

SERFF Tracking Number: AMLC-126734134 State: Arkansas
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 46312
 Company Tracking Number: APPLICATION IN03
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: Application IN03
 Project Name/Number: Application IN03/Application IN03

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Application IN03 SERFF Tr Num: AMLC-126734134 State: Arkansas
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved- Closed State Tr Num: 46312
 Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: APPLICATION IN03 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Stephanie Fowler
 Author: Phylis Ballard Disposition Date: 08/19/2010
 Date Submitted: 07/26/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Application IN03
 Project Number: Application IN03
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: Filed in Nebraska, our state of domicile, on this day.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 08/19/2010

Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 08/19/2010
 Created By: Phylis Ballard
 Corresponding Filing Tracking Number:
 Application IN03

Deemer Date:
 Submitted By: Phylis Ballard

Filing Description:

Application IN03 is being filed for use with our Individual Medicare Supplement policies for individuals who are applying for coverage during their open enrollment period. These forms will be used on a direct response basis.

Company and Contact

Filing Contact Information

SERFF Tracking Number: AMLC-126734134 State: Arkansas
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 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: Application IN03
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Phylis Ballard, Compliance Analyst pballard@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3748 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

Globe Life and Accident Insurance Company CoCode: 91472 State of Domicile: Nebraska
 204 North Robinson Avenue Group Code: 290 Company Type: Life and Health
 Oklahoma City, OK 73102 Group Name: Liberty National State ID Number:
 (405) 270-1400 ext. [Phone] FEIN Number: 63-0782739

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	07/26/2010	38277293

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	08/19/2010	08/19/2010

SERFF Tracking Number: AMLC-126734134 State: Arkansas
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 46312
 Company Tracking Number: APPLICATION IN03
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: Application IN03
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	IN03	Approved	Yes

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Form Schedule

Lead Form Number: Application IN03

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 08/19/2010	IN03	Application/ Enrollment Form	Application/ IN03 Enrollment Form	Initial		52.250	IN03.pdf

4. Please read and sign your name below.

(1) You do not need more than one Medicare Supplement policy. (2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need more than one type of coverage in addition to your Medicare benefits. (3) You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy. (4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension. (5) If you are eligible for, and have enrolled in a Medicare Supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension. (6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

► **Please sign the signature line at the bottom of the first page.**

I hereby apply to Globe Life And Accident Insurance Company for a policy to be issued in reliance on my written answers to the above questions. The answers are, to the best of my knowledge and belief, true. I agree the policy shall not be effective unless it has actually been issued.

I understand that loss due to injury or sickness for which medical advice was received or treatment was recommended or given by a physician within 6 months prior to the policy effective date is not covered unless the loss is incurred more than 60 days after the policy effective date, subject to the Time Limit on Certain Defenses provision and legal proceedings.

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application form or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

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Supporting Document Schedules

		Item Status:	Status
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	Date: 08/19/2010

Comments:
Attachment:
 IN03 Readability Cert.pdf

		Item Status:	Status
Satisfied - Item:	Application		Date:

Comments:
 Under Form Schedule, that is what is filing for approval.

		Item Status:	Status
Bypassed - Item:	Health - Actuarial Justification		Date:

Bypass Reason: na
Comments:

		Item Status:	Status
Bypassed - Item:	Outline of Coverage		Date:

Bypass Reason: na
Comments:

CERTIFICATION

This is to certify that the attached Policy Form see below

has achieved Flesch Reading Ease Score of * and complies with the requirements of Arkansas Stat. Ann. SS66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Michael J. Gaisbauer, Vice President

SUPPLEMENTAL FORMS

SCORE

Application Form IN03

52.25