

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

Filing at a Glance

Company: Liberty National Life Insurance Company
Product Name: Application for Critical Illness Policy
State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit
Sub-TOI: H071.001 Critical Illness
Filing Type: Form
Date Submitted: 10/03/2012
SERFF Tr Num: AMLC-128711380
SERFF Status: Closed-Approved
State Tr Num:
State Status: Approved-Closed
Co Tr Num: A600

Implementation: On Approval
Date Requested:
Author(s): Pattie Church, Donna Kennedy
Reviewer(s): Donna Lambert (primary)
Disposition Date: 10/12/2012
Disposition Status: Approved
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

General Information

Project Name: Application for Critical Illness Policy
Project Number: A600
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Donna Kennedy

Filing Description:
Re: Form A600 - Application for Critical Illness Policy

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This application is being filed simultaneously in Nebraska, our state of domicile.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/12/2012
State Status Changed: 10/12/2012
Created By: Donna Kennedy
Corresponding Filing Tracking Number:

Enclosed for your review and approval is a copy of the above referenced form. This form will replace form A600AR previously approved by your Department on January 17, 2012 under SERFF Tracking Number AMLC-127962040. Form A600 is an application designed for use with our Critical Illness Policies, Form 5MA and 5MB, also approved by your Department on June 17, 2001. This form is being filed concurrently in Nebraska, our domicile state.

We are updating this application form with a goal of ease of administration by consolidating various state versions, where suitable; removing outdated administrative disclosures; adding specific data fields to capture customer contact information, including email addresses; and, clarifying certain health questions. This application will continue to be used by our Branch Agency distribution system to market our Critical Illness policies.

The Flesch score for form A600 is 51. To the best of our knowledge and belief this form complies with the laws and regulations of your state. This form does not contain any language that is unusual in terms of normal company or industry standards.

Included with this filing are transmittal documents or other documents required by your State.

Should you require additional information or if you should have any questions, please do not hesitate to contact me at 1-205-325-4919 or by email at regulatory@libnat.com.

Company and Contact

Filing Contact Information

Pattie Church, Compliance Analyst regulatory@libnat.com
100 Concourse Parkway 205-325-4919 [Phone]
Suite 350 205-325-2720 [FAX]
Hoover, AL 35244

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

Filing Company Information

Liberty National Life Insurance Company	CoCode: 65331	State of Domicile: Nebraska
P.O. Box 2612	Group Code: 290	Company Type: Life and Health
Birmingham, AL 35202	Group Name: Liberty National Life	State ID Number:
(205) 325-4307 ext. [Phone]	FEIN Number: 63-0124600	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: We are filing the required fee of \$50.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Liberty National Life Insurance Company	\$50.00	10/03/2012	63395050

SERFF Tracking #:

AMLC-128711380

State Tracking #:**Company Tracking #:**

A600

State:

Arkansas

Filing Company:

Liberty National Life Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name:

Application for Critical Illness Policy

Project Name/Number:

Application for Critical Illness Policy/A600

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/12/2012	10/12/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	10/04/2012	10/04/2012

Response Letters

Responded By	Created On	Date Submitted
Donna Kennedy	10/11/2012	10/11/2012

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

Disposition

Disposition Date: 10/12/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Form (revised)	Application for Critical Illness Policy	Approved	Yes
Form	Application for Critical Illness Policy	Replaced	Yes

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/04/2012
Submitted Date	10/04/2012
Respond By Date	11/05/2012

Dear Pattie Church,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for Critical Illness Policy, A600 (Form)

Comments: The applicant's statements are representations, not warranties. Please add this to the declarations section of the application. See ACA 23-79-107.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking #:

AMLC-128711380

State Tracking #:

Company Tracking #:

A600

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/11/2012
Submitted Date	10/11/2012

Dear Donna Lambert,

Introduction:

RE: A600AR

We are responding to your objection letter dated October 4, 2012, concerning the submission of the above referenced filing.

Response 1

Comments:

Pursuant to ACA 23-79-107, we have revised the declaration section of the application to include that the applicant's statements are representations not warranties.

