

State: Arkansas **Filing Company:** The Cincinnati Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Form CLI-1025 (1/12), Individual Life Insurance Application
Project Name/Number: Electronic use of CLI-1025 Worksite Application/Electronic use of CLI-1025 Worksite Application

Filing at a Glance

Company: The Cincinnati Life Insurance Company
Product Name: Form CLI-1025 (1/12), Individual Life Insurance Application
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 11/07/2012
SERFF Tr Num: GRJR-128295442
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num: CLI1025ELEC

Implementation: On Approval
Date Requested:
Author(s): Jennifer Henley, Deborah Naegele, Karen Eichler
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/14/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:

State Filing Description:

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General Information

Project Name: Electronic use of CLI-1025 Worksite Application Status of Filing in Domicile: Pending
Project Number: Electronic use of CLI-1025 Worksite Application Date Approved in Domicile:
Application
Requested Filing Mode: Informational Domicile Status Comments: We filed this form November 7,
2012, in our state of domicile, Ohio, as part of an IIPRC filing.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 11/14/2012
State Status Changed: 11/14/2012
Deemer Date: Created By: Jennifer Henley
Submitted By: Jennifer Henley Corresponding Filing Tracking Number: GRJR-127960748
Filing Description:
FEIN: 31-1213778
NAIC: 0244-76236

Subject:

The Cincinnati Life Insurance Company
INFORMATIONAL Individual Life Form Submission
Form CLI-1025 (1/12), Application for Individual Life Insurance, previously approved by your Department on May 9, 2012,
under SERFF Tracking No. GRJR-127960748.

Dear Sir or Madame:

The purpose of this submission is notification of our intent to use the previously-approved, referenced application form in electronic format. The implementation date for the electronic use of this form will be the date of your acknowledgement or approval of this filing.

In addition to the traditional paper format as approved, the data gathered on the application may also be transferred to The Cincinnati Life Insurance Company electronically.

The application is not pre-filled on the internet by the applicant. Rather, during the enrollment process the agent and the applicant complete the forms electronically when presented by the agent who then fills in the appropriate applicant information. The electronic application form presented to the applicant for signature will appear on screen as a pdf of the filed application form containing all of the applicant's information, in appearance, identical to the printed version.

The application will be completed by using either Online or Disconnect. Online, the application is filled out while connected to the internet. When the agent is without an internet connection, Disconnect is used. Enrollment software will be downloaded onto the agents' laptop and they will complete the enrollment without internet connection. Once internet connection is available the enrollment information is uploaded.

The applicant must review and consent to Form CLI-6316-WS, Customer Electronic Consent and Disclosure, before they can move forward to complete the electronic application. This form is new and not yet programmed into the vendors' software, therefore, the screenshots include a copy of the form rather than a screen shot. I certify that our worksite applicants will see Form CLI-6316-WS, Customer Electronic Consent and Disclosure, attached as a Supporting Document, before they can apply

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for a life insurance policy.

The applicant is advised to review the completed application, including verifying all health questions, prior to submitting his/her electronic signature to confirm that all answers have been recorded accurately. The applicant's electronic signature will be procured during the interview at the worksite or in the agent's office.

All parties to the application (insured, owner, agent) are required to review the enrollment package before they are allowed to apply their electronic signature. The applicant reviews the records electronically.

The Agent cannot make changes to a form that has already been signed without forcing the removal of all signatures and requiring all forms be signed again.

The use of an electronic signature with respect to the execution of the application being filed for approval is not tied to a specific technology. Rather the manner in which an electronic signature is captured is technology neutral, conditioned only upon compliance with the requirements of NAVA STP Standards 53.0 and 72.0, which describe the method by which an electronic signature must be applied and the manner in which an electronically signed document must be retained and stored

While subject to change, depending on the electronic signature method of choice from a particular distribution partner, or third party AOE vendor, the current electronic signature method intended for use involves the click-through process. The applicant will see a representation of the signature including the date, and time, indicating the document was electronically signed.

We assure that when the form and information are input to the computer system, such input will not cause any disclosure or fraud warning to be split from the signature section. We confirm that the material and content within this approved form will not change and its form number remains the same.

We certify that the electronic signature will only be used for the forms required as part of the enrollment process and only with the applicant's authorization. Once used, the electronic signature is no longer available and cannot be used for any other form outside of the enrollment process.

The Cincinnati Life Insurance Company's electronic signature process, including security measures and consumer consent disclosures, complies with the Uniform Electronic Transactions Act, and to the extent applicable, the federal E-SIGN law and the electronic transaction regulations applicable to your state. We further assure that our privacy practices are in compliance with HIPAA requirements.

If the policy is issued, the policy and a copy of the application forms will be printed and mailed to the applicants mailing address, unless there are delivery requirements, then the policy would be mailed to the agent, who will then deliver the policy and application forms to the applicant.

