

SERFF Tracking Number: ALSB-127326771 State: Arkansas  
Filing Company: Lincoln Benefit Life Company State Tracking Number: 49348  
Company Tracking Number: LBL1522-1 APPLICATION AMENDMENT  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: LBL1522-1 Application Amendment  
Project Name/Number: LBL1522-1 Application Amendment/LBL1522-1 Application Amendment

## Filing at a Glance

Company: Lincoln Benefit Life Company

Product Name: LBL1522-1 Application  
Amendment

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

Implementation Date Requested: On Approval

State Filing Description:

SERFF Tr Num: ALSB-127326771 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49348

Co Tr Num: LBL1522-1 State Status: Approved-Closed  
APPLICATION AMENDMENT

Author: Elizabeth Vassallo  
Date Submitted: 07/20/2011

Reviewer(s): Linda Bird  
Disposition Date: 07/22/2011  
Disposition Status: Approved-  
Closed

Implementation Date:

## General Information

Project Name: LBL1522-1 Application Amendment  
Project Number: LBL1522-1 Application Amendment  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Deemer Date:  
Submitted By: Elizabeth Vassallo  
Filing Description:  
RE: ALSB-127326771

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type:  
Filing Status Changed: 07/22/2011  
State Status Changed: 07/22/2011  
Created By: Elizabeth Vassallo  
Corresponding Filing Tracking Number:

Filed for Approval

LBL1522-1 Verification of Medical Exam Application Amendment

We submit the above-referenced form for review and approval. This form will be used on a general use basis with Lincoln Benefit Life Insurance Company's fully underwritten life insurance products. This form is new and does not replace any previously approved form. LBL1522-1 is an amendment that will be used when we are utilizing another

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company's examination or other company's application Part 2 as part of our policy.

We have also attached a Statement of Variability and a Readability Certification.

This form has been generated by our home office computer system. This form may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected.

If you have any questions, please feel free to contact me. Thank you for your consideration of this matter.

Sincerely,

Elizabeth J. Vassallo  
Senior Product & Financial Analyst  
Contract Development and Filing

## Company and Contact

### Filing Contact Information

Elizabeth Vassallo, evass@allstate.com  
3100 Sanders Rd, Suite M2A 847-402-2355 [Phone]  
Northbrook, IL 60062 847-326-5224 [FAX]

### Filing Company Information

Lincoln Benefit Life Company CoCode: 65595 State of Domicile: Nebraska  
2940 South 84th Street Group Code: 8 Company Type:  
Lincoln, NE 68506-4142 Group Name: State ID Number:  
(800) 525-2799 ext. [Phone] FEIN Number: 47-0221457

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50/form x 1 form = \$50.00

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Benefit Life Company	\$50.00	07/20/2011	49929738

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2011	07/22/2011



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form	Amendment of Application		Yes

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## Form Schedule

**Lead Form Number: LBL1522-1**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LBL1522-1	Application/ Amendment of Enrollment Application Form	Initial		50.000	LBL1522-1_Amendmen t of Application.pd f

**LINCOLN BENEFIT LIFE COMPANY**  
{1-800-525-9287}

**Amendment of Application**

I (we) hereby amend my (our) Lincoln Benefit Life Company application for Policy #{23467890} as follows:

**VERIFICATION OF MEDICAL EXAM**

In support of my (our) application for life insurance, I (we) have supplied to Lincoln Benefit Life Company a copy of the Application Part 2, health documentation, and/or physical examination completed for {XYZ COMPANY} on {7/15/2011} (individually or collectively, "Health Documentation".)

I (we) do hereby verify and reaffirm the responses made by the person proposed for life insurance of such Health Documentation and declare that to the best of my (our) knowledge and belief there has been no change in the insured's health since the date of such Health Documentation.

I (we) do hereby affirm that the signature on this Health Documentation is my (our) own and was executed by me (us), whether it be a physical, electronic, or voice signature and was given with my (our) full consent on the date signed.

By signing this amendment I (we) agree and consent that the information provided on the Health Documentation is accurate and shall be part of the Lincoln Benefit Life Company application for the above-numbered policy.

**CHANGES OR ALTERATIONS TO THIS AMENDMENT WILL NOT BE ACCEPTED.**

Signed at \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_\_  
(City) (State) (Month) (Day) (Yr.)

\_\_\_\_\_  
Signature of Agent  
{JIM SMITH}

\_\_\_\_\_  
Signature of Owner(s)  
{JANE DOE}

\_\_\_\_\_  
Signature of Agent  
{JIM SMITH}

\_\_\_\_\_  
Signature of Insured  
{JOHN DOE}

To the best of my knowledge and belief the above statements regarding the insured's health are full, complete, and true.

\_\_\_\_\_  
Signature of Agent

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> LBL Readability Certification.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> No new application is being filed with this form. Please see the list of previously-approved forms that will be used with this form LBL1522-1 for information on the apps that will be used.		
<b>Attachment:</b> LBL Previously-Approved Forms List.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> LBL SOV 7-19-11.pdf		

# LINCOLN BENEFIT LIFE COMPANY READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. These forms are at least ten (10) point type, two (2) point leaded.

TITLE	FORM NUMBER	FLESCH SCORE
Verification of Medical Exam Application Amendment	LBL1522-1	50

**Robert E. Transon** Digitally signed by Robert E. Transon  
DN: cn=Robert E. Transon, c=US  
Date: 2011.07.18 13:40:58 -05'00'

Robert E. Transon

Vice President  
Title

July 18, 2011  
Date

**ARKANSAS**

**Lincoln Benefit Life Company**

**Previously Approved Forms List**

<b>Form Number</b>	<b>Description</b>	<b>Approved Date</b>	<b>SERFF #/State #</b>
FIC 400 Series	Application for Life Insurance	10/11/10	ALSB-126838291/47004
ELA0727	Application Supplement	6/21/07	ALSB-125167010/36043
VLA0760	Application Supplement	12/20/07	ALSB-125342845/37546
LBL1149	Policy Change	8/17/99	
FAA73 Series	Application for Life Insurance	3/2/04	SERT-5V6QTZ298/25283
FIC413 Series	Application for Life Insurance	2/16/11	ALSB-127006353/47902
LA0400	Application for Life Insurance	4/9/04	
FIC344	Application Supplement	11/6/08	ALSB-125763696/40175
LBL172	Application for Reinstatement	8/17/99	

**Lincoln Benefit Life Company**  
**Statement of Variability**  
Form LBL1522-1

Items in the above-referenced form(s) are bracketed to indicate variable information. Some items vary to reflect policy-specific information. For other items, this Statement of Variability defines a permissible range that may be used for newly-issued policies without the necessity of a re-filing, thereby allowing the company to promptly respond to changes, such as in the market, company experience, or the regulatory environment. Any decision to apply a new factor within the permitted range, will affect newly-issued policies only, and not in-force business. Further, any such changes will be based on sound actuarial practice and administered in a uniform, non-discriminatory manner.

<b>Page</b>	<b>Bracketed Items</b>	<b>Range of Variability</b>
1	Company Telephone Number	Company telephone number may vary over time
1	Policy Number	Customer's assigned Policy Number will be inserted
1	Other Company	Name of Other Company providing Health Documentation
1	Effective Date	Effective Date of Other Company's signing information
1	Customer Signature Names	Customer names will be inserted
1	Agent	Agent name will be inserted.

[Rev 07/19/11]