

SERFF Tracking Number: LBLI-126724874 State: Arkansas  
Filing Company: Liberty Bankers Life Insurance Company State Tracking Number: 46254  
Company Tracking Number:  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: New SIMPL Application  
Project Name/Number: /

## Filing at a Glance

Company: Liberty Bankers Life Insurance Company

Product Name: New SIMPL Application

SERFF Tr Num: LBLI-126724874 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-Closed  
State Tr Num: 46254

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Chad Leiding

Reviewer(s): Linda Bird

Date Submitted: 07/20/2010

Disposition Date: 07/22/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

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: 07/22/2010

Explanation for Other Group Market Type:

State Status Changed: 07/22/2010

Deemer Date:

Created By: Chad Leiding

Submitted By: Chad Leiding

Corresponding Filing Tracking Number:

Filing Description:

RE: Liberty Bankers Life Insurance Company

NAIC# 68543 FEIN# 25-1093277

LBL-SIM-APP-0610 Policy Application

To whom it may concern:

SERFF Tracking Number: LBLI-126724874 State: Arkansas  
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The above listed form is submitted for your review and approval. This form is new and is intended to replace previously approved/filed policy application form # LBL-SIM-APP-0408 approved/filed on 4/18/08. (SERFF filing # LBLI-125599290).

LBL-SIM-APP-0610 is the new policy application that will be used with previously approved policy forms LBL-SIWL-0806-AR and LBL-WL-POL-0407-AR. The applications are similar however we have added additional conditions to question 1 in part 1 of the application.

To the best of our knowledge, this filing is complete, does not contain any unusual that may differ from industry standards and is intended to comply with the insurance laws of your jurisdiction.

## Company and Contact

### Filing Contact Information

Chad Leiding, V.P Compliance chad.leiding@libertybankerslife.com  
 1800 Valley View Lane 469-522-4332 [Phone]  
 Suite 300 469-522-4380 [FAX]  
 Dallas, TX 75234

### Filing Company Information

Liberty Bankers Life Insurance Company CoCode: 68543 State of Domicile: Oklahoma  
 1800 Valley View Lane Group Code: 3436 Company Type: LAH  
 Suite 300 Group Name: State ID Number:  
 Dallas, TX 75234 FEIN Number: 25-1093227  
 (469) 522-4332 ext. [Phone]

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Bankers Life Insurance Company	\$50.00	07/20/2010	38150173

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## Correspondence Summary

### Dispositions

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

*SERFF Tracking Number:*      *LBLI-126724874*                      *State:*                      *Arkansas*  
*Filing Company:*              *Liberty Bankers Life Insurance Company*              *State Tracking Number:*      *46254*  
*Company Tracking Number:*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.101 Fixed/Indeterminate Premium - Single*  
*Product Name:*              *New SIMPL Application*  
*Project Name/Number:*      */*  
*Life*

## **Disposition**

Disposition Date: 07/22/2010

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	Life & Annuity - Acturial Memo		No
Form	Application		Yes

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## Form Schedule

**Lead Form Number: LBL-SIM-APP-0610**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	LBL-SIM-APP-0610	Application/ Enrollment Form	Application Enrollment Form	Initial		44.800	LBL-SIM-APP-0610-GENERIC-.pdf

**All information must be provided to avoid delays. All questions are important, please read and complete each question.**

Proposed Insured (First Name, Initial, Last Name)  
\_\_\_\_\_

State of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Occupation \_\_\_\_\_

1. Have you used tobacco in any form in the past 12 months? .....  YES  NO
2. Are you a US Citizen including resident alien?  YES  NO  
If No, please explain type of visa or work permit: \_\_\_\_\_

**OWNER of Policy (if other than Proposed Insured)**  
\_\_\_\_\_

Relationship \_\_\_\_\_

Social Security No. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

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

Plan Applied For:  SIMPL  MWL  
 OTHER \_\_\_\_\_

Classification:  Tobacco  Non-Tobacco

Face Amount \$ \_\_\_\_\_

Premium Amount \$ \_\_\_\_\_

Amount paid with application \$ \_\_\_\_\_

Premium Mode:

