

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: LL-1459/App/2012/rp
Project Name/Number: LL-1459/App/2012/rp /LL-1459/App/2012/rp

Filing Company: The Lafayette Life Insurance Company

Filing at a Glance

Company: The Lafayette Life Insurance Company
Product Name: LL-1459/App/2012/rp
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/10/2012
SERFF Tr Num: LAFA-128710370
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LL-1459 (1/13)
Implementation: On Approval
Date Requested:
Author(s): Tesha Wilburn, Kim Wright, Ramona Piercefield, Stacey Gipson
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/16/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

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General Information

Project Name: LL-1459/App/2012/rp
Project Number: LL-1459/App/2012/rp
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Our domicile state is Ohio
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/16/2012
State Status Changed: 10/16/2012
Created By: Ramona Piercefield
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Ramona Piercefield

Filing Description:

RE: The Lafayette Life Insurance Company – NAIC Code # 65242

LL-1459-AR (1/13) Application for Individual Life Insurance
LL-2606 (1/13) Supplement to Application Parachuting
LL-2607 (1/13) Supplement to Application Climbing
LL-2608 (1/13) Supplement to Application Ballooning/Hang Gliding/Ultralite
LL-2610 (1/13) Supplement to Application Living Trust as Owner and Beneficiary
LL-2611 (1/13) Supplement to Application Joint Owners
LL-2612 (1/13) Supplement to Application Pension Plan/Trust as Owner and Beneficiary
LL-2613 (1/13) Supplement to Application Other Legal Entity as Owner
LL-2614 (1/13) Electronic Signature Consent
LL-2615 (1/13) Overflow Page

The above referenced forms are being submitted in “John Doe” fashion for review and approval as an application package. The application is intended to replace previously state approved form 1459-F AR, approved on 08/21/2008, under SERFF Tracking #LAFA-125780091.

To that end, please note that four rider names are bracketed within the Whole Life rider list. These riders will be filed under separate cover. Be assured that the bracketed rider names will not appear on the application until approved.

The Supplement to Application forms, Electronic Signature Consent and Overflow Page are new forms.

These forms are intended to be marketed on an individual basis by licensed insurance producers. The forms submitted for approval may be used in traditional paper formatting; however, we have also developed and will utilize electronic and/or telephonic use of the application. An Overflow Page, LL-2615 (1/13), and Electronic Signature Consent form, LL-2614 (1/13) are being submitted for review and approval to use in the electronic process. Both of these forms are new and are not intended to replace any previously approved forms.

The Overflow Page, LL-2615 (1/13) will be used when the length of the answer provided by the applicant (insured, owner or other) is longer than the space provided on the form. Along with capturing lengthy answers, the form may also be used to capture details needed for the application, for example, a physician’s address.

The Electronic Signature Consent form, LL-2614 (1/13) will be required whenever the application form is to be signed electronically. Along with providing evidence of the electronic signature, the form will provide the signing party with a list of

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forms to which the electronic signature will be applied.

Both of these forms will be made part of the policy, along with Application LL-1459-AR (1/13) at time of issue.

The Lafayette Life Insurance Company intends to allow applications for life insurance to be signed electronically (subject to approval of these forms). We have provided a detailed description of the process as part of this filing under the Supporting Documentation tab. Please be aware that although the signing parties' signatures may be collected electronically, the application included in the policy at time of issue will be the same as if the form is signed by wet signature.

Previously Approved Forms to be Used With Application

This application will be used with the previously approved policy forms and its related riders attached as a chart under the supporting documentation tab.

The application may also be used to apply for previously approved policies or riders and policies or riders that may be approved in the future.

These forms have been scored for readability and the required Certification form is enclosed.

Statement of Variability

All variable items have been denoted by red brackets and are subject to change as explained in the attached Statement of Variability. We certify that any change or modification to a variable item shall be administered in accordance with the enclosed Statement of Variability, including any requirements for prior approval of a change or modification.

Format

These forms are being submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, formatting in the form of a booklet, and formatting pages to conform to our printer requirements.

Please do not hesitate to contact me with any questions or concerns.

Thank you for your assistance with this filing.

I look forward to your approval.

Ramona Piercefield
Insurance Compliance Analyst
Insurance Compliance
1-800-446-0795 (1873)

Company and Contact

Filing Contact Information

Ramona Piercefield, Product & State Filing Analyst
ramona.piercefield@westernsouthern.com
400 Broadway
Cincinnati, OH 45202

513-629-1873 [Phone] 1873 [Ext]
513-357-4161 [FAX]

State: Arkansas **Filing Company:** The Lafayette Life Insurance Company
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Filing Company Information

The Lafayette Life Insurance Company	CoCode: 65242	State of Domicile: Ohio
400 Broadway	Group Code: 836	Company Type: Life and Annuity
Cincinnati, OH 45202	Group Name:	State ID Number:
(800) 446-0795 ext. 1060[Phone]	FEIN Number: 35-0457540	

Filing Fees

Fee Required? Yes
 Fee Amount: \$500.00
 Retaliatory? No
 Fee Explanation: \$50.00 per fee x 10 forms = \$500.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Lafayette Life Insurance Company	\$500.00	10/10/2012	63647214

State: Arkansas Filing Company: The Lafayette Life Insurance Company
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Product Name: LL-1459/App/2012/rp
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/16/2012	10/16/2012

SERFF Tracking #:

LAF-128710370

State Tracking #:

Company Tracking #:

LL-1459 (1/13)

State:

Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

LL-1459/App/2012/rp

Project Name/Number:

LL-1459/App/2012/rp /LL-1459/App/2012/rp

Disposition

Disposition Date: 10/16/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking #:

LAFA-128710370

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

LL-1459 (1/13)

State:

Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Certification of Compliance		Yes
Supporting Document	Filing Process Overview		Yes
Supporting Document	Use with Information		Yes
Supporting Document	Statement of Variability		Yes
Form	Application for Individual Life Insurance		Yes
Form	Supplement to Application Parachuting		Yes
Form	Supplement to Application Climbing		Yes
Form	Supplement to Application Ballooning/Hang Gliding/Ultralite		Yes
Form	Supplement to Application Living Trust as Owner and Beneficiar		Yes
Form	Supplement to Application Joint Owners		Yes
Form	Supplement to Application Pension Plan/Trust as Owner and Beneficiar		Yes
Form	Supplement to Application Other Legal Entity as Owner		Yes
Form	Electronic Signature Consent		Yes
Form	Overflow Page		Yes

SERFF Tracking #:

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LL-1459 (1/13)

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Form Schedule

Lead Form Number: LL-1459-AR (1/13)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		LL-1459-AR (1/13)	AEF	Application for Individual Life Insurance	Initial:	52.000	LL-1459-AR (1-13) brackets.pdf
2		LL-2606 (1/13)	OTH	Supplement to Application Parachuting	Initial:	65.000	LL-2606 (1-13).pdf
3		LL-2607 (1/13)	OTH	Supplement to Application Climbing	Initial:	62.000	LL-2607 (1-13).pdf
4		LL-2608 (1/13)	OTH	Supplement to Application Ballooning/Hang Gliding/Ultralite	Initial:	58.000	LL-2608 (1-13).pdf
5		LL-2610 (1/13)	OTH	Supplement to Application Living Trust as Owner and Beneficiar	Initial:	52.000	LL-2610 (1-13).pdf
6		LL-2611 (1/13)	OTH	Supplement to Application Joint Owners	Initial:	56.000	LL-2611 (1-13).pdf
7		LL-2612 (1/13)	OTH	Supplement to Application Pension Plan/Trust as Owner and Beneficiar	Initial:	60.000	LL-2612 (1-13).pdf
8		LL-2613 (1/13)	OTH	Supplement to Application Other Legal Entity as Owner	Initial:	51.000	LL-2613 (1-13).pdf
9		LL-2614 (1/13)	OTH	Electronic Signature Consent	Initial:	52.000	LL-2614 (1-13).pdf
10		LL-2615 (1/13)	OTH	Overflow Page	Initial:	52.000	LL-2615 (1-13).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)

