

SERFF Tracking Number: FRCS-127283559 State: Arkansas  
Filing Company: Gerber Life Insurance Company State Tracking Number: 49183  
Company Tracking Number: 5551  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Conditional Receipts  
Project Name/Number: Gerber/178/178

## Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Conditional Receipts

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRCS-127283559 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49183

Co Tr Num: 5551

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Jana Finlay, Kevin Wiggs Disposition Date: 07/05/2011

Date Submitted: 06/29/2011 Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Gerber/178

Project Number: 178

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Exselsa Cartwright

Filing Description:

We have been retained by Gerber Life Insurance Company to file the enclosed forms for approval in your state.

Our fee of \$100 has been sent by EFT on this same date.

These receipts will be used when checks or money orders are accepted with life or health insurance applications. Form CRGI-2011 is to be used when applications are taken for guaranteed issue policies. Form CRUW-2011 is to be used when applications are taken on underwritten policies.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

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If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

## Company and Contact

### Filing Contact Information

Kevin Wiggs, Compliance Specialist kevin.wiggs@firstconsulting.com  
 1020 Central 800-927-2730 [Phone] 2736 [Ext]  
 Suite 201 816-391-2755 [FAX]  
 Kansas City, MO 64105

### Filing Company Information

(This filing was made by a third party - FC01)

Gerber Life Insurance Company CoCode: 70939 State of Domicile: New York  
 1311 Mamaroneck Avenue Group Code: Company Type:  
 White Plains, NY 10605 Group Name: State ID Number:  
 (914) 272-4025 ext. [Phone] FEIN Number: 13-2611847

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: AR fee of \$50 per form (2) = \$100  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$100.00	06/29/2011	49258129

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/05/2011	07/05/2011

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## **Disposition**

Disposition Date: 07/05/2011

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		Yes
<b>Supporting Document</b>	Application		No
<b>Form</b>	Receipt for Guaranteed Issue		Yes
<b>Form</b>	Conditional Receipt for Underwriting		Yes

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## Form Schedule

### Lead Form Number: CRGI-2011

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CRGI-2011	Other	Receipt for Guaranteed Issue	Initial		77.500	CRGI-2011_john doe.pdf
	CRUW-2011	Other	Conditional Receipt for Underwriting	Initial		58.200	CRUW-2011_john doe.pdf

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GERBER LIFE INSURANCE COMPANY • Home Office: 1311 Mamaroneck Avenue, Suite 350, White Plains, NY 10605

**RECEIPT FOR GUARANTEED ISSUE POLICIES**

THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. PAYMENT IN CASH IS NOT ACCEPTABLE.

All checks and money orders must be made payable to: GERBER LIFE INSURANCE COMPANY.

Any insurance issued will be effective from the date of the completed application provided that:

2. The insurance applied for does not exceed Gerber Life Insurance Company's over-insurance limit.

1. The first premium is paid on the date of the completed application by check or money order that is honored and collectable; and

Received from John Doe the sum of \$ 100.00 paid by check or money order at the time of signing the insurance application.

The proposed insured is: John Doe

Date: 01/01/2011  
Month /Date/ Year

Signature: Any Agent  
Licensed Agent

Agent#: 123456

**CONDITIONAL RECEIPT FOR UNDERWRITTEN POLICIES**

THIS RECEIPT MUST BE DELIVERED TO THE APPLICANT WHEN THE FIRST PREMIUM IS PAID BY CHECK OR MONEY ORDER. PAYMENT IN CASH IS NOT ACCEPTABLE.

All checks and money orders must be made payable to: GERBER LIFE INSURANCE COMPANY.

Any insurance under this Conditional Receipt will be effective from the date of the completed application, or the date of the last medical examination required by the Company's established rules, whichever is later, provided that all of the following conditions have been fulfilled:

1. The first premium is paid by the date of the completed application by check or money order that is honored and collectable; and
2. On the date of the completed application or the date of the last medical examination, if required, whichever is later, the proposed insured is insurable and acceptable for the insurance, exactly as applied for, as determined by Gerber Life Insurance Company, under its underwriting rules and practices for the plan and amount of insurance applied for and at the Company's standard premium rate.

The amount of any insurance effective under this Conditional Receipt is limited to the lesser of the amount applied for in the application or \$25,000.

Any insurance under this Conditional Receipt ends at the earlier of 1) sixty (60) days from the date of the completed application, or 2) the date the policy is approved, which is the Policy Date.

If the conditions under this Conditional Receipt are not satisfied, no insurance of any kind will be in effect and the payment will be returned to the applicant.

**THIS CONDITIONAL RECEIPT DOES NOT PROVIDE ANY TEMPORARY OR INTERIM INSURANCE COVERAGE.**

Received from John Doe the sum of \$ 100.00 paid by check or money order at the time of signing the insurance application.

The proposed insured is: John Doe

Date 01/01/2011  
Month /Date/ Year

Signature Any Agent  
Licensed Agent

Agent# 123456

Date 01/01/2011  
Month /Date/ Year

Signature John Doe  
Proposed Insured

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
AR CoC.pdf		
AR RDB.pdf		
AUTH_Gerber 6-20-2011.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable with this receipt filing.		
<b>Comments:</b>		

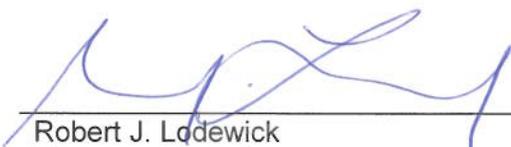
**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Gerber Life Insurance Company

**Form Title(s):** CRGI-2011, CRUW-2011

**Form Number(s):** Receipt for Guaranteed Issue, Conditional Receipt for Underwriting

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

  
\_\_\_\_\_  
Robert J. Lodewick  
Vice President, General Counsel & Secretary

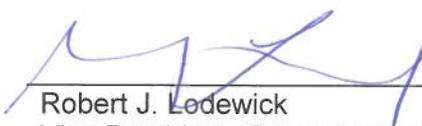
June 20, 2011  
\_\_\_\_\_  
Date

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Gerber Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
CRGI-2011	77.5
CRUW-2011	58.2

  
\_\_\_\_\_  
Robert J. Ledewick  
Vice President, General Counsel & Secretary

June 20, 2011  
\_\_\_\_\_  
Date



Gerber Life Insurance Company  
1311 Mamaroneck Avenue  
White Plains, New York 10605  
Tel: 914.272.4000 • Fax: 914.272.4099



Gerber Life

June 20, 2011

To: The Insurance Commissioner

### Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

**Gerber Life Insurance Company**

By: \_\_\_\_\_

Title: Vice President, General Counsel & Secretary