

SERFF Tracking Number: ULCC-127182176 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 48989
Company Tracking Number: ULL-AMEND/AP-0311 LIFE
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: ULL-Amend/AP-0311
Project Name/Number: Insurance Application Amendment/

Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: ULL-Amend/AP-0311

SERFF Tr Num: ULCC-127182176 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 48989

Sub-TOI: L08.000 Life - Other

Co Tr Num: ULL-AMEND/AP-0311 State Status: Approved-Closed
LIFE

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Kevin Ross, Carla Wallace Disposition Date: 06/10/2011

Date Submitted: 06/06/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Insurance Application Amendment

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:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/10/2011

State Status Changed: 06/10/2011

Deemer Date:

Created By: Carla Wallace

Submitted By: Carla Wallace

Corresponding Filing Tracking Number:

Filing Description:

Re: The Union Labor Life Insurance Company

New Form Filing

Insurance Application Amendment, form ULL-Amend/AP 0311

NAIC: 781-69744 FEIN: 13-1423090

Dear Sir or Madam:

Enclosed for your review and approval is Insurance Application Amendment form ULL-Amend/AP 0311.

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This Insurance Application Amendment:

1. is new;
2. does not replace any form currently on file with the Commission

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 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. We will then send the completed Insurance Application Amendment to the insured for signature and instruct him to return the signed form to us in the postage paid return envelope we provide.

Once completed and signed by the insured, the Insurance Application Amendment will be made a part of the application and policy.

It is our intent to use this Insurance Application Amendment with all of our individual IIPRC approved 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 W. Wallace, MA
Senior Compliance Analyst
Policy Development Department

SOLUTIONS FOR THE UNION WORKPLACE

8403 Colesville Road
Silver Spring, MD 20910
202.962.2901 phone
202.682.6713 fax
cwallace@ullico.com
www.ullico.com

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Company and Contact

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: \$125.00
 Retaliatory? Yes
 Fee Explanation: 1 form filed @ \$125.00 = \$125.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Labor Life Insurance Company	\$125.00	06/06/2011	48392080

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/10/2011	06/10/2011

SERFF Tracking Number: *ULCC-127182176* State: *Arkansas*
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TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
Product Name: *ULL-Amend/AP-0311*
Project Name/Number: *Insurance Application Amendment/*

Disposition

Disposition Date: 06/10/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ULCC-127182176* State: *Arkansas*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Insurance Application Amendment		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ULL-Amend/AP-0311	Policy/Contract Certificate Amendment, Insert Page, Endorsement or Rider	Insurance Application Fraternal Amendment	Initial		57.500	Insurance Application Amendment ULL-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]

Insurance Policy Number: [123456789]

This Amendment is part of the Application and Policy to which it is attached. Nothing in this Amendment will change the terms of the Application 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 Policy.

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

By signing below, I hereby:

1. 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; and
2. Agree that all representations made in the application are true and complete to the best of my knowledge and belief on the date signed below.

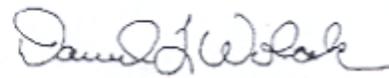
Signature of Proposed Insured

Date

Countersignature of Licensed Resident Agent if Required

[


SECRETARY



ACTING PRESIDENT

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Document Attached.

Attachments:

Readability Certification.pdf

AR Certification Rule 19.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: The application that would be used with form ULL-Amend/AP 0311 (Insurance Amendment Application) is ULLA-LIFE-1109. This form was approved March 10, 2010.

Comments:

The Union Labor Life Insurance Company

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Administrative Office: 8403 Colesville Road, Silver Spring, Maryland 20910

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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
ULL-Amend/AP 0311	Insurance Application Amendment	57.5



Daniel L. Wolak
Acting President
The Union Labor Life Insurance Company

CERTIFICATE OF COMPLIANCE WITH ARKANSAS RULE & REGULATION 19

Insurer: The Union Labor Life Insurance Company

Form Number(s): ULL-AMEND/AP-0311

I hereby certify that the filing above meets all applicable Arkansas requirements including the applicable requirements of Rule & Regulation 19.



Stephanie Whalen
AVP Life and Health

May 24, 2011
Date