

SERFF Tracking Number: ULCC-127183368 State: Arkansas  
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 48988  
Company Tracking Number: ULL-AMEND/AP-0311 HEALTH  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - 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-127183368 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 48988

Sub-TOI: H21.000 Health - Other

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

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Kevin Ross, Carla Wallace Disposition Date: 06/16/2011

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

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Carla Wallace

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Re: The Union Labor Life Insurance Company

New Form Filing

Insurance Application Amendment, form ULL-Amend/AP 0311

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 06/16/2011

State Status Changed: 06/16/2011

Created By: Carla Wallace

Corresponding Filing Tracking Number:

NAIC: 781-69744 FEIN: 13-1423090

Dear Sir or Madam:

SERFF Tracking Number: ULCC-127183368 State: Arkansas  
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Product Name: ULL-AMEND/AP-0311  
Project Name/Number: Insurance Application Amendment/

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

This Insurance Application Amendment:

1. is new;
2. does not replace any form currently on file with the Commission; and
3. was developed using the IIPRC Standards for Individual Life Application Change Form.

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

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 Project Name/Number: Insurance Application Amendment/  
 cwallace@ullico.com  
 www.ullico.com

## 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	48392079

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Product Name: ULL-AMEND/AP-0311  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/16/2011	06/16/2011

*SERFF Tracking Number:*      *ULCC-127183368*                      *State:*                      *Arkansas*  
*Filing Company:*              *The Union Labor Life Insurance Company*      *State Tracking Number:*      *48988*  
*Company Tracking Number:*      *ULL-AMEND/AP-0311 HEALTH*  
*TOI:*                      *H21 Health - Other*                      *Sub-TOI:*                      *H21.000 Health - Other*  
*Product Name:*              *ULL-AMEND/AP-0311*  
*Project Name/Number:*      *Insurance Application Amendment/*

## **Disposition**

Disposition Date: 06/16/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ULCC-127183368* State: *Arkansas*  
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 TOI: *H21 Health - Other* Sub-TOI: *H21.000 Health - Other*  
 Product Name: *ULL-AMEND/AP-0311*  
 Project Name/Number: *Insurance Application Amendment/*

<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>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Supporting Document</b>	Variable Memorandum	Approved-Closed	Yes
<b>Form</b>	Insurance Application Amendment	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	ULLG-Amend/AP-0311	Policy/Cont	Insurance Application	Initial		51.800	Insurance Application Amendment ULL-Amend AP 0311.pdf
		act/Fratern	Amendment				
		al					
		Certificate:					
		Amendmen					
		t, Insert					
		Page,					
		Endorseme					
		nt or Rider					

# 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.

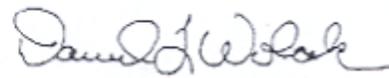
\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Countersignature of Licensed Resident Agent if Required

[  


SECRETARY



ACTING PRESIDENT

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	06/16/2011
<b>Comments:</b>	Document Attached.		
<b>Attachment:</b>	Readability Certification.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	06/16/2011
<b>Bypass Reason:</b>	Not Applicable.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Health - Actuarial Justification	Approved-Closed	06/16/2011
<b>Bypass Reason:</b>	This section is not applicable. We are providing a Insurance Application Amendment for approval.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Outline of Coverage	Approved-Closed	06/16/2011
<b>Bypass Reason:</b>	Not applicable. We are submitting a Insurance application Amendment.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	PPACA Uniform Compliance Summary	Approved-Closed	06/16/2011
<b>Bypass Reason:</b>	Not Applicable		

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**Comments:**

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Variable Memorandum	Approved-Closed	<b>Date:</b> 06/16/2011
<b>Comments:</b> Document Attached.		
<b>Attachment:</b> Variable Memorandum (Full Explanation of Variables).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

## 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
ICC11-ULL-Amend/AP 0311	Insurance Application Amendment	57.5



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

# Variable Memorandum

## The Union Labor Life Insurance Company

### Insurance Application Amendment ULL-Amend/AP 0311

Variable data is bracketed. Variable data will never exclude or limit provisions mandated by federal or state law.

1. The company addresses at the top of the form will be revised if the addresses change.
2. Insured To is variable to reflect the name of the insured.
3. Insurance Policy Number is variable to reflect the insured's policy number.
4. Effective Date is variable to reflect the effective date of the amendment.
5. With respect to variable text, "[ The proposed insured's last name is spelled "Jones.]", please be assured that this amendment will be made 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 variables are subject to signed acceptance of this amendment and are binding on any person who shall have claims or interest under the policy:
  - a. Policy is issued with extra premium classification.
  - b. Smoker change status.
  - c. Face amount status change.
  - d. Removal of spouse coverage.
  - e. Call generated for missing information on application:
    - i. applicant date of birth;
    - ii. doctors name and address;
    - iii. cannot read name of applicant or spouse;
    - iv. height and or weight;
    - v. coverage selection;
    - vi. spouse height and weight;
    - vii. spouse date of birth; and
    - viii. drivers license number.

These are all of the possible variables that the amendment is designed to utilize in the application process.

6. The signature block at the end of the form will be revised if the company officers change.