Related Objection 1

Applies To:

- Application for Critical Illness Policy, A600 (Form)

Comments: The applicant's statements are representations, not warranties. Please add this to the declarations section of the application. See ACA 23-79-107.

Changed Items:

No Supporting Documents changed.

SERFF Tracking #:

AMLC-128711380

State Tracking #:

Company Tracking #:

A600

State: Arkansas

Filing Company:

Liberty National Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: Application for Critical Illness Policy

Project Name/Number: Application for Critical Illness Policy/A600

Form Schedule Item Changes

Item No.	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments	Submitted
1	A600	AEF	Applicat ion for Critical Illness Policy	Initial	51.000	A600AR.pdf	Date Submitted: 10/11/2012 By: Donna Kennedy
<i>Previous Version</i>							
1	A600	AEF	Applicat ion for Critical Illness Policy	Initial	51.000	A600.pdf	Date Submitted: 10/11/2012 By: Donna Kennedy

No Rate/Rule Schedule items changed.

Conclusion:

We hope this information will allow you to approve these forms for use in your state. If you have any questions, do not hesitate to contact me at 1-205-325-4919 or by email at regulatory@libnat.com. Thank you for your continued consideration of this filing.

Pattie Church
Compliance Analyst
Sincerely,
Donna Kennedy

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

Form Schedule

Lead Form Number: A600

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved 10/12/2012	A600	AEF	Application for Critical Illness Policy	Initial:	51.000	A600AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

LIBERTY NATIONAL LIFE INSURANCE COMPANY

A Nebraska Stock Company

Application for: Critical Illness Policy

MODE: [] A [] SA [] Q [] GA
[] BB (Attach Authorization) [] PD (Attach Authorization if required)
[] WD LNL Emp.# _____

IF PD MODE SELECTED, COMPLETE THIS SECTION:
Franchise Number Employment Date Cafeteria Plan Requested Effective Date
1. [] Weekly 3. [] Semi-Monthly
2. [] Bi-Weekly 4. [] Monthly

Client Number Mailing Address Apt. # City
Branch Agency Agent Number State Zip Email @

Telephone Numbers Home: () Work: () Cell: ()

Proposed Insured A. First Middle Last Social Security Number Sex [] M [] F Date of Birth Age Last Birthday

Height Weight Benefit Amount Critical Illness Plan Desired Amount Collected with this Application for Proposed Insured A.
1. With Cancer Coverage [] 1.
2. Without Cancer Coverage [] 2. (Complete on all Modes) \$

Proposed Insured B. First Middle Last Social Security Number Sex [] M [] F Date of Birth Age Last Birthday

Height Weight Benefit Amount Critical Illness Plan Desired Amount Collected with this Application for Proposed Insured B.
1. With Cancer Coverage [] 1.
2. Without Cancer Coverage [] 2. (Complete on all Modes) \$

Proposed Insured A. B.
1. Is the insurance applied for intended to replace or change any coverage now in force with this or any other company? If "Yes," comply with the applicable Replacement Regulation or Rule. Old LNL Policy# _____
2. Is the Proposed Insured covered under a State Medicaid Program?
3. Is the Proposed Insured covered under Medicare? If "Yes", the Proposed Insured is not eligible for coverage.
4. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed by a physician as having a disease or disorder involving the heart, kidney (other than stones), pancreas, stroke, transient ischemic attack, diabetes (other than gestational diabetes during pregnancy), emphysema, pulmonary fibrosis, cirrhosis, hepatitis B or C, coronary artery disease, blood clot, loss of hearing, loss of sight, or bone marrow or major organ transplant?
5. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed by a physician as having high blood pressure in excess of 150/100 or high cholesterol levels over 250?
6. Is the Proposed Insured awaiting medical test results or been advised by a physician to have medical tests or surgery which has not yet been performed?
7. Has the Proposed Insured ever been treated for, diagnosed by a physician or tested positive as having an Acquired Immune Deficiency Disorder (AIDS) or AIDS-Related Complex (ARC) or immune deficiency related disorders or ever tested positive for antibodies to the AIDS (HIV) virus?
8. During the past three (3) years has the Proposed Insured received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption, or used or received treatment or consultation for the use of heroin, cocaine or other similar agent or narcotic drug?
9. Is the Proposed Insured presently covered by a Liberty National Cancer Policy?
10. Does the Proposed Insured now have, or ever have had, or sought medical advice for any of the following: cancer, leukemia, Hodgkin's disease, melanoma, or any form of malignant growth (except skin cancer)?
11. A recorded phone interview may be necessary as part of the underwriting of this application.