We would appreciate and look forward to your acknowledgement or approval at your earliest convenience.

Company and Contact

Filing Contact Information

Jennifer Henley, Senior Analyst
P.O. Box 145496
Cincinnati, OH 45250-5496

jenny_henley@cinfin.com
513-870-2251 [Phone]
513-870-2099 [FAX]

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Product Name: Form CLI-1025 (1/12), Individual Life Insurance Application
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Filing Company Information

The Cincinnati Life Insurance Company	CoCode: 76236	State of Domicile: Ohio
6200 S. Gilmore Road	Group Code: 244	Company Type:
Fairfield, OH 45014	Group Name:	State ID Number:
(513) 870-2000 ext. 4386[Phone]	FEIN Number: 31-1213778	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Form X \$50.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Cincinnati Life Insurance Company	\$50.00	11/07/2012	64657585

SERFF Tracking #:

GRJR-128295442

State Tracking #:

Company Tracking #:

CLI1025ELEC

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Filing Company: The Cincinnati Life Insurance Company

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	11/14/2012	11/14/2012

SERFF Tracking #:

GRJR-128295442

State Tracking #:

Company Tracking #:

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Disposition

Disposition Date: 11/14/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes

SERFF Tracking #:

GRJR-128295442

State Tracking #:

Company Tracking #:

CLI1025ELEC

State:

Arkansas

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Form CLI-1025 (1/12), Individual Life Insurance Application

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Form CLI-1025 (1/12), Application for Individual Life Insurance, previously approved by your Department, May 9, 2012, Serff Tr Num: GRJR-127960748.		
Attachment(s):			
Form CLI-1025 1-12 Application for Individual Life Insurance.pdf			



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
 www.cinfin.com ■ 513-870-2000

NEW INCREASE EXISTING POLICY # _____ FOR INSURED _____

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Please print or type all information

EMPLOYEE	1. Employee (first, middle, last)		2. Employment Date		3. Employee No.	
	4. Mailing Address No. Street Apt. # City State Zip					
	5. Phone No. (H) () (W) ()		6. Soc. Sec. No.		7. Occupation	
	8. Are you actively at work and currently working at least 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	9. Date of Birth		10. St./Ctry. of Birth		11. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	12. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	13. Do you belong to or have you entered into a written agreement to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	14. Plan		Amount of Ins.		Premium Incl. Rider(s)	
	A. <input type="checkbox"/> Term		\$ _____		\$ _____	
	B. <input type="checkbox"/> Term ROP		\$ _____		\$ _____	
	C. <input type="checkbox"/> Universal Life		\$ _____		\$ _____	
	D. <input type="checkbox"/> Whole Life		\$ _____		\$ _____	
	15. Mode					
<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Semi-Monthly		
<input type="checkbox"/> Other _____				<input type="checkbox"/> Monthly		
16. Optional Benefit Riders: <input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> CTR - \$10,000 <input type="checkbox"/> Accidental Death Benefit						
<input type="checkbox"/> FAIR <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Other _____						
17. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
18. Primary Beneficiary			19. Contingent Beneficiary			
Name: _____			Name: _____			
Relationship: _____			Relationship: _____			
City & State: _____			City & State: _____			
OTHER PROPOSED INSURED	20. Other Proposed Insured (first, middle, last)		21. Other Proposed Insured's Soc. Sec. No.			
	22. Relationship to Employee: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild					23. Occupation
	24. Mailing Address No. Street Apt. # City State Zip (if different from above)					
	25. Date of Birth		26. St./Ctry. of Birth		27. Gender <input type="checkbox"/> M <input type="checkbox"/> F	
	28. Do you now or have you smoked cigarettes within the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	29. Do you belong to or have you entered into a written agreement to join the armed forces, including reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	30. Owner, if other than Employee: (Name and Address)				31. Relationship	
	32. Contingent Owner (Name & Soc. Sec. No.)				33. Relationship	
	34. Plan		Amount of Ins.		Premium Incl. Rider(s)	
	A. <input type="checkbox"/> Term		\$ _____		\$ _____	
	B. <input type="checkbox"/> Term ROP		\$ _____		\$ _____	
	C. <input type="checkbox"/> Universal Life		\$ _____		\$ _____	
	D. <input type="checkbox"/> Whole Life		\$ _____		\$ _____	
35. Mode						
<input type="checkbox"/> Weekly		<input type="checkbox"/> Bi-Weekly		<input type="checkbox"/> Semi-Monthly		
<input type="checkbox"/> Other _____				<input type="checkbox"/> Monthly		
36. Optional Benefit Riders: <input type="checkbox"/> Accelerated Benefit <input type="checkbox"/> CTR - \$10,000 <input type="checkbox"/> Accidental Death Benefit						
<input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Other _____						
37. Automatic Premium Loan (if available)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
38. Primary Beneficiary			39. Contingent Beneficiary			
Name: _____			Name: _____			
Relationship: _____			Relationship: _____			
City & State: _____			City & State: _____			

CTR	40. CHILDREN'S TERM RIDER – All unmarried children who are less than age 19 as of date of application. The beneficiary of children's coverage is, in all cases, the owner.							
	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee	Full Names of Proposed Insured Children	Date of Birth	Gender M or F	Relationship to Employee

(Complete this section only as required by underwriting guidelines.)

