

<i>SERFF Tracking Number:</i>	<i>SENR-126828061</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Senior Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46890</i>
<i>Company Tracking Number:</i>	<i>126828061</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Claim Form 2010</i>		
<i>Project Name/Number:</i>	<i>CL3210/</i>		

Filing at a Glance

Company: Senior Life Insurance Company

Product Name: Claim Form 2010

TOI: L071 Individual Life - Whole

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

Filing Type: Form

SERFF Tr Num: SENR-126828061 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46890

Co Tr Num: 126828061

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Bonnie Hortman, Margaret Disposition Date: 09/29/2010

C. Sanders, Alisha Wiggins, John
Moss

Date Submitted: 09/24/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: CL3210

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/29/2010

Deemer Date:

Submitted By: Bonnie Hortman

Filing Description:

Filing Claim Form CL3210.

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/29/2010

Created By: Alisha Wiggins

Corresponding Filing Tracking Number:

Please see the Cover Letter attached under the Supporting Documentation tab.

SERFF Tracking Number: SENR-126828061 State: Arkansas
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Claim Form 2010
 Project Name/Number: CL3210/

Company and Contact

Filing Contact Information

Bonnie Hortman, Compliance Manager bhortman@srlife.net
 1327 West Jackson Street, Suite D 229-228-6936 [Phone] 154 [Ext]
 Thomasville, GA 31792 229-228-7074 [FAX]

Filing Company Information

Senior Life Insurance Company CoCode: 78662 State of Domicile: Georgia
 P O Box 2447 Group Code: Company Type:
 Thomasville, GA 31799 Group Name: State ID Number:
 (877) 777-8808 ext. [Phone] FEIN Number: 58-1097892

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Georgia is Domicile State and their fees are \$25.00 per form. Arkansas fees are \$50.00 per form.
 1 Form @ \$50.00 each = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Senior Life Insurance Company	\$50.00	09/24/2010	39862737

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/29/2010	09/29/2010

SERFF Tracking Number: *SEN-126828061* *State:* *Arkansas*
Filing Company: *Senior Life Insurance Company* *State Tracking Number:* *46890*
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TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Claim Form 2010*
Project Name/Number: *CL3210/*

Disposition

Disposition Date: 09/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *SENR-126828061* *State:* *Arkansas*
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Product Name: *Claim Form 2010*
Project Name/Number: *CL3210/*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Claim Form		Yes

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Product Name: *Claim Form 2010*
Project Name/Number: *CL3210/*

Form Schedule

Lead Form Number: CL3210

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CL3210	Other	Claim Form	Initial			CL3210.pdf



Claim Form

Senior Life Insurance Company

P.O. Box 2447

Thomasville, GA 31799-2447

1-877-777-8808

A Georgia Stock Company • Executive Offices: Thomasville, Georgia

AUTHORIZATION – MEDICAL INFORMATION FOR FILING A DEATH CLAIM

"I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility or insurance company that has any records or knowledge of the deceased or the deceased's health to give to the Claims Department of Senior Life Insurance Company or its reinsurers any such information including mental, alcohol, drug or HIV (Human Immunodeficiency Virus) related information for the purpose of assessing the pending claim. This authorization may be used for the duration of the pending claim. I may request and receive a copy of any medical information obtained with this authorization. A photostatic copy of this authorization shall be as valid as the original. I declare that I am of legal age to file this claim."

Name of Deceased

Next of Kin (print name)

Policy #

Street Address

Relationship to Deceased

City State Zip

If death has occurred within 2 years of issue/reinstatement date or if the death was by Accidental means, list the doctors/hospitals that treated the insured in the **5 years prior to the application date.**

Primary

Doctor _____

Doctor _____

Address _____

Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Phone (_____) _____

Phone (_____) _____

Hospital _____

Clinic _____

Address _____

Address _____

City _____ St _____ Zip _____

City _____ St _____ Zip _____

Phone (_____) _____

Phone (_____) _____

Dated this _____ day of _____, _____

X _____
Signature of Next of Kin

PLEASE COMPLETE THE APPROPRIATE INFORMATION ON REVERSE SIDE OF THIS FORM.

