

SERFF Tracking Number: AMLC-126759320 State: Arkansas
Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 46446
Company Tracking Number: GU-1318
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Notice to Applicant Regarding Replacement of Accident and Sickness Insurance
Project Name/Number: Notice to Applicant Regarding Replacement of Accident and Sickness Insurance/GU-1318

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Notice to Applicant Regarding Replacement of Accident and Sickness Insurance
SERFF Tr Num: AMLC-126759320 State: Arkansas

TOI: H21 Health - Other SERFF Status: Closed-Approved- Closed State Tr Num: 46446

Sub-TOI: H21.000 Health - Other Co Tr Num: GU-1318 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Linda Newell Disposition Date: 08/13/2010
Date Submitted: 08/09/2010 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

Project Name: Notice to Applicant Regarding Replacement of Accident and Sickness Insurance Status of Filing in Domicile: Not Filed

Project Number: GU-1318

Requested Filing Mode: Review & Approval

Date Approved in Domicile:

Domicile Status Comments: This form is not required to be filed in Nebraska, our state of domicile.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/13/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/13/2010

Deemer Date:

Submitted By: Linda Newell

Created By: Linda Newell

Corresponding Filing Tracking Number: GU-1318

PPACA: Not PPACA-Related

Filing Description:

We are submitting final printed copies of the above forms for your review and approval. These forms are being filed for general use with our health portfolio. These captioned forms are being submitted as a new filing and are not intended to

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replace any previously approved forms.

With agent solicited sales, form GU-1318 will be provided to the applicant at the time of application if the applicant has indicated on the application that the policy applied for is intended to replace previous underage health coverage.

With direct response sales, form GU-1318DR will be provided to the applicant at delivery of the policy if the applicant has indicated on the application that the policy applied for is intended to replace previous underage health coverage.

These forms do not contain any unusual or unorthodox provisions or wording.

I hereby certify that I have carefully reviewed these forms and to the best of my knowledge and ability find:

1. These forms conform to all insurance statutes and department requirements of your jurisdiction.
2. These forms contain no provisions previously disapproved by your department.
3. These forms are not required to be filed for approval in Nebraska, our state of domicile.

If you have any questions, please feel free to call collect at (214) 544-5379 or email me at lnewell@torchmarkcorp.com.

Company and Contact

Filing Contact Information

Linda Newell, Compliance Analyst lnewell@torchmarkcorp.com
3700 S. Stonebridge Drive 214-544-5379 [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: \$100.00
Retaliatory? No
Fee Explanation: Two forms at \$50 each.
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$100.00	08/09/2010	38616765

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/13/2010	08/13/2010

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TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Notice to Applicant Regarding Replacement of Accident and Sickness Insurance*
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Disposition

Disposition Date: 08/13/2010

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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Notice to Applicant Regarding Replacement	Approved-Closed	Yes
Form	Notice to Applicant Regarding Replacement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GU-1318

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/13/2010	GU-1318	Other	Notice to Applicant Regarding Replacement	Initial		0.000	GU-1318.pdf
Approved-Closed 08/13/2010	GU-1318DR	Other	Notice to Applicant Regarding Replacement	Initial		0.000	GU-1318DR.pdf

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	08/13/2010
Bypass Reason:	Not required for this filing. These forms closely follow the NAIC model regulation health replacement form language.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/13/2010
Bypass Reason:	Not required for this filing		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/13/2010
Bypass Reason:	Not required for this filing		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/13/2010
Bypass Reason:	Not required for this filing		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/13/2010
Bypass Reason:	Not required for this filing		
Comments:			