CGI	41. CONTINGENT GUARANTEED ISSUE - In the past 90 days have you been hospitalized due to illness or injury or had medical treatment prescribed by a physician?	Employee Yes <input type="checkbox"/> No <input type="checkbox"/>		Other Proposed Insured Yes <input type="checkbox"/> No <input type="checkbox"/>	
	IF "YES", COMPLETE QUESTIONS #42 THROUGH #45 AND GIVE FULL DETAILS IN #46				

(Complete this section only as required by underwriting guidelines.)

SI	42. Employee: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician: Name: _____ Address: _____ City & State: _____
	43. Other Proposed Insured: Height: _____ ft. _____ in. Weight: _____ lbs.	Primary Physician: Name: _____ Address: _____ City & State: _____

GIVE FULL DETAILS TO ANY QUESTIONS ANSWERED "YES" IN #46

SI	44. In the past five years, have you:	Employee		Other Proposed Insured		Children (as listed in #40 above)	
	a. been diagnosed, treated, tested positive for or been given medical advice by a member of the medical profession for cancer, tumor, stroke, high blood pressure or disease of the heart or blood vessels, kidney disease, diabetes, depression or anxiety, been hospitalized or had hospitalization recommended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	b. been examined or treated by, any member of the medical profession not disclosed in response to the prior question (other than HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS Virus) or Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

DETAILS	46. DETAILS OF "YES" ANSWERS:			
	Name (Including Children listed in #40)	Date/ Duration	Physician and/or Hospital Name and Address	Question Number, Condition, and Treatment

In Continuation of Application for Individual Life Insurance

Please print or type all information

REPLACEMENT	47. Does the Proposed Insured have any life insurance or annuities in force with The Cincinnati Life Insurance Company or any other company? (Complete any applicable replacement forms)				<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
	If "Yes," list and indicate if it is to be replaced, changed or borrowed against as a result of this application. Replaced?							
	Proposed Insured	Insurer	Policy Number	Amount	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		
	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>		

AGREEMENT	<p>AGREEMENT: I, the undersigned, agree that: 1. This Application will be part of any policy issued. 2. The answers and statements in this Application are the basis for any policy issued by The Cincinnati Life Insurance Company, and no information about them will be considered to have been given to The Cincinnati Life Insurance Company unless it is stated in this Application. 3. I have read this Application and to the best of my knowledge and belief, all the answers and statements that pertain to me are true and complete. 4. Upon acceptance of a policy other than as applied for, this Application and any amendments shall be for such modified policy. When required by statute or regulation, any change in A. Plan; B. Age; C. Amount; D. Classification; or E. Benefits shall be made only upon written agreement. 5. A sales representative does not have The Cincinnati Life Insurance Company's authorization to accept risk, pass on insurability, or make, void, waive, or change any conditions or provisions of this Application, policy, or receipt, as applicable. 6. The Cincinnati Life Insurance Company shall incur no liability unless: A. This Application is fully completed, dated, signed and witnessed; B. The first premium due is paid in full or the Payroll Deduction Authorization is completed while each proposed insured is alive; C. The insurability of each proposed insured remains as described in this Application and in any supplements to this Application; and D. A policy is formally approved by us and issued on this Application, and delivered to and accepted by the owner.</p> <p>I acknowledge having received and read the Important Notice to the Proposed Insured.</p> <p><input type="checkbox"/> I acknowledge that no illustration conforming to the policy applied for was provided and understand that an illustration conforming to the issued policy will be provided no later than at the time of policy delivery.</p> <p>Any person who, with intent to defraud or is knowingly facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p> <p>Signed at: _____ City _____ State Signed On: _____ Month _____ Day _____ Year</p> <p>_____ Signature of Employee _____ Signature of Other Proposed Insured (if required)</p> <p>_____ Signature of Owner, if other than Employee</p>							
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AGENT	<p>For Agent: I certify, to the best of my knowledge and belief, that the answers to the questions in all parts of this Application are true and correct. I further certify that to the best of my knowledge and belief, this policy <input type="checkbox"/> Will <input type="checkbox"/> Will Not replace or change any existing life insurance or annuity contract now in force.</p> <p><input type="checkbox"/> I certify no illustration was presented at the time of application; or, I certify that I did not provide an illustration conforming to the policy applied for.</p>		
	_____ Signature of Enrolling Agent	_____ Enrolling Agent Name (please print)	_____ Enrolling Agent Code #