

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Reinstatement application
Project Name/Number: MIB language chng/CNO-150

Filing Company: Catholic Financial Life

Filing at a Glance

Company: Catholic Financial Life
Product Name: Reinstatement application
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/24/2012
SERFF Tr Num: CAKN-128742207
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: CNO-150

Implementation: On Approval
Date Requested:
Author(s): Donna Peterson
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/30/2012
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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General Information

Project Name: MIB language chng
 Project Number: CNO-150
 Requested Filing Mode:
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 10/12/2012
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 10/30/2012
 State Status Changed: 10/30/2012
 Created By: Donna Peterson
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Donna Peterson

Filing Description:

Catholic Financial Life, a fraternal benefit society, is filing this reinstatement application (form 2012 REIN APP AR) for use with our life products. It is replacing form 2011 REIN APP AR SERFF No. CAKN-127013804 AR State filing number 48303 approved 8/30/2012..

This form will be used when reinstating a whole life, term life or universal life product. The form is in final printed format and is identical to the application being replaced with one exception. Changes are only on the 3rd page. They incorporate the new required MIB language; official name; changed from the Medical information Bureau to MIB, Inc.; and Notice of Information practices.. I've highlighted the changes for easy recognition. The final version used with our members will not be highlighted.

Company and Contact

Filing Contact Information

Donna Peterson, donna.peterson@catholicfinanciallife.org
 1100 W Wells Street 414-278-6509 [Phone]
 Milwaukee, WI 53233

Filing Company Information

Catholic Financial Life CoCode: 56030 State of Domicile: Wisconsin
 1100 West Wells Street Group Code: Company Type: Fraternal
 Milwaukee, WI 53233 Group Name: State ID Number: 2796
 (414) 273-6266 ext. 6509[Phone] FEIN Number: 39-0201015

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 application form
 Per Company: No

Company	Amount	Date Processed	Transaction #
Catholic Financial Life	\$50.00	10/24/2012	64229869

SERFF Tracking #:

CAKN-128742207

State Tracking #:

Company Tracking #:

CNO-150

State:

Arkansas

Filing Company:

Catholic Financial Life

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Reinstatement application

Project Name/Number:

MIB language chng/CNO-150

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/30/2012	10/30/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
errors in General Submission letter	Note To Reviewer	Donna Peterson	10/24/2012	10/24/2012

SERFF Tracking #:

CAKN-128742207

State Tracking #:

Company Tracking #:

CNO-150

State:

Arkansas

Filing Company:

Catholic Financial Life

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

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Disposition

Disposition Date: 10/30/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		No
Supporting Document	Flesch Certification		Yes
Form	Reinstatement Application for Individual Life Insurance		Yes

State: Arkansas
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Filing Company: Catholic Financial Life

Note To Reviewer

Created By:

Donna Peterson on 10/24/2012 02:20 PM

Last Edited By:

Linda Bird

Submitted On:

10/30/2012 10:01 AM

Subject:

errors in General Submission letter

Comments:

The new form number is 2012 REIN APP. (no AR in form number) The old form number we are replacing was approved by AR on 3/23/2011. The SERFF and state numbers are correct.

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Form Schedule

Lead Form Number: 2012 REIN APP

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Reinstatement Application for Individual Life Insurance	2012 REIN APP AR	AEF	Initial		50.100	2012 REIN APP gnrc.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



Reinstatement for Certificate No: _____

Any other insured covered by a rider under the certificate must complete an Application for Reinstatement

A. Insured

Name: _____
Address: _____
Driver's License: _____ State: _____
Birth Date: _____ Height: _____ Weight: _____
Home phone: _____ Work/cell phone: _____
Email Address: _____

B. INSURED MUST COMPLETE ALL QUESTIONS. ALL "YES" ANSWERS MUST BE FULLY EXPLAINED AND REFERENCED IN REMARKS.

Has or does the insured: Yes No
1) a. Drink alcoholic beverages? If yes, how much per week?
b. Now or ever used heroin, cocaine, marijuana, or illegal, restricted or controlled substance, except as prescribed by a physician?
2) a. Made within the past 5 years a claim for or received benefits compensation, or pension for any injury, sickness, disability, or impaired condition?
b. In the past 5 years been unable to work, attend school, or perform normal activities of like age and gender, or been confined at home
3) Do you now use or have you used tobacco or nicotine in any form within the past 3 years?
4) Full name and complete address of personal physician; the date, reason last seen and diagnosis:

