

SERFF Tracking Number: LSVX-G127006034 State: Arkansas
 Filing Company: USAbLe Life State Tracking Number: 47809
 Company Tracking Number: AR001380100009
 TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life -
 Fixed/Indeterminate Premium
 Product Name: Small Group Application, SGAPP
 Project Name/Number: Small Group Application/AR001380100009

Filing at a Glance

Company: USAbLe Life
 Product Name: Small Group Application, SGAPP SERFF Tr Num: LSVX-G127006034 State: Arkansas
 TOI: L04G Group Life - Term SERFF Status: Closed-Approved- Closed State Tr Num: 47809
 Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium Co Tr Num: AR001380100009 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Author: SPI Life and Specialty Ventures Disposition Date: 01/31/2011
 Date Submitted: 01/27/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: 02/28/2011 Implementation Date:
 State Filing Description:

General Information

Project Name: Small Group Application Status of Filing in Domicile:
 Project Number: AR001380100009 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 01/31/2011 Deemer Date:
 State Status Changed: 01/31/2011 Submitted By: SPI Life and Specialty Ventures
 Created By: SPI Life and Specialty Ventures
 Corresponding Filing Tracking Number:
 Filing Description:
 This application will be used in conjunction with our Group Life. AD&D and STD Policy, GRP-P (5-09) which was approved for use on 02/18/2009. Please Reference SERFF Tracking #LSVX126016440.

It will also be used with our Long Term Disability Policy, LTD-P (5-09) which was approved on 03/17/2009. Please reference SERFF Filing #LSVX126075574.

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The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

Company and Contact

Filing Contact Information

Tracy Caballero, Regulatory Resource Analyst tcaballero@usablelife.com
 PO Box 1650 501-212-8935 [Phone] 8935 [Ext]
 Little Rock, AR 72203-1650 501-235-8484 [FAX]

Filing Company Information

USable Life CoCode: 94358 State of Domicile: Arkansas
 PO Box 1650 Group Code: 876 Company Type: Life & Health
 Little Rock, AR 72203-1650 Group Name: Life and Speciality State ID Number:
 Ventures (LSV)
 (501) 375-7200 ext. [Phone] FEIN Number: 71-0505232

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USable Life	\$50.00	01/27/2011	44136515

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/31/2011	01/31/2011

SERFF Tracking Number: LSVX-G127006034

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Disposition

Disposition Date: 01/31/2011

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		Yes
Supporting Document	Application		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT		Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Statement of Variability		Yes
Form	Small Group Insurance Application		Yes

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Form Schedule

Lead Form Number: SGAPP (5-09)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SGAPP (5-09)	Application/ Enrollment Form	Small Group Insurance Application	Initial		50.400	SGAPP (5-09) with brackets.PDF



SMALL GROUP INSURANCE APPLICATION

P.O. Box 1650
Little Rock, Arkansas 72203

Type or Print in Black Ink

SECTION I. GROUP INFORMATION:

1. Legal Name of Policyholder:		2. Taxpayer ID#	3. Effective Date of Coverage
4. Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> PC <input type="checkbox"/> S-Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Government			
5. Mailing Address of Policyholder		City	State Zip+4
6. Street Address of Policyholder (if different than above)		City	State Zip + 4
7. Contact Information at Company: Benefits Contact Person _____ Phone Number () _____ Fax Number () _____ Email Address _____ Web Address _____			
8. Name of Subsidiary or Affiliate Companies to be Covered		9. Nature of Business	10. SIC Code
11. Do you have any employees located in states other than the Policyholder's main address? (if yes, please indicate states below) <input type="checkbox"/> Yes <input type="checkbox"/> No _____		12. Billing Method: <input type="checkbox"/> Billed by Blue Plan <input type="checkbox"/> Self Administered <input type="checkbox"/> Benefit Focus <input type="checkbox"/> List Bill	
13. Total number of employees:		14. Total number of employees enrolled:	
15. Employer contribution:		16. Class Description (all active full-time employees)	
17. Do you allow Domestic Partner Coverage under the existing Medical Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Eligibility waiting Period: <input type="checkbox"/> First of the following month after completion of _____ days, or <input type="checkbox"/> Hire Date			
19. Eligible Waiting Period Applies to: <input type="checkbox"/> Future Employees Only <input type="checkbox"/> Present & Future Employees			16. Minimum Hours per week to be Eligible: _____

SECTION II. BENEFIT OPTIONS:

This section is made for the following option. (Check only one box)

Benefits	Option SGPL20	Option SGP10	Option SGP15	Option SGP20	Option SGP25	Option SGP35
Life Insurance	[\$20,000]	[\$10,000]	[\$15,000]	[\$20,000]	[\$25,000]	[\$35,000]
Waiver of Premium *	[Yes]	[Yes]	[Yes]	[Yes]	[Yes]	[Yes]
Accelerated Benefit *	[50% of Life]					
Dependent Life	[Yes]	[Yes]	[Yes]	[Yes]	[Yes]	[Yes]
Spouse	[\$5,000]	[\$5,000]	[\$5,000]	[\$5,000]	[\$5,000]	[\$5,000]
Child (ren)	[\$2,000]	[\$2,000]	[\$2,000]	[\$2,000]	[\$2,000]	[\$2,000]
14 days to 6 months	[\$100]	[\$100]	[\$100]	[\$100]	[\$100]	[\$100]
AD&D	[\$20,000]	[\$10,000]	[\$15,000]	[\$20,000]	[\$25,000]	[\$35,000]
LTD Monthly Benefit	[No]	[Yes]	[Yes]	[Yes]	[Yes]	[Yes]
Monthly Benefit	[N/A]	[\$500 /Month]	[\$500 /Month]	[\$750 /Month]	[\$1,000 /Month]	[\$1,000 /Month]
Benefit Duration	[N/A]	[2YR /RBD **]	[2YR /RBD **]	[2YR /RBD **]	[2YR /RBD **]	[5YR /RBD **]
Elimination Period	[N/A]	[60 Day]				
Pre-Existing Limitation	[N/A]	[3/12]	[3/12]	[3/12]	[3/12]	[3/12]
Nervous & Mental	[N/A]	[24 Months]				
Total Monthly Premium	[\$7.00]	[\$8.00]	[\$12.00]	[\$16.00]	[\$20.00]	[\$26.00]
Select One Option	<input type="checkbox"/>					