BENEFICIARY INFORMATION

Name of Beneficiary _____ Relationship _____

Address _____ City _____ St _____ Zip _____

Social Security # _____ Phone # (_____) _____ Date of Birth _____

Name of Beneficiary _____ Relationship _____

Address _____ City _____ St _____ Zip _____

Social Security # _____ Phone # (_____) _____ Date of Birth _____

ASSIGNMENT OF PROCEEDS OF INSURANCE

I, _____, being entitled to receive benefits under Policy # _____
(Beneficiary)

issued by Senior Life Insurance Company on the life of _____,
(Deceased/ Insured)

now deceased, and having contracted with and being indebted to _____
(Funeral Home)

of _____ for funeral services and merchandise for the deceased, do
(Address, City, State, Zip)

hereby set over, assign and transfer unto said Funeral Director the sum of _____

Dollars (\$ _____) out of the proceeds of said Insurance Policy; and I hereby authorize and direct

Senior Life Insurance Company to make its check payable to said Funeral Director for the assigned amount and to pay the remainder of the proceeds of said Insurance Policy, if any, to me.

(Beneficiary Signature)

(Beneficiary Signature)

NOTARY SEAL

Sworn and subscribed before me the _____ day of _____,

NOTARY PUBLIC _____ My commission expires _____

AFFIDAVIT FOR LOST POLICY

I, the undersigned, hereby certify that Policy # _____ issued on the life of _____ by the Company has been lost or destroyed.

Beneficiary Signature _____

Date _____

BENEFICIARY CERTIFICATION

Checklist:

Certified Death Certificate Original Policy/Affidavit for Lost Policy Claim Form HIPAA Form

By signing below I, the Beneficiary, certify that the statements in this form are true to the best of my knowledge and that all necessary paperwork has been completed according to the above checklist.

Beneficiary Signature _____

Date _____

Beneficiary Signature _____

Date _____

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Cover Letter

Comments:

Please see the attached Cover Letter dated September 24, 2010.

Attachment:

AR Cover Letter.09.24.2010.pdf



September 24, 2010

VIA SERFF

Ms. Linda Bird
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: Company Name: Senior Life Insurance Company
SERFF Tracking Number: SENR-126828061
NAIC Number: 78662
Type of Insurance: Individual Whole Life Products

Miscellaneous Form:
CL3210 Claim Form

Dear Ms. Bird:

Please allow the submission of this filing to serve as a request to review and approve the above-referenced form for use by Senior Life Insurance Company (the Company) in the State of Arkansas. Included in this filing are the above listed form and other required documents as necessary. All life insurance products sold by the Company are Individual Whole Life.

The Claim Form (CL3210) is included with every policy mailing to outline procedures required to file a death claim.

The intended target market is ages 0 – 85 and the minimum initial premium is \$15.00 per household. Our products are marketed to people of all ages via means of television, newspaper inserts, mail wraps, mail drops, through licensed producers and lead initiated telemarketing. There have been no unusual or controversial issues with our Products to the Company's knowledge.

The attached form is in final printed format, subject to only minor changes in ink, color, paper stock, company logo, margins and positioning. We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the form due to printing constraints. Otherwise, changes will be submitted for approval prior to use. The submission of this filing certifies that all Senior Life Insurance Company's policies are non-illustrated.

We enjoy the opportunity to be able to operate in your state. If you should have any questions, please feel free to contact me at 1.877.777.8808 x162. My email address is awiggins@srlife.net.

Sincerely,

A handwritten signature in black ink that reads "Alisha Wiggins". The signature is written in a cursive, flowing style.

Alisha Wiggins
Market Compliance Analyst

Attachments (filed on SERFF)