- Monthly Bank Draft  
Draft Day: \_\_\_\_\_
- Check here to draft first premium
- Monthly List Bill  Bi-Weekly
- Payroll Deduction  Quarterly
- Semi-Annual  Annual

Primary Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

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

Contingent Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Street Address \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

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

1. Does proposed Insured have existing life insurance policies or annuity contracts? .....  YES  NO
  2. Will this insurance replace or change any other insurance policies or annuity contracts? .....  YES  NO
- If "YES" to either question, please provide details of the insurance, including Amount, Company & Plan of Insurance and appropriate Replacement Form, if required: \_\_\_\_\_

**Please read each question carefully and answer truthfully before signing application.**

**If the applicant answers YES to any question in Part 1, DO NOT PROCEED with the application.**

**Part 1**

	YES	NO
To the best of your knowledge and belief, have you:		
1. Ever been diagnosed with congestive heart failure, cystic fibrosis, Alzheimer's, senile dementia, dementia, two or more instances of internal cancer(s), Down 's syndrome, terminal illness, muscular dystrophy, Huntington's Disease, multiple sclerosis, amyotrophic lateral sclerosis (ALS), or had an organ transplant, kidney dialysis, or hepatitis C?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Ever been diagnosed or received treatment for AIDS (Acquired Immune Deficiency Syndrome), AIDS Related Complex or tested positive for HIV Virus, or any other disorder of the immune system? .....	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently or within the last 90 days:		
3. Been unable to care for yourself, bedridden at home, confined in a hospital, nursing home, hospice, assisted living or long-term care facility, or using oxygen? .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Had undiagnosed chest pain, fainting, paralysis, coughed up or vomited blood? .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you currently have uncontrolled high blood pressure or uncontrolled diabetes, diabetic coma, insulin shock, or diagnosis of diabetes at age 9 or younger, or diabetes associated with retinopathy, nephropathy, neuropathy or amputation? .....	<input type="checkbox"/>	<input type="checkbox"/>

**If the applicant answers YES to 1 or more questions in Part 2, he/she will be considered for the MWL Plan only.**

**Part 2**

To the best of your knowledge and belief, within the last 2 years have you 1) had, 2) been diagnosed for, 3) had or have any new symptoms for, or 4) awaiting surgery, medical tests or test results for:

	YES	NO
1. Heart attack, irregular heartbeat, aneurysm, any condition leading to stroke, angioplasty or bypass surgery, cardiomyopathy, cardiac defibrillator, heart valve surgery, cerebrovascular insufficiency or blockage? .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Internal cancer, melanoma, leukemia, sickle cell anemia, chronic pancreatitis, renal insufficiency, kidney disease (excluding passed kidney stones), liver disease including cirrhosis; Hodgkin's Disease, lymphoma, chronic lung disease including emphysema?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Paralysis, Parkinson's, Grand Mal epilepsy, lupus or connective tissue disorder, organic brain disorder or suffer from mental retardation?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Schizophrenia, psychosis or suicidal thoughts or attempts, including hospitalization for major depression?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Alcoholism, drug abuse, narcotic addiction, or been convicted of felony? .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you currently using a wheelchair or walker on a permanent basis?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Within the last one year, have you had an application for life insurance declined or refused for any reason? .....	<input type="checkbox"/>	<input type="checkbox"/>

**Give Details to Questions Answered "YES" above: (Attach additional sheet, if necessary with applicant's signature) \_\_\_\_\_**

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR CERTIFICIATION.pdf

# CERTIFICATION

**Company Name: Liberty Bankers Life Insurance Company**

I hereby certify that the form included in this submission and company procedures meet the requirements of Regulation 19, 49, and AR 23-79-138 as well as all applicable requirements of the Arkansas Insurance Department.



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Chad Leiding  
Vice President Compliance

7/20/10

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Date