

SERFF Tracking Number: UNML-126702842 State: Arkansas
Filing Company: Unity Financial Life Insurance Co. - Preneed State Tracking Number: 46656
Company Tracking Number: EF10T
TOI: L07G Group Life - Whole Sub-TOI: L07G.111 Single Premium - Single Life
Product Name: EF10T/UFLIC/EMG
Project Name/Number: EF10T/UFLIC/EMG/EF10T/UFLIC/EMG

Filing at a Glance

Company: Unity Financial Life Insurance Co. - Preneed

Product Name: EF10T/UFLIC/EMG

SERFF Tr Num: UNML-126702842 State: Arkansas

TOI: L07G Group Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 46656

Sub-TOI: L07G.111 Single Premium - Single
Life

Co Tr Num: EF10T

State Status: Approved-Closed

Filing Type: Form

Author: Elaine Greer

Reviewer(s): Linda Bird

Date Submitted: 08/31/2010

Disposition Date: 09/01/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: EF10T/UFLIC/EMG

Status of Filing in Domicile: Authorized

Project Number: EF10T/UFLIC/EMG

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing not required
in Pennsylvania, state of domicile

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 09/01/2010

Explanation for Other Group Market Type:

State Status Changed: 09/01/2010

Deemer Date:

Created By: Elaine Greer

Submitted By: Elaine Greer

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval please find Form EF10T. This is a new form and is not intended to replace any existing forms.

This Enrollment Form will be used to apply for any of our existing group single premium whole life insurance certificates and any to be developed in the future.

A statement of variability is attached. Bracketed items within the enrollment forms may change as identified in the

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statement of variability.

Enrollment Forms EF10T is exempt from filing in Pennsylvania, our state of domicile.

This form is in final form, and is subject only to minor modification in paper size and stock, ink, border, typographical errors, printing in the form of a booklet, font (will never be less than 10 point type), and formatting pages to conform to our printers requirements. No change in language will occur.

I look forward to your review and approval.

Company and Contact

Filing Contact Information

Elaine Greer, Compliance egreer@uflife.com
 4675 Cornell Road Suite 160 877-523-3231 [Phone]
 Cincinnati, OH 45241

Filing Company Information

Unity Financial Life Insurance Co. - Preneed CoCode: 63819 State of Domicile: Pennsylvania
 P.O. Box 5000 Group Code: 786 Company Type: life
 Syracuse, NY 13250-5000 Group Name: State ID Number:
 (800) 836-7100 ext. 7260[Phone] FEIN Number: 23-1640528

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unity Financial Life Insurance Co. - Preneed	\$50.00	08/31/2010	39129165

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/01/2010	09/01/2010

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Disposition

Disposition Date: 09/01/2010

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		No
Supporting Document	Application		No
Supporting Document	Statement of Variability for EF10T		No
Form	Life Insurance Enrollment Form		No

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Form Schedule

Lead Form Number: EF10T

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EF10T	Application/Life Insurance Enrollment Form	Initial			EF10T - FP Trust EF - John Doe.pdf

Authorized Expense Directive

Insured hereby expressly authorizes and directs Trustee or Administrator to expend Trust assets to service or product providers in payment of expenses related to the provision of the following services and/or products. Claim information should be submitted to Unity Financial Life Insurance Company.

List of Possible Goods and Services Qualifying for Reimbursement

Basic Services of Funeral Director & Staff	Other Merchandise/Service	Casket
Other Professional Services	Clergy Honorarium	Alternative Container
Embalming	Death Certificates	Outer Burial Container
Other Care of Deceased	Musicians	Other Services
Dressing/Cosmetology/Casketing	Temporary Marker	Transportation Equipment & Driver
Funeral Home Facilities and/or Staff Services	Stationery Package	Transfer of Deceased
Viewing/Visitation	Obituary Notices	Funeral Vehicle/Hearse
Funeral Service	Flowers	Car/Limousine
Memorial Service	Clothing	Utility/Service Vehicle
Graveside Service	Open/Close	Cemetery Charges
Other	Other	Other

I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or services have been purchased or will be provided at the time of death.

