

SERFF Tracking Number: *PHYS-126787961* State: *Arkansas*
 Filing Company: *Physicians Life Insurance Company* State Tracking Number: *46725*
 Company Tracking Number:
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
 Product Name: *Conversion Application*
 Project Name/Number: */*

Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: Conversion Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: PHYS-126787961 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46725

Co Tr Num:

Author: Sonja Morton

Date Submitted: 09/07/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 09/08/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/08/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/03/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/08/2010

Created By: Sonja Morton

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sonja Morton

Filing Description:

RE: Physicians Life Insurance Company – NAIC #72125; FEIN 47-0529583

Individual Term Life Insurance

ULA-44F – Application for Conversion & Variables

The above captioned form is enclosed for your review and approval. The form is new and does not replace any currently approved forms. To the best of my knowledge, the form complies with all state laws and regulations.

The application will be used when a policyowner requests conversion from a term life insurance policy to a whole life policy. The application may be used with previously approved term life and whole life policies and with term life and

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whole life policies approved in the future.

The form was approved by our state of domicile, Nebraska, on September 3, 2010.

We reserve the right to alter the format of the form without re-filing due to future technology changes, e.g. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-sized requirements will be met. Any changes to wording or content would be filed for approval.

Your early review and approval of this filing is greatly appreciated. If there is anything I can do to facilitate the review and approval, please contact me via SERFF, or at the e-mail address or phone number listed below.

Sincerely,

Sonja Morton
Product Approval and Compliance Coordinator
Voice: (402) 633-1662
Fax: (402) 633-1096
E-mail: sonja.morton@physiciansmutual.com

Company and Contact

Filing Contact Information

Sonja Morton, Policy Approval & Compliance sonja.morton@physiciansmutual.com
Coordinator
2600 Dodge Street 402-633-1662 [Phone]
Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Life Insurance Company CoCode: 72125 State of Domicile: Nebraska
2600 Dodge Street Group Code: 367 Company Type:
Omaha, NE 68131 Group Name: State ID Number:
(402) 633-1188 ext. [Phone] FEIN Number: 47-0529583

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

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Fee Explanation: *The fee is \$50.00 for each form. Since we are filing one form, the fee is \$50.00.*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$50.00	09/07/2010	39279782

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/08/2010	09/08/2010

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Disposition

Disposition Date: 09/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PHYS-126787961*

State: *Arkansas*

Filing Company: *Physicians Life Insurance Company*

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Application Variables		Yes
Form	Application for Conversion		Yes

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Form Schedule

Lead Form Number: ULA-44F

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	ULA-44F	Application/ Application for Enrollment Conversion Form	Initial		49.400	ULA-44F.pdf

Application for Conversion to Physicians Life Insurance Company®

2600 Dodge Street OMAHA, NE 68131

1. The Proposed Insured

Name (First, M.I., Last)		Date of Birth	Gender
Address		City	State Zip
Home Phone Number	Business Phone Number	Email Address (optional)	

2. The Policy

- a. Existing Policy (to be converted): i.e. 085-xxx-xxx Term Life Rider Conversion?: Yes No
Rider Details _____
- b. Plan of Insurance (New Plan being requested): i.e. L730 Whole Life
- c. [Partial Conversion?: Yes No]
- d. Face Amount (New Policy Face Amount): \$_____
- e. [Are you receiving benefits under a waiver of premium or disability benefit rider? Yes No]

3. Beneficiary/Ownership Changes

Unless indicated otherwise, the beneficiary on the new policy will be the same as the beneficiary on the existing term policy.

The Current Beneficiary is:

Primary (Relationship and Percentage)	Contingent (Relationship and Percentage)
---------------------------------------	------------------------------------------

Change the Beneficiary to:

Primary (Relationship and Percentage)	Contingent (Relationship and Percentage)
---------------------------------------	------------------------------------------

4. Agreements

- a. [No Agent can make, alter, or discharge any contract, accept risks, or waive the Company's rights or requirements.]
- b. The new policy will take effect on the Conversion Date, provided the first premium has been paid and the policy is issued during the lifetime of the insured. The existing term policy terminates, as defined in the policy.
- c. On the date the new policy takes effect, the Suicide and Incontestability periods are deemed to have been met to the same extent that they were met under the existing term policy.
- d. The new policy will be subject to all rights and interests of any assignee of existing policy.
- e. The Owner will be the same as on the existing term policy.
- f. I represent all statements and answers in this application are true and complete to the best of my knowledge and belief. I agree this application shall become a part of any policy issued.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Date	Insured's Signature (sign name in full)	Owner's Signature (if other than Insured)
[_____]		
Agent's Name (print)	Agent's Signature	Agent Number

ULA-44F

Home Office Use Only: Policy # to be converted _____	Cogen Client # _____
Reference No. on MTS1 screen _____	Effective Date _____

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ULA-44F Readability Cert.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Application

Comments:

Attachment:

ULA-44F.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Application Variables

Comments:

Attachment:

ULA-44 variables.pdf

PHYSICIANS LIFE INSURANCE COMPANY

OMAHA, NEBRASKA

Certification of Flesch

The form has the following Flesch Readability Score:

<u>Form</u>	<u>Flesch Score</u>
ULA-44F	49.4

The entire form was analyzed. The following was excluded in the text: name and address of the insurer; name, number and title of the form; captions and sub-captions; medical terminology; defined terms.



Shawn Pollock
Vice President
Government and Industry

08-30-10
Date

Application for Conversion to Physicians Life Insurance Company®

2600 Dodge Street OMAHA, NE 68131

1. The Proposed Insured

Name (First, M.I., Last)		Date of Birth	Gender
Address		City	State Zip
Home Phone Number	Business Phone Number	Email Address (optional)	

2. The Policy

- a. Existing Policy (to be converted): i.e. 085-xxx-xxx Term Life Rider Conversion?: Yes No
Rider Details _____
- b. Plan of Insurance (New Plan being requested): i.e. L730 Whole Life
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Change the Beneficiary to:

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4. Agreements

- a. [No Agent can make, alter, or discharge any contract, accept risks, or waive the Company's rights or requirements.]
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- e. The Owner will be the same as on the existing term policy.
- f. I represent all statements and answers in this application are true and complete to the best of my knowledge and belief. I agree this application shall become a part of any policy issued.

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Date	Insured's Signature (sign name in full)	Owner's Signature (if other than Insured)
[_____]		
Agent's Name (print)	Agent's Signature	Agent Number

ULA-44F

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ULA-44 Statement of Variability (2/2/10)

- May change the dimensions of the form.
- May change the font style in the layout. May rearrange the layout and format.
- May add/change/delete/company logo.
- May add/change/delete/move the layout, format and copy pertaining to the Insured: Name, Address, Phone #, Email Address, Date of Birth, Gender, etc.
- Bracketed text in 2. c. and e. will or will not print depending on the term policy being converted.
- Bracketed agent's name, signature, number and preceding bracketed statement will be used only when the form is completed by an agent.