SERFF Tracking #:

Lafa-128710370

State Tracking #:

Company Tracking #:

LL-1459 (1/13)

State:

Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

LL-1459/App/2012/rp

Project Name/Number:

LL-1459/App/2012/rp /LL-1459/App/2012/rp

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



Part 1 of Application for Individual Life Insurance to The Lafayette Life Insurance Company

Pension: Simplified Issue Guaranteed Issue

Proposed Insured

1 Proposed Insured's Name: John E. Doe
2 Address: 123 Main Street Anywhere ST 12345
3 Primary Phone Number: (123) 456-7891 Alternate Phone Number: (987) 654-3211
4 Email Address: john.doe@demail.com
5 Sex: M F Height: 6 ft Weight: 200 lbs Marital Status: S
6 Date of Birth: 04-22-1977 Place of Birth (state/country): ST, USA Backdate to Save Age: Yes
7 SSN: 12-345-6789 Driver's License Number: DR 5523567 DL State: ST
8 Occupation: Printer Duties: Run Printer in Print Shop
9 Employer Name: Your Print Length of Employment: 15 years
10 Employer Address: South Street, City ST 45678
11 Employer Phone Number: (923)597-2934 Annual Income: \$50,000.00 Net Worth: \$100,000.00

Others Proposed for Insurance - Indicate Spouse, Payor, Child(ren)

Table with 8 columns: First, M.I., Last Name; Relationship to Proposed Insured; Birth Date; Birth State; Sex; Height; Weight; Insurance In Force. Includes 6 empty rows for data entry.

Complete lines 13-18 if Proposed for Insurance is Spouse and/or Payor.

13 Spouse/Payor Address: Street/Apt. No. City State Zip Code
14 Spouse/Payor Email Address:
15 Spouse/Payor Occupation: Duties:
16 Spouse/Payor Employer Name: Length of Employment:
17 Spouse/Payor Employer Address: Street/Apt. No. City State Zip Code
18 Spouse/Payor SSN/Tax ID:

Owner of Policy

- 19 Living Trust - Complete Form LL-2610
- 20 Pension Plan/Trust - Complete Form LL-2612
- 21 Joint Ownership - Complete Form LL-2611
- 22 Other Legal Entity (not an individual) - Complete Form LL-2613

Primary Individual Owner – If left blank, Proposed Insured is the Primary Owner.

- 23 Primary Individual Owner: _____
- 24 Address: _____
Street/Apt. No. City State Zip Code
- 25 Owner Primary Phone Number: (____) _____ Owner Alternate Phone Number: (____) _____
- 26 SSN: _____ Relationship to Insured: _____ Owner's D.O.B.: _____

Contingent Individual Owner – If left blank, Proposed Insured is the Contingent Owner.

- 27 Contingent Individual Owner: _____
- 28 Address: _____
Street/Apt. No. City State Zip Code
- 29 Contingent Owner Primary Phone Number: (____) _____ Contingent Owner Alternate Phone Number: (____) _____
- 30 SSN: _____ Relationship to Insured: _____ Contingent Owner's D.O.B.: _____

Beneficiary – Only complete if line 23 applies.

Policy proceeds are first payable to the primary beneficiaries who survive the insured. If no primary beneficiary survives the insured, policy proceeds are then payable to the contingent beneficiaries who survive the insured. Unless otherwise stated, policy proceeds shall be paid in equal shares to the beneficiaries of the highest class who survive the insured. If unequal percentages are designated, then upon the death of any beneficiary, his or her share shall be apportioned among the surviving beneficiaries of the same class in accordance with the ratio that each surviving beneficiary's percentage of the net proceeds bears to the total of all surviving beneficiaries' percentages of the net proceeds of the same class.

- 31 Primary: Jeff Doe 50 % Brother 10-03-1976
Relationship to Insured Date of Birth
- 32 Primary: David Doe 50 % Brother 06-08-1978
Relationship to Insured Date of Birth
- 33 Contingent: _____ % _____
Relationship to Insured Date of Birth
- 34 Contingent: _____ % _____
Relationship to Insured Date of Birth

Coverage Applied For

- 35 Base Plan of Insurance: Whole Life Amount of Insurance: \$ 100,000.00
- 36 Premium Billing: \$ 42.00 Frequency: Monthly Quarterly Biannual Annual
- 37 Dividend Option: PUA Paid in Cash
 Dividend Accumulations (at interest)
 Premium Payment (Only if balance of premium is paid. If balance is not paid, dividends will accumulate at interest.)
 IF NO DIVIDEND OPTION IS ELECTED, THEN THE DEFAULT DIVIDEND OPTION OF PUA SHALL APPLY.
- 38 Death Benefit Option (UL only): Increasing Level

39 Index UL Option: _____ % Method A: Annual Point to Point
 _____ % Method B: Monthly Average
 _____ % Fixed
 (TOTAL MUST EQUAL 100%)

40 Automatic Premium Loan Provision will be in effect, if available, unless "No" is selected. No
 (Under a Pension Plan/Trust, the non-forfeiture option will be reduced paid-up.)

Optional Benefits and Riders

41 WHOLE LIFE ONLY

- Single Paid-Up Additions (SPUA) \$ _____
- Level Paid-Up Additions (LPUA)
 - Initial Annual LPUA Premium \$ _____
 - Maximum Annual LPUA Premium \$ _____
- Term Rider
 - 10 Year \$ _____
 - 20 Year \$ _____
 - 30 Year \$ _____
 - _____ \$ _____
- Long Term Care (LTC rider Packet needed)
 (Not available in KS, MN, TX, UT, VT)
- Waiver of Premium Disability
- Payor Benefit
- Accidental Death Benefit \$ _____
- Guaranteed Purchase Option \$ _____
- Spouse Insurance \$ _____
- Children's Insurance \$ _____
- Extended Care Benefit (TX only) \$ _____
- Accelerated Benefit Plus
 (KS, MN, UT, VT only) \$ _____
- Blended Term \$ _____
- Blended Term Waiver \$ _____
- Blended Term Purchase Option \$ _____
- Blended Term Payor of
 Waiver Premium \$ _____
- _____ \$ _____
- _____ \$ _____

TERM ONLY

- Waiver of Premium Disability
- Children's Insurance
- _____]

UL (Pension Plan Only)

- Waiver of Monthly Deduction
- _____]

IUL Only

- Waiver of Monthly Deduction
- No Lapse Premium Waiver Benefit
- Term \$ _____
- Accidental Death Benefit \$ _____
- Guaranteed Increase Option \$ _____
- Spouse Insurance \$ _____
- Children's Insurance \$ _____
- _____ \$ _____]

Existing Insurance

42 Do you have any existing individual life insurance policies and/or annuity contracts in force? Yes No
 If yes, the total amount of existing insurance in force is \$ _____

43 List all life insurance and annuities in force or application pending on any Proposed Insured(s):

Proposed Insured and Company	Amount	Year Issued	Accidental Death
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

44 Is the policy applied for intended to replace, in whole or in part, any existing life insurance or annuity? Yes No
 If yes, list the Company: _____
 Please complete and submit the appropriate replacement form.

