

SERFF Tracking Number: PSEN-127617043 State: Arkansas
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 49791
 Company Tracking Number: FLA HIPAA AUTHORIZATION
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: FLA HIPAA AUTHORIZATION
 Project Name/Number: /

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company
 Product Name: FLA HIPAA AUTHORIZATION SERFF Tr Num: PSEN-127617043 State: Arkansas
 TOI: L08 Life - Other SERFF Status: Closed-Approved- Closed State Tr Num: 49791
 Sub-TOI: L08.000 Life - Other Co Tr Num: FLA HIPAA AUTHORIZATION State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Barbara Ritzke, Deb Howver, Joanne Miller Disposition Date: 09/16/2011
 Date Submitted: 09/14/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type:
 Submission Type: New Submission Overall Rate Impact:
 Filing Status Changed: 09/16/2011 Deemer Date:
 State Status Changed: 09/16/2011 Submitted By: Deb Howver
 Created By: Deb Howver
 Corresponding Filing Tracking Number:
 Filing Description:
 This filing consists of HIPAA Authorization Form F2002(09/11) which will replace form F2002. It will be used in conjunction with life applications. This form adds pharmacy benefit manager to the list of entities authorized to disclose protected health information.

Company and Contact

Filing Contact Information

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Debbie Howver, deb@myactuary.com
 35W841 Burr Oak Lane 224-402-2156 [Phone]
 West Dundee, IL 60118 847-551-1795 [FAX]

Filing Company Information

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

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
 1211 West 22nd Street Suite 209 Oak Brook, IL 60523
 (630) 533-0392 ext. [Phone]
 Group Code: Company Type:
 Group Name: State ID Number:
 FEIN Number: 36-1068685

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$50.00	09/14/2011	51595636

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/16/2011	09/16/2011

SERFF Tracking Number: PSEN-127617043 *State:* Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life *State Tracking Number:* 49791
Insurance Company
Company Tracking Number: FLA HIPAA AUTHORIZATION
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
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Disposition

Disposition Date: 09/16/2011

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	No
Supporting Document	Application	No	No
Supporting Document	Third Party Authorization Letter	Yes	Yes
Form	HIPAA Authorization	Yes	Yes

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Form Schedule

Lead Form Number: F2002(09/11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	F2002(09/11)	Other	HIPAA Authorization	Initial		0.000	F2002_09_11__HIPAA_Authorization_Final_110907.pdf

HIPAA AUTHORIZATION

Fidelity Life Association, A Legal Reserve Life Insurance Company



Established 1896

Authorization for the Release of personal Health Information

This authorization complies with the **HIPAA** Privacy Rules

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, health care provider, health plan, insurer, and/or any entity subject to the **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) that has provided treatment, service, payment, or coverage to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Fidelity Life Association, its agents, employees, representatives, insurance support organizations, and reinsurers (collectively, "the Company"). This includes all information relating to my health (except psychotherapy notes) and my insurance policies and claims, including but not limited to, hospital records, treatment records/office notes, consultation reports, workers' compensation information, diagnosis, prescriptions, and test results. It also includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases, and information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco.

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, health care provider, health plan, insurer and/or any entity subject to HIPAA to release and disclose such information without restriction.

I understand that unless prohibited by state and/or Federal law, the protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the Company. I understand any information disclosed under this authorization may no longer be covered by Federal rules governing privacy and confidentiality of health information and may be subject to redisclosure.

This authorization shall remain in force for 26 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to the attention of the Underwriting Department of the Company. I understand that a revocation is not effective to the extent that the Company has already relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

I understand that if I refuse to sign this authorization, the Company may not be able to process my application for insurance. I understand that I am entitled to receive a copy of this authorization.

PRINTED NAME OF THE PROPOSED INSURED

DATE OF BIRTH

SIGNATURE OF THE PROPOSED INSURED

DATED

Or, if applicable, signature of the Personal Representative of the Proposed Insured

If applicable, description of Personal Representative's authority or relationship to Proposed Insured.

THIS PAGE IS TO BE SIGNED AND SENT TO THE COMPANY

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not applicable to this filing. This is a HIPAA Authorization.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable to this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization Letter		
Comments:		
Attachment: SignedLetterOfAuthorization_FLA_110106.pdf		



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

January 6th, 2011

To Whom It May Concern:

Please allow this letter to serve as authorization for Problem Solving Enterprises, Inc to make rate, rule and form filings on behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company. Problem Solving Enterprises serves as actuarial and compliance consultants for Fidelity Life Association.

Any questions may be directed to me at 630-371-1888.

Sincerely,

A handwritten signature in black ink, appearing to be 'CJ' or similar initials.

Ciaran Brady
cn=Ciaran Brady, o=Fidelity Life Association,
ou=Vice President of Operations,
email=Ciaran.Brady@FidelityLife.com, c=US
2011.01.06 15:23:29 -06'00'

Ciaran Brady
Vice President of Operations