

SERFF Tracking Number: SYMT-127387265 State: Arkansas
Filing Company: Symetra Life Insurance Company State Tracking Number: 49662
Company Tracking Number: LUC-168 8/11
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: LUC-168 8/11 SPL Refresh Application
Project Name/Number: LUC-168 8/11 SPL Refresh Application/LUC-168 8/11

Filing at a Glance

Company: Symetra Life Insurance Company

Product Name: LUC-168 8/11 SPL Refresh Application SERFF Tr Num: SYMT-127387265 State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life SERFF Status: Closed-Approved- Closed State Tr Num: 49662

Sub-TOI: L09I.001 Single Life Co Tr Num: LUC-168 8/11 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Authors: Lisa Hampton, Linda Porter, Brady Smith, Jill Morgan Disposition Date: 09/02/2011

Date Submitted: 08/29/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: LUC-168 8/11 SPL Refresh Application

Project Number: LUC-168 8/11

Requested Filing Mode:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Domicile state, Washington, filed with Interstate Compact filing - pending approval

Explanation for Combination/Other:

Market Type: Individual

Submission Type:

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/02/2011

State Status Changed: 09/02/2011

Deemer Date:

Created By: Linda Porter

Submitted By: Linda Porter

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Department of Insurance

Included Forms:

LUC-168 8/11 Single Premium Life Insurance Application

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Dear Sir or Madam:

We are submitting a copy of the final version of the above referenced form for your review, and request that it be reviewed as part of this submission.

The form is new and does not replace any form currently in use. The content does not deviate from normal company or industry standards and contains no unusual or controversial items.

The form is submitted in final printed form and is subject only to minor modification in paper stock, ink, and adaptation to computer printing.

At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in this form in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change in the text of these forms. However, any such accommodation will not result in the use of a font or type style or size which would violate any law, regulation or standard.

LUC-168 8/11 is a simplified issue application that will be used with policies L-10044 1/11, approved Feb. 8, 2011 (SERFF # SYMX-G126949470), L-10046 1/11, approved Feb. 24, 2011 (SERFF #SYMX-G127020338) and L-10052 4/11, approved June 10, 2011 (SERFF #SYMT-127184907).

The application has a Flesch Score of 50.1.

Thank you for your consideration of this submission.

Linda Porter
Symetra Life Insurance Company
800-796-3872 extension 65495

Company and Contact

Filing Contact Information

Linda Porter, Compliance Analyst I
777 108th Ave. NE, Suite 1200
Bellevue, WA 98004-5135

linda.porter@symetra.com
425-256-5495 [Phone]
425-256-5466 [FAX]

Filing Company Information

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Symetra Life Insurance Company CoCode: 68608 State of Domicile: Washington
 777 108th Ave NE, Suite 1200 Group Code: 1129 Company Type: Insurance
 Bellevue, WA 98004-5135 Group Name: State ID Number:
 (800) 796-3872 ext. [Phone] FEIN Number: 91-0742147

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 application form filed separate from policy@ \$50.00 each = \$50.00 fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Symetra Life Insurance Company	\$50.00	08/29/2011	51047269

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Disposition

Disposition Date: 09/02/2011

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	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	LUC-168 8/11 Statement of Variability		Yes
Form	Life Insurance Application for Single Premium Life Insurance		Yes

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Amendment Letter

Submitted Date: 08/29/2011

Comments:

A Statement of Variability has been added to the filing.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: LUC-168 8/11 Statement of Variability

Comment:

LUC-168_811_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
	LUC-168 8/11	Application/Life Insurance Enrollment Form Application for Single Premium Life Insurance	Initial		50.100	LUC-168_811_Final.pdf