Part 2 of Application for Individual Life Insurance

– Non-Medical Questions Must be answered on all Applications

- | | YES | NO |
|---|-----|----|
| <p>1 Have you or any other person proposed for insurance within the past five years:</p> <p>a flown as a pilot, student pilot, or crew member, or is such flying intended within the next two years? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, complete the Supplement to Application-Aviation Questionnaire.)</p> <p>b engaged in racing, scuba diving, hang gliding, sky diving, ballooning, mountain or rock climbing or other hazardous sport or avocation, or is such activity intended within the next two years? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, complete the applicable Supplement to Application Questionnaire.)</p> <p>c had a driver's license revoked or suspended, had three or more moving violations or accidents, or been convicted or pled guilty to driving under the influence of alcohol or drugs? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, give details: DL State: _____ Driver's License Number: _____
Details: _____)</p> <p>d been convicted or pled guilty to any criminal offense, or currently on parole or probation, or have charges currently pending? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, give details: _____)</p> | | |
| <p>2 Are you or any other person proposed for insurance on active or inactive duty with any branch of the Armed Forces, National Guard or Reserve Unit or will be at a future date? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, complete the Supplement to Application-Military Questionnaire.)</p> | | |
| <p>3 Are all persons proposed for insurance United States Citizens? <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(If no, complete the Supplement to Application-Citizenship Questionnaire.)</p> | | |
| <p>4 Have you or any other person proposed for insurance traveled or resided outside the United States or Canada within the last two years or intend to in the next two years? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, complete the Supplement to Application-Foreign Travel.)</p> | | |
| <p>5 Have you or any other person proposed for insurance ever had life or health insurance declined, modified, or rated? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, provide the company name, year of action, amount applied for or reason of action.

_____)</p> | | |
| <p>6 Have you or any other person proposed for insurance made a claim for or received benefits, compensation or pension for any injury, sickness, disability or impaired condition in the past five years? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, provide the date claim filed, type of benefits claimed, amounts and dates of payments received, contact information for the payor of the benefits, type of injury, sickness, disability or impaired condition, duration of these, and contact information for the treating physician.

_____)</p> | | |
| <p>7 Have you or any other person proposed for insurance used any form of tobacco in the past three years? (Tobacco includes: cigarettes, cigars, pipe, smokeless, nicotine gum, patch, nasal spray, etc.) <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, list when and what types? Date Last Used: _____
(mm/dd/yyyy)</p> <p>Types: _____)</p> | | |
| <p>8 Have you participated in any discussions about possible sale or assignment of this policy to any person or entity, including a life settlement, viatical or other secondary market provider? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, give details: _____)</p> | | |
| <p>9 Have you ever transferred (for any consideration including a sale) a policy to any person or entity, including a life settlement, viatical or other secondary market provider? <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(If yes, give details: _____)</p> | | |

YES NO

- 10 Will any portion of the premiums for this policy be financed or borrowed?
 (If yes, give details: _____)
- 11 Will any insured or policy owner receive any payment or other consideration in connection with insurance issued on the basis of this application?
 (If yes, give details: _____)

NOTICE: State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date of the policy was issued. You should consult with legal advisors if you have any questions about these matters.

Part 3 of Application for Individual Life Insurance – Medical Questions Required for Simplified Issue and Regular Underwriting

YES NO

- 1 Have you or any other person proposed for insurance in the past ten years been diagnosed, treated by or consulted with a medical professional for:
 - a diabetes, cancer, tumors, high blood pressure, heart disease or heart disorder, circulatory system disorder, disorder of brain, mental or nervous disorder, dementia or cognitive impairment, skin disease, arthritis, connective tissue disease, asthma, chronic obstructive pulmonary disease, disorder of the blood, bladder, intestines, kidneys, liver, lungs, pancreas, stomach or reproductive organs?
 - b an Immune Deficiency Disorder, AIDS or AIDS Related Complex (ARC)?
- 2 Have you or any other person proposed for insurance received medical or surgical treatment or advice from a medical professional for any condition not listed in Part 3 1a in the past five years, including a routine examination?
- 3 Have you or any other person proposed for insurance in the past ten years used drugs illegally or been advised by a medical professional to seek treatment or have you been treated for alcohol or drug abuse? ...
 (If yes, complete the Supplement to Application-Alcohol / Drug Questionnaire.)
- 4 Is anyone proposed for insurance now under treatment, observation, taking any medication, or on a prescribed diet?
- 5 Is anyone proposed for insurance now pregnant?
 (If yes, when is the anticipated delivery date? _____)
- 6 Personal Physician Name: _____ Dr. Jim Smith _____
- 7 Physician Address: _____ 923 _____ City _____ ST _____ 41234
Street/Apt. No. City State Zip Code
- 8 Physician Phone Number: (924) 665-2344 _____ Fax Number: (924) 665-2345 _____

If any of the questions in Part 3 are answered “Yes” and no Supplement is required, please give complete details in Part 4.

Part 4 of Application for Individual Life Insurance – Additional Details and Explanations

Part and Ques. No.	Proposed Insured Name	Condition, Injury, Symptom of ill Health or Findings of Examination (If operation performed, state type)	Date and Duration of Condition, Injury, Symptom of ill Health or Findings of Examination	Name, Address, Zip Code of Hospital/ Attending Physician

Authorization and Signatures

HIPAA Compliant Medical Authorization: I (We), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health care provider that has provided payment, treatment or services to me or on my behalf (hereafter, My Providers) to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me (protected health information) to The Lafayette Life Insurance Company (hereafter, "the Company"). I (We) also authorize any insurance company or agent from which I (we) have applied for or obtained insurance, MIB, Inc., consumer reporting agency, my employer, or other company or institution that has provided payment, treatment or services, or who has information about me, to disclose it to the Company. Protected health information includes information on the diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment related to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes. The signature(s) below acknowledge that any agreements I (we) have made to restrict my protected health information do not apply to this Authorization and I (we) instruct any of My Providers and other entities or persons referred to above to release and disclose my/our health information without restriction. This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I (we) have or have applied for with the Company. I (We) also authorize the Company or its reinsurers to release any information collected about me to MIB, Inc. and to other insurance companies with whom I (we) may apply for insurance. This authorization shall remain in effect for 24 months following the date of signature(s) below. A copy of the authorization is as valid as the original. I, and each Proposed Insured, understand that I (we) have the right to obtain a copy of and revoke this authorization at any time by notifying the Company in writing at 400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737, Attention: Privacy Officer. I (We) understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I (We) understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information. Health Care and payment for health care will not be affected by refusal to sign this authorization. I (We) further understand that if I (we) refuse to sign this Authorization, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit determinations or payments. I (We) understand that I (we) or any authorized representative will receive a copy of this Authorization.

W-9 Certification: *Under penalties of perjury*, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US Citizen or resident alien.

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax return.

Applicant Statement: I (We) **Agree:** a) that this Application (Part 1; Part 2; Part 3; and Part 4, if required; and any Supplement(s) or Amendment(s) to the Application) shall form a part of any policy issued and constitute the basis for its issue; b) that no agent of the Company has the authority to approve a policy or waive the provisions of a policy except an officer of the Company; c) changes or corrections made by the Company, if any, will be ratified by my (our) acceptance of the policy unless written consent is required; and d) **Except as stated in the Company's Conditional Receipt for Life Insurance Application signed by the proposed policy owner, proposed insured and the Company's agent, the Company grants no insurance under this application unless and until, during the continued insurability of all persons proposed for insurance as stated in the application, the applied-for policy is issued, delivered to the policy owner and the first premium therefor is paid.**

I acknowledge that I have received and read the below fraud notice.

