

SERFF Tracking Number: AMLC-127175620 State: Arkansas  
 Filing Company: United American Insurance Company State Tracking Number: 48826  
 Company Tracking Number: UAIN-TAP(03)  
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
 Product Name: Application for Accidental Death Policy  
 Project Name/Number: Application for Accidental Death Policy/UAIN-TAP(03)

## Filing at a Glance

Company: United American Insurance Company

Product Name: Application for Accidental Death SERFF Tr Num: AMLC-127175620 State: Arkansas  
 Policy

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved- State Tr Num: 48826  
 Closed

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: UAIN-TAP(03) State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: Linda Newell Disposition Date: 06/02/2011  
 Date Submitted: 05/19/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Application for Accidental Death Policy

Status of Filing in Domicile: Pending

Project Number: UAIN-TAP(03)

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: 06/02/2011

State Status Changed: 06/02/2011

Deemer Date:

Created By: Linda Newell

Submitted By: Linda Newell

Corresponding Filing Tracking Number:

Filing Description:

We are submitting form UAIN-TAP(03) Application for Accidental Death Policy for your review and approval. The captioned form is being submitted as a new filing and will not replace any previously approved form. The form does not contain any unusual or unorthodox provisions or wording. The readability score is shown on the enclosed readability certification form.

This application will be used with our individual Accidental Death Insurance Policy form UAINADP which was approved on May 12, 2011, SERFF tracking number AMLC-127160768. This coverage will be agent sold.

## Company and Contact



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2011	06/02/2011

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## Disposition

Disposition Date: 06/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Application for Accidental Death Policy	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: UAIN-TAP(03)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2011	UAIN-TAP(03)	Application/Enrollment Form	Application for Accidental Death Policy	Initial		54.140	UAIN-TAP(03).pdf

**UNITED AMERICAN INSURANCE COMPANY**  
**A LEGAL RESERVE STOCK COMPANY \* Administrative Office: McKinney, Texas 75070**  
 Application for Accidental Death Policy

**Benefit Amount**  
**[ \$3,000 ]**  
**( \$3,000 spouse, \$1,000 each child )**

**Annual Mode of Premium**

**Mode of Premium Payment**

- Send Premium Notices
- Automatic Payment Plan

Day (01-28) of the Month  
 to Draft Bank Account

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**Proposed Insured/Applicant**

First Name	<input type="text"/>	M.I.	<input type="text"/>
Last Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Age Last Birthday	<input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>
			Sex <input type="radio"/> Male <input type="radio"/> Female
Home Phone No.	<input type="text"/> - <input type="text"/> - <input type="text"/>	Work Phone No.	<input type="text"/> - <input type="text"/> - <input type="text"/>
SS #	<input type="text"/> - <input type="text"/> - <input type="text"/>	E-mail Address of Proposed Insured/Applicant	<input type="text"/>

Beneficiary Name	Relationship
<input type="text"/>	<input type="text"/>

<b>Spouse</b>	First Name <input type="text"/>	M.I.	<input type="text"/>
	Last Name <input type="text"/>		
	SS # <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>

<b>Child 1</b>	First Name <input type="text"/>	M.I.	<input type="text"/>
	Last Name <input type="text"/>		
	SS # <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>

<b>Child 2</b>	First Name <input type="text"/>	M.I.	<input type="text"/>
	Last Name <input type="text"/>		
	SS # <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>

<b>Child 3</b>	First Name <input type="text"/>	M.I.	<input type="text"/>
	Last Name <input type="text"/>		
	SS # <input type="text"/> - <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> - <input type="text"/> - <input type="text"/>



**UNITED AMERICAN INSURANCE COMPANY**  
**A LEGAL RESERVE STOCK COMPANY \* Administrative Office: McKinney, Texas 75070**  
 Application for Accidental Death Policy

<b>Child 4</b>	First Name <input type="text"/>	M.I.	<input type="text"/>
	Last Name <input type="text"/>		
	SS # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Child 5</b>	First Name <input type="text"/>	M.I.	<input type="text"/>
	Last Name <input type="text"/>		
	SS # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Child 6</b>	First Name <input type="text"/>	M.I.	<input type="text"/>
	Last Name <input type="text"/>		
	SS # <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Date of Birth (mm-dd-yyyy)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Is the insurance applied for intended to replace or change any coverage now in force with this or any other company? If "Yes," comply with the application Replacement Regulation or Rule.**     Yes     No    **This policy is not to be used to replace other coverage.**

**DECLARATION AND AUTHORIZATION**

I hereby declare that the statements recorded above are true and complete to the best of my knowledge and belief with respect to any proposed insured. I agree that: (1) no policy will be binding upon the Company unless upon its date of issue and delivery each proposed insured is alive; (2) no agent has authority to accept risks or make or change contracts or waive the Company's rights or requirements. I understand and agree that the Company reserves the right during the first year the policy is in force, to restrict beneficiaries to designations acceptable to the Company. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the proposed insured.

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.

Date Application Signed (mm-dd-yyyy)   -   -

State

\_\_\_\_\_  
 Agent's Signature

\_\_\_\_\_  
 Proposed Insured

Last Name         Agent No.

Signed \_\_\_\_\_

**Print First 5 Letters of Agent's Last Name**

**Applicant (If other than the Proposed Insured)**

SEND POLICY TO:     Agent     Insured    The Policy will be sent to insured unless otherwise instructed.

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	06/02/2011
<b>Comments:</b>			
<b>Attachment:</b>			
AR flesch.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	Approved-Closed	06/02/2011
<b>Comments:</b>	See Forms Schedule tab.		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	06/02/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	06/02/2011
<b>Bypass Reason:</b>	N/A		
<b>Comments:</b>			

CERTIFICATION

This is to certify that the attached Policy Form UAIN-TAP(03) Application for Accidental Death Policy has achieved a Flesch Reading Ease Score of 54.14 and complies with the requirements of Arkansas Stat. Ann. SS66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



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Michael J. Gaisbauer, Vice President

SUPPLEMENTAL FORMS

SCORE