PROPOSED INSURED INFORMATION	Occupation		Annual Income	State or Foreign Country of Birth			
	Height	Weight	Driver's License #	Date of Birth			
	Insurance Needed For: <input type="checkbox"/> Estate Planning <input type="checkbox"/> Other: _____						
If Policyowner is other than the Proposed Insured, provide their name and Social Security or Tax I.D. Number : _____							
BENEFICIARY INFORMATION		Name (first, middle initial, last)	Date of Birth/Trust	SSN or TIN	Relationship to Proposed Insured	%	
	<input type="checkbox"/> P						
	<input type="checkbox"/> P <input type="checkbox"/> C						
	<input type="checkbox"/> P <input type="checkbox"/> C						
	<input type="checkbox"/> P <input type="checkbox"/> C						
P – Primary C – Contingent Please add information about additional beneficiaries in the Remarks section. The percentage for each product and each type of beneficiary must total 100%. Do not indicate multiple beneficiaries as a group – e.g., "All Children of Proposed Insured/Annuitant."							
COVERAGES	Premium \$ _____		Amount of Life Insurance Coverage \$ _____	Net Credited Interest Rate _____ %			
[Return of Premium <input type="checkbox"/> Yes <input type="checkbox"/> No]							
APPLICANT REPLACEMENT	8. Does the Proposed Insured have other existing life insurance policies or annuity contracts in force or applied for with this or any other company?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Company	MO/YR Issued	Face Amount	Policy Type	Annual Premium		
	9. To the best of the Applicant's knowledge, will the policy applied for replace any existing life insurance policy or annuity, or is any part of the premium to be paid by policy loan, or cash value on insurance presently in force? (if yes, attach state replacement disclosure)					Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. If the policy being replaced has cash value or surrender charges, please provide this information in the remarks section, on the first page of this application.							
INSURANCE PRODUCER REPLACEMENT	11. Does the Applicant have existing life insurance or annuity contracts with this or any other company?					Yes <input type="checkbox"/>	No <input type="checkbox"/>
	12. To the best of your knowledge, will this insurance replace or change any existing life insurance or annuity?					<input type="checkbox"/>	<input type="checkbox"/>
	13. If replacing, how does this policy better serve the Applicant's needs?						

ADDITIONAL INFORMATION	For any "Yes" answers to questions 14 – 16, please provide details in the Remarks section.	Yes	No
	14. Does the applicant/owner or proposed insured intend to assign or sell, or have they been involved in any discussion about the possible sale or assignment of, the life insurance policy for which the application is being made?	<input type="checkbox"/>	<input type="checkbox"/>
	15. Has the applicant/owner or proposed insured ever sold a policy to a life settlement, viatical or other secondary market provider, or are they in process of selling a policy?	<input type="checkbox"/>	<input type="checkbox"/>
	16. Is this policy being funded via a premium financing loan or with funds borrowed, advanced or paid from another person or entity?	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT & TEMPORARY INSURANCE	<p>Premium Payment:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer Funds to Symetra Life Payment with Application \$ _____</p> <p>Who is providing the premium for this policy? _____</p>
	<p>If your face amount is \$1,000,000 or less and you answered "no" to questions 1-4, you will be covered under the Temporary Life Insurance Agreement if a check is collected for the payment or if you authorize payment by wire (Maximum coverage is \$250,000).</p>

REMARKS	
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AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I hereby authorize and request any medical care provider, pharmacy, pharmacy benefits manager, individual employer, insurance company, reinsuring company, medical examiner, consumer reporting agency, or other person or organization, and MIB, Inc., to disclose any and all medical information, non-medical information, employment information, and insurance information they hold concerning me, to the employees, agents, or attorneys of Symetra Life Insurance Company. This disclosure Authorization will permit employees, agents or reinsurers of Symetra Life Insurance Company to view, copy, be furnished copies, share, or be given details of all such information described above including, but not limited to, mental and physical condition, evaluation, diagnoses, treatment, prognoses, prescription records, and/or toxicology results; specifically to include drug or alcohol use, mental illness, psychiatric treatment or diagnosis, testing and/or treatment of HIV (AIDS virus) and/or other sexually-transmitted diseases. Symetra Life Insurance Company obtains medical information only in connection with specific products or claims. Symetra Life Insurance Company will not use or share personally identifiable medical information for any purpose other than the underwriting or administration of your policy, claim or account. I understand that the information obtained pursuant to this Authorization will be used for the purpose of verifying, evaluating, negotiating, and other pertinent legal uses, with respect to my application for insurance, or claim under a policy of insurance. This Authorization will expire at the end of the contestability period of any insurance policy issued in reliance on the records obtained through this Authorization or twenty-four (24) months after the date of signing this Authorization. The individual signing this Authorization has the right to revoke Authorization in writing, except to the extent that action has been taken in reliance on the Authorization, or during a contestability period. A written statement revoking this Authorization delivered to Symetra Life Insurance Company at its usual business address will revoke this Authorization. Any copy of this Authorization shall have the same authority as the original. I also understand that I or my representative have a right to receive a copy of this Authorization upon request.

I, the Owner, certify under the penalties of perjury that (1) the number shown in Personal History section is my correct taxpayer identification number, and (2) I am not subject to backup withholding.

I (we) agree that all statements and answers recorded on this application are true and complete to the best of my/our knowledge and belief, and shall form a part of any policy issued. I have also read the Temporary Life Insurance Agreement. (Max. Coverage is \$250,000.)

For Residents of Other States not listed below: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Arkansas: 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.