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.

I (We) have read the above questions and answers including any Supplements to Application, and declare that they are complete and true to the best of my knowledge and belief. A faxed or electronically transmitted signed document to the Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

\$ _____ has been paid to the agent named below. This payment can in no way obligate the Company unless and until all terms or conditions of the corresponding conditional receipt are met.

Signed at _____ City, ST _____ this date _____ 1/13/2013
(City, State) (mm/dd/yyyy)

Signature of Proposed Insured (age 15 or older)

Signature of Proposed Insured Spouse

Signature of Parent (if Proposed Insured is under age 18)

Signature of Proposed Insured Payor

Signature of Individual Owner(s) or Authorized Individual of Entity Owner – Authorized Individual must be one of the following:

- President/Vice President
- Secretary/Treasurer
- Managing Member
- Trustee
- General Partner



Supplement to Application Parachuting

PROPOSED INSURED: _____

DATE OF BIRTH: _____

- 1. Are you involved in parachuting as a member of the Armed Services? Yes No
- 2. Are you a member of a parachuting association or an affiliated club? Yes No

3. Static line jumps:

- a. For how many years have you been participating in static line jumping? _____
- b. How many jumps have you made to date? _____
- c. How many jumps per year do you intend to make in the future? _____
- d. Do you intend to progress to free-fall jumps? Yes No

If YES, please give details including the likely number of jumps per year.

4. Free-fall jumps:

- a. For how many years have you been participating in free-fall jumping? _____
- b. How many jumps have you made to date? _____
- c. How many jumps per year do you intend to make in the future? _____

- 5. Do you expect to participate in any parachuting competitions or record attempts? Yes No

If YES, please give full details including the nature of jumps (i.e. static line or free-fall).

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature: _____

Date: _____



Supplement to Application Climbing

PROPOSED INSURED: _____

DATE OF BIRTH: _____

1. For how many years have you been climbing regularly? _____

2. How often do you climb? _____

3. Are you a member of a club? Yes No

4. In which of the following areas do you climb?

- a. North America – Mt. McKinley Yes No
- b. North America – elsewhere (please specify) _____ Yes No
- c. Alps (Europe) Yes No
- d. Africa Yes No
- e. Himalayas / Karakoram Yes No
- f. Other areas (please specify) _____ Yes No

5. Nature of climbing – please give details of:

- a. Type of terrain (*i.e. rock, snow/ice, artificial climbing walls*) _____
- b. Degree of difficulty (*i.e. easy, moderate, difficult, severe*) _____
- c. If severe, please indicate maximum technical grade (4a, 4b ... 7b, 7c) _____
- d. Maximum height climbed to _____
- e. Season(s) of the year when you climb _____

6. What proportion of your climbing is on routes protected by climbing bolts? _____

7. Do you ever climb alone or without a rope? Yes No

If YES, please state how often, location and degree of difficulty.

8. Do you plan to go on any overseas expeditions in the next 2 years? Yes No

If YES, please give full details, including area, length of expedition and frequency of trips.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature: _____

Date: _____



Supplement to Application Ballooning/Hang Gliding/Ultralite

PROPOSED INSURED: _____ DATE OF BIRTH: _____

- 1. Type of Craft (please circle): Balloon Hang Glider Ultralite
2. Construction (please circle): Home Assembled Factory Assembled Home Built Rigid Wing Parachute Motorized Not Motorized
3. Type of Flying (please circle): (a) Advertising (b) Instructing (c) Pleasure (d) Student (e) Carrying Passengers (f) Other - explain
4. If more than one type of flying, refer to (a) (b) (c) etc. from above. Date of first flight Date of last flight Total Hours Hours last 12 months Hours next 12 months Average height Greatest height Average distance Greatest distance Average duration Greatest duration
5. Have you ever had any accidents or mishaps? Yes No If YES, please explain.
6. Describe types of terrain over which you fly.
7. Do you currently hold a DOT or FAA Pilot's license? Yes No
8. Describe required qualifications/licensing you have obtained in order to operate your craft.
9. Have you engaged in or do you intend to participate in any type of flying, ballooning, hang gliding not already indicated? (i.e. record attempts, experimental equipment, over large bodies of water, outside of North America) Yes No If YES, explain.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree that this form will constitute part of my application for life assurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature: _____ Date: _____



**Lafayette Life
Insurance Company**

A member of Western & Southern Financial Group

400 Broadway
Cincinnati, OH 45202-3341
toll free 800.243.6631
fax 888.558.9329
E-Mail: IndividualOperations@llic.com

Supplement to Application Living Trust as Owner and Beneficiary

PROPOSED INSURED: _____

DATE OF BIRTH: _____

The following Living Trust is hereby designated as the policy owner and beneficiary for the application submitted to The Lafayette Life Insurance Company ("Lafayette Life") on the life of the Proposed Insured.

FULL NAME OF LIVING TRUST: _____

SETTLOR(S)/GRANTOR(S) (Persons Who Created Trust): _____

DATE OF TRUST: _____

TAX ID FOR TRUST: _____

TRUST IS (check one): Irrevocable Revocable (if revocable, this designation of trust as owner and beneficiary includes any amendments or restatements of the trust)

NAME OF TRUSTEE(S): _____

ADDRESS FOR TRUST (USED FOR ALL POLICY NOTICES)

Street City State Zip Code

NOTE: THIS DESIGNATION OF THE ABOVE TRUST AS POLICY OWNER ALSO CONSTITUTES THE DESIGNATION OF SAID TRUST AS SOLE BENEFICIARY NOTWITHSTANDING ANY DESIGNATION OF BENEFICIARY WHICH MAY BE OTHERWISE STATED ON THE APPLICATION.

By our signatures below, we agree to all of the following. The above information is true, correct and complete and forms a part of the application for insurance. The trust named above is in existence and has not been revoked or otherwise terminated. The above named Trustee(s) are the duly appointed and acting trustees and no other person or entity is a Trustee of the trust. If more than one Trustee is named, any Trustee can act without joinder of the other Trustees and the action of said Trustee shall be fully binding on the trust, trust beneficiaries and all Trustees of said trust. Lafayette Life can rely upon the actions of the person or persons claiming to be Trustee(s) unless and until it receives written notice at its Home Office in Cincinnati, Ohio that the Trustee(s) is(are) no longer authorized to act on behalf of the trust. Lafayette Life shall have no liability to the trust, a trustee or any trust beneficiary for any actions taken or payments made before its receipt of such written notice. The terms of the trust and/or the applicable law grant to the Trustee(s) the full power and authority to purchase a life insurance policy on the life of the person named above and that said trust has an insurable interest in the life of the proposed insured. Lafayette Life shall not be liable for the application or disposition of the proceeds of any policy by the Trustee(s). The Trustee(s) agree, jointly and severally, to fully indemnify Lafayette Life, as well as its agents, employees, officers, directors, representatives, subsidiaries, affiliates, parent companies, reinsurers, successors and assigns (hereafter collectively referred to as the "Released Parties"), for and to hold the Released Parties harmless from any and all claims (of any type or nature), demands, damages (of any type or nature), costs and attorneys' fees (at all levels) as a result of any action taken by the Trustee(s) or permitted under the applicable policy. The Released Parties have not provided any legal or tax advice of any kind to any of the undersigned. The undersigned agree to rely solely upon the tax and legal advice of their own independent advisors with respect to any tax and legal issues associated, in any way, with the trust or with regard to the trust's ownership of any policy. Nothing contained herein grants to the Trustee(s) any greater rights than are provided under the terms of the applicable policy. A faxed or electronically transmitted signed Supplement to Application has the same legal force and effect as the original signed Supplement to Application and, once received, is the controlling record.

