

SERFF Tracking Number: FRSS-127031681 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number: 48161
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Application for Conversion
 Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Application for Conversion

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRSS-127031681 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48161

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Kerry Shields, Kerry
Shields, Jennifer Daigle, Kerry
Shields, Tamara Kozma, Rosemary
Ho, Gita Lakhan, Art Vikari, Gale
Mcinally, Andrew Palmer

Disposition Date: 03/09/2011

Date Submitted: 03/04/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Approval of this
form is not required by the Insurance Laws of
Canada where this Society is domiciled.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/09/2011

State Status Changed: 03/09/2011

Deemer Date:

Submitted By: Tamara Kozma

Filing Description:

Created By: Tamara Kozma

Corresponding Filing Tracking Number:

RE: Independent Order of Foresters ("Foresters")

NAIC #763-58068; FEIN: 980000680

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Form Number Form Description
105263 US 03/11 Application for Conversion Form

Dear Sir or Madam:

The form listed above is enclosed for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal industry standards. Approval of this form is not required by the Insurance Laws of Canada where this Society is domiciled. The form will not be replacing a previously approved form; it will be used for Applications for Conversions in place of the conversion portion of an existing state filed form – ‘Change/Conversion/Reinstatements’, 103107 US 05/02; Approved –May 30, 2002. The existing form will continue to be used for changes and reinstatements only, until new forms for those purposes are developed and approved for use.

This filing is undertaken in order to implement an application to be used solely for conversions, and to give this form a new look, and make it more efficient and user–friendly for our applicants, administration and distribution groups.

The form will be used to issue an insurance certificate, without underwriting requirements, in situations where coverage under an existing term certificate or term rider is converted to permanent insurance or the benefit under an existing Guaranteed Insurability rider is exercised to purchase an additional permanent certificate. Since this form is intended for conversion purposes for existing Foresters coverage, replacement questions are not applicable and have not been included. This form may be used in conjunction with applicable Foresters Contingent Owner/Payer form, 104907 US 02/10, previously filed, SERFF Tracking #FRSS-126516328 and approved on June 14, 2010.

The form may be used for previously approved universal life and whole life certificates as well as any future products approved in your state.

The form will be completed utilizing traditional standard completion methods, including ‘wet’ signatures by all applicable parties to the application. When the certificate is issued, a copy of the completed application with applicable signatures will be attached to the certificate and delivered to the certificate owner.

Depending on the method of generation and printing, the formatting and fonts may be slightly altered but all content will remain identical to the approved form, subject to only minor modification in company logo, and adaptation to electronic media and computer printing.

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000,

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 ext. 4310 or email tkozma@foresters.com

Sincerely yours,

Tamara Kozma
 Product Compliance Analyst

Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst kshields@foresters.com
 789 Don Mills Road 416-429-3000 [Phone] 4066 [Ext]
 Toronto, ON M3C 1T9 416-467-2525 [FAX]

Filing Company Information

The Independent Order of Foresters CoCode: 58068 State of Domicile: Ontario
 789 Don Mills Road Group Code: -99 Company Type: Fraternal Benefit
 Society
 Toronto, ON M3C 1T9 Group Name: State ID Number:
 (416) 429-3000 ext. [Phone] FEIN Number: 98-0000680

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$50.00	03/04/2011	45268370

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/09/2011	03/09/2011

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Disposition

Disposition Date: 03/09/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	105263 US 03/11	US Application/ Enrollment Form	Application for Conversion	Initial		50.000	105263 US 0311_Application for Conversion_FINAL.pdf



The Independent Order of Foresters ("Foresters")