Complete question 10 only for Critical Illness Policy with Cancer Coverage.

The most convenient time and place for the phone interview is:
Preferred Phone: [] Home [] Work [] Cell Preferred Time: [] 8AM-NOON [] NOON-6PM [] 6PM-9PM

A600AR 1112

RECEIPT (not to be detached unless premium collected)

We have received from _____ the sum of \$ _____ as a deposit on an application (detached herefrom and bearing the same date as this receipt) for a Critical Illness insurance policy. This payment is made and accepted subject to the conditions set out on the back of this receipt.

PLEASE READ THESE CONDITIONS CAREFULLY. ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

THE HOME OFFICE MAY CALL YOU TO VERIFY APPLICATION INFORMATION

Branch No. _____ Agency No. _____ By (Agent) _____

Dated at _____, State of _____, Date _____, 20_____.

Unless you receive a policy or your money is refunded within 60 days from the date of this receipt, please notify the Company, (Liberty National Life, P.O. Box 2612 ,Birmingham, Alabama 35202) giving the amount paid, date of payment, and the name of the Agent shown above. A600AR 1112

I hereby declare that the statements recorded herein are true and complete and shall be considered representations not warranties with respect to any Proposed Insured. I agree that: (1) subject to the terms of the conditional receipt, if applicable, no coverage will be effective until a policy is delivered to the Proposed Insured, and unless on the date of such delivery, each Proposed Insured is alive and his/her health remains as stated in the application; (2) no agent has authority to accept risks on behalf of the Company or make or change contracts or waive the Company's rights or requirements; (3) receipt of the outline of coverage, if required by my State, is hereby acknowledged; (4) this policy has a 30-day waiting period. No benefit is payable if the covered Critical Illness first manifests itself before the policy has been in force for 30 days from the effective date of the policy. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the Proposed Insured. I have paid to the agent the sum of \$ _____ .

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and may be subject to criminal and civil penalties.

A600AR _____ Date _____ Application State _____ Signature of Applicant _____ 1112

AGENT'S STATEMENT

Yes No

- 1. Do you have any reason to believe that any response to the health questions is not accurate?.....
- 2. Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company?.....
- 3. Was the application signed in your presence?.....

_____ Signed _____ , Agent
Print or Type Agent's Name

If on the date of the application the Proposed Insured(s) are alive and are risks acceptable to the Company under its rules, limits and standards for the plan applied for, then the insurance applied for will take effect on the date of the application. Unless the company has declined to issue the insurance applied for, the insurance provided under this receipt will continue in force until the earliest of: (a) the expiration of the period covered by the payments received for herein; (b) the issuance of the policy applied for; or (c) the expiration of 60 days. If the application is accepted and a policy issued, the premium deposit will be applied toward payment of the premium thereon. If the Company declines to issue any policy applied for, the amount of the premium deposit for such policy will be returned to the applicant. No insurance will become effective unless the application to which this receipt is attached is received by the Company at its home office. No agent has authority to accept risks on behalf of the Company or make or change contracts or waive the Company's rights or requirements. This receipt is issued on the condition that any check, draft or other order for payment of money be honored when it is first presented. This receipt is not transferable and will not be valid for any purpose if any erasures or alterations have been made in the printed form. Only the information which the applicant has given in the answers to the questions on the application, or contained in the Company's records will be used to evaluate the eligibility for the insurance. This information will not be disclosed to any other company or person without written authorization.

