

SERFF Tracking Number: CMBD-126718291 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 46219
Company Tracking Number: 362016-AR-710
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 362016-AR-710
Project Name/Number: Application for Life Insurance/362016-AR-710

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: 362016-AR-710 SERFF Tr Num: CMBD-126718291 State: Arkansas
TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 46219
Adjustable Life Closed
Sub-TOI: L09I.001 Single Life Co Tr Num: 362016-AR-710 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Debra Canchola Disposition Date: 07/20/2010
Date Submitted: 07/16/2010 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Application for Life Insurance
Project Number: 362016-AR-710
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: A similar form has been filed in our domicile state, Illinois on June 28, 2010.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 07/20/2010

Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 07/20/2010
Created By: Debra Canchola
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Debra Canchola
Filing Description:
Please see attached filing cover letter.

Company and Contact

Filing Contact Information

Debra Canchola, Policy Analyst Debra.Canchola@combined.com

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1000 Milwaukee Avenue 847-953-1527 [Phone]
 Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America CoCode: 62146 State of Domicile: Illinois
 1000 Milwaukee Avenue Group Code: 626 Company Type:
 Glenview, IL 60025 Group Name: State ID Number:
 (847) 953-1531 ext. [Phone] FEIN Number: 36-2136262

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Form x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Combined Insurance Company of America	\$50.00	07/16/2010	38073687

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/20/2010	07/20/2010

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Disposition

Disposition Date: 07/20/2010

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	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Cover Letter - AR		Yes
Supporting Document	Readability Certification		Yes
Supporting Document	Variability Memorandum		Yes
Supporting Document	362016-AR-710 - John Doe		Yes
Form	Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: 362016-AR-710

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	362016-AR-710	Application/ Enrollment Form Application for Life Insurance	Initial		50.000	362016-AR-710.pdf

COMBINED INSURANCE COMPANY OF AMERICA • [Home Office: Chicago, Illinois]

Application for Life Insurance Coverage

FORM # [36002-AR]

I am applying for this coverage based on the following information:

Application Date: _____

ACTION REQUESTED: New Enrollment

Name of Owner

Address of Owner

Name of Proposed Insured (First MI Last)

Male
 Female

Date of Birth: Mo/Day/Yr

Age

[Social Security No.]

Has the Proposed Insured used tobacco in any form in the last 12 mos.? Yes No

Date of Hire: Mo/Day/Yr

BENEFICIARY Full Name

Relationship

Face Amount of Insurance:

Effective Date

Premium

Mode

Is the Proposed Insured actively at work?

Yes No

Do you currently have any existing life insurance policies or annuity contracts in force? (If "Yes", please complete Important Notice Form 300055)

Yes No

It is very important that you review the application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent if any information is not correct, not complete, or if any requested medical history has not been included. **I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.**

In applying for this coverage, I represent and affirm the following (check box)

- 1. The information which I have given as recorded on this Application is true and complete to the best of my knowledge and belief.
- 2. No illustration conforming to the coverage applied for was provided and I understand that an illustration conforming to the coverage as issued will be provided at the time of the policy delivery.

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

Signature of Proposed Insured

City: _____

State: _____

Date: _____

X

Signature of Owner or Owner's Representative

Date: _____

I, the authorized agent, have on the Date of Application recorded the information as given to me by the Proposed Insured. To the best of my knowledge and belief the policy will - will not replace any existing insurance. No illustration conforming to the coverage applied for was used in this sale.

Signature of Licensed Agent: _____

Code # _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Certification of Compliance.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter - AR		
Comments:		
Attachment: Cover Letter - AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Readability Certification		
Comments:		
Attachment: Readability Ceritification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Variability Memorandum		
Comments:		
Attachment: Variability Memorandum.pdf		

	Item Status:	Status Date:
Satisfied - Item: 362016-AR-710 - John Doe		

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Comments:

Attachment:

362016-AR-710 - John Doe.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Combined Insurance Company of America

Form Number(s): 362016-AR-710 - Application for Life Insurance

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Michael J. Hollar

Signature of Company Officer

Michael J. Hollar

Name

Assistant Secretary

Title

July 15, 2010

Date



VIA SERFF

July 15, 2010

Honorable Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: **SERFF Tracking Number: CMBD-126718291**
Combined Insurance Company of America
FEIN Number: 36-2136262
NAIC Number: 626-62146
Form Numbers: 362016-AR-710 - Application for Life Insurance
INDIVIDUAL LIFE - ILLUSTRATED

Dear Commissioner Bradford:

Enclosed for your review are copies of the following:

1. EFT in the amount of \$50.00
2. Certification of Compliance
3. Readability Certification
4. Variability Memorandum

Form No. 362016-AR-710 is a new form which will not replace any existing form. This application will be used in connection with our Universal Life Policy, Form No. 36002-AR, previously approved by your Department on February 19, 1998. Application, Form No. 362016-AR-710 will be used when the Universal Life policy is marketed on a guaranteed issued basis.

This Universal Life Policy is marketed by our Worksite Solutions division with premium being paid by payroll deduction.

We appreciate your time in reviewing this filing. Please contact me at our toll free number or email address if you have any questions or need additional information.

Sincerely,
COMBINED INSURANCE COMPANY OF AMERICA

Debra Canchola
Senior Policy Analyst



READABILITY CERTIFICATION

362016-AR-710 - Application

We hereby certify that the above captioned forms have a Flesch Index Score and meets the reading ease requirements.

<u>Form No.</u>	<u>Flesch Score</u>
362016-AR-710	50

A handwritten signature in black ink that reads "Michael J. Hollar".

Michael J. Hollar
Assistant Secretary



July 15, 2010

VARIABILITY MEMORANDUM

**Application for Life Insurance
(Guaranteed Issue Application for
use with Policy, Form No. 36002-AR)**

Form No. 362016-AR-710

Bracketed Information	Options/Reasons
Home Office Address	Bracketed to address any future change in address
Form Number	Bracketed to allow for a future change in the form number of the policy being marketed.
Social Security Number	May be deleted if we decide not to use this field.

COMBINED INSURANCE COMPANY OF AMERICA • [Home Office: Chicago, Illinois]

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FORM # [36002-AR]

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Address of Owner

Name of Proposed Insured (First MI Last)

Male
 Female

Date of Birth: Mo/Day/Yr

Age

[Social Security No.]

Has the Proposed Insured used tobacco in any form in the last 12 mos.? Yes No

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BENEFICIARY Full Name

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It is very important that you review the application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent if any information is not correct, not complete, or if any requested medical history has not been included. **I understand that any insurance applied for will not take effect unless and until Combined Insurance Company of America approves my application, the contract is issued, and the required premium is received by Combined Insurance Company of America.**

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- 1. The information which I have given as recorded on this Application is true and complete to the best of my knowledge and belief.
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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

Signature of Proposed Insured

City: _____

State: _____

Date: _____

X

Signature of Owner or Owner's Representative

Date: _____

I, the authorized agent, have on the Date of Application recorded the information as given to me by the Proposed Insured. To the best of my knowledge and belief the policy will - will not replace any existing insurance. No illustration conforming to the coverage applied for was used in this sale.

Signature of Licensed Agent: _____

Code # _____