

SERFF Tracking Number: STFL-127868265 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 50437
Company Tracking Number: SFL-1004374 B
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.003 Joint (First to Die)
Adjustable Life
Product Name: Joint Universal Life Guaranteed Insurability Option Application
Project Name/Number: Joint Universal Life Guaranteed Insurability Option Application /SFL-1004374 b

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: Joint Universal Life Guaranteed SERFF Tr Num: STFL-127868265 State: Arkansas

Insurability Option Application

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed-Approved- State Tr Num: 50437

Adjustable Life

Closed

Sub-TOI: L09I.003 Joint (First to Die)

Co Tr Num: SFL-1004374 B

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Rachel Lighthall, Maureen Macak

Disposition Date: 01/11/2012

Macak

Date Submitted: 12/09/2011

Disposition Status: Approved-

Closed

Implementation Date Requested: 04/28/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Joint Universal Life Guaranteed Insurability Option Application

Status of Filing in Domicile: Not Filed

Project Number: SFL-1004374 b

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Our state of domicile, Illinois, is a member of the Interstate Insurance Product Regulation Commission.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/11/2012

State Status Changed: 12/14/2011

Deemer Date:

Created By: Maureen Macak

Submitted By: Maureen Macak

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your consideration is the following new individual life insurance policy form:

Form Number, Form Name

1004374 b, Application to Exercise the Right to Purchase Additional Individual Life Insurance

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Form 1004374 b is used to apply for additional coverage through a State Farm agent when a guaranteed insurability option is exercised. The application is generated automatically prior to the regular option date and will be based on the policy to which the guaranteed insurability benefit rider is attached.

Form 1004374 b will be used with the Joint Universal Life policy, which is form 12037-04 and was approved by your department on September 2, 2011 under SERFF tracking number STFL-127348922 and state tracking number 49645.

This form will be marketed exclusively through State Farm agents.

The effective date of this form will be April 28, 2012.

Company and Contact

Filing Contact Information

Maureen Macak, Tech - Contracts & Compliance maureen.macak.ljrd@statefarm.com
 1 State Farm Plaza 309-763-2341 [Phone]
 Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

State Farm Life Insurance Company CoCode: 69108 State of Domicile: Illinois
 1 State Farm Plaza Group Code: Company Type:
 Bloomington, IL 61710-0001 Group Name: State ID Number:
 (309) 766-4541 ext. [Phone] FEIN Number: 37-0533090

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 Form @ \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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State Farm Life Insurance Company \$50.00 12/09/2011 54395879

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/11/2012	01/11/2012
Approved-Closed	Linda Bird	12/14/2011	12/14/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application to Exercise the Right to Purchase Additional Individual Life Insurance	Maureen Macak	01/11/2012	01/11/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open filing	Note To Filer	Linda Bird	01/10/2012	01/10/2012
Request to re-open filing	Note To Reviewer	Maureen Macak	01/10/2012	01/10/2012

SERFF Tracking Number: STFL-127868265 *State:* Arkansas
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Disposition

Disposition Date: 01/11/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: STFL-127868265 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Regulation 19 Certification		Yes
Supporting Document	Statement of Variability		Yes
Form (<i>revised</i>)	Application to Exercise the Right to Purchase Additional Individual Life Insurance		Yes
Form	Application to Exercise the Right to Purchase Additional Individual Life Insurance	Replaced	Yes

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Disposition

Disposition Date: 12/14/2011

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		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Supporting Document	Regulation 19 Certification		Yes
Supporting Document	Statement of Variability		Yes
Form (<i>revised</i>)	Application to Exercise the Right to Purchase Additional Individual Life Insurance		Yes
Form	Application to Exercise the Right to Purchase Additional Individual Life Insurance	Replaced	Yes

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Amendment Letter

Submitted Date: 01/11/2012

Comments:

Thank you for re-opening our filing.

Please note that we have submitted a revised copy of form 1004374 b on the Forms Schedule tab. The only change to this form is in the signature area. We have removed: "Florida Agents only – Legibly print or type Agent’s license identification number" which is not required by your state.

We look forward to your continued review of this filing.

Thank you.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
1004374 b	Application/EApplication nrollment Form	Application to Exercise the Right to Purchase Additional Individual Life Insurance	Initial					JUL GIO App - 1004374 b_01-09-2012_Bracket ed.pdf

SERFF Tracking Number: STFL-127868265 *State:* Arkansas
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Note To Filer

Created By:

Linda Bird on 01/10/2012 03:27 PM

Last Edited By:

Linda Bird

Submitted On:

01/10/2012 03:27 PM

Subject:

Request to re-open filing

Comments:

Filing has been re-opened in order for correction to be made.

SERFF Tracking Number: STFL-127868265 *State:* Arkansas
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Note To Reviewer

Created By:

Maureen Macak on 01/10/2012 07:59 AM

Last Edited By:

Maureen Macak

Submitted On:

01/10/2012 09:31 AM

Subject:

Request to re-open filing

Comments:

By way of this "Note to Reviewer", I am requesting this filing be re-opened. Form 1004374 b has not been implemented and prior to its use we would like to substitute a revised form for the previously approved form. The only change to this form is in the signature area. We have removed: "Florida Agents only – Legibly print or type Agent's license identification number" which is not required by your state.

