

State: Arkansas Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: FLA Medical U/W Option Endorsement

Project Name/Number: /

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: FLA Medical U/W Option Endorsement

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: 10/11/2012

SERFF Tr Num: PSEN-128722543

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: FLA MEDICAL U/W OPTION ENDORSEMENT

Implementation: On Approval

Date Requested:

Author(s): Barbara Ritzke, Deb Howver, Joanne Miller

Reviewer(s): Linda Bird (primary)

Disposition Date: 10/16/2012

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company
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General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 10/16/2012
	State Status Changed: 10/16/2012
Deemer Date:	Created By: Deb Howver
Submitted By: Deb Howver	Corresponding Filing Tracking Number:

Filing Description:
 On behalf of Fidelity Life Association, A Legal Reserve Life Insurance Company, form F1520 Medical Underwriting Option Endorsement is submitted for your review and approval. No part of this filing contains unusual or possibly controversial items from normal industry standards. The submitted form is new and does not replace any previously approved form.

This endorsement will be offered with form F4000-02 Level Death Benefit Term Life Insurance Policy approved on 08/01/2012 under SERFF tracking number PSEN-128595709.

This Endorsement provides the option for the insured, at certain issue ages and face amounts, to submit to Medical Underwriting within six (6) months of the Issue Date of the Policy and based on the results of this Medical Underwriting may be offered a lower premium rate and/or a higher face amount. If the insured does not qualify for a better rate or face amount, they may at their option continue their original non-medical class coverage.

The Endorsement will be attached to and made a part of the Policy. No policy provisions are changed by the Endorsement except as specifically provided in the Endorsement. There will be no change in the original contestable or suicide periods.

Company and Contact

Filing Contact Information

Debbie Howver, deb@myactuary.com
 35W841 Burr Oak Lane 224-402-2156 [Phone]
 West Dundee, IL 60118 847-551-1795 [FAX]

Filing Company Information

(This filing was made by a third party - problemsolvingenterprises)
 Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
 8700 W. Bryn Mawr Avenue Group Code: Company Type:
 Suite 900S Group Name: State ID Number:
 Chicago, IL 60631 FEIN Number: 36-1068685
 (630) 522-0392 ext. [Phone]

Filing Fees

State: Arkansas **Filing Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: FLA Medical U/W Option Endorsement
Project Name/Number: /
Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: 1 form @ \$50.00/form = \$50.00
Per Company: No

Company	Amount	Date Processed	Transaction #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$50.00	10/11/2012	63692938

SERFF Tracking #: PSEN-128722543

State Tracking #:

Company Tracking #:

FLA MEDICAL U/W OPTION
ENDORSEMENT

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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 #:

PSEN-128722543

State Tracking #:**Company Tracking #:**FLA MEDICAL U/W OPTION
ENDORSEMENT**State:**

Arkansas

Filing Company:

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/

Disposition

Disposition Date: 10/16/2012

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
Supporting Document	Third Party Authorization		Yes
Supporting Document	Statement of Variability		Yes
Form	Medical Underwriting Option Endorsement		Yes

SERFF Tracking #:

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Form Schedule

Lead Form Number: F1520

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		F1520	POLA	Medical Underwriting Option Endorsement	Initial:	44.900	F1520_Medical Underwriting Option Endorsement_121009.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



Established 1896

Medical Underwriting Option Endorsement

Insured Name: _____

Policy #: _____

ENDORSEMENT PART OF POLICY: This Endorsement is attached to and made a part of this Policy.

ALL EXISTING POLICY PROVISIONS APPLY AND ARE UNCHANGED: No policy provisions are changed by this Endorsement except as specifically provided in this Endorsement. This includes but is not limited to the Incontestability provision and the Suicide Exclusion.

