about me to give any such information to AAA Life Insurance Company, its reinsurer(s) or any agency employed by the Company to collect and transmit such information. • The Company will not use or disclose medical information for any purposes other than stated above except as

may be required by law. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations. • This authorization shall be valid for 24 months from the date signed. A copy of this authorization will be as valid as the original. • I have the right to revoke this authorization in writing to the Company; however if I do, the Company may decline my application. • I further acknowledge receiving the "NOTIFICATION" regarding the MIB. • **Fraud Warning:** 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.

X \_\_\_\_\_ / /  
Member Signature (required if applying) Date Signed (required)

X \_\_\_\_\_ / /  
Spouse Signature (required if applying) Date Signed (required)