

<i>SERFF Tracking Number:</i>	<i>CEUL-126733879</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46336</i>
<i>Company Tracking Number:</i>	<i>FLIC-CRPR</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Application</i>		
<i>Project Name/Number:</i>	<i>MCI Gold Application/</i>		

Filing at a Glance

Company: Family Life Insurance Company

Product Name: Application

TOI: L04I Individual Life - Term

SERFF Tr Num: CEUL-126733879 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46336

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: FLIC-CRPR

State Status: Approved-Closed

Filing Type: Form

Author: Robert Coleman

Reviewer(s): Linda Bird

Date Submitted: 07/27/2010

Disposition Date: 08/03/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MCI Gold Application

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Arkansas is our
state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/03/2010

Explanation for Other Group Market Type:

State Status Changed: 08/03/2010

Deemer Date:

Created By: Robert Coleman

Submitted By: Robert Coleman

Corresponding Filing Tracking Number:

Filing Description:

Requesting form approval for new application for use with Term Life product. Substantially similar to previous version. See cover letter in Supporting Documentation.

Company and Contact

Filing Contact Information

SERFF Tracking Number: CEUL-126733879 State: Arkansas
 Filing Company: Family Life Insurance Company State Tracking Number: 46336
 Company Tracking Number: FLIC-CRPR
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: Application
 Project Name/Number: MCI Gold Application/

Robert Coleman, Compliance Manager RCoeman@manhattanlife.com
 10700 NW Freeway 713-821-6482 [Phone]
 Houston, TX 77092 713-821-6551 [FAX]

Filing Company Information

Family Life Insurance Company CoCode: 63053 State of Domicile: Texas
 10700 Northwest Freeway Group Code: 1117 Company Type:
 Houston, TX 77092 Group Name: Manhattan Insurance State ID Number:
 Group
 (800) 877-7705 ext. [Phone] FEIN Number: 91-0550883

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas is our state of domicile. Filing fee is \$50 per submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$50.00	07/27/2010	38315430

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	08/03/2010	08/03/2010

SERFF Tracking Number: CEUL-126733879 *State:* Arkansas
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Disposition

Disposition Date: 08/03/2010

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 - Actuarial Memo		No
Supporting Document	Cover Letter		Yes
Form	Application to Family Life Insurance Company		Yes

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Form Schedule

Lead Form Number: FLIC-CRPR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FLIC-CRPR	Application/ Enrollment Form	Application to Family Life Insurance Company	Initial			FLIC-CRPR_0510.pdf

Application

To:



[P.O. Box 924408 • Houston, Texas 77292-4408 • 1-800-877-7705 • www.familylifeins.com]

Policy #

Billing #

PROPOSED INSURED: Last Name First M.I. Sex [F] [M] Age Birth Date Ht. Wt. Occupation

Address: City State Zip

Social Security # Home Phone # () Work Phone # ()

E-mail: Marital Status: [M] [S] Hire Date: Employer Name:

BENEFICIARY AND RELATIONSHIP TO PROPOSED INSURED:

Beneficiary: Social Security # Relationship to Insured:

Contingent Beneficiary: Social Security # Relationship to Insured:

OWNER: (Unless noted, Owner will be Proposed Insured.) Name: Social Security #

Address: Phone # () Relationship to Insured:

BASE POLICY INFORMATION: Plan: [Critical Protection Plus] Term: [20 Year]

Plan A Life Insurance \$25,000 Return of Premium Plan B Life Insurance \$35,000 Return of Premium Plan C Life Insurance \$50,000 Return of Premium

BILLING MODE: [Monthly Payroll] Date of deduction or draft (no 29, 30 or 31)

MODAL PREMIUM AMOUNT: \$ [Monthly PAC from: Financial Institution: [Checking] [Savings]

Is this insurance intended to replace any other life insurance now in force? [Yes] [No] If Yes, give name of Company and Policy Number:

COMPLETE THE FOLLOWING: (Check the box with the correct answer)

- 1. Has any proposed insured used tobacco in any form within the past 12 months? Yes [] No []
2. In the past seven (7) years, has any person to be insured received medical care for or had treatment for or been diagnosed by a doctor as having heart trouble, stroke, cancer, lung disease or disorder, diabetes, liver or kidney disease, organ transplant, paralysis, loss of 2 or more limbs, blindness, AIDS, AIDS related complex, or immune deficiency, mental illness requiring medication, treatment for alcoholism or drug abuse or has been hospitalized or advised to have any diagnostic tests or surgery for any condition? Yes [] No []
3. In the last seven (7) years have any of the proposed insured's used narcotics, cocaine, hallucinogens, barbiturates, heroin, marijuana or any other drugs not prescribed by a physician? Yes [] No []
4. Have you ever been denied insurance due to health reasons? Yes [] No []

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION: Family Life Insurance Company and its reinsurers may obtain medical and other information in order to evaluate my application for insurance. This may be disclosed by any physician, practitioner, hospital, clinic, medically related facility, the Veterans Administration, the Medial Information Bureau, Inc., or any consumer reporting agency, or any insurance company. The information may involve me, or any care, treatment or advice of me. This includes information relating to alcohol or drug abuse, mental disease or information which may be considered a communicable or venereal disease which may include, but are not limited to, diseases such as Hepatitis, Syphilis, Gonorrhea and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS). Family Life may report such information to the Medical Information Bureau or to other insurance companies to which I have or may apply. This authorization will be valid for 2 years. A photocopy of this will be as valid as the original. I, or my authorized representative may receive a copy of this authorization upon request. If applicable, I also have the right to receive notice of the reason for any adverse underwriting decision.