SERFF Tracking #:

AMLC-128711380

State Tracking #:

Company Tracking #:

A600

State: Arkansas **Filing Company:** Liberty National Life Insurance Company
TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness
Product Name: Application for Critical Illness Policy
Project Name/Number: Application for Critical Illness Policy/A600

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	10/12/2012
Comments:			
Attachment(s):			
AR Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	10/12/2012
Bypass Reason:	N/A - We are not filing a policy form we are filing an application and it is located in the form section tab.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	10/12/2012
Bypass Reason:	N/A - We are not filing a policy form, we are filing an application only.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved	10/12/2012
Bypass Reason:	N/A - We are not filing a policy form we are filing an application only.		
Comments:			

STATE OF ARKANSAS
READABILITY CERTIFICATION

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>SCORE</u>	<u>SCORED SEPARATELY</u>
A600	Application for: Critical Illness	51	X

This is to certify that the above listed forms have achieved the Flesch Ease Score indicated, and that to the best of my knowledge and belief comply with the requirements to **Ark. Stat. Ann. Sec. 66-3251** through **66.3258**, cited as the Life and Disability Insurance Policy Language Simplification Act.



Cathy C. Pilcher
Second Vice President, Compliance
Liberty National Life Insurance Company

Date: 10/02/2012

P-123, Rev. 9/97

SERFF Tracking #:

AMLC-128711380

State Tracking #:**Company Tracking #:**

A600

State:

Arkansas

Filing Company:

Liberty National Life Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name:

Application for Critical Illness Policy

Project Name/Number:

Application for Critical Illness Policy/A600

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)
10/03/2012	Form	Application for Critical Illness Policy	10/11/2012	A600.pdf (Superseded)

LIBERTY NATIONAL LIFE INSURANCE COMPANY

A Nebraska Stock Company

Application for: Critical Illness Policy

MODE: [] A [] SA [] Q [] GA
[] BB (Attach Authorization) [] PD (Attach Authorization if required)
[] WD LNL Emp.#

IF PD MODE SELECTED, COMPLETE THIS SECTION:
Franchise Number Employment Date Cafeteria Plan Requested Effective Date
Payroll Deduction Frequency: 1. [] Weekly 2. [] Bi-Weekly 3. [] Semi-Monthly 4. [] Monthly

Client Number Mailing Address Apt. City
Branch Agency Agent Number State Zip Email

Telephone Numbers Home: () Work: () Cell: ()

Proposed Insured A. First Middle Last Social Security Number Sex [] M [] F Date of Birth Age Last Birthday

Height Weight Benefit Amount Critical Illness Plan Desired Amount Collected with this Application for Proposed Insured A.

Proposed Insured B. First Middle Last Social Security Number Sex [] M [] F Date of Birth Age Last Birthday

Height Weight Benefit Amount Critical Illness Plan Desired Amount Collected with this Application for Proposed Insured B.

Proposed Insured

- 1. Is the insurance applied for intended to replace or change any coverage now in force with this or any other company?
2. Is the Proposed Insured covered under a State Medicaid Program?
3. Is the Proposed Insured covered under Medicare?
4. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed by a physician as having a disease or disorder involving the heart, kidney (other than stones), pancreas, stroke, transient ischemic attack, diabetes (other than gestational diabetes during pregnancy), emphysema, pulmonary fibrosis, cirrhosis, hepatitis B or C, coronary artery disease, blood clot, loss of hearing, loss of sight, or bone marrow or major organ transplant?
5. Has the Proposed Insured ever been treated for, sought medical advice for, or been diagnosed by a physician as having high blood pressure in excess of 150/100 or high cholesterol levels over 250?
6. Is the Proposed Insured awaiting medical test results or been advised by a physician to have medical tests or surgery which has not yet been performed?
7. Has the Proposed Insured ever been treated for, diagnosed by a physician or tested positive as having an Acquired Immune Deficiency Disorder (AIDS) or AIDS-Related Complex (ARC) or immune deficiency related disorders or ever tested positive for antibodies to the AIDS (HIV) virus?
8. During the past three (3) years has the Proposed Insured received treatment for alcohol abuse or been advised by a physician to reduce alcohol consumption, or used or received treatment or consultation for the use of heroin, cocaine or other similar agent or narcotic drug?
9. Is the Proposed Insured presently covered by a Liberty National Cancer Policy?
10. Does the Proposed Insured now have, or ever had, or sought medical advice for any of the following: cancer, leukemia, Hodgkin's disease, melanoma, or any form of malignant growth (except skin cancer)?
11. A recorded phone interview may be necessary as part of the underwriting of this application.

