

State: Arkansas **Filing Company:** Gerber Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: 10-30 Term Life Application
Project Name/Number: Term MIB application/

Filing at a Glance

Company: Gerber Life Insurance Company
Product Name: 10-30 Term Life Application
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 10/18/2012
SERFF Tr Num: GLIN-128720786
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Jennifer Wittmann
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/24/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: 10-30 Term Life Application
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Filing Company: Gerber Life Insurance Company

General Information

Project Name: Term MIB application
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 10/24/2012
 State Status Changed: 10/24/2012
 Created By: Jennifer Wittmann
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Jennifer Wittmann

Filing Description:

Form: ALM-10-30-2012-AR Application for Individual Level Term Life Policy

The submitted form was revised to comply with the change to the authorization language as specifically required by the MIB, Inc., who has directed its member companies to amend their authorization form to add required language prior to January 1, 2013.

Form ALM-10-30-2012-AR will replace form ALM-10-30-2007-AR that was approved on 7/17/2007 (SERFF # FRCS-125230221). The form will be used by adults who want to apply for individual whole life policy, SLT-05-AR, approved on 6/13/2005 (SERFF # SERT-6CZTKW037).

We submit all the required forms as indicated and trust this filing is complete upon submission.

Company and Contact

Filing Contact Information

Jennifer Wittmann, Legal & Compliance jennifer.wittmann@us.nestle.com
 Associate
 1311 Mamaroneck Avenue 914-272-4000 [Phone]
 White Plains, NY 10605 914-272-4099 [FAX]

Filing Company Information

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code:	Company Type: Life and
White Plains, NY 10605	Group Name:	Health Insurance
(914) 272-4000 ext. [Phone]	FEIN Number: 13-2611847	State ID Number:

Filing Fees

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

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Company	Amount	Date Processed	Transaction #
Gerber Life Insurance Company	\$50.00	10/18/2012	64036087

SERFF Tracking #:

GLIN-128720786

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Gerber Life Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

10-30 Term Life Application

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/24/2012	10/24/2012

SERFF Tracking #:

GLIN-128720786

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

Arkansas

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Disposition

Disposition Date: 10/24/2012

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	Life & Annuity - Acturial Memo		No
Form	Application for Adult Term Life Insurance		Yes

State: Arkansas **Filing Company:** Gerber Life Insurance Company
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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		ALM-10-30-2012-AR	AEF	Application for Adult Term Life Insurance	Revised: Replaced Form #: ALM-10-30-2007-AR Previous Filing #: FRCS-125230221	52.000	ALM-10-30-2012-AR.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

Application for Adult Term Life Insurance Gerber Life Insurance Company [White Plains, NY 10605] Must be 18 or older to qualify

Select Amount: \$25,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000

Select Duration: 10-Year Term 15-Year Term 20-Year Term 30-Year Term

Full Name _____ Date of Birth _____
 (Last) (First) (Middle Initial) (Month Day Year)

Address _____ City _____ State _____ Zip _____

Email _____ Home Phone () _____ Work Phone () _____

Sex _____ Age _____ Height _____ ft. _____ in. Weight _____ Are you a U.S. Citizen or a permanent legal resident of the U.S.? Yes No

Occupation _____ Employer _____

BENEFICIARY: Please print the name of your beneficiary here:

Name: _____ Relationship: _____

- ▶ 1) In the past 12 months, have you smoked or used tobacco in any form? Yes No
- ▶ 2) Within the past 5 years, have you: been convicted of a felony; had a driver's license suspended or revoked; been charged with 2 or more moving violations; or currently on probation or parole? Yes No
- ▶ 3) In the past 5 years, have you: been hospitalized or consulted with or examined or treated by any doctor or health facility (excluding normal pregnancy or childbirth)? Yes No
- ▶ 4) In the past 5 years, have you: been advised by a physician to reduce the use of alcohol or to seek treatment for the use of alcohol or drugs; or used any controlled substance except as prescribed by a physician? Yes No
- ▶ 5) In the past 10 years, have you been treated or diagnosed by a physician for any of the following: Heart disease or disorder; cancer or tumor; diabetes; drug or alcohol abuse; AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex); high blood pressure or stroke; mental or nervous disorder; or any disorder of the blood, kidneys, liver, lungs, stomach, intestines or central nervous system; HIV (Human Immunodeficiency Virus) infection; pneumonia; or swollen lymph nodes? Yes No

Give full details if you answered "Yes" to any question above and list each condition. Use supplemental page if necessary.

Nature of Condition	Dates & Duration	Name & Address of Doctor & Hospital

▶ Do you have an existing life insurance or annuity contract? Yes No
 If yes, please complete the information below. A notice regarding replacement will be provided.

Company Name	Amount	Policy #	Year Issued	Will this be replaced?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Will any life insurance or annuity policy be replaced, changed or used to pay for the insurance applied for in this application? Yes No

It is understood and agreed that:

All statements and answers made in all parts of this application are true and complete to the best of my knowledge and belief, and shall be the basis for and become part of any policy issued as a result of this application. Any policy issued will not take effect until it has been approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

I authorize any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, consumer reporting agency, or other organization or person that has any records or knowledge of me or my health or mental condition, general character, and driving records, to give such information to Gerber Life, its reinsurers, or other persons performing business or legal services in connection with my application for insurance. I authorize Gerber Life Insurance Company or its reinsurer to make a brief report of my personal health information to MIB Inc. (MIB). In addition, I authorize the MIB Inc. (MIB) to release to Gerber Life Insurance or its reinsurers any information within its records pertaining to me or my health. I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of the MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be as valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

▶  Applicant's Signature _____ Date _____

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GLIN-128720786

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TOI/Sub-TOI:

L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

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10-30 Term Life Application

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
State ALM read cert.pdf			

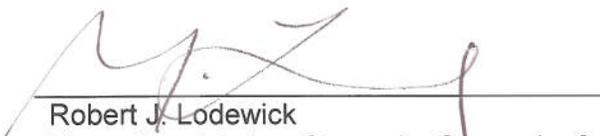
READABILITY CERTIFICATION

Company Name: Gerber Life Insurance Company

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
ALM-10-30-2012	52.00

*When combined with the policy this form achieves a score of 50.



Robert J. Lodewick
Vice President, General Counsel &
Secretary

October 17, 2012

Date