

**State:** Arkansas **Filing Company:** Catholic Financial Life  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Application for Individual Insurance  
**Project Name/Number:** Simplified App MIB lang chng/CNO-160

## Filing at a Glance

Company: Catholic Financial Life  
Product Name: Application for Individual Insurance  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 10/25/2012  
SERFF Tr Num: CAKN-128744854  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: CNO-160  
  
Implementation: On Approval  
Date Requested:  
Author(s): Donna Peterson  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 10/31/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas  
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## General Information

Project Name: Simplified App MIB lang chng  
 Project Number: CNO-160  
 Requested Filing Mode:  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:

Status of Filing in Domicile: Authorized  
 Date Approved in Domicile: 10/15/2012  
 Domicile Status Comments:  
 Market Type: Individual  
 Individual Market Type:  
 Filing Status Changed: 10/31/2012  
 State Status Changed: 10/31/2012  
 Created By: Donna Peterson  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Donna Peterson

### Filing Description:

We are filing a new application form (2012 SIM APP) that will be used for small face amount life policies. This filing is replacing our previous filed and approved form 2011 SIM APP AR SERFF no. CAKN 127626754, AR no. 49798 approved 9/15/2011. We are refiling to change the MIB language. Changing the MIB language is the only change we are making to this new form.

We have highlighted the change for easy recognition. There will be no highlighting on our members' forms.

## 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 form filing  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Catholic Financial Life	\$50.00	10/25/2012	64281293

SERFF Tracking #:

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State:

Arkansas

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L08 Life - Other/L08.000 Life - Other

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/31/2012	10/31/2012

SERFF Tracking #:

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State:

Arkansas

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## Disposition

Disposition Date: 10/31/2012

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
Form	Application for Individual Insurance & Membership		Yes

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**Filing Company:** Catholic Financial Life

## Form Schedule

### Lead Form Number: 2012 SIM APP

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for Individual Insurance & Membership	2012 SIM APP	AEF	Initial		50.100	2012 SIM APP .pdf

### Form Type Legend:

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

Application for Individual Insurance and Membership

**1. PROPOSED INSURED**

Name: \_\_\_\_\_  M  F  
First Middle Initial Last

SS/ITIN No \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ State of Birth \_\_\_\_\_

Is the proposed insured a US Citizen?  Yes  No

If No, does the proposed insured have permanent resident (green card) status?  Yes \_\_\_\_\_  No

Does the proposed insured have a valid driver's license?  Yes  No Card Number

If Yes, list state of issue and number \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Income \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

a) Is Proposed Insured Catholic?  Yes  No If Yes, indicate parish: \_\_\_\_\_

b) If "No", how does the proposed insured otherwise qualify for Membership?  Married to a Catholic  Child/Grandchild of a Catholic

Employed by a Catholic Organization: Name of Catholic Organization: \_\_\_\_\_

**2. OWNER (Must complete section if owner is not the Insured)**

Name: \_\_\_\_\_  M  F SS/ITIN No \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_  
Street City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to proposed insured \_\_\_\_\_

**3. BENEFICIARY (attach a sheet with additional Beneficiaries if necessary)**

Primary	Name (first, initial, last)	Relationship	Birth date	SS/ITIN No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Contingent	Name (first, initial, last)	Relationship	Birth date	SS/ITIN No
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**4. PLAN OF INSURANCE**

20 Pay Life  Whole Life  Single Premium Whole Life  
 Face Amount: \$ \_\_\_\_\_ (minimum \$10,000 and maximum \$25,000)  
 Premium Mode:  Annual  Semi-Annual  Monthly EFT Amount Paid \$ \_\_\_\_\_  
 Dividend Option:  Cash  Paid Up Life Additions  Interest  Reduced Premium  
 Automatic Premium Loan provision elected:  Yes  No

**5. REPLACEMENT SUITABILITY**

1. Does the Proposed Insured have any existing coverage and/or pending applications for individual life insurance or annuities with this or any other company? (other than group)  Yes  No  
 2. Does the Proposed Insured intend to replace, discontinue or change any such coverage?  Yes  No  
**If YES to 1 or 2 provide the following information, and complete and return any required replacement forms**  
 Certificate No: \_\_\_\_\_ Amount \_\_\_\_\_ Company \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. MEDICAL HISTORY**

Proposed Insured's Current Height \_\_\_\_\_ Current Weight \_\_\_\_\_  
 Within the past 12 months has the Proposed Insured used Tobacco or Nicotine in any form?  Yes  No  
**Part A – If any question is answered "Yes" in Part A, the Proposed Insured is not eligible for coverage.**  
 1. Is the Proposed Insured currently bedridden at home, confined in a licensed facility, or diagnosed with a terminal illness?  Yes  No  
 2. Does the Proposed Insured require the use of a wheelchair, or currently use oxygen due to a chronic illness?  Yes  No  
 3. Has the Proposed Insured been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)?  Yes  No



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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch SIM app.pdf			

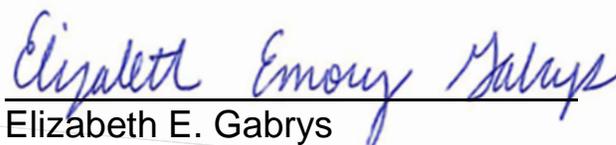
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	This filing is for an application - not a policy		



## 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
2012 SIM APP	50.1

A handwritten signature in blue ink, reading "Elizabeth Emory Gabrys", is written over a horizontal line.

Elizabeth E. Gabrys  
Vice President and Chief Actuary

October 24, 2012

Date