

SERFF Tracking Number: HRCN-127102099 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 48399
Company Tracking Number: IL-M40600
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: E-sign/E-delivery Form
Project Name/Number: IL-M40600/

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: E-sign/E-delivery Form

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: HRCN-127102099 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48399

Co Tr Num: IL-M40600

Authors: Wes Romanotto, Rita
Rowe, Dorothy Ruppert, Marcetia
Neal

Date Submitted: 04/04/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/11/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: IL-M40600

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed concurrently

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/11/2011

State Status Changed: 04/11/2011

Created By: Wes Romanotto

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Marcetia Neal

Filing Description:

IL-M40600 – Electronic signature agreement / Electronic document delivery form

The above-referenced form is being submitted for your review and approval. Please note: This form is being simultaneously submitted for review and approval under separate cover for our annuity business line.

This form will be used during the electronic application process for annuity products and life products solicited in your state. For annuity products, this form is new and will replace form IL-A13E00, Electronic signature and electronic document delivery agreement form approved in your state on MM-DD-YYYY. For life products, this form is new and will

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not replace any form(s) previously approved by your insurance department.

No part of this filing contains any unusual or controversial items from normal company or industry standards.

This form has two purposes.

First, this form will be used during the electronic application process to provide disclosure regarding the use of e-signatures to the client. If the client agrees to the use of e-signatures to complete the application, we will capture the client's consent to the use of e-signatures on this form. An electronic signature will be attached to this form only if the client agrees to use e-signature.

Second, this form will be used during the application process to determine if a client is interested in receiving policy documents and communications electronically.

If the client agrees to e-signature and/or expresses an interest in e-delivery, this form will print as part of the contract package.

If the client does not agree to e-signature and does not express an interest in e-delivery, this form will not be created during the application process and therefore will not print as part of the contract package.

The client's contract number will print in the upper-right hand corner of the form directly below our Company logo. It has been bracketed to reflect that each client will have a unique contract number.

We have also bracketed portions of text in the title of the form and the entire Electronic Document Delivery Program Section. Our annuity business line will have the ability to offer e-delivery prior to our life business line. Until our life business line has the capability to offer e-delivery, these sections of bracketed text will only print for our annuity business line. Once the life business line has e-delivery capabilities, these sections of bracketed text will print for both annuity and life business.

Company and Contact

Filing Contact Information

Marcetia Neal, Product Development and Compliance Coordinator
1 Horace Mann Plaza
Springfield, IL 62715-0001
marcetia.neal@horacemann.com
217-788-5304 [Phone]
217-535-7197 [FAX]

Filing Company Information

Horace Mann Life Insurance Company CoCode: 64513 State of Domicile: Illinois

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 Project Name/Number: IL-M40600/
 1 Horace Mann Plaza Group Code: Company Type: Life,
 Springfield, IL 62715-0001 Group Name: Accident/Health, Annuity, Credit
 (217) 789-2500 ext. [Phone] FEIN Number: 37-0726637
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	04/04/2011	46212275

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/11/2011	04/11/2011

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Disposition

Disposition Date: 04/11/2011

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	Statement of Variability		Yes
Form	Electronic signature agreement/Electronic document delivery form		Yes

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Form Schedule

Lead Form Number: IL-M40600

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IL-M40600	Application/ Electronic signature Enrollment agreement/Electronic Form document delivery form	Initial		51.300	IL-M40600 E-sign and E-delivery form_Final.pdf

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030

Electronic signature agreement [/ Electronic document delivery] form

I understand that my application and all related documents required as part of the application process will be completed with an agent of Horace Mann Life Insurance Company by answering questions as they appear on the computer screen.

This information will be used to create the application which will be inserted into my policy. All electronic documents maintained by the Company are the sole original versions of the documents. The Company maintains physical, electronic and procedural safeguards to protect all nonpublic personal information from unauthorized use or improper access.

Use of electronic signatures

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

I agree to the use of electronic signatures which will constitute legally binding signatures.

Applicant's signature _____

[Electronic Document Delivery Program

I am interested in receiving my policy documents and communications electronically. Please send me an e-mail containing a link to the Terms and Conditions of the Electronic Document Delivery Program and instructions to enroll in the Electronic Document Delivery Program.

Yes No

My e-mail address is _____.]

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

See attached.

Attachment:

Readability Certification_Base.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The applications our form will be used with are:

IL-L231AR Approved 03/23/99

IL-L234AR Approved 03/23/99

IL-L238AR Approved 05/17/99

IL-L239AR Approved 05/17/99

IL-L24800 Approved 10/16/07

Item Status: **Status**
Date:

Satisfied - Item: Statement of Variability

Comments:

See attached.

Attachment:

SOV_IL-M40600 E-sign and E-delivery form.pdf

A. Option Selected

1. Application and its related policy forms are scored for the Flesch reading ease test as one unit and the combined score is 50.3.
2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Whole Life Insurance to Age 120, Guaranteed Cost	IC-151000	See above
Electronic signature and electronic document delivery agreement form	IL-M40600	See above

B. Test option selected

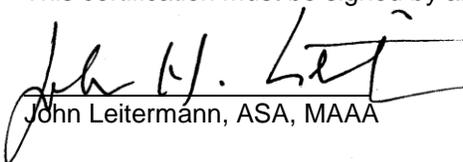
1. Test was applied to entire policy form(s).
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than ten 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 captioned in bold face 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.


John Leitermann, ASA, MAAA

Vice President
Officer's Title

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001
800-999-1030

2**Electronic signature agreement [/ Electronic document delivery] form**

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Use of electronic signatures

I understand that I may sign the application and related forms using an electronic signature process. Signatures will be displayed on the computer screen in real time. If any information in the application is changed after the electronic signature is captured, the electronic signature will be erased and a new electronic signature will be required to complete the application. Electronic signatures are encrypted and cannot be used for any purpose other than the execution of the application and related documents.

I also understand that I am not required to use the electronic signature process.

I agree to the use of electronic signatures which will constitute legally binding signatures.

Applicant's signature _____

[Electronic Document Delivery Program

I am interested in receiving my policy documents and communications electronically. Please send me an e-mail containing a link to the Terms and Conditions of the Electronic Document Delivery Program and instructions to enroll in the Electronic Document Delivery Program.

3

Yes No

My e-mail address is _____.]

Statement of Variability

1. This section will reflect each client's unique contract number.
2. Until our life business line has the capability to offer e-delivery, this section of bracketed text will only print for our annuity business line.
3. Until our life business line has the capability to offer e-delivery, this section of bracketed text will only print for our annuity business line.