

State: Arkansas **Filing Company:** EquiTrust Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: ETL-122(01-13)-5
Project Name/Number: ETL-122(01-13)-5/ETL-122(01-13)-5

Filing at a Glance

Company: EquiTrust Life Insurance Company
Product Name: ETL-122(01-13)-5
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/29/2012
SERFF Tr Num: EQUI-128705736
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: ETL-122(01-13)-5

Implementation: 01/01/2013
Date Requested:
Author(s): Stacie Baker, Lillie Peshel
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/01/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: ETL-122(01-13)-5
Project Name/Number: ETL-122(01-13)-5/ETL-122(01-13)-5

Filing Company: EquiTrust Life Insurance Company

General Information

Project Name: ETL-122(01-13)-5
Project Number: ETL-122(01-13)-5
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Stacie Baker

Status of Filing in Domicile: Authorized
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/01/2012
State Status Changed: 11/01/2012
Created By: Stacie Baker
Corresponding Filing Tracking Number:

Filing Description:

Re: EquiTrust Life Insurance Company, NAIC #62510
Form Number ETL-122(01-13)-5

Dear Department of Insurance:

Enclosed for your review is the above referenced form for EquiTrust Life Insurance Company.

Form number ETL-122AR(01-13)-5 is a life insurance application form. This form will replace form number ETL-122AR(01-10)-5 that was approved by your department on 3/30/2010 in SERFF filing number FBLA-126546657. This application page is being re-filed to comply with the requirements set forth by the Medical Information Bureau (MIB). The MIB is asking companies to have certain specific acknowledgement language in place by 1/1/2013. In addition to this change, language has been added pursuant to requests from our application processing vendors. For your reference, please find a comparison form which displays the changes from the approved language and the new language.

This application page will be used in conjunction with the previously-approved application pages to create an entire life application. This application page will never be used as a stand-alone form. Items in the form are bracketed to permit a change without re-filing, should the bar code or the page numbers change during the normal course of business.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This form is submitted in final printed format except for slight font and formatting variations which may occur due to differing printer settings. The company takes care to assure that the impact of printer-based variations is minimized.

Your prompt review of this form is greatly appreciated. If you have any questions, please feel free to contact me at the telephone number or email address on SERFF.

Company and Contact

Filing Contact Information

Stacie Baker, stacie.baker@equitrust.com
7100 Westown Pkwy 515-453-3406 [Phone]
Suite 200 515-453-3400 [FAX]
West Des Moines, IA 50266

State: Arkansas **Filing Company:** EquiTrust Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: ETL-122(01-13)-5
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Filing Company Information

EquiTrust Life Insurance Company	CoCode: 62510	State of Domicile: Iowa
7100 Westown Pkwy	Group Code: 431	Company Type:
Suite 200	Group Name:	State ID Number:
West Des Moines, IA 50266	FEIN Number: 42-1468417	
(877) 249-3694 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form in Arkansas
 Per Company: No

Company	Amount	Date Processed	Transaction #
EquiTrust Life Insurance Company	\$50.00	10/29/2012	64373948

SERFF Tracking #:

EQUI-128705736

State Tracking #:

Company Tracking #:

ETL-122(01-13)-5

State:

Arkansas

Filing Company:

EquiTrust Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

ETL-122(01-13)-5

Project Name/Number:

ETL-122(01-13)-5/ETL-122(01-13)-5

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/01/2012	11/01/2012

SERFF Tracking #:

EQUI-128705736

State Tracking #:

Company Tracking #:

ETL-122(01-13)-5

State:

Arkansas

Filing Company:

EquiTrust Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

ETL-122(01-13)-5

Project Name/Number:

ETL-122(01-13)-5/ETL-122(01-13)-5

Disposition

Disposition Date: 11/01/2012

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	Comparison between approved version and filed version		Yes
Supporting Document	Statement of Variability		Yes
Form	Life Application - Pgae 5		Yes

SERFF Tracking #:

EQUI-128705736

State Tracking #:

Company Tracking #:

ETL-122(01-13)-5

State: Arkansas
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 Product Name: ETL-122(01-13)-5
 Project Name/Number: ETL-122(01-13)-5/ETL-122(01-13)-5

Filing Company: EquiTrust Life Insurance Company

Form Schedule

Lead Form Number: ETL-122(01-13)-5

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Life Application - Pgae 5	ETL-122AR(01-13)-5	AEF	Revised	Previous Filing Number:	FBLA-126546657	65.000	ETL-122AR(01-13)-5 FINAL.pdf
						Replaced Form Number:	ETL-122AR(01-10)-5		

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

SECTION J – AUTHORIZATION AND ACKNOWLEDGEMENT STATEMENT

THIS IS A HIPAA COMPLIANT AUTHORIZATION

EquiTrust Life Insurance Company (“the Company”) or its reinsurers may obtain information about me or my minor children from: any physician, medical professional, hospital, medical care facility, government agency, public records, employer, insurance company or institution, consumer reporting agency, pharmacies, pharmacy benefit managers, Insurance Laboratory, Veterans Administration, MIB, Inc., or any other person or organization that has any record of information about me. The purpose is to determine eligibility for insurance or benefits. The Company or its reinsurers may obtain personal information and any records available as to diagnosis, care, treatment and prognosis of any physical or mental condition and/or prescription drug information, and may obtain an investigative consumer report.

