

State: Arkansas **Filing Company:** Gerber Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life Application
Project Name/Number: Simplified Whole Life MIB application/

Filing at a Glance

Company: Gerber Life Insurance Company
Product Name: Whole Life Application
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 10/23/2012
SERFF Tr Num: GLIN-128720801
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: 10/26/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

SERFF Tracking #:

GLIN-128720801

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Gerber Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

Whole Life Application

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/26/2012	10/26/2012

SERFF Tracking #:

GLIN-128720801

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

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Disposition

Disposition Date: 10/26/2012

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 Whole Life Insurance		Yes

SERFF Tracking #:

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Application for Adult Whole Life Insurance	AWL-12-AR	AEF	Revised	Previous Filing Number:	FRCS-125113630	57.000	AWL-12-AR.pdf
						Replaced Form Number:	AWL-07-AR		

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

Must be 18 or older to qualify

Select Coverage Amount: [X \$25,000] [] \$50,000 [] \$75,000 [] \$100,000

Select Disability Waiver of Premium: [] Yes [] No

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

Address City State Zip

Email Home Phone () Work Phone ()

Sex Age Height ft. in. Weight U.S. Citizen or do you have permanent legal resident status? [] 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?
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 are you currently on probation or parole?
3) In the past 5 years, have you: been hospitalized or consulted with or been examined or treated by any doctor or health facility (excluding normal pregnancy or childbirth)?
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?
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?

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

Table with 3 columns: Nature of Condition, Dates & Duration, Name & Address of Doctor & Hospital

Are there any existing life insurance or annuity contracts on the life of the person proposed for coverage? If yes, please complete the information below.

Table with 5 columns: Company Name, Amount, Policy #, Year Issued, Will this be replaced? [] Yes [] 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.

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.

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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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
State AWL-12- read.pdf			

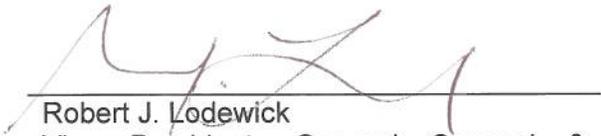
READABILITY CERTIFICATION

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
AWL-12	57.00

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



Robert J. Lodewick
Vice President, General Counsel &
Secretary

October 17, 2012

Date