

SERFF Tracking Number: FDLA-127321538 State: Arkansas
Filing Company: Fort Dearborn Life Insurance Company State Tracking Number: 49299
Company Tracking Number: AH-7/14-FDL540611AR
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Application to Convert Group Life Insurance
Project Name/Number: Application to Convert Group Life Insurance/FDL5-4-0611

Filing at a Glance

Company: Fort Dearborn Life Insurance Company

Product Name: Application to Convert Group Life Insurance SERFF Tr Num: FDLA-127321538 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 49299

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life Co Tr Num: AH-7/14-FDL540611AR State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird
Author: Antionette Hill Disposition Date: 07/19/2011
Date Submitted: 07/14/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: Application to Convert Group Life Insurance
Project Number: FDL5-4-0611
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 07/19/2011
State Status Changed: 07/19/2011
Created By: Antionette Hill
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Antionette Hill
Filing Description:
Re:

Fort Dearborn Life Insurance Company
NAIC #71129 - FEIN #36-2598882
New Form Filing–
FDL5-4-0611, Application to Convert Group Life Insurance

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Dear Reviewer:

We are submitting for your review and approval the above referenced application. The Application to Convert Group life Insurance is for general use and will be used when insureds convert from Group Life coverage to Individual Whole Life coverage. It replaces our previously approved Conversion Application, form FDL5-4-1000, approved by your Department on February 8, 2001. The only revision made is an updated company address and phone number. These items appear in the title of the form and on page 2. We have bracketed them and have included an explanation of variable text that will allow us to change them in the future without requiring a filing of this form.

The form is in final printed format subject only to changes in font style, margins, page numbers, ink and paper stock. Printing standards will not be lower than those required under the laws of your state.

If you have any questions, please contact me.

Thank you for your prompt response.

Company and Contact

Filing Contact Information

Antionette Hill, Advanced Contract Specialist Antionette_Hill@fdlic.com
1020 31st Street 630-824-6064 [Phone]
c/o Fort Dearborn Life Insurance Company 630-824-5428 [FAX]
Downers Grove, IL 60515-5591

Filing Company Information

Fort Dearborn Life Insurance Company CoCode: 71129 State of Domicile: Illinois
1020 31st Street Group Code: 917 Company Type: Life and Health
Downers Grove, IL 60515-5591 Group Name: State ID Number:
(800) 633-3696 ext. [Phone] FEIN Number: 36-2598882

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Our domicile state of Illinois charges \$50 per form. The Arkansas fee is also \$50 per form.

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fort Dearborn Life Insurance Company	\$50.00	07/14/2011	49788248

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/19/2011	07/19/2011

SERFF Tracking Number: FDLA-127321538 *State:* Arkansas
Filing Company: Fort Dearborn Life Insurance Company *State Tracking Number:* 49299
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Product Name: Application to Convert Group Life Insurance
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Disposition

Disposition Date: 07/19/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variable Text		Yes
Form	Application to Convert Group Life Insurance		Yes

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Form Schedule

Lead Form Number: FDL5-4-0611

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	FDL5-4-0611	Application/ Enrollment Form	Application to Convert Group Life Insurance	Initial			FDL5-4-0611.pdf

Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you are eligible to convert, please refer to the Conversion of Life Insurance provision of your group life insurance certificate or the group policy. Our minimum issue amount is \$2,000.

To calculate your premium, find your present age and the corresponding **table rate per \$1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then multiply by the premium factor and add the modal policy fee to find your premium payment.

