

SERFF Tracking Number: AMLC-127079412 State: Arkansas  
Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 48245  
Company Tracking Number: EGTP(30)-APR  
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Group Term Life  
Project Name/Number: Enrollment Form/EGTP(30)-APR

## Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: Group Term Life SERFF Tr Num: AMLC-127079412 State: Arkansas  
TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 48245  
Closed

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: EGTP(30)-APR State Status: Approved-Closed  
Fixed/Indeterminate Premium - Single Life  
Filing Type: Form

Author: Diane Breeding Reviewer(s): Linda Bird  
Disposition Date: 03/17/2011  
Date Submitted: 03/14/2011 Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Enrollment Form  
Project Number: EGTP(30)-APR  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer  
Filing Status Changed: 03/17/2011  
State Status Changed: 03/17/2011  
Created By: Diane Breeding  
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized  
Date Approved in Domicile: 02/28/2011  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:

Deemer Date:  
Submitted By: Diane Breeding

Filing Description:

FEIN: 63-0782739

RE: Employee Group Term Life Enrollment Form EGTP(30)-APR  
Readability Certification Form S1351

NAIC Transmittal Document

Filing Fee - \$60.00

Attached for your review and approval is one (1) laser print copy of the above mentioned Employee Group Term Life

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Enrollment Form EGTP(30)-APR which is being submitted for general use with our Employee Group Term Life policies previously filed by the Arkansas Department of Insurance.

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

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

If you have any questions please feel free to call me collect at the following number: (972) 569-3295 or via e-mail me at the following address: 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: \$60.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$60.00	03/14/2011	45560927

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/17/2011	03/17/2011

*SERFF Tracking Number:*      *AMLC-127079412*                      *State:*                      *Arkansas*  
*Filing Company:*              *Globe Life and Accident Insurance Company*      *State Tracking Number:*      *48245*  
*Company Tracking Number:*      *EGTP(30)-APR*  
*TOI:*                      *L04G Group Life - Term*                      *Sub-TOI:*                      *L04G.213 Specified Age or Duration -*  
*Fixed/Indeterminate Premium - Single Life*  
  
*Product Name:*                      *Group Term Life*  
*Project Name/Number:*              *Enrollment Form/EGTP(30)-APR*

## **Disposition**

Disposition Date: 03/17/2011

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		No
Supporting Document	NAIC Transmittal		Yes
Form	Enrollment Form		Yes

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## Form Schedule

**Lead Form Number: EGTP(30)-APR**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	EGTP(30)-APR	Application/Enrollment Form Enrollment Form	Initial		46.700	EGTP(30)-APR.pdf

1. Name of Employee as shown on Allotment \_\_\_\_\_
2. Residence Address \_\_\_\_\_  
Street City State Zip
3. Social Security No. \_\_\_\_\_ 4. Drivers License \_\_\_\_\_  
Number State of Issue
5. Home Tel. \_\_\_\_\_ Work Tel. \_\_\_\_\_
6. Payroll Center \_\_\_\_\_ City, State, (Dept. Code) \_\_\_\_\_ ( \_\_\_\_\_ )
7. Will the Life insurance applied for replace or change any existing Life insurance or Annuity contract? . . . . . YES  No   
 If yes, list Company name and address \_\_\_\_\_

	*	Agt. Saw	Height		Wt (lbs)	Sex	Birthdate			Age	Amount of insurance	Weekly Premium	Plan	ADB (Yes / No)	Term Rider Option
			Ft.	Ins			MM	DD	YY						
a. Employee															
b. Spouse															
<b>CHILDREN</b>	c.														
	d.														
	e.														
	f.														
	g.														

* What is your relationship to the Premium Payor? <input type="checkbox"/>	IF CHILD RIDER IS ISSUED IT WILL BE ATTACHED TO EMPLOYEE'S CERTIFICATE <input type="checkbox"/>
9. EMPLOYEE'S BENEFICIARY Spouse <input type="checkbox"/> OR <input type="checkbox"/>	

**IF THE ANSWERS TO QUESTIONS 10., 11.(a), OR 11.(b) ARE "YES" THE PROPOSED INSURED TO WHOM THE "YES" ANSWER APPLIES WILL BE ISSUED SUB-STANDARD COVERAGE IF INDIVIDUAL COVERAGE APPLIED FOR. IF THE ANSWER TO QUESTION 11.(c) IS "YES", THE PROPOSED INSURED TO WHOM THE "YES" ANSWER APPLIES IS NOT ELIGIBLE FOR ANY COVERAGE. IF ANY PROPOSED INSURED CHILD ANSWERS "YES" TO ANY OF THE QUESTIONS, THEY ARE NOT ELIGIBLE FOR COVERAGE UNDER THE CHILD RIDER.**

