

SERFF Tracking Number: FRSS-127300950 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number: 49226
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Application Overflow Form
 Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Application Overflow Form

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRSS-127300950 State: Arkansas

SERFF Status: Closed-Approved-
 Closed State Tr Num: 49226

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Kerry Shields, Kerry
 Shields, Jennifer Daigle, Kerry
 Shields, Tamara Kozma, Rosemary
 Ho, Gita Lakhan, Art Vikari, Gale
 Mcinally, Andrew Palmer

Disposition Date: 07/08/2011

Date Submitted: 07/05/2011

Disposition Status: Approved-
 Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Approval of this
 form is not required by the Insurance Laws of
 Canada where this Society is domiciled.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 07/08/2011

State Status Changed: 07/08/2011

Deemer Date:

Submitted By: Tamara Kozma

Filing Description:

RE: Independent Order of Foresters ("Foresters")

NAIC #763-58068; FEIN: 980000680

Created By: Tamara Kozma

Corresponding Filing Tracking Number:

Form Number Form Description

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105365 US 06/11 Application Overflow Form
105366 US 06/11 Application Overflow Form

Dear Sir or Madam:

The forms listed above are enclosed for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal industry standards. Approval is not required by the Insurance Laws of Canada where this Society is domiciled. The forms will not be replacing a previously approved form.

Producers can use these forms to record additional details on those occasions where space on applications and other related forms is insufficient. The forms will be used as a supplement to our previously filed and approved applications listed below and any forms related to those applications, such as underwriting questionnaires. They may also be made available for use with applications and related forms filed and approved in the future.

Application Form Number	Filing Number	Approved Date
770630 US 02/10	FRSS-126516328	April 7 2010
770554 AR 11/08	FRCS-125958327	January 8 2009
770637 AR01 05/10	FRSS-126473849	July 19 2010

When used, a copy of the form will be included with the completed application or related form, as applicable, that is delivered to the certificate owner. Current procedure is to use a blank sheet of paper and this form will provide producers with a more structured option ensuring that the additional information is captured in a consistent format.

Depending on the method of generation and printing, the formatting and fonts may be slightly altered but all content will remain identical to the approved form, subject to only minor modification in company logo, and adaptation to electronic media and computer printing.

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000, ext. 4310 or email tkozma@foresters.com

Sincerely yours,

Tamara Kozma
Product Compliance Analyst

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Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst kshields@foresters.com
 789 Don Mills Road 416-429-3000 [Phone] 4066 [Ext]
 Toronto, ON M3C 1T9 416-467-2525 [FAX]

Filing Company Information

The Independent Order of Foresters CoCode: 58068 State of Domicile: Ontario
 789 Don Mills Road Group Code: Company Type: Fraternal Benefit
 Society
 Toronto, ON M3C 1T9 Group Name: State ID Number:
 (416) 429-3000 ext. [Phone] FEIN Number: 98-0000680

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$100.00	07/05/2011	49422542

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/08/2011	07/08/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Statement of Variability	Tamara Kozma	07/05/2011	07/05/2011

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Disposition

Disposition Date: 07/08/2011

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	Statement of Variability		Yes
Form	Application Overflow Form		Yes
Form	Application Overflow Form		Yes

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Amendment Letter

Submitted Date: 07/05/2011

Comments:

We apologize for the error. We inadvertently omitted the Statement of Variability upon initial submission. It has now been attached under Supporting Documentation.

Thank you.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

Application Overflow Form_SOV.pdf

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	105365	US Application/	Application Overflow	Initial		57.300	105365 US
	06/11	Enrollment	Form				0611.pdf
	105366	US Application/	Application Overflow	Initial		58.000	105366 US
	06/11	Enrollment	Form				0611.pdf
			Form				



Application Overflow Form

Overflow for the most recent: application for individual life insurance application for reinstatement application for change

Proposed Insured

First name: _____ Middle name: _____ Last name: _____ Date of birth: _____
(mmm/dd/yyyy)

Beneficiary Information Section Overflow

Name of each primary beneficiary	Relationship to proposed insured	% Share
		total
		must equal
		100%
Name of each contingent beneficiary	Relationship to proposed insured	% Share
		total
		must equal
		100%

Children's Questions Section Overflow

Name of child (First, Middle, Last) under 18 years old (must be a child of the proposed insured)	Gender (M or F)	Date of birth (mmm/dd/yyyy)	Height (ft/in)	Weight (lbs)	Amount of coverage in force

Overflow of chart to be completed for all "Yes" answers to questions in the Children's Questions section of the Application.

Question #	Name of child	Diagnosis, date(s), treatment, present condition	Physician's name, address and phone #



Application Overflow Form

Overflow for the most recent: application for individual life insurance application for accidental death term insurance

Proposed Insured

First name: _____ Middle name: _____ Last name: _____ Date of birth: _____
(mmm/dd/yyyy)

Beneficiary Information Section Overflow

Name of each primary beneficiary	Relationship to proposed insured	% Share
		total
		must equal
		100%
Name of each contingent beneficiary	Relationship to proposed insured	% Share
		total
		must equal
		100%

Signature Section – Application Overflow / Amendment Form

“Application” means the application identified in this Application Overflow Form (“Form”) on the life of the Proposed Insured. “I” means individually each person identified in the Application as either the proposed insured or the owner.

I, by signing this Form, declare that 1) I have provided the statements, answers, and representations shown in this Form as it applies to me and they are full, complete and true, to the best of my knowledge and belief. 2) I understand and agree that: (a) this Form is part of and subject to the Application; and (b) the information provided in this Form will be relied upon as evidence of insurability that will influence the assessment and acceptance of the Application by Foresters.

 Printed name of proposed insured

X _____
 Signature of proposed insured

 Printed name of owner (if other than proposed insured)

X _____
 Signature of owner (if other than proposed insured)

 Printed name of producer

X _____
 Signature of producer

Each person signed at: _____
(City, State)

Each person signed on: _____
Date (mmm/dd/yyyy)

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR_Readable Score Certification.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Application Overflow Form_SOV.pdf

The Independent Order of Foresters

NAME OF COMPANY: The Independent Order of Foresters
Forester House, 789 Don Mills Road, Toronto, Ontario M3C 1T9
(416) 429-3000

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is below.
 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below.

Form and Form Numbers to which Certification is Applicable:

<u>Form Name</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application Overflow Form	105365 US 06/11	57.3
Application Overflow Form	105366 US 06/11	58.0

B. Test Option Selected

1. Test was applied to entire policy form(s).
 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

This certification must be signed by an officer of the insurer.

Steve Lintner

Digitally signed by Tamara Kozma
 DN: cn=Tamara Kozma,
 o=Foresters, ou,
 email=tkozma@foresters.com,
 c=CA
 Date: 2011.07.05 16:01:19 -04'00'

Steve Lintner
 Director, Product Solutions

July 5, 2011

 Date

The Independent Order Of Foresters

Statement of Variability

105366 US 06/11 - Application Overflow Form

Page 1

1. Foresters head office, US mailing office, telephone number and corporate logo are bracketed to allow for change if Foresters moves or changes its phone number.
2. The bar code is bracketed to allow for Foresters future implementation of an application tracking system for administrative purposes only.

105365 US 06/11 – Application Overflow Form

Page 1

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Page 2

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Page 3

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