MEDICAL UNDERWRITING means the review of health and medical information about the Insured that is requested or obtained by the Company. This includes but is not limited to a medical examination by a licensed physician or paramedical examiner approved by Us. All information may be used by Us in determining whether to issue a revised Policy Schedule increasing the Face amount and/or lowering the premium rate. In order to be considered for this option, it is the obligation of the Insured to schedule and submit to a medical examination authorized by the Company. The Insured must authorize the submission of the results of the examination and other health information to the Company for Medical Underwriting. The Medical Underwriting review will be conducted in accordance with Company underwriting guidelines in effect on the Issue Date of this Policy. Such guidelines and the underwriting decisions made by the Company are matters of discretion and underwriting judgment is reserved exclusively to the Company.

BENEFIT: Subject to completion of the Company's Medical Underwriting requirements, the Insured may be offered a lower premium rate and/or an increase in Face Amount of the Policy. Our Medical Underwriting determination is based on the results of an authorized medical examination of the Insured completed and presented to the Company within six (6) months of the Issue Date of the Policy. Upon completion of Our Medical Underwriting, We will make a determination whether the results are acceptable to qualify for a lower premium rate and/or an increase in Face Amount. Any approved increase in the Policy Face Amount shall be retroactive to the date the authorized medical examination of the Insured is completed. Any reduction in premium will be credited back to the original issue date and the new rate will be based upon the original age and original issue date. Schedule pages with the new premium/face amount will be issued to replace the original. If the insured does not qualify for a lower premium rate or higher face amount, they may, at their option, continue their original non-medical class coverage.

Issued and signed by Fidelity Life Association at its Home Office.

[

Secretary

President]

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY.

[8700 W. Bryn Mawr, Suite 900S

Chicago, IL 60631

Tel 800.369.3990

Fax 866.375.8175]

Address for correspondence:

[Fidelity Life Association

P.O. Box 5030

Des Plaines, IL 60017-5030]

To file a claim or to ask a question You may contact the agent who sold You this Policy or You may contact our Policy Owner Service department at the address or numbers given above or on the web at www.fidelitylife.com.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR_Certification to Regulations 19 & 49.pdf			
FLA_F1520_Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization		
Comments:			
Attachment(s):			
FLA_ Letter of Authorization_120118_signed.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
FLA_F1520_Statement of Variability.pdf			

ARKANSAS CERTIFICATION

I, Ciaran Brady, Vice President – Operations, for Fidelity Life Association, do hereby attest and certify to the following:

- The Company has further reviewed its issuance procedures and is compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.
- This submission meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as all applicable requirements of the Arkansas Insurance Department.

FIDELITY LIFE ASSOCIATION



Digitally signed by Ciaran Brady
DN: cn=Ciaran Brady, o=Fidelity Life
Association, ou=Vice President - Operations,
email=Ciaran.Brady@fidelitylife.com, c=US
Date: 2012.10.10 14:30:59 -05'00'

Ciaran Brady, Vice President - Operations

October 10, 2012

Date



Fidelity Life Association
8700 W. Bryn Mawr Avenue
Chicago, IL 60631
Tel: 630.522.0392 Fax: 866.375.8175

January 18, 2012

To Whom It May Concern:

Please allow this letter to serve as authorization for Problem Solving Enterprises, Inc to make rate, rule and form filings on behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company. Problem Solving Enterprises serves as actuarial and compliance consultants for Fidelity Life Association.

Any questions may be directed to me at 630-371-1888.

Sincerely,

A handwritten signature in black ink, appearing to be 'C. Brady', written over a light blue horizontal line.

Digitally signed by Ciaran Brady
DN: cn=Ciaran Brady, o=Fidelity Life
Association, ou=Vice President -
Operations,
email=Ciaran.Brady@fidelitylife.co
m, c=US
Date: 2012.01.18 14:41:49 -06'00'

Ciaran Brady
Vice President of Operations

Statement of Variability

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Contract Forms: F1520 Medical Underwriting Option Endorsement

Page #	[Variable Item]	Statement of Variability
1	Officer's Signatures/Company Address/ Correspondence Address/Phone & Fax Numbers	Changed if company officers, company home office location, correspondence address, phone or fax numbers change.