AIDS TEST RESULTS OBTAINED AT AN ANONYMOUS COUNSELING AND TESTING SITE DESIGNATED BY THE STATE EPIDEMIOLOGIST OR AT A SIMILAR FACILITY IN ANOTHER JURISDICTION OR HOME TESTING ARE CONFIDENTIAL AND NEED NOT BE DISCLOSED. NONE OF THESE APPLICATION QUESTIONS SHOULD BE INTERPRETED AS ASKING ABOUT AIDS, UNLESS THE QUESTION SPECIFICALLY MENTIONS AIDS.

Within the past 5 years has the person insured under this certificate: Yes No
5) Been diagnosed or treated by a member of the medical profession for a disorder, disease or persistent discomfort of the following systems:
a. Respiratory (lungs, bronchi, trachea, etc.) Such as, but not limited to, TB, asthma, emphysema, bronchitis, shortness of breath?
b. Circulatory (heart, blood, arteries, veins, etc.) such as, but not limited to, high blood pressure, heart attack, chest pains, murmur?
c. Digestive (Throat, esophagus, stomach, intestine, liver, gall bladder, etc.) such as, but not limited to, ulcer, colitis, cirrhosis, hemorrhoids, bleeding?

POLICY DATE POLICY NUMBER SERIAL NO

C. AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I UNDERSTAND that this certificate has lapsed for non-payment of premium and that reinstatement may be made only upon (1) evidence of insurability satisfactory to Catholic Financial Life, (2) upon payment of any due premium related to this certificate. I AGREE that this Application for Reinstatement shall be contestable at any time within two years from the effective date of the reinstatement.

I AUTHORIZE the following to release information about me to Catholic Financial Life or its reinsurers. Those authorized include a physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the MIB Inc., a consumer reporting agency, and/or employers. I Authorize Catholic Financial Life or its reinsurers to make a brief report of my personal medical information to MIB, Inc.

I UNDERSTAND that this information may include diagnosis, treatment, and prognosis with respect to any physical or mental condition and/ or treatment, and other non-medical information (such as credit reports and employer reports) concerning me. I authorize all sources, except MIB, to give records or knowledge to any agency employed by Catholic Financial Life. I authorize them to collect and transmit such information. I UNDERSTAND they will use the information obtained through this Authorization to determine eligibility for insurance. Any information obtained will not be released to any person or entity EXCEPT to reinsuring companies, or other persons or organization performing business or legal services with my application. The Society may release this information when lawfully requires, or as I further authorize.

I HAVE RECEIVED the Notice of Information Practices, which includes information about the Fair Credit Reporting Act and MIB, Inc.

I declare that all statements and answers in this application or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true, complete, and correctly recorded. A copy of this application will be made a part of the insurance issued upon it, and will be used to determine if coverage will be reinstated.

**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.**

Signature of Insured (Parent or Guardian if under age 18)

Date

Signature of Owner (If other than Insured)

Witnessed by

SERFF Tracking #:

CAKN-128742207

State Tracking #:

Company Tracking #:

CNO-150

State:

Arkansas

Filing Company:

Catholic Financial Life

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

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Supporting Document Schedules

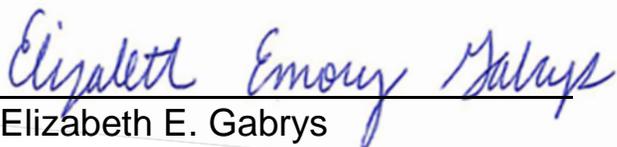
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Flesch signd.pdf			



READABILITY CERTIFICATION

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of the Policy Language Simplification Act.

Form Number	Score
ICC12 REIN APP AR	50.1


Elizabeth E. Gabrys
Vice President and Chief Actuary

October 24, 2012
Date