Thank you for your consideration of our request.

Respectfully,

Deb Spratt, Analyst

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Form Schedule

Lead Form Number: 1004374 b

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1004374 b	Application/ Enrollment Form Application to Exercise the Right to Purchase Additional Individual Life Insurance	Initial			JUL GIO App - 1004374 b_01-09-2012_Bracketed.pdf



State Farm Life Insurance Company
One State Farm Plaza, Bloomington, IL 61710-0001

Application to Exercise the Right to Purchase Additional Individual Life Insurance

Based on the Guaranteed Insurability Option Benefit Rider contained in policy number [LF-1234-5678], I wish to apply for an increase in the Basic Amount of my Joint Universal Life policy effective on the next available Option Date.

Owner: [John Doe]

Social Security or Tax Identification Number: [123-45-6789]

Proposed Insured 1

Name: [John Doe]

Birth Date: [August 28, 1991]

Sex: [Male]

Marital Status: [Married]

Beneficiaries

Primary: [Jane Doe]

Relationship: [Spouse]

Successor: [Jill Doe]

Relationship: [Mother]

Proposed Insured 2

Name: [Jane Doe]

Birth Date: [October 1, 1991]

Sex: [Female]

Marital Status: [Married]

Beneficiaries

Primary: [John Doe]

Relationship: [Spouse]

Successor: [Cathy Jones]

Relationship: [Mother]

Basic Plan: [Joint Universal Life Increase]

Amount of Increase: [\$50,000]

Amount of Premium Increase: [\$256.80]

Mode: [Annual]

If exercising option due to a Named Event (marriage/legally sanctioned civil union/domestic partnership or the birth/adoption of child to both Insureds), what is the date of the Named Event? [06/15/2013]
(MM/DD/YYYY)

Social Security or Tax Identification Number (TIN) Certification

By signing this application, I certify under penalties of perjury that (1) the TIN shown above is correct, and (2) I am exempt from backup withholding, or that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (If you are subject to backup withholding, cross out item 2.) and (3) I am a U.S. person (Including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

[John J. Doe]
Owner's Signature

[John J. Doe]
Owner's Name (please print)

Date Signed [July 15, 2013] at [Bloomington, IL]
City State

[Mark Smith]
Agent's Signature

[Mark Smith]
Agent's Name (please print)

SERFF Tracking Number: STFL-127868265 State: Arkansas
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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Please see the attached Flesch Certification. Attachment: ARFLESCH 1004374 b 12-8-11.pdf</p>		
<p>Satisfied - Item: Application Comments: Please see Form Schedule tab.</p>		
<p>Satisfied - Item: Health - Actuarial Justification Comments: Not applicable to this filing.</p>		
<p>Satisfied - Item: Outline of Coverage Comments: Not applicable to this filing.</p>		
<p>Satisfied - Item: Regulation 19 Certification Comments: Please see the attached Regulation 19 Certification form.</p>		

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Attachment:

ARREG19 1004374 b - 12-8-11 .pdf

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Comments:

Please see the attached Statement of Variability.

Attachment:

1004374 b - AR Statement of Variability - 12-8-11.pdf

STATE OF ARKANSAS

CERTIFICATE

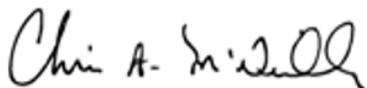
This is to certify that the attached forms have achieved a Flesch Reading Ease Score indicated below and comply with the requirements of Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form #

Flesch Score

1004374 b

57



Chris A. McNeilly

Assistant Secretary

Title

December 8, 2011

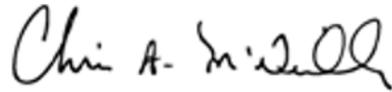
Date

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the forms contained in this submission are in compliance with Arkansas Regulation No. 19:

Form # 1004374 b



Chris A. McNeilly
Assistant Secretary

December 8, 2011

Date

State Farm Life Insurance Company

**Statement of Variability
1004374 b**

The bracketed variable material includes the following:

- All John Doe information is hypothetical for purposes of the submission and will vary depending on the policy issued.

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/09/2011	Form	Application to Exercise the Right to Purchase Additional Individual Life Insurance	01/11/2012	JUL GIO App - 1004374 b_12-08-2011_Bracketed.pdf (Superseded)



State Farm Life Insurance Company
One State Farm Plaza, Bloomington, IL 61710-0001

Application to Exercise the Right to Purchase Additional Individual Life Insurance

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Relationship: [Spouse]

Successor: [Jill Doe]

Relationship: [Mother]

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Name: [Jane Doe]

Birth Date: [October 1, 1991]

Sex: [Female]

Marital Status: [Married]

Beneficiaries

Primary: [John Doe]

Relationship: [Spouse]

Successor: [Cathy Jones]

Relationship: [Mother]

Basic Plan: [Joint Universal Life Increase]

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Amount of Premium Increase: [\$256.80]

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The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

[John J. Doe]
Owner's Signature

[John J. Doe]
Owner's Name (please print)

Date Signed [July 15, 2013] at [Bloomington, IL]
City State

[Mark Smith]
Agent's Signature

[Mark Smith]
Agent's Name (please print)

[00-0000]
Florida Agents Only - Legibly print or type Agent's license identification number