Application for Conversion

Existing Coverage Information			
Certificate #:	Owner's First name:	Owner's Middle name:	Owner's Last name:
Indicate what coverage is being converted:		Amount being Converted:	
<input type="checkbox"/> Term Plan		\$:	<input type="checkbox"/> Full Conversion <input type="checkbox"/> Partial Conversion
<input type="checkbox"/> Term Rider		\$:	<input type="checkbox"/> Full Conversion <input type="checkbox"/> Partial Conversion
<input type="checkbox"/> Children's Term Rider		\$:	
<input type="checkbox"/> Guaranteed Insurability Rider		\$:	
If a partial conversion, indicate what is to happen to remaining coverage: <input type="checkbox"/> Maintain Remaining Coverage <input type="checkbox"/> Cancel Remaining Coverage			

New Coverage Information	
Requesting Conversion to: (Specify Product Name)	Certificate Type: <input type="checkbox"/> Whole Life <input type="checkbox"/> Universal Life
If a Children's Term Rider conversion, complete the following:	
<ul style="list-style-type: none"> Has the insured converting used a product containing tobacco or nicotine in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Original document shown to verify the identity of the insured converting under the Children's Term Rider: <ul style="list-style-type: none"> <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other government photo ID Document number: _____ 	
If converting to a whole life insurance certificate complete the following:	
<ul style="list-style-type: none"> Is the Automatic Premium Loan provision elected? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', overdue premium will be paid through a loan against, and for as long as there is, available cash value, if any. If 'No', the certificate's Nonforfeiture provisions will automatically apply, if premium is overdue at the end of the Grace Period, resulting in either reduced coverage or surrender. Dividend Option: <input type="checkbox"/> Paid-up additions <input type="checkbox"/> Paid in cash <input type="checkbox"/> Left on deposit <input type="checkbox"/> To reduce premiums 	
If converting to a universal life insurance certificate complete the following, as applicable: Planned Premium: \$ _____	
<ul style="list-style-type: none"> Death Benefit Option: <input type="checkbox"/> Level <input type="checkbox"/> Increasing Life Insurance Qualification Test: <input type="checkbox"/> Guideline Premium Test (GPT) <input type="checkbox"/> Cash Value Accumulation Test (CVAT) 	

Insured Converting			
First name:	Middle name:	Last name:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street address (cannot be a P.O. Box.):		City:	State: Zip:
Phone #:	Email address (optional):	Social Security #:	Date of birth (mmm/dd/yyyy):

Owner of New Coverage (Complete only if other than the insured converting)			
Full legal name of Individual (First, Middle, Last), Organization, Charity, Business or Trust:			Social Security # / Tax I.D. #:
Street address (cannot be a P.O. Box.):		City:	State: Zip:
Relationship to the insured converting:		Email address (optional):	
Phone #:	If Trust, name of Trustee:	If Trust, date of Trust agreement:	
If Individual			
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (mmm/dd/yyyy):	U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, immigration status / type of Visa: _____	

Beneficiary Information <i>(Each beneficiary below is revocable. If, however, a beneficiary is to be irrevocable, insert the word "irrevocable" next to the name of that beneficiary.)</i>		
Name and address of each primary beneficiary	Relationship to insured converting	% Share
		Total amount
		must equal
		100%
Name and address of each contingent beneficiary	Relationship to insured converting	% Share
		Total amount
		must equal
		100%

Payment Information and Authorization			
Payer is:	<input type="radio"/> Insured Converting	<input type="radio"/> Owner (if other than insured converting)	<input type="radio"/> Other (complete Contingent Owner/Other Payer Form)
First premium payment to be made by:	<input type="radio"/> Draft via Pre-Authorized Check (PAC)	<input type="radio"/> Check (payable to Foresters)	
Subsequent premium payments made by:	<input type="radio"/> PAC	<input type="radio"/> Direct Bill	
Payment mode:	<input type="radio"/> Monthly (PAC only)	<input type="radio"/> Quarterly	<input type="radio"/> Semi-annually <input type="radio"/> Annually

Check Conversion Notification: Foresters may process a check provided for payment as a check transaction or we may, at our option, use the information from the check to make a one-time electronic fund transfer from the account that the check relates to.