* waiver of premium & accelerated benefits are only applicable to Life Insurance

** Reducing Benefit Duration

Legal Name of Policyholder:		Taxpayer ID#	
AD&D Riders		Reductions & Termination for Life /AD&D Coverage Benefits reduce by the following amounts on the insured's birthday *	
		Reduction at Age of Insured	
Seat Belt /Air Bag	<input checked="" type="checkbox"/>	65	70
Coma	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 35%	50%
Repatriation	<input checked="" type="checkbox"/>	* Benefits for the covered person(s) terminate when no longer eligible or at retirement, whichever comes first.	
Exposure and Disappearance	<input checked="" type="checkbox"/>		
Replacement: Are any of the following replacement of similar coverage?			
Yes	No	If Yes, Previous Carrier	Termination Date
<input type="checkbox"/>	<input type="checkbox"/>	Life & AD&D Insurance	
<input type="checkbox"/>	<input type="checkbox"/>	Long Term Disability	
If prior coverage, please include a copy of the prior carrier's plan.			
LONG TERM DISABILITY FEATURES:			
Disability Definition: Earnings & Occupation Test Pre-Existing Condition Exclusion: 3/12		Nervous and Mental Benefits: 24 Month Lifetime Benefits	
W-2 Service Options for LTD:			
<input type="checkbox"/> Option 1: Withhold Federal income Taxes and the employee's portion of FICA. Prepare and File W-2 Forms. <input type="checkbox"/> Option 2: Withhold Federal income Taxes and the employee's portion of FICA. Policyholder waives W-2 Forms Services. <input type="checkbox"/> Option 3: Waive all options.			
A detailed description of the W-2 Services elected by the policyholder pursuant to this application will be sent to the policyholder by mail. Such services will be performed in accordance with the above election and established standard procedures.			
SECTION III. AUTHORIZATION:			
REMARKS OR SPECIAL PROVISIONS:			
The undersigned employer and /or authorized representative hereby request that it be approved for insurance coverage through USABLE Life and agrees to comply with all terms and provisions of the Group Policy (ies) issued in response to this application.			
It is understood and agreed that this application shall be made a part of the policy or policies applied for and that no insurance shall be effective until approved by USABLE Life.			
Warning: It is or may be a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company or other person. Penalties may include imprisonment, fines or a denial of insurance benefits in accordance with applicable state law.			

_____ Dated at (City & State)

_____ Date

_____ Signature of Policyholder and Title

_____ Signature of Marketing Representative

_____ Signature of Marketing Director

_____ Signature of Broker, if applicable

For Home Office Use Only
Group #

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Project Name/Number: Small Group Application/AR001380100009

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Attached to forms tab

Item Status: **Status Date:**

Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT

Comments:

Attachment:

AR - NAIC TRANSMITTAL DOCUMENT.PDF

Item Status: **Status Date:**

Satisfied - Item: AR - NAIC FORM FILING ATTACHMENT

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

Item Status: **Status Date:**

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Satisfied - Item: Statement of Variability

Comments:

Attachment:

STATEMENT OF VARIABILITY.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: USAble Life

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
SGAPP (5-09)	50.4

Signed: 
Name: Connie Phillips
Title: Assistant General Counsel & Assistant Secretary
Date: 01/27/2011

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 #
USable Life PO Box 1650 Little Rock AR 72203-1650	AR	Life & Health	876	94358	71-0505232	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Tracy Caballero PO Box 1650 Little Rock AR 72203-1650	800-648-0271 Ext. 8935	501-235-8484	tcaballero@usablelife.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	AR001380100009
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7. <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8. Market	Group	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise
		<input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	L04G Group Life - Term
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10. Product Coding Matrix Filing Code	L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
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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: _____ <input type="checkbox"/> 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 Agreement <input checked="" 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	01/27/2011
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	N/A
15.	Filing Description:	
<p>This application will be used in conjunction with our Group Life, AD&D and STD Policy, GRP-P (5-09) which was approved for use on 02/18/2009. Please Reference SERFF Tracking #LSVX126016440.</p> <p>It will also be used with our Long Term Disability Policy, LTD-P (5-09) which was approved on 03/17/2009. Please reference SERFF Filing #LSVX126075574.</p> <p>The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.</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>Tracy Caballero</u> Title <u>Regulatory Resource Analyst</u></p>		
<p>Signature <u></u> Date <u>01/27/2011</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AR001380100009	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Small Group Insurance Application	SGAPP (5-09)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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 _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

STATEMENT OF VARIABILITY

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

GENERAL VARIABLES

1. **Section II. of the application (Benefit Options):**

- We have bracketed this entire section so the customer may choose which option they want, based on what products are currently being offered by our partners.
- Once the customer decides which option they want, the other columns become invalid.
- Although the rates may vary, we will only use approved rates.