

SERFF Tracking Number: BNLA-127126068 State: Arkansas
 Filing Company: Bankers Life and Casualty Company State Tracking Number: 48613
 Company Tracking Number: L-18199
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
 Product Name: L-18199
 Project Name/Number: L-18199/L-18199

Filing at a Glance

Company: Bankers Life and Casualty Company

Product Name: L-18199

TOI: L071 Individual Life - Whole

Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Filing Type: Form

SERFF Tr Num: BNLA-127126068 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 48613

Co Tr Num: L-18199

State Status: Approved-Closed

Authors: Dan Murphy, Sandra Pufpaf, Sue Novotny

Date Submitted: 04/28/2011

Reviewer(s): Linda Bird

Disposition Date: 05/03/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: L-18199

Project Number: L-18199

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Dan Murphy

Filing Description:

Insurance Department Personnel

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/03/2011

State Status Changed: 05/03/2011

Created By: Dan Murphy

Corresponding Filing Tracking Number:

NAIC 233-61263 FEIN 36-0770740

RE: Individual Life Insurance - New Form

Simplified Underwritten Life Insurance Application

Application Form L-18199-AR

<i>SERFF Tracking Number:</i>	<i>BNLA-127126068</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bankers Life and Casualty Company</i>	<i>State Tracking Number:</i>	<i>48613</i>
<i>Company Tracking Number:</i>	<i>L-18199</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design</i>
<i>Product Name:</i>	<i>L-18199</i>		
<i>Project Name/Number:</i>	<i>L-18199/L-18199</i>		

Dear Sir/Madam:

We are filing the above referenced application form for your consideration and approval. This filing contains no unusual or controversial items from normal Company or industry standards. This form is new and not intended to replace any existing policy forms.

This form is a simplified underwritten application and will be used to direct market our existing policyholders. This form is intended to be used with previously approved Graded Death Benefit Whole Life Insurance Policy L-29H.

The Flesch Test Readability score for this form is:
L-18199 50.55

This form has been submitted to the Company's home state of Illinois and is currently pending approval.

We respectfully request your favorable consideration and approval of this filing. If you have any questions or need additional information, please feel free to contact me.

Company and Contact

Filing Contact Information

Dan Murphy, Compliance Administrator	d.murphy@banklife.com
600 West Chicago Ave	312-396-6134 [Phone]
Chicago, IL 60654-2800	312-396-5907 [FAX]

Filing Company Information

Bankers Life and Casualty Company	CoCode: 61263	State of Domicile: Illinois
600 West Chicago Ave	Group Code: 233	Company Type:
Chicago, IL 60654-2800	Group Name:	State ID Number:
(800) 621-3724 ext. [Phone]	FEIN Number: 36-0770740	

Filing Fees

Fee Required?	No
Retaliatory?	No

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Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Life and Casualty Company	\$50.00	04/28/2011	47049315

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/03/2011	05/03/2011

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Project Name/Number: *L-18199/L-18199*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes

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Form Schedule

Lead Form Number: L-18199

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-18199-AR	Application/ Application Enrollment Form	Initial		50.500	L-18199-AR.pdf

**APPLICATION FOR INSURANCE (FORM L-29H) TO BANKERS LIFE AND CASUALTY COMPANY
600 West Chicago Ave, Chicago, Illinois 60654-2800**

Name of Proposed Insured:	Sex	Date of Birth	Age	BasicLife Ultimate Benefit	Annual Premium
Sample, Bob M	M	05/05/1940	70	\$ 7,000	\$ 971.25

Qualifying Medical Questions: Has the Proposed Insured:

- 1.) Within the past year, been in a long-term care facility, been confined to a bed, required the use of a wheelchair or oxygen, or been diagnosed with a terminal illness; or
- 2.) Within the past three years, had, or been diagnosed as having, been treated for, or medically advised to receive treatment for: Alzheimer's Disease, dementia, ALS (Lou Gehrig's Disease), congestive heart failure, kidney insufficiency (including dialysis) or drug abuse; or
- 3.) Ever tested positive for the antibodies to the AIDS Virus or been treated for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? Yes No

Beneficiary: Name _____, DOB _____, Relationship _____

Is the policy applied for intended to, or likely to, replace or change any existing life insurance or annuities in this or any other company? . . Yes No
If Yes, please contact your agent for other life insurance options. This offer is not available if you are replacing coverage.

I hereby authorize any insurance company, MIB, Inc. ("MIB") or other organization, institution or person, that has any records or knowledge of me or my health, to give Bankers Life and Casualty Company, any such information. I understand that I am entitled to a copy of this authorization. I hereby acknowledge receipt of the Notice regarding MIB. (A photographic copy of this authorization shall be as valid as the original). This authorization shall expire 24 months after the date it is signed.

Signature of Proposed Insured _____ Date _____

The Proposed Insured has read the above questions and his/her answers to each and certify the answers are complete, true and correct.

Signature of Proposed Insured _____ Date _____ Dated at City/Town _____ State _____

Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR Regulation 19 Cert.pdf

READABILITY CERTIFICATION.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: Bankers Life and Casualty Company

Form

Number(s): L-18126-AR

Simplified Underwritten Life Insurance Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance..



Signature of Company Officer

Mathias Brown

Name

Assistant Secretary

Title

April 28, 2011

Date

READABILITY CERTIFICATION

Company Name: Bankers Life and Casualty Company

NAIC Number: 233-61263

As an officer of Bankers Life and Casualty Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
Application		
50.55	L-18199	Application for Life Insurance



Matt Brown
Assistant Secretary

4/18/2011
DATE