FRAUD WARNING STATEMENTS

For residents of all states except CO, DC, FL, GA, KY, ME, MD, NE, NJ, NM, OH, OK, PA, TN, VA and WA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For residents of DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For residents of FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For residents of GA and NE: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For residents of KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For residents of ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits.

For residents of MD: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of NM: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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

For residents of OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For residents of PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification - EF10T.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability for EF10T		
Comments:		
Attachment: EF10T - Statement of Variability.pdf		

Unity Financial Life Insurance Company
P. O. Box 625700
Cincinnati, Ohio 45242

READABILITY CERTIFICATION

This is to certify that the forms listed on the attached page(s) are in compliance with the Insurance Policy Readability Law.

Unless otherwise noted, each form is scored separately for the Flesch reading ease test, in its entirety:

Form Number	Sentences	Words	Syllables	Flesch Score
EF10T	162	4,121	N/A	43.5*

*Scored with Form 20713FP, Group Single Premium Whole Life Insurance Certificate

1. The form is printed in not less than the-point type, one point leaded. (This does not apply to specifications pages, schedules and tables).
2. The layout and spacing of the form(s) separate the paragraphs from each other and from the border of the page.
3. The section titles are captioned in bold face or otherwise stand out significantly from the text.
4. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form(s).
5. The style, arrangement and overall appearance of the form(s) give no undue prominence to any portion of the form(s).
6. A table of contents or an index of the principal sections is included in the form. (This applies only if the form has more than 3,000 words or consists of more than 3 pages).

Date: August 31, 2010



Elaine M. Greer
Director of Compliance

UNITY FINANCIAL LIFE INSURANCE COMPANY

STATEMENT OF VARIABILITY

Form EF10T, Life Insurance Enrollment Form

June 21, 2010

This document defines the range of variation for items identified and found in Form EF10E, Life Insurance Enrollment Form. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

Company Logo, Telephone Number, Fax Number, Administrative Office Address: We reserve the right to change our company logo, telephone number, fax number and administrative office address if such items should change in the future. The flexibility to change our logo does not include the company name. We understand that if the Company name changes for any reason we must notify the Department accordingly. The formatting and font size may also change over time according to our printer standards. Font will never be in less than 10-point font.

For Company Use Only section: We reserve the right to expand, reformat, or delete this section in its entirety, according to our administrative needs.

Sections 1, 2 and 3 - Proposed Insured, Owner, Beneficiary: The Proposed Insured, Owner and Beneficiary sections currently provide space to complete the names, address and other relevant information needed to issue and administer the life insurance certificate. This information may change from time to time in accordance with our current administrative procedures or system requirements. We reserve the right to add, delete, rearrange or reformat information fields as may be required in accordance with changes in our administrative procedures or system requirements.

Section 4 - Plan Information and Home Office Endorsements: The Payment Plan/Type field may be revised, expanded or deleted in accordance with changes to our administrative procedures or system requirements. The Home Office Endorsement section may be expanded, reformatted or deleted in its entirety, according to our administrative needs.

Section 7 - Agent Statement: The Agent Statement may be expanded, deleted or revised in accordance with changes to our administrative procedures or system requirements.

Section 8 - Irrevocable Assignment of Ownership: The Irrevocable Assignment of Ownership may be revised, reformatted, or deleted in its entirety to conform to changes to our administrative procedures or system requirements, or to conform to changes in state and/or federal laws.

Revised Date: If used, the revised date will indicate the revision date changes are made to the enrollment form in accordance with the variability contained within this statement. This field may also be removed in its entirety.

Authorized Expense Directive: The Authorized Expense Directive section may be revised, reformatted or deleted in its entirety to conform to changes to our administrative procedures or system requirements, or to conform to changes in state and/or federal laws.

Fraud Warning Statements: The language of our standard fraud warning may be revised in accordance with changes to the NAIC model regulation language. Language for specific states may be added, deleted or amended to conform to changes in state laws. The list of states in the lead-in statement may be revised as specific states are added or deleted.