

SERFF Tracking Number: ULCC-127077521 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 48228
Company Tracking Number:
TOI: ML01 Multi-Line - Assumption Agreement Sub-TOI: ML01.000 Multi-Line - Assumption Agreement
Product Name: Insurance Application Amendment
Project Name/Number: /

Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: Insurance Application SERFF Tr Num: ULCC-127077521 State: Arkansas

Amendment

TOI: ML01 Multi-Line - Assumption Agreement SERFF Status: Closed-Approved- State Tr Num: 48228
Closed

Sub-TOI: ML01.000 Multi-Line - Assumption Co Tr Num: State Status: Approved-Closed
Agreement

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Kevin Ross, Carla Wallace Disposition Date: 03/18/2011

Date Submitted: 03/14/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 03/18/2011

State Status Changed: 03/18/2011

Deemer Date:

Created By: Carla Wallace

Submitted By: Carla Wallace

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Insurance Department

1200 West 3rd Street

Little Rock, AR 72201-1904

Re: The Union Labor Life Insurance Company

Replacement

Insurance Application Amendment, form ULLG-Amend/AP 0311

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TOI: ML01 Multi-Line - Assumption Agreement Sub-TOI: ML01.000 Multi-Line - Assumption Agreement
Product Name: Insurance Application Amendment
Project Name/Number: /
NAIC: 781-69744 FEIN: 13-1423090

Dear Sir or Madam:

Enclosed for your review and approval is Insurance Application Amendment form ULLG-Amend/AP 0311. This form, once approved, will replace form ULLG-Amend/AP-0803 approved by the Department on September 24, 2003. This Insurance Application Amendment was revised to:

1. Change our Company logo at the top of form.
2. Include the following statement above the Proposed Insured Signature line:

By signing below, I hereby attest that there has been no change in health since the date of the application and that the answers given on the application are still true at the time the amendment is signed.”

3. Change the form number to reflect the revision date of the form.

Other than the change(s) outlined, the form remains unchanged as originally approved by the Department.

The Union Labor Life Insurance Company's direct response marketplace has no agent involvement. There are times when an applicant fails to fully complete the application or enrollment form that is mailed with a direct mail solicitation. In such circumstances, we will call the applicant to obtain any additional information required to process the application for coverage. The enclosed Insurance Application Amendment will be used as the vehicle to complete the application. It will be made a part of the application and certificate issued under the group master policy. It is our intent to use the Insurance Application Amendment with all of our group insurance product direct mail solicitations when required.

Please advise us of your decision regarding this form at your earliest convenience.

If you have any questions, please let us know.

Sincerely,

Carla Wallace
Senior Compliance Analyst

Company and Contact

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Filing Contact Information

Carla Wallace, Compliance Analyst cwallace@ullico.com
 8403 Colesville Rd 202-962-2901 [Phone]
 Silver Spring, MD 20910

Filing Company Information

The Union Labor Life Insurance Company CoCode: 69744 State of Domicile: Maryland
 8403 Colesville Road Group Code: 781 Company Type: Life and Health
 Silver Spring, MD 20910 Group Name: State ID Number:
 (202) 682-0900 ext. [Phone] FEIN Number: 13-1423090

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form @ \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Labor Life Insurance Company	\$50.00	03/14/2011	45532534

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/18/2011	03/18/2011

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Disposition

Disposition Date: 03/18/2011

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
Form	ULLG-Amend AP 0311		Yes

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Post Submission Update Request Submitted On 03/15/2011

Status: Submitted
Created By: Carla Wallace

General Information:

Field Name	Requested Change	Prior Value
Project Name		
Project Number		
Status of Filing in Domicile	Pending	
Domicile Status Comments		
Explanation for Combination/Other		
Corresponding Filing Tracking Number		

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Insurance Application Amendment	Policy/Contract	ULLG-Amend AP 0311	Initial		51.800	Insurance Application Amendment ULLG-Amend AP 0311.pdf

The Union Labor Life Insurance Company

("We, Us, Our, the Company")

Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910
Executive Office: 1625 Eye Street N.W., Washington DC 20006

INSURANCE APPLICATION AMENDMENT

Issued To: John Doe

Effective Date: March 1, 2011

Certificate of Insurance Number: 123456789

This Amendment is part of the Application to which it is attached. Nothing in this Amendment will change the terms of the Application, Certificate, or Policy to which it is attached except as stated below. The following changes are subject to signed acceptance of this Amendment and are binding on any person who shall have claims or interest under the Certificate.

The proposed insured's last name is spelled "Jones."

By signing below, I hereby attest that there has been no change in health since the date of the application and that the answers given on the application are still true at the time the amendment is signed.

Signature of Proposed Insured

Date

Countersignature of Licensed Resident Agent if Required

John E. Valentine

SECRETARY

Harry L. Burke
PRESIDENT

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Document Attached.

Attachment:

Readability Certification.pdf

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READABILITY CERTIFICATION

I certify that the form submitted with this filing achieved the following score using the Flesch Test Reading Score standards.

Form	Description	Score
ULLG-Amend/AP 0311	Insurance Application Amendment	51.8



PRESIDENT

THE UNION LABOR LIFE INSURANCE COMPANY