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.

I acknowledge this insurance policy was not a prerequisite to receiving credit, property or services from any bank and that the amount of insurance I am applying for may not meet my complete financial needs. I have received information both orally and in writing stating that this insurance product is not a deposit or other obligation of, or guaranteed by, any bank or an affiliate of a bank and that the insurance product is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, or an affiliate of a bank.

Signed this _____, at _____, State of _____
Date City State

Printed Name of Proposed Insured

Printed Name of Writing or Authorized Insurance Producer

Signature of Proposed Insured (Age 15 or older)

Signature of Writing or Authorized Insurance Producer

Signature of Applicant/Owner* if other than Proposed Insured

Insurance Producer Phone

Insurance Producer Stat Number

Insurance Producer Email

Branch Name _____ Branch # _____ Rep ID # _____

*If Applicant is corporation/partnership, a corporate officer/partner other than Proposed Insured must sign.

NOTICE OF INSURANCE INFORMATION PRACTICES

MIB, Inc. (Medical Information Bureau, MIB) – Information regarding your insurability will be treated as confidential. Symetra Life or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Information for consumers about MIB may be obtained on its website at www.mib.com. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB may also be contacted at 1-866-692-6901 (TTY 1-866-346-3642). Symetra Life or its reinsurers may also release information in its file to others insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Investigative Consumer Report – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice.

Disclosure to Others – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to MIB.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

Access and Correction – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Individual New Business Department of Symetra Life, PO Box 84068, Seattle, Washington 98124-9918. Your comments will be carefully considered and corrections made where justified.

TEMPORARY LIFE INSURANCE AGREEMENT

AMOUNT OF COVERAGE: If the Temporary Life Insurance questions (questions 1-4 in Personal History Section) have been answered "no" and if money has been accepted as advance payment for life insurance and the proposed insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

- (a) the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or
- (b) a maximum amount under all Temporary Life Insurance Agreements with Symetra of \$250,000.

COVERAGE BEGINS: Life insurance under this Agreement will begin on the date of this application, if the Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

COVERAGE ENDS: Life insurance under this Agreement will terminate on the earliest of:

- (a) 90 days from the date of this Agreement; or
- (b) the date that insurance takes effect under the policy applied for; or
- (c) the date a policy, other than as applied for, is offered to the Applicant; or
- (d) the date the Company mails notice of termination of coverage and a return of the payment to the Applicant.

LIMITATIONS:

- (a) This Agreement does not provide benefits for disability.
- (b) Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.
- (c) If the Proposed Insured is less than 15 years old or more than 85 years old, the Company's liability under this Agreement is limited to a refund of the payment made.
- (d) If the Proposed Insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made. (For citizens of Missouri, suicide is no defense unless we can show that the insured intended suicide when the application was completed.)
- (e) If the payment is not honored by the bank, there is no coverage under this Agreement.
- (f) No one is authorized to waive or modify the terms of this Agreement.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR Readability Cert.pdf AR Certification.pdf		
Bypassed - Item: Application Bypass Reason: Application attached at Forms Tab Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: This is a life filing Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: This is a life filing Comments:		
Satisfied - Item: LUC-168 8/11 Statement of Variability Comments:		

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Attachment:

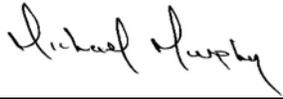
LUC-168_811_SOV.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Symetra Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
L-10046 1/11	50.3
LUC-157 1/11	50.1
LUC-158 1/11	50

Signed: 
Name: Michael F. Murphy
Title: Vice President
Date: February 17, 2011

State of Arkansas
CERTIFICATION

LUC-168 8/11

I hereby certify that to the best of my knowledge this filing is in compliance with Regulation 19s 10B and all other applicable requirements of the Department.

Signed: 
Name: Michael F. Murphy
Title: Vice President
Date: August 29, 2011

LUC-168 8/11 – Life Insurance Application for Single Premium Life Insurance		
Field	Range	Explanation of Variation
[Company Name]		Displays the current legal name of the company.
[Company Address and Telephone Number]		Displays the current address and telephone number of the company.
Send to: [Administrative Office, Fax Number and Mailing Address]		Displays the administrative office or mailing office address and it's fax number.
[Return of Premium] (page 2)	Yes or No	Indicates whether application is used with a contract that includes a Return of Premium provision

CERTIFICATION

I certify that the information contained in this Statement of Variability is true and correct to the best of my knowledge and belief, and that I am duly authorized by the company to make this certification.



Michael Murphy
 Vice President
 Symetra Life Insurance Company
 August 17, 2011

