

SERFF Tracking Number:	CMLX-G127153553	State:	Arkansas
Filing Company:	Companion Life Insurance Company	State Tracking Number:	48670
Company Tracking Number:	AR001700100001		
TOI:	L04G Group Life - Term	Sub-TOI:	L04G.500 Other
Product Name:	LIAS02GR11		
Project Name/Number:	LIAS02GR11/AR001700100001		

Filing at a Glance

Company: Companion Life Insurance Company

Product Name: LIAS02GR11

SERFF Tr Num: CMLX-G127153553

State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed

State Tr Num: 48670

Sub-TOI: L04G.500 Other

Co Tr Num: AR001700100001

State Status: Approved-Closed

Filing Type: Form

Author: SPI CompanionLife

Reviewer(s): Linda Bird

Date Submitted: 05/04/2011

Disposition Date: 05/10/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 05/04/2011

Implementation Date:

State Filing Description:

General Information

Project Name: LIAS02GR11

Status of Filing in Domicile: Pending

Project Number: AR001700100001

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 05/10/2011

State Status Changed: 05/10/2011

Deemer Date:

Created By: SPI CompanionLife

Submitted By: SPI CompanionLife

Corresponding Filing Tracking Number:

Filing Description:

Enclosed herewith for your consideration is an enrollment form which will be used with Companion Life Insurance Company's Association Group Term Life Insurance forms approved in your state on April 15, 2011, SERFF ID # CMLX-G127120451.

The association will provide a minimal amount of life insurance to all members with the opportunity for the members to purchase an additional amount of insurance. This is the enrollment form which will be used when the member chooses a buy-up amount.

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The form is new and will not replace any form that has been previously approved in your state. It will be used to market group term life insurance coverage to association members and will be marketed through a network of independent licensed agents. This form will be effective upon your approval.

This form was submitted to our domiciliary state, South Carolina, on May 4, 2011.

Company and Contact

Filing Contact Information

Vivian Frederic, Contracts Compliance Specialist
 7909 Parklane Rd
 Columbia, SC 29223-5666
 vivian.frederic@companiongroup.com
 803-735-1251 [Phone] 46777 [Ext]
 800-836-5433 [FAX]

Filing Company Information

Companion Life Insurance Company
 7909 Parklane Rd, Suite 200
 Columbia, SC 29223-5666
 (803) 735-1251 ext. [Phone]

 CoCode: 77828 State of Domicile: South Carolina
 Group Code: 661 Company Type:
 Group Name: Companion Life Insurance Company State ID Number:
 Insurance Company
 FEIN Number: 57-0523959

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Companion Life Insurance Company	\$50.00	05/04/2011	47242322

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/10/2011	05/10/2011

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Disposition

Disposition Date: 05/10/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Company Tracking Number:</i>	<i>AR001700100001</i>		
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<i>Product Name:</i>	<i>LIAS02GR11</i>		
<i>Project Name/Number:</i>	<i>LIAS02GR11/AR001700100001</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Enrollment Form		Yes

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Form Schedule

Lead Form Number: GTL-634-ASSN-ENR-1

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GTL-634-ASSN-ENR-1	Application/ Enrollment Form Enrollment Form	Initial		41.900	GTL-634-ASSN-ENR-1 - Enrollment Form for Delayed Life Insurance.PDF

COMPANION LIFE INSURANCE COMPANY
P.O. Box 100102
Columbia, South Carolina 29202-3102

ENROLLMENT FORM FOR GROUP TERM LIFE INSURANCE

APPLICANT INFORMATION

Applicant's Name _____ Social Security Number _____
Last/First/MI

Home Address _____
Street City State Zip

Home Telephone _____ Work Telephone _____

Sex: Male Female Date of Birth _____

Requested Effective Date (First of the Month only) _____

Plan Selected: [\$5,000 \$10,000 \$25,000 \$50,000] Initial Premium: \$ _____

DEPENDENT INFORMATION

Dependent Name Last/First/MI	Date of Birth Mo/Day/Yr	Relationship	Social Security No.

BENEFICIARY INFORMATION

Beneficiary Name Last/First/MI	Date of Birth Mo/Day/Yr	Relationship to Insured	Social Security No.

APPLICANT AUTHORIZATION

I certify that all answers contained herein are true and complete. I understand that no coverage will become effective under the Certificate until written approval is received from the Insurance Company. **I understand that there is a [6-24] month minimum service period. My life insurance is not effective for [6-24] months from the enrollment date. I understand premiums are not due until after [6-24] months from the enrollment date.** I have read any Fraud notice applicable to my state of residence on the reverse side of this application. I AUTHORIZE [ABC ASSOCIATION] TO COLLECT ANY AND ALL PREMIUMS DUE UNDER THE POLICY.

 Applicant Signature

 Date

FRAUD WARNING NOTICES: (If the Applicant lives in a state where one of the fraud warning notices apply, please review the notice that applies to your state.)

[Arkansas/Louisiana	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.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a certificate holder or claimant for the purpose of defrauding or attempting to defraud the policy or certificate holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department regulatory agencies.
DC	It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky/Ohio	I understand that any person who, with intent to defraud, or knowing that he or she is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement is guilty of insurance fraud.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico/ Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or 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 subjects such person to criminal and civil penalties.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.]

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

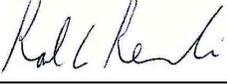
AR - READABILITY CERTIFICATION.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Companion Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GTL-634-ASSN-ENR-1	41.9

Signed: 
Name: Karl Kemmerlin
Title: Vice President and CFO
Date: May 4, 2011