

SERFF Tracking Number: FDLR-127332658 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 49402
Company Tracking Number:
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Form W6007CGI
Project Name/Number: /

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: Form W6007CGI

SERFF Tr Num: FDLR-127332658 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed
State Tr Num: 49402

Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Barbara Mooney

Disposition Date: 08/03/2011

Date Submitted: 07/26/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association

Overall Rate Impact:

Filing Status Changed: 08/03/2011

State Status Changed: 08/03/2011

Deemer Date:

Created By: Barbara Mooney

Submitted By: Barbara Mooney

Corresponding Filing Tracking Number:

Filing Description:

Please Review Cover Letter

Company and Contact

Filing Contact Information

Ciaran Brady, Vice President - Operations

Ciaran.Brady@FLA-Life.com

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 Product Name: Form W6007CGI

Project Name/Number: /
 1211 W 22nd St, Suite 209 630-522-0392 [Phone]
 Oak Brook, IL 60523 630-522-0397 [FAX]

Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
 1211 W 22nd St. Group Code: 3413 Company Type: Life
 Suite 209 Group Name: State ID Number:
 Oak Brook, IL 60523 FEIN Number: 36-1068685
 (630) 522-0392 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form at \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$50.00	07/26/2011	50091758

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/03/2011	08/03/2011

SERFF Tracking Number: FDLR-127332658 *State:* Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life *State Tracking Number:* 49402
Insurance Company
Company Tracking Number:
TOI: L04G Group Life - Term *Sub-TOI:* L04G.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Form W6007CGI
Project Name/Number: /

Disposition

Disposition Date: 08/03/2011

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		No
Supporting Document	Application		No
Supporting Document	Filing Auth		Yes
Supporting Document	Cover Letter		Yes
Form	Enrollment Form		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	W6007CGI-072011rev	Application/Enrollment Form	Enrollment Form	Initial			W6007CGI-072011rev.pdf

Enrollment Form
Fidelity Life Association ("the Company")

Administrative Office: P.O. Box 506, Keene, N.H. 03431-0506



Established 1896

New Enrollment Re-enrollment Plan _____

SECTION 1 - PARTICIPATING ENTITY

Name of Participating Entity:

SECTION 2 - APPLICANT

Date of Hire: _____ Location/Dept.: _____ ID#: _____

Applicant (Give Full Legal Name) _____ Female Male Soc Sec # _____

Birth Date MM/DD/YYYY Age _____ Have You Used Tobacco or Nicotine Products in the Last 12 Months? Yes No Phone # _____

Current Legal Residence Applicant/Spouse/Domestic Partner _____ City _____ State _____ ZIP _____

SECTION 3 - SPOUSE/DOMESTIC PARTNER APPLICANT INFORMATION – ONLY NEEDED IF APPLYING FOR SEPARATE COVERAGE

Full Legal Name _____ Female Male

Birth Date MM/DD/YYYY Age _____ Have You Used Tobacco or Nicotine Products in the Last 12 Months? Yes No

SECTION 4 - ELIGIBILITY QUESTIONS

	Applicant	Spouse/Domestic Partner
Is the proposed Insured a United States Citizen or have a Permanent Resident Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employee actively at work and performing the regular duties of his/her job in the usual manner and at the usual place of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5 - COVERAGE APPLIED FOR

Applicant [Face Amount: \$ _____] <input type="checkbox"/> Decline	Spouse/Domestic Partner [Face Amount: \$ _____] <input type="checkbox"/> Decline
Rider Options: [WP <input type="checkbox"/> : ADB <input type="checkbox"/> : Child Term [\$10,000 <input type="checkbox"/> : \$25,000 <input type="checkbox"/>]	Rider Options: [WP <input type="checkbox"/> : ADB <input type="checkbox"/> : Child Term [\$10,000 <input type="checkbox"/> : \$25,000 <input type="checkbox"/>]
Spouse/Dom Partner Level Term <input type="checkbox"/> \$ _____ Other <input type="checkbox"/> : _____]	Spouse/Dom Partner Level Term <input type="checkbox"/> \$ _____ Other <input type="checkbox"/> : _____]
Premium Mode: Wkly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other <input type="checkbox"/>	Premium Mode: Wkly <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Other <input type="checkbox"/>
Total Premium Per Pay Period \$ _____	Total Premium Per Pay Period \$ _____

SECTION 6 - BENEFICIARY INFORMATION

The Applicant will be the Beneficiary of any coverage issued on a Spouse or Child, unless otherwise stated in this section. The Spouse will be the Beneficiary of any coverage issued on the Applicant, unless otherwise stated in this section.

