

SERFF Tracking Number: AMLC-126959396 State: Arkansas
Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 47578
Company Tracking Number: GN21(03)
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: Group Whole Life
Project Name/Number: Enrollment Form/GN21(03)

Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Group Whole Life

TOI: L07G Group Life - Whole

Sub-TOI: L07G.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AMLC-126959396 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47578

Co Tr Num: GN21(03)

State Status: Approved-Closed

Author: Diane Breeding

Date Submitted: 12/22/2010

Reviewer(s): Linda Bird

Disposition Date: 01/05/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Enrollment Form

Project Number: GN21(03)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Discretionary

Filing Status Changed: 01/05/2011

State Status Changed: 01/05/2011

Created By: Diane Breeding

Corresponding Filing Tracking Number:

Filing Description:

NAIC: 290-91472

FEIN: 63-0782739

RE: Group Whole Life Enrollment Form GN21(03)

NAIC Transmittal

Filing Fee: \$25.00

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Diane Breeding

Attached for your review and approval is one (1) laser print copy of the above mentioned enrollment form which is being

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submitted for use with our Group Whole Life portfolio.

The enrollment form does not contain any unusual or unorthodox provisions or wording. The enrollment form is being filed states where the company is authorized to do business.

I hereby certify that I have carefully reviewed the attached enrollment form and to the best of my knowledge and ability find:

1. The enrollment form conforms to all insurance statutes and department requirements of your jurisdiction.
2. The enrollment form contains no provisions previously disapproved by your department.

Your early review and approval of this submission will be greatly appreciated. If you have any questions, please feel free to call (972) 569-3295 Collect, or e-mail me at dbreeding@torchmarkcorp.com.

Company and Contact

Filing Contact Information

Diane Breeding, Assistant Analyst dbreeding@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3295 [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: \$50.00
 Retaliatory? No
 Fee Explanation: Your filing fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	12/22/2010	43171185

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/05/2011	01/05/2011

SERFF Tracking Number: *AMLC-126959396* *State:* *Arkansas*
Filing Company: *Globe Life and Accident Insurance Company* *State Tracking Number:* *47578*
Company Tracking Number: *GN21(03)*
TOI: *L07G Group Life - Whole* *Sub-TOI:* *L07G.101 Fixed/Indeterminate Premium - Single Life*

Product Name: *Group Whole Life*
Project Name/Number: *Enrollment Form/GN21(03)*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	NAIC		Yes
Form	Enrollment Form		Yes

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Form Schedule

Lead Form Number: GN21(03)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GN21(03)	Application/ Enrollment Form Enrollment Form	Initial		47.640	GN21(03).pdf

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • GLOBE LIFE CENTER • OKLAHOMA CITY, OKLAHOMA 73184
ENROLLMENT FOR LIFE INSURANCE

1. Proposed Insureds: (List Children Age 25 And Under To Be Insured)

	(Please Print)			Date of Birth (Required) mm/dd/yy	Male or Female	Face Amount (Check One)
	First Name	Middle Initial	Last Name			
Child 1						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
Child 2						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
Child 3						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000
Child 4						<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$25,000

BY LAW, ANY PROPOSED INSURED AGE 18 OR OLDER MUST SIGN IN THE BOX BELOW

I consent to this application for insurance on my life:

Child 1: _____ Child 3: _____
 Child 2: _____ Child 4: _____

2. Mail Certificate and Premium Notice To:

Name _____
 Address _____ Apt. _____
 City _____ State _____ Zip _____
 Telephone (____) _____ E-mail Address _____
(Telephone and E-mail Address for Customer Service Use Only)

3. Beneficiary: Unless otherwise requested, the Applicant shall be the beneficiary.

4. To the best of your knowledge and belief:

- (a) Within the past 3 years, have any of the Proposed Insured(s) had any chronic illness or condition which requires periodic medical care?..... Yes No
- (b) Have any of the Proposed Insured(s) ever been medically diagnosed or treated by a Physician for Acquired Immune Deficiency Syndrome (AIDS)? Yes No
- Please list child and condition that caused yes answers to the questions above.

5. Will you replace or change any of your Life Insurance policies or annuity contracts in connection with this application?..... Yes No

If yes, list company name: _____

I UNDERSTAND THAT NO INSURANCE SHALL TAKE EFFECT UNTIL A CERTIFICATE IS ISSUED AND THE FIRST PREMIUM IS RECEIVED IN THE HOME OFFICE OF GLOBE LIFE AND ACCIDENT INSURANCE COMPANY.

Any person who, with intent to defraud or knowing that he 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, which is a crime punishable by fine or imprisonment.

Relationship to Proposed Insured _____
(Please Print)

Signature **X** _____ Date _____
Applicant

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

GN21(03) READABILITY.pdf

Item Status: **Status**
Date:

Satisfied - Item: NAIC

Comments:

Attachment:

AR GN21(03) NAIC .pdf

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
OKLAHOMA CITY, OKLAHOMA

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
ENROLLMENT FORM – GN21(03)	47.64

December 22, 2010
Date


Michael J. Gaisbauer, Vice President

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Globe Life & Accident Ins. Co. P.O. Box 2440 McKinney, TX 75070	Nebraska	Life & Health	290	91472	63-0782739	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane M. Breeding	(972) 569-3295	(972) 569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	GN21(03)
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance (TOI)	L07G
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10.	Sub-Type of Insurance (Sub-TOI)	L07G.101
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____
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12.	Filing Submission Date	December 22, 2010
13	Filing Fee (If required)	Amount <u>\$25.00</u> Check Date <u>12-22-10</u>
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>EFT</u>
14.	Date of Domiciliary Approval	Not Filed
15.	Filing Description:	
<p>NAIC: 290-91472 FEIN: 63-0782739 RE: Group Whole Life Enrollment Form GN21(03) NAIC Transmittal Filing Fee: \$25.00</p> <p>Attached for your review and approval is one (1) laser print copy of the above mentioned enrollment form which is being submitted for use with our Group Whole Life portfolio.</p> <p>The enrollment form does not contain any unusual or unorthodox provisions or wording. The enrollment form is being filed states where the company is authorized to do business.</p> <p>I hereby certify that I have carefully reviewed the attached enrollment form and to the best of my knowledge and ability find:</p> <ol style="list-style-type: none"> 1. The enrollment form conforms to all insurance statutes and department requirements of your jurisdiction. 2. The enrollment form contains no provisions previously disapproved by your department. <p>Your early review and approval of this submission will be greatly appreciated. If you have any questions, please feel free to call (972) 569-3295 Collect, or e-mail me at dbreeding@torchmarkcorp.com.</p>		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p> <p>Print Name <u>Diane M. Breeding</u> Title <u>Analyst</u></p> <p>Signature <u><i>Diane M. Breeding</i></u> Date: <u>December 22, 2010</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		GN21(03)
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Whole Life Enrollment Form	GN21(03)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

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