Last Birthday	Table Rate Per Thousand	Last Birthday	Table Rate Per Thousand
20	6.51	60	47.79
21	6.86	61	50.70
22	7.09	62	53.72
23	7.42	63	56.86
24	7.76	64	60.23
25	8.10	65	63.84
26	8.56	66	67.67
27	8.90	67	71.74
28	9.22	68	76.05
29	9.68	69	80.47
30	10.13	70	85.24
31	10.58	71	90.70
32	11.03	72	96.55
33	11.59	73	102.77
34	12.14	74	109.38
35	12.70	75	116.41
36	13.25	76	123.90
37	13.92	77	131.94
38	14.58	78	140.61
39	15.23	79	150.02
40	15.89	80	160.20
41	16.77	81	171.21
42	17.76	82	183.01
43	18.73	83	195.57
44	19.71	84	208.90
45	20.79	85	223.10
46	21.97	86	282.86
47	23.14	87	342.62
48	24.53	88	402.38
49	25.90	89	462.15
50	27.36	90	521.91
51	28.92	91	581.67
52	30.56	92	641.43
53	32.28	93	701.19
54	34.10	94	760.95
55	36.10	95	820.72
56	38.10	96	880.48
57	40.30	97	940.24
58	42.68	98	1,000.00
59	45.16		

(✓)	Mode Desired	Premium Factor	Modal Policy Fee
()	Annual	1.000	\$17.00
()	Semi-Annual520	\$ 9.00
()	Quarterly265	\$ 5.00
()	EFT Monthly08583	\$ 0.00

(Sign below & attach voided check)

Enclose the **Modal Premium** amount with your application.

For clarification, contact
DEARBORN NATIONAL
[Attn: Department 6006
1020 31st Street
Downers Grove, IL 60515]
[1-800-348-4512]

EFT Authorization: Check one:

Checking **Savings**

Account # _____

I hereby authorize and request Fort Dearborn Life Insurance Company to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Fort Dearborn Life Insurance Company in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

Signature of Account Holder

(Please attach voided check)

Example: Conversion of \$10,000 Group Life for a 45-year old to \$10,000 Whole Life Plan payable quarterly:

Example:

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
20.79	X	10.000	X	0.265	+	5.00	=	\$60.10

Your Calculations

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
_____	X	_____	X	_____	+	_____	=	\$ _____

The laws of some states require us to furnish you with the following notice:**FOR APPLICATIONS AND CLAIMS:**

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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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 of regulatory agencies.

District of Columbia: WARNING: 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.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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.

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.

Maine & Washington: 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.

Maryland: Any person who knowingly and willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico: 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 civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars(\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: 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.

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

Virginia: 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.

The laws of some states require us to furnish you with the following notice:**FOR CLAIMS ONLY:**

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: 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.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR APPLICATIONS ONLY:

Massachusetts: 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.

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.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Certificate of Compliance.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: This is a filing for an application - no policy is being submitted for approval. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: This is a filing for an application - no policy is being submitted for approval. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Explanation of Variable Text Comments: Attachment: EOVT.pdf		

FORT DEARBORN LIFE INSURANCE COMPANY
COMPLIANCE CERTIFICATION

I, Victoria E. Fimea, Vice Present, General Counsel and Secretary of Fort Dearborn Life Insurance Company, hereby certify that, to the best of my knowledge, this submission meets the provisions of Rule & Regulation 19, Rule & Regulation 49, ACA 23-80-206 and ACA 23-79-138, as well as all applicable requirements of the Arkansas Department of Insurance.

Fort Dearborn Life Insurance Company

By: 

Victoria E. Fimea
Vice President, General Counsel and Secretary

Date: July 14, 2011

Fort Dearborn Life Insurance Company®
Application to Convert Group Life Insurance
Form Number: FDL5-4-0611
Explanation of Variable Text
June 28, 2011

Location / Variable Text	Explanation
Page 1	
[Address]	The company address is bracketed to allow the company to change the address on the form if the administrative office changes.
[phone number]	The company phone number is bracketed to allow the company to change the phone number on the form if the phone number changes.
Page 2	
[Address]	The company address is bracketed to allow the company to change the address on the form if the administrative office changes.
[phone number]	The company phone number is bracketed to allow the company to change the phone number on the form if the phone number changes.