Primary Beneficiary – Applicant	Relationship	Primary Beneficiary – Spouse/Domestic Partner	Relationship

SECTION 7 - MODIFIED CONDITIONAL GUARANTEED ISSUE

	Applicant	Spouse/Domestic Partner
1. Has the Applicant missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
2. Has proposed insured been hospitalized overnight for 48 or more consecutive hours in the past 6 months for anything other than pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any proposed Insured, within the last 10 years, been diagnosed as having or been treated by a physician for HIV infection, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has proposed insured been seen or treated by a licensed physician or medical practitioner within the last 6 months for anything other than common cold, flu, pregnancy, routine physical or routine visit with normal results?	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 8 - DECLARATION AND AGREEMENT – PLEASE READ THE FOLLOWING, THEN SIGN AND DATE BELOW BEFORE MAILING

I/We declare that each answer given to the questions contained in this enrollment form is complete and true to the best of my/our knowledge and belief. I/We understand and agree that the company will rely on these answers, and the answers and statements I/we may give in any other form taken as part of this enrollment form. I/We also understand that the Company reserves the right to accept or deny this enrollment form after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers. All statements and answers on this enrollment form are full, complete and true to the best knowledge and belief of each person who has signed below. I understand that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage will be provided upon delivery of the certificate of coverage. **Fraud Warning:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an enrollment form for insurance may be guilty of criminal offense under state law.

Applicant Signature: _____	Date MM/DD/YYYY _____
Spouse/Domestic Partner Signature: _____	Date MM/DD/YYYY _____

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Filing Auth		
Comments:			
Attachment:			
	Filing Auth 04042011.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment:			
	Letter.pdf		



Established 1896

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523
Tel 630.522.0392
Fax 866.375.8175

April 4, 2011

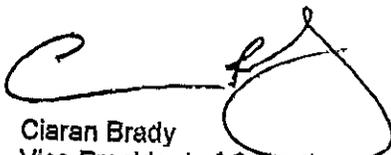
Company NAIC Number: 63290
Company FEIN Number: 95-1060502

Re: Group Life Insurance Policy, Certificate and Benefit Forms
Letter of Authorization

To: All State Insurance Departments

The Fidelity Life Association, A Legal Reserve Life Insurance Company of 1211 West 22nd Street, Oak Brook, Illinois hereby authorizes Vision Financial Corporation to represent us in the submission of the captioned forms and to negotiate with insurance departments for their approval.

Sincerely,



Ciaran Brady
Vice President of Operations

July 25, 2011

Life Policy Analyst
Life and Health Division
Arkansas Insurance Department
1200 West 3rd St.
Little Rock, AR 72201

RE: Fidelity Life Association
NAIC No.: 63290
FEIN Number: 36-1068685
Group Enrollment Form – Form W6007CGI-072011rev

Dear Sir or Madam:

We are submitting the Group Enrollment Form identified above for your review and approval. This is a new form and will not replace any form previously approved by your Department.

This form will be used with the Lifetime Benefit Term contract previously approved by your Department or with any additional products that may be approved in the future.

This form does not contain any unusual or possibly controversial items, or provisions that deviate from normal company or industry standards.

Thank you for your assistance with this filing. If you have any questions, please call me at 1-800-635-4467, ext. 209.

Sincerely,

Crystle Harmon
Compliance Coordinator
Vision Financial Corporation
Telephone: 800-635-4467, ext. 209
Fax: 603-357-0250
Email: charmon@visfin.com

Enc.