			CHECK APPLICABLE BOX FOR ANY PROPOSED INSURED TO WHOM A "YES" APPLIES						
	YES	NO	a.	b.	c.	d.	e.	f.	g.
10. Is any Proposed Insured disabled, confined to a hospital or nursing facility, or does any Proposed Insured require the use of a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In the past 5 years has any Proposed Insured ever been medically diagnosed or treated by a physician for:									
(a) cancer, high blood pressure, coronary artery disease, chronic obstructive lung disease, chronic kidney disease or kidney failure, or any disease or disorder of the heart, brain or liver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) muscular disease, mental or nervous disorder, chronic glandular disease or disorder, diabetes, systemic lupus, cystic fibrosis, Down's syndrome, drug or alcohol abuse, had any amputation caused by disease, or been hospitalized for any blood disease or disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) been treated, diagnosed or tested positive as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or ever tested positive for antibodies for the AIDS (HIV) virus or been diagnosed with a terminal illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FOR ANY PROPOSED INSURED WHO APPLIES FOR A FACE AMOUNT WHICH EXCEEDS THE GUARANTEED ISSUE LIMIT OR APPLIES FOR A FACE AMOUNT WHICH, TOGETHER WITH THE FACE AMOUNT IN FORCE WITH THE COMPANY, EXCEEDS THE GUARANTEED ISSUE LIMIT, GIVE DETAILS BELOW OF ANY "YES" ANSWER ABOVE AND COMPLETE THE FOLLOWING QUESTIONS.**

12. Has Proposed Insured, within the past 3 years, engaged in any flying as a pilot or student pilot, or engaged in hazardous sports or activities? (If yes, check applicable box to which person YES answer applies and complete the questionnaire.)	<input type="checkbox"/>	<input type="checkbox"/>	a.	b.	c.	d.	e.	f.	g.
13. Has Proposed Insured had any other medical or surgical treatment or advice in the past 5 years not already mentioned?	<input type="checkbox"/>	<input type="checkbox"/>	a.	b.	c.	d.	e.	f.	g.

14. P.I. Line No.	Question No.	Name of Illness or Condition	Date of Onset	Date of Recovery	Name and Addresses of Attending Physicians, Hospitals or Clinics



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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

AR EGTP(30)-APR Readability.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** NAIC Transmittal

**Comments:**

**Attachment:**

AR EGTP(30)-APR NAIC Transmittal.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 EGTP(30)-APR	46.70

March 11, 2011

\_\_\_\_\_  
Date



\_\_\_\_\_  
Michael J. Gaisbauer, Vice President

FORM S-1351

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	<b>ARKANSAS</b>
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<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

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

<b>5.</b>	<b>Requested Filing Mode</b>	<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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<b>6.</b>	<b>Company Tracking Number</b>	<b>EGTP(30)-APR</b>
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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<b>8.</b>	<b>Market</b>	<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 checked="" 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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<b>9.</b>	<b>Type of Insurance (TOI)</b>	<b>L04G</b>
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<b>10.</b>	<b>Sub-Type of Insurance (Sub-TOI)</b>	<b>L04G.213</b>
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<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <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  <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <u>SUPPORTING DOCUMENTATION</u> <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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<b>12.</b>	<b>Filing Submission Date</b>	<b>March 11, 2011</b>	
<b>13</b>	<b>Filing Fee (If required)</b>	Amount <u>    \$60.00    </u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number <u>    EFT    </u>
<b>14.</b>	<b>Date of Domiciliary Approval</b>	<b>February 28, 2011</b>	
<b>15.</b>	<b>Filing Description: Employee Group Term Life Enrollment Form</b>		
	<p>FEIN: <b>63-0782739</b>  RE: <b>Employee Group Term Life Enrollment Form EGTP(30)-APR</b>  <b>Readability Certification Form S1351</b>  <b>NAIC Transmittal Document</b>  <b>Filing Fee - \$60.00</b></p> <p>Attached for your review and approval is one (1) laser print copy of the above mentioned Employee Group Term Life Enrollment Form EGTP(30)-APR which is being submitted for general use with our Employee Group Term Life policies previously filed by the Arkansas Department of Insurance.</p> <p>I hereby certify that I have carefully reviewed this enrollment form and to the best of my knowledge and ability find:</p> <ol style="list-style-type: none"> <li>1. This enrollment form conforms to all insurance statutes and requirements of your jurisdiction.</li> <li>2. This enrollment form contains no provisions previously disapproved by your department.</li> </ol> <p>If you have any questions please feel free to call me collect at the following number: (972) 569-3295 or via e-mail me at the following address: <a href="mailto:dbreeding@torchmarkcorp.com">dbreeding@torchmarkcorp.com</a>.</p>		

<b>16.</b>	<b>Certification (If required)</b>		
	<p><b>I HEREBY CERTIFY</b> 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>		
	Print Name <u>    <b>Diane M. Breeding</b>    </u>	Title <u>    <b>Analyst</b>    </u>	
			
	Signature _____	Date: <u>    <b>March 11, 2011</b>    </u>	

<b>17.</b>	<b>Form Filing Attachment</b>	
This filing transmittal is part of company tracking number		EGTP(30)-APR
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Revised Employee Group Term Life	EGTP(30)-APR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
	Enrollment Form			
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 _____	

LH FFA-1