

State: Arkansas **Filing Company:** American United Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Notice of Insurance Information
Project Name/Number: Notice of Insurance Information/I-19080

Filing at a Glance

Company: American United Life Insurance Company
Product Name: Notice of Insurance Information
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/16/2012
SERFF Tr Num: AULD-128684826
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: I-19080 MIB AUL

Implementation: On Approval
Date Requested:
Author(s): Angie Neville, Danita Ragland-Hatton, Kathy Roush
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/22/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
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Filing Company: American United Life Insurance Company

General Information

Project Name: Notice of Insurance Information
 Project Number: I-19080
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: Resubmission
 Individual Market Type:
 Filing Status Changed: 10/22/2012
 State Status Changed: 10/22/2012
 Created By: Angie Neville
 Corresponding Filing Tracking Number:

Status of Filing in Domicile: Authorized
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Previous Filing Number: AULD-125243079
 Overall Rate Impact:
 Deemer Date:
 Submitted By: Danita Ragland-Hatton

Filing Description:

This filing is for the sole purpose of revising the MIB authorization language on our Notice of Information Practices, form I-19080, which was approved in your state on August 1, 2007 under SERFF Filing # AULD-125243079.

The following sentence has been added to the Authorization and Acknowledgement section: "I authorize any company listed as a OneAmerica company and its reinsurers to make a brief report of my personal health information to MIB." This language has been underlined so you may easily locate it.

We certify that this is the only language change to this form.
 Thank you for your assistance with this filing.

Company and Contact

Filing Contact Information

Angie Neville, Filing Specialist	Angie.Neville@oneamerica.com
One American Square	317-285-1927 [Phone]
Indianapolis, IN 46206	317-285-7538 [FAX]

Filing Company Information

American United Life Insurance Company	CoCode: 60895	State of Domicile: Indiana
One American Square	Group Code: 619	Company Type:
P.O. Box 7127	Group Name:	State ID Number:
Indianapolis, IN 46206	FEIN Number: 35-0145825	
(877) 285-7660 ext. [Phone]		

Filing Fees

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

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Company	Amount	Date Processed	Transaction #
American United Life Insurance Company	\$50.00	10/16/2012	63944371

SERFF Tracking #:

AULD-128684826

State Tracking #:

Company Tracking #:

I-19080 MIB AUL

State:

Arkansas

Filing Company:

American United Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Notice of Insurance Information

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Notice of Insurance Information/I-19080

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/22/2012	10/22/2012

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AULD-128684826

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Company Tracking #:

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Arkansas

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Notice of Insurance Information/I-19080

Disposition

Disposition Date: 10/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Readability Certification		Yes
Form	Notice of Insurance Information Practices		Yes

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Form Schedule

Lead Form Number: I-19080

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		I-19080	NOC	Notice of Insurance Information Practices	Initial:	50.800	I-19080 09-19-12.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

American United Life
Insurance Company®
a ONEAMERICA® company
One American Square
P.O. Box 6003
Indianapolis, IN 46206-6003
1-800-537-6442

Pioneer Mutual Life Insurance Co.
A stock subsidiary of American United
Mutual Insurance Holding Company
a ONEAMERICA® company
P.O. Box 2167
Fargo, ND 58107
1-800-437-4692

The State Life
Insurance Company
a ONEAMERICA® company
P.O. Box 6062
Indianapolis, IN 46206
1-800-275-5101