Please submit copies of the following to the Home Office regarding the trust: (1) cover page and first page; (2) all pages regarding naming of Trustee(s) and Successor Trustee(s); and, (3) signature page(s). Lafayette Life reserves the right to request a complete copy of the trust agreement.

Signed at _____ this date _____
(city/state) (mm/dd/yyyy)

Trustee

Trustee

Trustee

Witness (Agent if present)

Proposed Insured



**Lafayette Life
Insurance Company**

A member of Western & Southern Financial Group

400 Broadway
Cincinnati, OH 45202-3341
toll free 800.243.6631
fax 888.558.9329
E-Mail: IndividualOperations@llic.com

Supplement to Application Joint Owners

PROPOSED INSURED: _____

DATE OF BIRTH: _____

The following persons are hereby designated as the policy owner for the application submitted to The Lafayette Life Insurance Company ("Lafayette Life") on the life of the Proposed Insured. Ownership shall be as joint owners with full rights of survivorship. **NOTE: ALL TAX REPORTING BY LAFAYETTE LIFE WILL BE UNDER THE SSN OF THE FIRST NAMED JOINT OWNER.**

1. FULL NAME OF JOINT OWNER: _____

ADDRESS: _____ SSN: _____
Street City State Zip Code

DATE OF BIRTH: _____ RELATIONSHIP TO PROPOSED INSURED: _____

2. FULL NAME OF JOINT OWNER: _____

ADDRESS: _____ SSN: _____
Street City State Zip Code

DATE OF BIRTH: _____ RELATIONSHIP TO PROPOSED INSURED: _____

3. FULL NAME OF JOINT OWNER: _____

ADDRESS: _____ SSN: _____
Street City State Zip Code

DATE OF BIRTH: _____ RELATIONSHIP TO PROPOSED INSURED: _____

ADDRESS FOR ALL POLICY NOTICES (If blank, the address for the first named Joint Owner shall be used for Policy Notices):

Street City State Zip Code

DESIGNATION OF JOINT OWNERS AS BENEFICIARY: The above persons shall be the named beneficiary for any policy issued on the life of the Proposed Insured. The proceeds of the policy shall be payable in equal shares to the joint owners named or to the survivor or survivors of or among them. **THIS DESIGNATION OF BENEFICIARY SUPERSEDES ANY DESIGNATION STATED ON THE APPLICATION.**

By our signatures below, we agree to all of the following. The above information is true, correct and complete and forms a part of the application for insurance. The persons named as Joint Owners have an insurable interest in the life of the Proposed Insured and the Proposed Insured fully consents to the Joint Owners ownership of the policy on his or her life. The exercise of any ownership rights under the policy will require joinder of all persons named as Joint Owners. We understand that upon the death of a Joint Owner, all ownership rights in the policy shall pass to the surviving Joint Owner(s). Upon the death of the last to die of the Joint Owners, all ownership rights and privileges under the policy shall pass to the estate of the last to die of the Joint Owners. Unless and until Lafayette Life is otherwise notified in a writing signed by all the Joint Owners, all policy notices shall continue to be submitted to the address set forth above. The undersigned have not received any tax, legal or other advice from Lafayette Life or from any agent, employee, officer, director, shareholder, subsidiary, affiliate, or parent company of Lafayette Life. The undersigned agree to rely solely upon the tax, legal and financial advice of their independent personal advisors with respect to any tax, legal or other issues associated, in any way, with the policy. Nothing contained herein grants to the Joint Owners any greater rights than are provided under the terms of the applicable policy. A faxed or electronically transmitted signed Supplement to Application has the same legal force and effect as the original signed Supplement to Application and, once received, is the controlling record.

Signed at _____ this date _____
(city/state) (mm/dd/yyyy)

Joint Owner Joint Owner Joint Owner

Witness (Agent if present) Proposed Insured



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fax 888.558.9329

E-Mail: IndividualOperations@llic.com

Supplement to Application Pension Plan/Trust as Owner and Beneficiary

DO NOT USE THIS FORM IF THE PENSION PLAN/TRUST IS NOT INTENDED TO BE THE OWNER AND BENEFICIARY

PROPOSED INSURED: _____ **DATE OF BIRTH:** _____

The following Pension Plan/Trust is hereby designated as the policy owner and beneficiary for the application submitted to The Lafayette Life Insurance Company ("Lafayette Life") on the life of the Proposed Insured.

FULL NAME OF EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

FULL NAME OF PENSION PLAN/TRUST: _____

DATE OF PENSION PLAN/TRUST: _____ **TAX ID NO. FOR PLAN/TRUST:** _____

PRINTED NAME OF TRUSTEE(S): _____ **ADDRESS FOR PENSION PLAN/TRUST (USED FOR ALL POLICY NOTICES) - IF BLANK WILL BE EMPLOYER'S ADDRESS**

 _____ Street _____ City _____ State _____ Zip Code

NOTE: THIS DESIGNATION OF THE ABOVE PENSION PLAN/TRUST AS POLICY OWNER ALSO CONSTITUTES THE DESIGNATION OF SAID PLAN/TRUST AS SOLE BENEFICIARY NOTWITHSTANDING ANY DESIGNATION OF BENEFICIARY WHICH MAY BE OTHERWISE STATED ON THE APPLICATION.

By our signatures below, we agree to all of the following. The above information is true, correct and complete and forms a part of the application for insurance. The plan/trust named above is in existence and has not been terminated. The above named Trustee(s) are the duly appointed and acting trustees and no other person or entity is a Trustee of the plan/trust. If more than one Trustee is named, any Trustee can act without joinder of the other Trustees notwithstanding any instruction to the contrary, and the action of said Trustee shall be fully binding on the plan/trust, the plan sponsor, plan administrator, employer, plan beneficiaries and all Trustees of said trust. Lafayette Life can rely upon the actions of the person or persons claiming to be Trustee(s) unless and until it receives written notice at its Home Office in Cincinnati, Ohio that the Trustee(s) is no longer authorized to act on behalf of the plan/trust. Lafayette Life shall have no liability to the plan/trust, the plan sponsor, plan administrator, employer, a trustee or any plan beneficiary for any actions taken or payments made before its receipt of such written notice. The terms of the plan/trust and/or the applicable law grant to the Trustee(s) the full power and authority to purchase a life insurance policy on the life of the proposed insured and that said plan/trust has an insurable interest in the life of the proposed insured. Lafayette Life shall not be liable for the application or disposition of the proceeds of any policy by the Trustee(s). The Trustee(s) agree, jointly and severally, to fully indemnify Lafayette Life, as well as its agents, employees, officers, directors, representatives, subsidiaries, affiliates, parent companies, reinsurers, successors and assigns (hereafter collectively referred to as the "Released Parties"), for and to hold the Released Parties harmless from any and all claims (of any type or nature), demands, damages (of any type or nature), costs and attorneys' fees (at all levels) as a result of any action taken by the Trustee(s) or permitted under the applicable policy. The Released Parties have not provided any legal or tax advice of any kind to any of the undersigned. The undersigned agree to rely solely upon the tax and legal advice of their own independent advisors with respect to any tax and legal issues associated, in any way, with the plan/trust or with regard to the trust's ownership of any policy. Nothing contained herein grants to the Trustee(s) any greater rights than are provided under the terms of the applicable policy. A faxed or electronically transmitted signed Supplement to Application has the same legal force and effect as the original signed Supplement to Application and, once received, is the controlling record.

