

SERFF Tracking Number: FRTH-127610401 State: Arkansas  
Filing Company: Forethought Life Insurance Company State Tracking Number: 49835  
Company Tracking Number: FA3012-01  
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.003 Single Premium  
Variable and Variable  
Product Name: FA3012-01 - Questionnaire  
Project Name/Number: FA3012-01 - Questionnaire/FA3012-01 - Questionnaire

## Filing at a Glance

Company: Forethought Life Insurance Company

Product Name: FA3012-01 - Questionnaire SERFF Tr Num: FRTH-127610401 State: Arkansas  
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 49835  
Variable and Variable Closed  
Sub-TOI: A02.11.003 Single Premium Co Tr Num: FA3012-01 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Author: Kasey Poettker Disposition Date: 09/26/2011  
Date Submitted: 09/20/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: FA3012-01 - Questionnaire  
Project Number: FA3012-01 - Questionnaire  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/26/2011

State Status Changed: 09/26/2011

Created By: Kasey Poettker

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kasey Poettker

Filing Description:

Please find attached form FA3012-01 for your review. This document seeks information to assist us in our evaluation of whether to issue annuity contracts in excess of our ordinary issue limits. It would be used for annuities larger than the maximum limits we will normally accept on a single life, which is currently \$1,000,000 for ages 75 and under and \$500,000 for ages 76 and above.

Forethought would like to use this questionnaire in conjunction with previously approved annuity products in your state.

This form contains no unusual or controversial features or language that deviate from normal insurance industry standards.

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Sincerely,

Kasey Poettker  
 Compliance Analyst  
 Forethought Life Insurance Company

**Company and Contact**

**Filing Contact Information**

Kasey Poettker, Compliance Analyst kasey\_poettker@forethought.com  
 1 Forethought Center 812-933-6748 [Phone]  
 Batesville, IN 47006 812-933-6348 [FAX]

**Filing Company Information**

Forethought Life Insurance Company CoCode: 91642 State of Domicile: Indiana  
 1 Forethought Center Group Code: 1266 Company Type: Insurance  
 Batesville, IN 47006 Group Name: State ID Number:  
 (800) 648-0075 ext. [Phone] FEIN Number: 06-1016329

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Forethought Life Insurance Company	\$50.00	09/20/2011	51897547

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/26/2011	09/26/2011





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## Form Schedule

**Lead Form Number: FA3012-01**

<b>Schedule Item Status</b>	<b>Form Number</b>	<b>Form Type Form Name</b>	<b>Action</b>	<b>Action Specific Data</b>	<b>Readability</b>	<b>Attachment</b>
	FA3012-01	Application/Medical Enrollment Questionnaire Form	Initial		54.000	FA3012-01 Medical Questionnaire 08.30.11.pdf



*(Please Print)*

**OWNER (Annuitant if non-natural owner)**

First Name		Middle Initial	Last Name
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)		Social Security Number - -
Mailing Address			Residential Address (if different than Mailing Address)
City		State	Zip Code

**MEDICAL QUESTIONS**

1. Have you been medically diagnosed as having a terminal illness, or a life expectancy of 12 months or less?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been hospitalized overnight 2 or more times in the last 12 months? If yes, give details and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently hospitalized, confined to a nursing home or psychiatric facility, or are you currently receiving or been advised to seek hospice care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently receiving kidney dialysis, chemotherapy or radiation, or using oxygen equipment to assist in breathing (other than for sleep apnea)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the last 24 months, have you been diagnosed with any type of metastatic cancer (Cancer that has spread to the lymph nodes or other organs)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you been medically diagnosed as having Alzheimer's disease, dementia, Lou Gehrig's disease (ALS), or end stage kidney disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you currently waiting for an organ transplant or has one been recommended to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you been declined for Life or Long Term Care Insurance in the last 12 months? If yes, provide company name and reason for the decline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Provide details to any "yes" answer below:	
_____	
_____	

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION**

**I authorize Forethought Life Insurance Company to obtain protected health information including prescription history from any licensed physician, medical practitioner, hospital, clinic, the Veteran's administration, laboratory, other medical or medically related facility, any pharmacy, pharmacy benefit manager, the Medical Information Bureau, Inc (MIB), insurance companies, consumer reporting agencies and authorize said persons, firms or entities to furnish such information to Forethought Life Insurance Company for the purpose of evaluating my application for insurance.**

**Health information will not be re-disclosed without my authorization, unless permitted by law, in which case it may not be protected under federal privacy rules. A photographic copy if this authorization shall be as valid as the original. I have a right to receive a copy of this authorization upon request. This authorization shall be valid for two years from the date of my signature below, and may be revoked by sending written notice to Forethought Life Insurance Company at the address listed above.**

I acknowledge that the answers set forth in this application are full, complete and true to the best of my knowledge and belief.

\_\_\_\_\_  
*Signature of Proposed Owner (Annuitant if non-natural owner)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Agent*

\_\_\_\_\_  
*Signed at (City, State)*

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> FA3012-01 - Readability Cert 09.01.11.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo <b>Bypass Reason:</b> n/a <b>Comments:</b>		

## CERTIFICATION OF READABILITY

FORM #	FORM NAME	FLESCH SCORE
FA3012-01	MEDICAL QUESTIONNAIRE	54.0

Forethought Life Insurance Company hereby certifies that this form achieves the Flesch reading ease score listed.



David K. Mullen, Sr. Vice President

September 1, 2011