Website www.oneamerica.com

**ALWAYS GIVE THIS DOCUMENT
TO THE PROPOSED INSURED UPON HIS/HER SIGNING APPLICATION
OR EVIDENCE OF INSURABILITY FORM**

NOTICE OF INSURANCE INFORMATION PRACTICES

Thank you for your application for insurance. We are glad to have the chance to participate in your insurance program. This notice tells you about the underwriting process. It also tells how information is gathered to review your application. To issue an insurance policy we need to obtain information about you. Some of the information will come from you and some will come from other sources. We need this information to see if you qualify for insurance. When signed, the Authorization and Acknowledgement will allow us to obtain the information and to share it with others when necessary and as permitted by law. No unnecessary disclosures will be made. Information will be treated as confidential by us and by our reinsurers. However, in some cases, information may have to be disclosed to others without your further consent. If permitted by law and after proper identification, you have the right to submit a written request for access to personal information obtained by the company as part of the application for insurance and which is reasonably locatable and retrievable. Within thirty (30) days of the request, the company must respond by allowing you to see, in person, or by copy (a copying charge may be assessed) the requested personal information and by giving you the source(s) of the information. The individual may request correction, amendment or deletion of certain personal information. Within thirty (30) days of said request, the company will correct, amend or delete the requested personal information (and contact the individual of such in writing) or notify the individual of its refusal to make such correction, amendment or deletion and the reason for said refusal. If an individual disagrees with the refusal, the individual can file a concise statement as to what the individual believes is the correct information and the reasons why the individual disagrees with the refusal. This statement will remain in the individual's file. Any revisions made will be sent to those parties that have been provided such information within the past 2 years, insurance support organizations that have received such information in the past 7 years, and any insurance support organization that furnished the personal information that has been corrected, amended or deleted. You have a right to get a copy of any investigative consumer report which is made. If you want to know more about our underwriting practices and your rights, please write to the Privacy Officer, OneAmerica Financial Partners Inc., P.O. Box 368, Indianapolis, Indiana 46206-0368.

MEDICAL INFORMATION BUREAU NOTICE

Information regarding your insurability will be treated as confidential. We or our reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, 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. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

We or our reinsurers may also release information in our file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

FAIR CREDIT REPORTING ACT NOTICE

We may request an investigative consumer report. These reports contain information about your character, general reputation, mode of living and health except as may be related directly or indirectly to your sexual orientation. The information may be obtained through interviews with you, your neighbors, friends and others who know you. Upon request, we will give you the name and address of the consumer reporting firm so that you may request a copy of the report.

AUTHORIZATION AND ACKNOWLEDGMENT

I authorize any physician, or medical practitioner, hospital and medical facility, insurance company, DMV, and the MIB to give to any company listed as a OneAmerica® company and its reinsurers any of the following about me or my dependents, if they are to be insured: facts about physical and mental health, medical care, advice or treatment; hobbies, other insurance, flying, and driving record (which may include but is not limited to existing address); age, occupation, income and the use of alcohol, drugs, and tobacco. Each person proposed for insurance may be asked to take a physical exam, where tests may be made of blood and urine. These tests may include tests for the presence and/or level of blood sugar, cocaine or other drugs, cholesterol, nicotine and, where permitted by law, antibodies to the AIDS virus. All sources except the MIB may give these facts to any insurance support organization authorized by a OneAmerica® company to collect and transmit them. This data will be used to determine eligibility for insurance. I authorize any company listed as a OneAmerica company and its reinsurers to make a brief report of my personal health information to MIB. A photocopy of this form shall be as valid as the original. This authorization will be valid for 24 months from the date I signed the application. I can choose to be interviewed if an investigative consumer report is made. I or my authorized representative can receive a copy of this authorization form.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Cert AUL.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Readability Certification		
Comments:			
Attachment(s):			
I-19080 AUL Read Cert.pdf			

STATE OF ARKANSAS

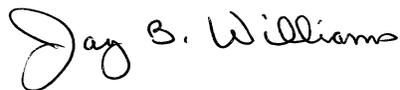
CERTIFICATION

CARRIER: AMERICAN UNITED LIFE INSURANCE COMPANY

SUBMISSION: I-19080, Notice of Insurance Information Practices

DATE: October 12, 2012

I hereby certify that to the best of my knowledge and belief the above submission conforms to Arkansas Regulation 19 § 10B.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large initial "J".

Jay B. Williams

Name

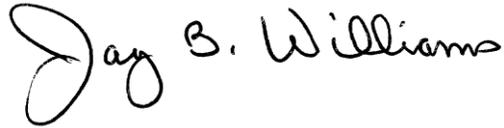
Vice President, Compliance

Title

CERTIFICATE OF READABILITY

I, Jay B. Williams, Vice President of American United Life Insurance Company, hereby certify that the following form(s) have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state.

<u>FORM(S)</u>	<u>READABILITY SCORE</u>
I-19080 Notice of Information Practices	50.8



October 12, 2012
Date

Jay B. Williams
Vice President
Chief Compliance Officer