PAC banking information (including drafting first premium) to be taken from: <input type="radio"/> Attached void check <input type="radio"/> Check submitted with this Application <input type="radio"/> Information completed below (if no check available)		
Type of account <input type="radio"/> Checking <input type="radio"/> Savings		
Name of financial institution _____		
Street address _____		
City _____ State _____ Zip _____		
Transit # _____ Account # _____		

PAC Authorization

The payer, by signing this PAC authorization, verifies that the payer is the account holder of the account identified in the PAC banking information section and agrees that: 1) Foresters is authorized to draft deductions under the PAC plan from that account or another account later identified or substituted by the payer. 2) The financial institution from which payments are to be drafted is authorized to treat each draft by Foresters as though it was made personally by the payer. 3) Foresters reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for the insurance contract issued. 4) This PAC plan is effective immediately and will continue until terminated, which either the payer or Foresters may do at any time by signed notice to the other.

X _____
Signature of payer

Agreements

"I/Me" means individually each person identified in this Application as either the insured converting or an owner, and the parent/legal guardian signing this Application if the insured converting is a juvenile.

I, as evidenced by my signature in this Application, understand and agree that: 1) The insurance contract issued, as a result of this Application, comes into effect as described in, and subject to, the terms of that insurance contract. There is no conditional or temporary coverage in effect even if an amount was provided, authorized, or collected, as first premium. 2) Coverage, if any, for the insured under the certificate or rider being converted will terminate or be reduced, as described in that certificate or rider. 3) No producer, medical examiner or any other person, except for Foresters Executive Secretary or successor position, has power of behalf of Foresters to make, modify, or discharge an insurance contract. 4) This Application, Foresters Instruments of Incorporation and its Constitution now in force or subsequently amended shall form part of the entire contract with Foresters. 5) This Application and related documents may be completed, signed and/or submitted to Foresters by voice and/or electronic means, including but not limited to, email and facsimile transmission. 6) Foresters may contact or send messages to me, including pre-recorded and text messages and calls or messages by use of an automatic telephone dialing system, using the phone number(s), including wireless number(s), either provided in this Application or number(s) that I later provide. 7) If I have chosen to provide a current internet email address in this Application or choose to provide one in the future, Foresters may use that address to send messages or documents to me electronically. 8) Any person who knowingly and with intent to defraud Foresters, any other insurer, or other person(s), files an application for insurance or a 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 may subject such person to criminal and civil penalties.

X _____
Signature of insured converting (if the insured converting is not a juvenile)

X _____
Signature of owner of the certificate being converted from (if other than insured converting)

X _____
Signature of parent/legal guardian
(if the insured converting is a juvenile and the owner is not a parent/guardian)

X _____
Signature of owner of new certificate
(if other than insured converting or owner of the certificate being converted from)

Each person signed at _____
(City, State)

Each person signed on _____
Date (mmm/dd/yyyy)

Producer Certification

I certify that: a) I have not altered this Application in any way after it has been signed by the Insured converting and the Owner; b) I complied with applicable regulatory requirements including those relating to the solicitation and sale of life insurance to active duty members of the United States military; c) If applicable, I have disclosed that this Application may be transmitted to Foresters by electronic means and that this original Application may be destroyed after confirmation of successful transmission; d) I have made no misrepresentation(s) about Foresters product(s) applied for in this Application. I have made no promise(s) regarding the benefit(s) or future performance of the product(s) applied for, other than as specifically written in the specific product(s) applied for in this Application.

X _____
Name of Producer

X _____
Signature of Producer

X _____
Producer #

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR_Readable Score Certification.pdf

The Independent Order of Foresters

NAME OF COMPANY: The Independent Order of Foresters
Forester House, 789 Don Mills Road, Toronto, Ontario M3C 1T9
(416) 429-3000

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is below.
 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below.

Form and Form Numbers to which Certification is Applicable:

<u>Form Name</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application for Conversion	105263 US 03/11	50.0

B. Test Option Selected

1. Test was applied to entire policy form(s).
 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

This certification must be signed by an officer of the insurer.

Steve Lintner
Director, Product Solutions

March 4, 2011
Date