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of criminal offense under state law. I agree that no insurance shall be in effect until: (a) a policy has been issued; and (b) the first premium is paid while my insurability remains unchanged and then only if I am actually in the state of health represented in this application. I state that the answers set forth above, are full, complete and true to the best of my knowledge and belief. The answers are to be the basis of any insurance issued. I also acknowledge that I have received the Investigative Consumer Reports notification and MIB Notice attached to this application. All statements made by or on behalf of the insured or annuitant shall be deemed to be representations and not warranties.

X Proposed Insured Date Signed at (City and State)

X Owner(s) (if not Proposed Insured or if they are under age 18) Date

FLIC-CRPR 05-10

Notice Information Practices, Including the Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and reviewing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address below. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency. We usually will not disclose information about you without your prior written authorization. However, in certain situations we may disclose some of this information about you to third parties having a business interest in an insurance transaction involving you, or having a contract with us to perform part of our insurance function. This could include disclosures to persons or organizations that will use the information for sales purposes, unless you indicate to us that you do not want the information disclosed for this purpose. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our Home Office at the address below.

AUTHORIZATION FOR AUTOMATIC PAYMENT PLAN: PLEASE ATTACH A VOIDED PERSONAL CHECK!

Family Life Insurance Company is authorized to initiate debit entries to the account indicated below, and the depository institution named below is authorized to debit the same to such account. This authority can be terminated by the undersigned at any time by written notification to the Company, provided only that the Company and the depository will have a reasonable opportunity to act on such notification.

Depository Name: _____ Type of Account: Checking Savings

Depository Address: _____

Account #: _____ Transit/ABA #: _____

Name of Policyholder: _____ Signature of Payor: _____ Date: _____

ADDITIONAL REMARKS OR INSTRUCTIONS:

HOME OFFICE USE ONLY:

AGENT'S STATEMENT: Mail Policy To: Agent Policyholder

Best time to call: _____

Agent's E-mail Address: _____

Use E-mail for correspondence? Yes No

I personally saw did not see each proposed insured. Those not seen are listed above under remarks. To the best of my knowledge and belief, the insurance applied for is is not intended to replace any insurance now in effect.

X _____
Signature of Agent Printed Name Agent # Phone #

MIB, Inc. Notice

Information regarding your insurability will be treated as confidential. Central United Life Insurance Company or its reinsurers may, however, make a brief report thereon to the **MIB Inc., formerly known as Medical Information Bureau**, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Central United Life Insurance Company, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. **Information for consumers about MIB may be obtained on its website at www.mib.com.**

To obtain further information contact: Central United Life Insurance Company 10700 Northwest Freeway, Houston, Texas 77092

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment:		
AR Flesch score.pdf		

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

CENTRAL UNITED LIFE

CERTIFICATION

I, Mary Lou Rainey, Secretary for Central United Life Insurance Company, hereby certify that the following form(s) has the following readability score as calculated by the Flesch Reading Ease Test set forth by your state, and meets the minimum reading ease requirements set forth by the state of Arkansas.

<u>FORM NUMBER</u>	<u>FORM NAME</u>	<u>READABILITY SCORE</u>
FLIC-CRPR	Application to Family Life Insurance Company	42.4

DATE: July 27, 2010

Mary Lou Rainey

Mary Lou Rainey, Secretary

Central United Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77092

Phone: 713-529-0045
Toll Free: 800-669-9030
Fax: 713-821-6551



FAMILY LIFE



Robert J. Coleman, ACS, AIAA, AIRC, FLMI
Compliance Manager

July 27, 2010

Arkansas Insurance Department

RE: Family Life Insurance Company
NAIC #: 63053 FEIN: 91-0550883
Form #: FLIC-CRPR Application to Family Life Insurance Company

Dear Sir/Madam:

The following forms are submitted for your review and approval. These forms are new and do not supercede any previously-submitted forms.

FLIC-CRPR Term Life Insurance Application

This form is substantially similar to application FLIC-CR, previously approved by your office on February 11, 2008. The form previously filed did not allow variability in the Plans offered. We have removed the Critical Illness Rider from the plan offerings. We have also left this section bracketed for the sole purpose of modifying the pre-designed plan offerings.

If you have any questions regarding this form or need additional information in order to complete your review, please call or contact me at the numbers/addresses below.

Sincerely,

Robert J. Coleman

Family Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77092
Email: rcoleman@manhattanlife.com

Phone: 713-821-6482
Toll Free: 800-669-9030 ext. 6482
Fax: 713-821-6551