Complete question 10 only for Critical Illness Policy with Cancer Coverage.

The most convenient time and place for the phone interview is:
Preferred Phone: [] Home [] Work [] Cell Preferred Time: [] 8AM-NOON [] NOON-6PM [] 6PM-9PM

A600

1112

RECEIPT (not to be detached unless premium collected)

We have received from _____ the sum of \$ _____ as a deposit on an application (detached herefrom and bearing the same date as this receipt) for a Critical Illness insurance policy. This payment is made and accepted subject to the conditions set out on the back of this receipt.

PLEASE READ THESE CONDITIONS CAREFULLY. ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

THE HOME OFFICE MAY CALL YOU TO VERIFY APPLICATION INFORMATION

Branch No. _____ Agency No. _____ By (Agent) _____

Dated at _____, State of _____, Date _____, 20_____.

Unless you receive a policy or your money is refunded within 60 days from the date of this receipt, please notify the Company, (Liberty National Life, P.O. Box 2612, Birmingham, Alabama 35202) giving the amount paid, date of payment, and the name of the Agent shown above.

A600

1112

I hereby declare that the statements recorded herein are true and complete with respect to any Proposed Insured. I agree that: (1) subject to the terms of the conditional receipt, if applicable, no coverage will be effective until a policy is delivered to the Proposed Insured, and unless on the date of such delivery, each Proposed Insured is alive and his/her health remains as stated in the application; (2) no agent has authority to accept risks on behalf of the Company or make or change contracts or waive the Company's rights or requirements; (3) receipt of the outline of coverage, if required by my State, is hereby acknowledged; (4) this policy has a 30-day waiting period. No benefit is payable if the covered Critical Illness first manifests itself before the policy has been in force for 30 days from the effective date of the policy. Except with respect to a minor child of mine, this application is made with the knowledge and consent of the Proposed Insured. I have paid to the agent the sum of \$ _____ .

IMPORTANT NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and may be subject to criminal and civil penalties.

A600 _____ Date _____ Application State _____ Signature of Applicant _____ 1112

AGENT'S STATEMENT

Yes No

- 1. Do you have any reason to believe that any response to the health questions is not accurate?.....
- 2. Do you have any knowledge or reason to believe that the insurance applied for herein may be to replace or change existing insurance coverage with this or any other company?.....
- 3. Was the application signed in your presence?.....

_____ Signed _____ , Agent
Print or Type Agent's Name

If on the date of the application the Proposed Insured(s) are alive and are risks acceptable to the Company under its rules, limits and standards for the plan applied for, then the insurance applied for will take effect on the date of the application. Unless the company has declined to issue the insurance applied for, the insurance provided under this receipt will continue in force until the earliest of: (a) the expiration of the period covered by the payments received for herein; (b) the issuance of the policy applied for; or (c) the expiration of 60 days. If the application is accepted and a policy issued, the premium deposit will be applied toward payment of the premium thereon. If the Company declines to issue any policy applied for, the amount of the premium deposit for such policy will be returned to the applicant. No insurance will become effective unless the application to which this receipt is attached is received by the Company at its home office. No agent has authority to accept risks on behalf of the Company or make or change contracts or waive the Company's rights or requirements. This receipt is issued on the condition that any check, draft or other order for payment of money be honored when it is first presented. This receipt is not transferable and will not be valid for any purpose if any erasures or alterations have been made in the printed form. Only the information which the applicant has given in the answers to the questions on the application, or contained in the Company's records will be used to evaluate the eligibility for the insurance. This information will not be disclosed to any other company or person without written authorization.