

SERFF Tracking Number: ULCC-127306667 State: Arkansas
Filing Company: The Union Labor Life Insurance Company State Tracking Number: 49210
Company Tracking Number: ULLGA-TL-0302 0611
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: ULLGA-TL-0302 0611
Project Name/Number: Group Term Life Insurance Application/

Filing at a Glance

Company: The Union Labor Life Insurance Company

Product Name: ULLGA-TL-0302 0611 SERFF Tr Num: ULCC-127306667 State: Arkansas
TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num: 49210
Closed

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: ULLGA-TL-0302 0611 State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life
Filing Type: Form

Reviewer(s): Linda Bird
Authors: Kevin Ross, Carla Wallace Disposition Date: 07/07/2011
Date Submitted: 07/01/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Group Term Life Insurance Application

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 07/07/2011

State Status Changed: 07/07/2011

Created By: Carla Wallace

Corresponding Filing Tracking Number:

Filing Description:

Re: The Union Labor Life Insurance Company ("Union Labor Life")

Replacement Filing

Term Life Insurance to Age 70 Application, ULLGA-TL-0302 0611

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Carla Wallace

NAIC: 781-69744 FEIN: 13-1423090

Re: The Union Labor Life Insurance Company ("Union Labor Life")
Replacement Filing

SERFF Tracking Number: ULCC-127306667 State: Arkansas
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TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: ULLGA-TL-0302 0611
Project Name/Number: Group Term Life Insurance Application/
Term Life Insurance to Age 70 Application, ULLGA-TL-0302 0611

NAIC: 781-69744 FEIN: 13-1423090

Dear Sir or Madam:

Enclosed for your review and approval is Term Life Insurance to Age 70 Application, ULLGA-TL-0302 0611. This form is intended to replace form ULLGA-TL-0302 approved by the Department on August 16, 2002 in conjunction with group term life insurance product filing ULLG-10TL-0302 et al.

This application was revised to:

1. add a question regarding the insured's "State of Birth"; and
2. update the state fraud statements.

Other than the change(s) outlined, the form remains unchanged as originally approved by the Department.

Please advise us of your decision regarding this form at your earliest convenience.

If you have any questions, please let us know.

Carla W. Wallace, MA
Senior Compliance Analyst
Policy Development Department

SOLUTIONS FOR THE UNION WORKPLACE

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Silver Spring, MD 20910
202.962.2901 phone
202.682.6713 fax
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www.ullico.com

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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 | 07/01/2011 | 49325140 |

SERFF Tracking Number: *ULCC-127306667* *State:* *Arkansas*
Filing Company: *The Union Labor Life Insurance Company* *State Tracking Number:* *49210*
Company Tracking Number: *ULLGA-TL-0302 0611*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*

Product Name: *ULLGA-TL-0302 0611*
Project Name/Number: *Group Term Life Insurance Application/*

Correspondence Summary

Dispositions

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

SERFF Tracking Number: *ULCC-127306667* State: *Arkansas*
Filing Company: *The Union Labor Life Insurance Company* State Tracking Number: *49210*
Company Tracking Number: *ULLGA-TL-0302 0611*
TOI: *L04G Group Life - Term* Sub-TOI: *L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life*
Product Name: *ULLGA-TL-0302 0611*
Project Name/Number: *Group Term Life Insurance Application/*

Disposition

Disposition Date: *07/07/2011*

Implementation Date:

Status: *Approved-Closed*

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *ULCC-127306667* State: *Arkansas*
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Form Schedule

Lead Form Number:

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------------|---|---------|----------------------|-------------|------------------------|
| | ULLGA-TL-0302 0611 | Application/Term Life Insurance Enrollment to Age 70 Application Form | Initial | | 56.300 | ULLGA-TL-0302 0611.pdf |

[**For Residents of California:** 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.

For Residents of 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.

For Residents of 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.

For Residents of 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.

For Residents of 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.

For Residents of Maryland: Any person who knowingly and willfully 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.

For Residents of 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.

For Residents of 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.

For Residents of 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.

For Residents of 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.

For residents all other states: Warning: Any person, acting alone or in concert with another, who knowingly and with intent to defraud, injure, or deceive any insurance company submits a claim or application containing any false, deceptive, incomplete or misleading information may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties or denial of benefits.]

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Document Attached.

Attachment:

Readability Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The Term Life Insurance to Age 70 Application, ULLGA-TL-0302 0611 is intended to replace form ULLGA-TL-0302 approved by the Department on April 12, 2006 in conjunction with group term life insurance product filing ULLG-10TL-0302 et al..

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 |
|--------------------|---|-------|
| ULLGA-TL-0302 0611 | Term Life Insurance to Age 70 Application | 56.3 |



ACTING PRESIDENT