

SERFF Tracking Number: BNLA-126984804 State: Arkansas
Filing Company: Bankers Life and Casualty Company State Tracking Number: 47733
Company Tracking Number: L-18126
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: L-18126
Project Name/Number: L-18126/L-18126

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: L-18126

SERFF Tr Num: BNLA-126984804 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-
Closed State Tr Num: 47733

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: L-18126

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Dan Murphy, Sandra
Pufpaf

Disposition Date: 01/20/2011

Date Submitted: 01/18/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: L-18126

Status of Filing in Domicile: Pending

Project Number: L-18126

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/20/2011

State Status Changed: 01/20/2011

Deemer Date:

Created By: Dan Murphy

Submitted By: Dan Murphy

Corresponding Filing Tracking Number:

Filing Description:

NAIC 233-61263 FEIN 36-0770740

RE: Individual Life Insurance - New Forms

Simplified Underwritten Life Insurance Application

Application Form L-18126

Dear Sir/Madam:

<i>SERFF Tracking Number:</i>	<i>BNLA-126984804</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>47733</i>
<i>Company Tracking Number:</i>	<i>L-18126</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>L-18126</i>		
<i>Project Name/Number:</i>	<i>L-18126/L-18126</i>		

We are filing the above referenced application form for your consideration and approval. This filing contains no unusual or controversial items from normal Company or industry standards. These forms are new and not intended to replace any existing policy forms.

are for

This form is a simplified underwritten application and will be used by our use in the individual marketplace for person-to-person solicitation by our licensed agents.. This form is intended to be used with previously approved Single Premium Whole Insurance Policy L-14U.

I have included a statement of variability.

The Flesch Test Readability score for these forms are:

L-18126 50.86

This form has been submitted to the Company's home state of Illinois and is currently pending approval.

We respectfully request your favorable consideration and approval of this filing. If you have any questions or need additional information, please feel free to contact me.

Company and Contact

Filing Contact Information

Dan Murphy, Compliance Administrator	d.murphy@banklife.com
600 West Chicago Ave	312-396-6134 [Phone]
Chicago, IL 60654-2800	312-396-5907 [FAX]

Filing Company Information

Bankers Life and Casualty Company	CoCode: 61263	State of Domicile: Illinois
600 West Chicago Ave	Group Code: 233	Company Type:
Chicago, IL 60654-2800	Group Name:	State ID Number:
(800) 621-3724 ext. [Phone]	FEIN Number: 36-0770740	

Filing Fees

Fee Required?	No
Retaliatory?	No

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Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	01/18/2011	43871175

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/20/2011	01/20/2011

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Disposition

Disposition Date: 01/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BNLA-126984804</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>47733</i>
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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 - Acturial Memo		No
Form	Life Application		Yes

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Form Schedule

Lead Form Number: L-18126-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-18126-AR	Application/Life Application Enrollment Form	Initial		50.860	L18126-AR.pdf

1 I hereby apply for an Insurance Policy on the following Plan:

Single Premium Whole Life Plan 14W

APPLICATION FOR INSURANCE TO
BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave, Chicago, Illinois 60654-2800

2 Print Proposed Insured's Full Name (Last, First & Middle Initial)	Sex	Date of Birth Mo. Day Yr.	Age	Height Ft/In	Weight Pounds	Death Benefit	Single Premium
		/ /				\$ / /	\$

3 RESIDENCE OF PROPOSED INSURED

A. Street Address _____

City _____ State _____ Zip _____

Telephone Number () _____

Email Address _____

Occupation _____

B. Legal U.S. Resident for at least 24 months? Yes No

4 OWNER INFORMATION/BILLING ADDRESS (If different from Residence Address)

Owner Name/Relationship _____

Street or P.O. Box _____

City, Town _____

State _____ Zip Code _____

5 SPECIAL ISSUE DATE _____ None

6 QUALIFYING MEDICAL QUESTIONS

A. Has the Proposed Insured:

- 1) Within the past year, been in a long-term care facility, been confined to a bed for a week or longer, required the use of a wheelchair or oxygen, or been diagnosed with a terminal illness; or
- 2) Within the past 3 years, had, or been diagnosed as having, been treated for, or medically advised to receive treatment for: Alzheimer's Disease, dementia, ALS (Lou Gehrig's Disease), congestive heart failure, cardiomyopathy, kidney insufficiency (including dialysis) or drug abuse; or
- 3) Ever tested positive for the antibodies to the AIDS Virus or been treated for Acquired Immune Deficiency Syndrome (AIDS)? Yes No

B. Within the past 3 years, has the Proposed Insured:

- 1) Had angina, a heart attack, stroke, any heart or vascular procedure to improve coronary circulation or had a bone marrow transplant or organ transplant; or
- 2) Had, or been diagnosed as having, been treated for, or medically advised to receive treatment for: mental retardation, a brain tumor, internal cancer, leukemia, malignant melanoma, multiple sclerosis, cerebral palsy, muscular dystrophy, systemic lupus erythematosus, emphysema, chronic obstructive lung disease (COPD) or cystic fibrosis, diabetes requiring insulin, liver disease, or alcohol abuse? Yes No

7 BENEFICIARY: Primary _____, Date of Birth _____, Related to me as _____

Primary/ Contingent _____, Date of Birth _____, Related to me as _____

8 A. Does the proposed insured have any existing life or annuity coverage with any company? Yes No

B. Is the policy applied for intended to, or likely to, replace or change any existing life insurance or annuities in this or any other company? Yes No

9 Subject to the terms of a conditional receipt, if any, given in connection with this application, do you understand and agree that the policy hereby applied for will not take effect until it is issued by the Company, and that no agent has authority to waive the answers to any questions on this application, to pass on insurability, to waive any of the Company's rights or requirements nor to alter any policy? Yes No

I have paid a total of \$ _____ with this application.

10 REMARKS _____

I/we certify that I/we asked all the questions and truly and accurately recorded the answers contained herein. To the best of my knowledge and belief, except as may be stated by the Proposed Insured's response to Question 8, the insurance applied for is not or is not likely to replace or change any existing policies or contracts.

Signature of Licensed Resident Agent/Producer No. _____ Office _____

Signature of Licensed Resident Agent/Producer No. _____ Office _____

The Proposed Insured has read, or had read to him/her, the above questions and his/her answers to each and certify the answers are complete, true and correct.

Dated at _____

This _____ Day of _____ 20 _____

X _____
Signature of Proposed Insured

Social Security Number

X _____
Signature of Owner (If other than Proposed Insured)

Social Security Number

MAKE ALL CHECKS PAYABLE ONLY TO BANKERS LIFE AND CASUALTY COMPANY

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Regulation 19 Cert.pdf

READABILITY CERTIFICATION.pdf

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Bankers Life and Casualty Company

Form

Number(s): L-18126-AR

Simplified Underwritten Life Insurance Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance..



Signature of Company Officer

Mathias Brown

Name

Assistant Secretary

Title

January 18, 2011

Date

READABILITY CERTIFICATION

Company Name: Bankers Life and Casualty Company

NAIC Number: 233-61263

As an officer of Bankers Life and Casualty Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
Application		
50.86	L-18126	Application for Life Insurance



Matt Brown
Assistant Secretary

01/18/2011
DATE