Please submit copies of the following to the Home Office regarding the adoption agreement and/or pension plan/trust document: (1) cover page and first page; (2) all pages regarding naming of Trustee(s) and Successor Trustee(s); and, (3) signature page(s). Lafayette Life reserves the right to request a complete copy of the adoption agreement and/or pension plan/trust.

Signed at _____ this date _____
 (city/state) (mm/dd/yyyy)

 Trustee Trustee Trustee

 Witness (Agent if present) Proposed Insured



**Lafayette Life
Insurance Company**

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Cincinnati, OH 45202-3341
toll free 800.243.6631
fax 888.558.9329
E-Mail: IndividualOperations@llic.com

Supplement to Application Other Legal Entity as Owner

PROPOSED INSURED: _____ **DATE OF BIRTH:** _____

The following entity is hereby designated as the policy owner and beneficiary for the application submitted to The Lafayette Life Insurance Company ("Lafayette Life") on the life of the Proposed Insured.

FULL LEGAL NAME OF ENTITY (DO NOT USE A FICTITIOUS BUSINESS NAME):

TIN _____

STATE OF INCORPORATION/CREATION: _____ **DATE OF INCORPORATION/CREATION:** _____

ENTITY ADDRESS (WILL BE USED FOR ALL POLICY NOTICES):

Street / Apt. No.	City	State	Zip Code
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ENTITY PHONE NUMBER: () _____ **E-MAIL/WEBSITE ADDRESS:** _____

TYPE OF ENTITY (Check Applicable Box): Corporation Partnership LLP LLC

ENTITY'S RELATIONSHIP TO PROPOSED INSURED: _____

CORPORATE ENTITY - LIST ALL OFFICERS AUTHORIZED TO SIGN FOR CORPORATE ENTITY:

Printed Name: _____ Title: _____

NOTE: PROVIDE A CERTIFICATE OF GOOD STANDING AND CURRENT CORPORATE RESOLUTION VERIFYING THE SIGNATURE AUTHORITY OF THE ABOVE PERSONS. IF THE PROPOSED INSURED IS AN AUTHORIZED OFFICER, JOINDER OF ANOTHER AUTHORIZED OFFICER SHALL BE REQUIRED FOR THE EXERCISE OF ALL OWNERSHIP RIGHTS.

PARTNERSHIP OR LLP – LIST ALL GENERAL PARTNERS AUTHORIZED TO ACT FOR THE PARTNERSHIP OR LLP:

Printed Name of General Partner: _____ Address: _____
Street / Apt. No. City State Zip Code

Printed Name of General Partner: _____ Address: _____
Street / Apt. No. City State Zip Code

NOTE: PLEASE PROVIDE DOCUMENTATION VERIFYING THE CREATION OF THE PARTNERSHIP AND THE DESIGNATION OF THE GENERAL PARTNERS AUTHORIZED TO ACT FOR SAID PARTNERSHIP.

LLC (LIMITED LIABILITY COMPANY) – LIST ALL MANAGING MEMBERS AUTHORIZED TO ACT FOR THE LLC:

Printed Name of Managing Member: _____ Address: _____
Street / Apt. No. City State Zip Code

Printed Name of Managing Member: _____ Address: _____
Street / Apt. No. City State Zip Code

NOTE: PLEASE PROVIDE A COPY OF THE ARTICLES OF ORGANIZATION AND OPERATING AGREEMENT WHICH INCLUDES A LISTING OF THE MANAGING MEMBERS OF THE LLC.

IF MORE THAN ONE GENERAL PARTNER OR MANAGING MEMBER IS NAMED ALL MUST ACT JOINTLY TO EXERCISE ANY OWNERSHIP RIGHTS UNDER THE POLICY.

DESIGNATION OF LEGAL ENTITY AS BENEFICIARY: The above named legal entity shall be the named beneficiary for any policy issued on the life of the Proposed Insured pursuant to the Application. **THIS DESIGNATION OF BENEFICIARY SUPERSEDES ANY DESIGNATION STATED ON THE APPLICATION.**

By our signatures below, we agree to all of the following. The above information is true, correct and complete and forms a part of the application for insurance. The entity named as owner has an insurable interest in the life of the Proposed Insured and the Proposed Insured fully consents to the entity's ownership of the policy on his or her life. The persons signing below affirm that they are fully authorized by the entity named herein to sign this Supplement to Application and the Application on its behalf and that by their execution of this Supplement to Application the entity is fully bound thereby. The above named entity is duly organized and existing in compliance with all applicable laws and regulations. The undersigned have not received any tax, legal or other advice from any of the Lafayette Life as well as its agents, employees, officers, directors, representatives, subsidiaries, affiliates, parent companies, reinsurers, successors and assigns (hereafter collectively referred to as the "Released Parties"). The undersigned agree to rely solely upon the tax, legal and financial advice of their personal independent advisors with respect to any tax, legal or other issues associated, in any way, with the policy. The Released Parties shall be fully, finally and forever released and discharged for all actions taken or permitted on behalf of the entity based on the signature of any person claiming to be authorized to act on behalf of said entity. The undersigned and the entity named herein above, agree, jointly and severally, to fully indemnify the Released Parties for and to hold the Released Parties harmless from any and all claims (of any type or nature), demands, damages (of any type or nature), costs and attorneys' fees (at all levels) as a result of any action(s) or omission(s) taken by the Released Parties in connection with the policy issued on the life of the above named Proposed Insured upon the instructions to the Released Parties by the entity named as owner or any of its duly authorized representatives. Unless and until Lafayette Life is otherwise notified in writing by the owner: (a) all policy notices shall continue to be submitted to the address set forth above; and, (b) Lafayette Life is free to fully rely that the person acting on behalf of the entity is authorized to act and the actions of such person shall fully bind the entity. Nothing contained herein grants to the owner any greater rights than are provided under the terms of the applicable policy. A faxed or electronically transmitted signed Supplement to Application has the same legal force and effect as the original signed Supplement to Application and, once received, is the controlling record.

Signed at _____ this date _____
(city/state) (mm/dd/yyyy)

Authorized Person for Entity Title Authorized Person for Entity Title Authorized Person for Entity Title

Witness (Agent if present) Proposed Insured



**Lafayette Life
Insurance Company**

A member of Western & Southern Financial Group

400 Broadway
Cincinnati, OH 45202-3341
Email: IndividualOperations@llic.com
Fax: 888-558-9329

ELECTRONIC SIGNATURE CONSENT

I have read the documents listed below, including any Mutual Agreements contained therein, and I hereby consent to the application of my electronic signature upon all of the forms by the Lafayette Life Insurance Company. My electronic signatures on all documents demonstrates my intent to apply for life insurance from the Lafayette Life Insurance Company, is as valid as a manual signature, and may not be invalidated solely on the basis that the signature was electronically obtained.

[application and list of additional forms]

Name _____

Date _____

Electronically Signed At _____



400 Broadway
Cincinnati, OH 45202-3341
Email: IndividualOperations@llic.com
Fax: 888-558-9329

OVERFLOW PAGE

The following information is made part of the Application question indicated.

This Overflow Page has been read and all answers are intended to be part of the Application attached to the life insurance policy.