To facilitate rapid submission of such information, all sources, except MIB, Inc., are authorized to give such information or records to any entity designated by the Company or its reinsurers to collect and transmit such information.

This Authorization includes information about mental health care (other than psychotherapy notes), developmental disability care, and drug and alcohol abuse treatment. I understand that: (1) I can revoke this Authorization at any time by written notice to the Company; (2) revocation of this Authorization will not affect any prior action taken by the Company in reliance upon this Authorization; and (3) failure to sign, or revocation of this Authorization may impair the Company’s ability to process applications or evaluate claims and may be a basis for denying this application or a claim for benefits.

I further understand and acknowledge that the information authorized for release may include records which may indicate the presence of a communicable or venereal disease, which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea, and the Human Immunodeficiency Virus, also known as Acquired Immune Deficiency Syndrome (AIDS).

The Company may disclose information to: its reinsurers, those who perform services for the Company or its reinsurers, those companies to which I have applied or may apply for life or health insurance or benefits, and the Company’s affiliates for claims handling, servicing, underwriting, insurance marketing, and other purposes. I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB. Disclosure may also be made when required or permitted by law. Some of the health information noted above may be disclosed to persons or organizations that are not subject to federal health information privacy laws, resulting in the information no longer being protected under such laws.

I understand that I have the right to see personal information collected about me, and have the right to correct any information which may be wrong. I understand that I may obtain a description of this Company’s information practices by requesting one from my agent of the Company at the address provided with my Policy.

This authorization is valid for 24 months from the date signed. A copy of this Authorization will be valid as the original.

I have received a copy of this authorization and the Important Notices, and have read the representations on the previous page.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid back up withholding.

Signed at: City and State

Signature of Proposed Insured

Date

Signature of Owner (if other than a Proposed Insured)

Date

Signature of Producer

Date

[BARCODE]

SERFF Tracking #:

EQUI-128705736

State Tracking #:

Company Tracking #:

ETL-122(01-13)-5

State: Arkansas

Filing Company:

EquiTrust Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: ETL-122(01-13)-5

Project Name/Number: ETL-122(01-13)-5/ETL-122(01-13)-5

Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Comparison between approved version and filed version		
Comments:			
Attachment(s):			
Comparison.pdf			

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

EquiTrust Life Insurance Company

READABILITY CERTIFICATION

I hereby certify the accuracy of the Flesch reading ease test score for the following policy forms. The forms are in at least 10 (ten) point type, 2 (two) point leaded.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESCH SCORE</u>
Life Insurance Application	ETL-122(01-13)-5*	65

*This form was scored in conjunction with base policy number ETL-ISWL-2000(01-10)

Signature:

A handwritten signature in black ink, appearing to read 'Ana B.', followed by a long horizontal line extending to the right.

**Ana Bumgardner
Product Management Vice President**

Date: October 23, 2012

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To facilitate rapid submission of such information, all sources, except MIB, Inc., are authorized to give such information or records to any entity designated by the Company or its reinsurers to collect and transmit such information.

This Authorization includes information about mental health care (other than psychotherapy notes), developmental disability care, and drug and alcohol abuse treatment. I understand that: (1) I can revoke this Authorization at any time by written notice to the Company; (2) revocation of this Authorization will not affect any prior action taken by the Company in reliance upon this Authorization; and (3) failure to sign, or revocation of this Authorization may impair the Company’s ability to process applications or evaluate claims and may be a basis for denying this application or a claim for benefits.

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Signed at: City and State

Signature of Proposed Insured

Date

Signature of Owner (if other than a Proposed Insured)

Date

Signature of Producer

Date

[BARCODE]

Summary of Variable Material
Life Insurance Application
Form numbers
ETL-122(01-13)-5

Explanation of Variable Material: All variable material is shown contained in brackets in the policy. This document summarizes the other variable material and explains the timing, frequency, and basis for all potential variations.

Page Numbers	These items are marked as variable to enable us to update the application page numbers should another page be required or available with the application, or if a page will no longer be used.
Barcode	This item is marked as variable to enable us to update the application without re-filing should any of these items change in the normal course of business.