Insured

Date

Owner

Date

SERFF Tracking #:

Lafa-128710370

State Tracking #:

Company Tracking #:

LL-1459 (1/13)

State:

Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

LL-1459/App/2012/rp

Project Name/Number:

LL-1459/App/2012/rp /LL-1459/App/2012/rp

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance		
Comments:			
Attachment(s):			
Certificate of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Filing Process Overview		
Comments:			
Attachment(s):			
Filing Process Overview.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Use with Information		
Comments:			
Attachment(s):			
AR Used with Chart.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			

SERFF Tracking #: LAFA-128710370 **State Tracking #:** **Company Tracking #:** LL-1459 (1/13)

State: Arkansas **Filing Company:** The Lafayette Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: LL-1459/App/2012/rp
Project Name/Number: LL-1459/App/2012/rp /LL-1459/App/2012/rp

LL-1459-AR (1-13), et al SOV.pdf

The Lafayette Life Assurance Company

NAIC CODE # 65242

CERTIFICATION

I, Lori Rochford, an officer of The Lafayette Life Insurance Company, hereby certifies that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your Statutes and Regulations.

<u>Form Number</u>		<u>Readability Score</u>
LL-1459-AR (1/13)	Application for Individual Life Insurance	52
LL-2606 (1/13)	Supplement to Application Parachuting	65
LL-2607 (1/13)	Supplement to Application Climbing	62
LL-2608 (1/13)	Supplement to Application Ballooning/Hang Gliding/Ultralite	58
LL-2610 (1/13)	Supplement to Application Living Trust as Owner and Beneficiary	52
LL-2611 (1/13)	Supplement to Application Joint Owners	56
LL-2612 (1/13)	Supplement to Application Pension Plan/Trust as Owner and Beneficiary	60
LL-2613 (1/13)	Supplement to Application Other Legal Entity as Owner	51
LL-2614 (1/13)	Electronic Signature Consent	52
LL-2615 (1/13)	Overflow Page	52



Lori Rochford, JD
Assistant Vice President
Insurance Compliance

Date: October 9, 2012

**Certificate of Compliance with
Arkansas Rule and Regulation 19 & 49**

The Lafayette Life Insurance Company NAIC #65242

Form Number(s):

LL-1459-AR (1/13) Application for Individual Life Insurance
LL-2606 (1/13) Supplement to Application Parachuting
LL-2607 (1/13) Supplement to Application Climbing
LL-2608 (1/13) Supplement to Application Ballooning/Hang Gliding/Ultralite
LL-2610 (1/13) Supplement to Application Living Trust as Owner and Beneficiary
LL-2611 (1/13) Supplement to Application Joint Owners
LL-2612 (1/13) Supplement to Application Pension Plan/Trust as Owner and Beneficiary
LL-2613 (1/13) Supplement to Application Other Legal Entity as Owner
LL-2614 (1/13) Electronic Signature Consent
LL-2615 (1/13) Overflow Page

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Rule and Regulation 19, 49, ACA 23-79-138 and Bulletin 15-2009.



Signature of Company Officer

Lori Rochford, JD

Name

Assistant Vice President, Insurance Compliance

Title

10/9/2012

Date

The Lafayette Life Insurance Company

Procedures for the iPipeline iGO Process

LL-2614 (1/13) Electronic Signature Consent

LL-2615 (1/13) Overflow Page

Overview

These forms were designed for use by The Lafayette Life Insurance Company as part of the iPipeline iGO electronic application process. A licensed sales representative will conduct the application interview by asking the questions on the application as they appear on the computer screen and typing in the proposed insureds' answers, who may often also be the applicant. The answers entered into the electronic application are mapped to a PDF of the paper application and ancillary forms. Any answers that exceed the space provided on the application and ancillary forms are mapped to the overflow page of the application. The sales representative has the ability to view the completed PDF application, overflow page, and ancillary forms as they complete each computer application screen.

The sales representative begins the electronic application process by entering the Proposed Insured's first and last name, date of birth, age and gender on the Case Information screen. The contract state is selected by the agent, which triggers a list of the available products for the state selected and the appropriate state application and ancillary forms. Once the product is selected, the sales representative moves on to the application screens.

The first application screen the sales representative will complete captures information about the Proposed Insured and type of ownership of the policy. If the sales representative indicates the Proposed Insured is not a U.S. Citizen, supplemental citizenship questions appear on the screen which the sales representative is required to complete. The second application screen is a continuation of the Proposed Insured screen which requires the sales representative to input the Proposed Insured's driver's license, employment, and financial information.

The succeeding screens are the Owner and Beneficiary screens and Coverage Applied For screen. (The electronic application supports up to two policy owners.) The Coverage Applied For screen is driven by the information captured on the Case Information screen. Only the riders available for the product and state selected will appear on the screen. If the Other Insured Rider is selected by the sales representative, the subsequent two screens capture the Other Insured's information. The face amount indicated on the Coverage Applied For screen will require completion of supplementary questions regarding the Proposed Insured's purpose of the insurance and financial information.

The next set of application screens requires the sales representative to complete information on the Proposed Insured's existing insurance and also requires the sales representative to complete non-medical and medical questions for the Proposed Insured and Other Insured concurrently, if applicable. The existing insurance questions trigger the appropriate state replacement questions and form requirements. "Yes" answers to the non-medical questions pertaining to skin/scuba diving, hang gliding, racing, and aviation activities will trigger supplementary questions related to the activity. "Yes" answers to medical questions require details to be entered on the Proposed Insured and Other Insured, if applicable, by the sales representative in a free-form text box.

The remaining application screens collect the method of payment, payee information, and agent information.

Following completion of all computer application screens, the sales representative is prompted to validate and lock the application data. If all the required fields on the computer application screens have been completed, the application is considered to be in good order. The sales representative is

then asked to lock the data to protect the data from alteration during the signature process. The sales representative is then directed to the electronic signature screens.

If the sales representative has not completed all the required fields on the computer application screens, the application is considered incomplete and not in good order. The sales representative is presented with the options to return to complete the required fields or save the application to complete at a later date. If a locked application is unlocked at any time during the signature process, any previously collected signatures are cancelled.

When the application is in good order and locked, the sales representative is presented with the option to order a paramedical exam for the Proposed Insured and/or Other Insured, if applicable. The sales representative is asked to select a paramedical vendor and required to enter the location at which the examiner will conduct the paramedical exam on the Proposed Insured and/or Other Insured. The paramedical exam order is placed when the sales representative has submitted the application to The Lafayette Life Insurance Company.

The sales representative presents two signature options to the signing parties, 1) print the application for wet signature or 2) electronic signature. If the sales representative chooses to print the application for wet signature, they are prompted to print the completed application package, review all paper forms, obtain the wet signatures, and mail or fax the signed application package to The Lafayette Life Insurance Company.

If the sales representative selects electronic signature, the client may complete the signature process immediately or at later time.

For signing parties who wish to sign immediately, the sales representative is prompted to read the electronic signature instructions aloud to the signing parties and complete the instructions screen confirming the identity of the signing parties and their acknowledgement of agreement. Once the electronic signature instructions screen is completed, the sales representative will move on to the Terms of Use screen and Electronic Signature Consent screen. The signing parties will read the Terms of Use and Electronic Signature Consent and review the PDF of the application. In order to continue the signing process, the sales representative must confirm that all signing parties have read the Terms of Use and Electronic Signature Consent and reviewed the PDF of the application. The sales representative is then brought to the e-Signature screen where the signing parties are required to agree to attestations regarding the information given on the application and are required to enter a signed at city and state. Once this screen is completed, all electronic signatures are applied by selecting the Apply e-Signature button. The sales representative will then submit the application to The Lafayette Life Insurance Company by clicking the submit button.

For signing parties who wish to complete the signing process at a later time, the sales representative is prompted to an electronic signature screen, where they will enter their unique 4 digit PIN which they will use to sign into their agent signature process. The sales representative will then be prompted to enter e-mail addresses for each signing party. Once all email addresses have been entered, the sales representative is prompted to confirm the email information and click the send button. Once each signature email has been sent, the signature collection process can begin for each signing party.

When the signing party receives the email, it will contain the link to start the electronic signature process. The signing party is brought to a login screen where they are prompted to enter a PIN which is the last four digits of their social security number. After successful login, the signing party is prompted to read the Terms of Use and Electronic Signature Consent and review the PDF of the application by selecting the Review Application button. Selecting the Review Application button confirms the signing parties review. This screen is identical for all signing parties. The signing party has the ability to decline signing electronically at this point and the application process is then void. The signing party is then brought to the e-Signature screen where they are required to agree to a series of attestations regarding the information given on the application and are then required to enter

a signed at city and state. Once this screen is completed, the signing party will apply their electronic signature by selecting the Apply e-Signature button. Once all signing parties have signed, the sales representative's signature process begins. The sales representative's signature process mimics the signing parties' signature process and screen functionality. Upon the sales representative's completion of the electronic signature process, the sales representative will submit the application to The Lafayette Life Insurance Company by clicking the submit button.

A signed copy of the application, as completed, is contained in issued policies. Please note that although the order of the questions on the electronic application screens is not identical to the order of the questions on the paper application, each question is identical, no matter which method of presentation is used. Policies are delivered to the sales representative for delivery to the applicant.

BASE PLANS

State	Form Number	Description	Approval Date	State or SERFF Tracking # (if any)
AR	VAN-09	Flexible Premium Adjustable Life Insurance Policy	01/08/2009	LAFa-125932349
AR	VAN-09U	Flexible Premium Adjustable Life Insurance Policy	01/08/2009	LAFa-125932349
AR	IUL-07	Flexible Premium Indexed Adjustable Life Insurance Policy	11/28/2007	LAFa-125310345
AR	IUL-07U	Flexible Premium Indexed Adjustable Life Insurance Policy	11/28/2007	LAFa-125310345
AR	TLP-08	Term to 105 Life Insurance Policy	01/09/2008	LAFa-125392338
AR	TLP-08U	Term to 105 Life Insurance Policy	01/09/2008	LAFa-125392338
AR	WL-05-100	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-100U	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-100U EXT-4121	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-95	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-95U	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-95U EXT-4121	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-75	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-75U	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-75U EXT-4121	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-65	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-65U	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	WL-05-65U EXT-4121	Permanent Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	SPWL-05	Single Premium Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00
AR	SPWL-05U	Single Premium Whole Life Policy	01/04/2004	USPH-684PN7827/00-00/00-01/00

RIDER PLANS

State	Form Description and Number	Approval Date	State or SERFF Tracking #, (if any)
AR	Accelerated Benefit Rider - Universal Life...UABR-92	08/16/1991	
AR	Accelerated Benefit Rider...ABR-92	07/08/1991	
AR	Accidental Death Benefit...ADB-05	01/04/2005	
AR	Children's Insurance Rider...CIR-05 & CIR-05U	01/04/2005	
AR	Cost of Living Adjustment Rider...COLA-89	10/19/1988	
AR	Guaranteed Purchase Option Rider...GPO-05 & GPO-05U	01/04/2005	
AR	Level Premium Paid-Up Additions Rider...LPUA-05 & LPUA-05U	01/04/2005	
AR	Long Term Care Rider - Universal Life...LTC-UL20 G & LTC-UL20U G	7/26/2010	
AR	Long Term Care Rider - Whole Life...LTC-WL20 G & LTC-WL20U G	7/26/2010	
AR	Payor Death or Disability Benefit Rider...PIR-05	03/21/2008	
AR	Payor Death Waiver...PDR-05	01/04/2005	
AR	Single Premium Paid-Up Additions Rider...SPUA-05 & SPUA-05U	01/04/2005	
AR	Spouse Renewable Term Rider...SIR-05 & SIR-05U	01/04/2005	
AR	Ten Year Term Rider...10TR-05 & 10-TR-05U	01/04/2005	
AR	Annual Renewable Term TR-05 & TR-05U	1/4/2005	
AR	Term Life Insurance Rider: 10, 20 and 30 year term TLR-08 and TLR-08U	08/06/2008	
AR	Waiver of Premium Benefit Rider...WP-05	01/04/2005	
AR	Waiver of Monthly Deduction Rider – Universal Life - IUL-WMD-07	11/28/07	
AR	Accidental Death Benefit Rider – Universal Life – IUL-ADB-07	11/28/07	
AR	Term Life Rider – Universal Life– IUL-TLR-07	11/28/07	
AR	Term Life Rider – Universal Life– IUL-TLR-07U	11/28/07	
AR	Spouse Term Life Rider – Universal Life– IUL-SIR-07	11/28/07	
AR	Spouse Term Life Rider – Universal Life– IUL-SIR-07U	11/28/07	
AR	Survivor Purchase Option Rider – Universal Life– IUL-SPO-07	11/28/07	
AR	Guaranteed Increase Option Rider – Universal Life– IUL-GIO-07	11/28/07	
AR	Children's Insurance Rider – Universal Life– IUL-CIR-07	11/28/07	
AR	Children's Insurance Rider – Universal Life– IUL-CIR-07U	11/28/07	
AR	Accelerated Benefit Rider – Universal Life – IUL-ABR-07	11/28/07	
AR	No-Lapse Premium Waiver Rider – Universal Life - IUL-WP-07	11/28/07	
AR	Survivor Purchase Option Rider – SPO-89	6/13/1989	

The Lafayette Life Insurance Company

Statement of Variability

(October 9, 2012)

This Statement of Variability applies to the following forms:

- LL-1459-AR (1/13) Application for Individual Life Insurance
- LL-2606 (1/13) Supplement to Application Parachuting
- LL-2607 (1/13) Supplement to Application Climbing
- LL-2608 (1/13) Supplement to Application Ballooning/Hang Gliding/Ultralite
- LL-2610 (1/13) Supplement to Application Living Trust as Owner and Beneficiary
- LL-2611 (1/13) Supplement to Application Joint Owners
- LL-2612 (1/13) Supplement to Application Pension Plan/Trust as Owner and Beneficiary
- LL-2613 (1/13) Supplement to Application Other Legal Entity as Owner
- LL-2614 (1/13) Electronic Signature Consent
- LL-2615 (1/13) Overflow Page

The variable information is identified by brackets and may change as indicated below. We certify that any change or modification to a variable item shall be administered in accordance with the requirements in this Statement of Variability, including any requirements for prior approval of a change or modification.

Company Logo: The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.

Administrative Office: We may change our administrative address, telephone number, fax number and web site if such items should change in the future.

Optional Benefits and Riders: We may change the information collected and the text to coincide with current or future product approvals. Future approvals will not differ from the general type(s) of product components as indicated on the Statement of Intent Form for Modified Mix and Match Application Filings Only.

Page Number; Revision Date: A page number included in the middle of the page that may change due to formatting. Future changes made to the application in accordance with the requirements in this Statement of Variability will trigger a revision date (located in the bottom right-hand corner of the form).