
State: Arkansas **Filing Company:** Gerber Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Life Reinstatement Application
Project Name/Number: /

Filing at a Glance

Company: Gerber Life Insurance Company
Product Name: Life Reinstatement Application
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 12/14/2012
SERFF Tr Num: GLIN-128792972
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Jennifer Wittmann
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/18/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
 Product Name: Life Reinstatement Application
 Project Name/Number: /

Filing Company: Gerber Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Not Filed
 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: 12/18/2012
 State Status Changed: 12/18/2012
 Deemer Date: Created By: Jennifer Wittmann
 Submitted By: Jennifer Wittmann Corresponding Filing Tracking Number:
 Filing Description:
 Form RAL-12(AR)

We submit an application for reinstatement of individual life insurance for approval. The form is new and also includes the authorization language as specifically required by the MIB, Inc., for its member companies to amend their authorization form to add required language.

Form RAL-12(AR) will replace form RAL-A12(AR) that was approved on 6/25/2012; SERFF Filing Number: GLIN-128366507.

The form will be used by adults who want to reinstate an individual life insurance policy.

We trust this filing is in order and look forward to approval.

Company and Contact

Filing Contact Information

Jennifer Wittmann, Legal & Compliance jennifer.wittmann@us.nestle.com
 Associate
 1311 Mamaroneck Avenue 914-272-4000 [Phone]
 White Plains, NY 10605 914-272-4099 [FAX]

Filing Company Information

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code:	Company Type: Life and
White Plains, NY 10605	Group Name:	Health Insurance
(914) 272-4000 ext. [Phone]	FEIN Number: 13-2611847	State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form +\$50
Per Company:	No

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Company	Amount	Date Processed	Transaction #
Gerber Life Insurance Company	\$50.00	12/14/2012	65746943

SERFF Tracking #:

GLIN-128792972

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Gerber Life Insurance Company

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/18/2012	12/18/2012

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Disposition

Disposition Date: 12/18/2012

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
Form	Application for Reinstatement of Llife insurance		Yes

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Application for Reinstatement of Llife insurance	RAL-12(AR)	AEF	Revised	Previous Filing Number:	GLIN-128366505	51.500	RAL-12(AR).pdf
						Replaced Form Number:	RAL-A12(AR)		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

APPLICATION FOR INDIVIDUAL LIFE INSURANCE POLICY REINSTATEMENT

Gerber Life Insurance Company Administrative Office [445 State Street, Fremont, MI 49412]

MAIN INSURED: _____

POLICY NO.: _____

ADDRESS: _____

TELEPHONE: (____) _____

ALL PERSONS HEREBY APPLY FOR REINSTATEMENT, IN ACCORDANCE WITH POLICY PROVISIONS.

Main Insured: Present Occupation _____ Height: Ft ____ In ____ Weight: Lbs ____

Insured Spouse (if covered): Present Occupation _____ Height: Ft ____ In ____ Weight: Lbs ____

1. Since the original application, has the insured:

(A) Been treated, diagnosed or advised by a physician or other medical professional for any of the following: heart disease or disorder; cancer or tumor; diabetes; drug or alcohol abuse; AIDS or ARC; high blood pressure or stroke; mental or nervous disorder; or any disorder of the blood, kidneys, liver, lung, stomach, or intestines or central nervous system; HIV infection; pneumonia; swollen lymph nodes?..... Yes No

(B) Been advised by a physician to reduce the use of alcohol or to seek treatment for the use of alcohol or drugs; or used any controlled substance except as prescribed by a physician?..... Yes No

(C) Plead guilty to or been convicted of a felony or misdemeanor or do you have such charge currently pending against you? Yes No

(D) Been declined or charged extra premium for insurance; or had a policy cancelled by any life or health insurance company other than Gerber Life? Yes No

2. Within the last 3 years, has any person had a driver's license suspended or revoked; or plead guilty to or been convicted of 3 or more moving violations; driving under the influence of alcohol or drugs or had 2 or more accidents in which the insured was found to be at fault? (If yes, explain and give drivers license number and state)..... Yes No

Give full details if you answered "Yes" to any question above. Include names of conditions; dates; names and addresses of attending physicians. Use and sign a separate sheet, if you need more space.

Name of Person	Nature of Condition	Dates	Name & Address of Doctor & Hospital

I AGREE THAT:

All statements and answers in all parts of this application are true and complete to the best of my knowledge and belief and they shall be the basis for and become part of any reinstatement approved as a result of this application. Any reinstatement will not take effect until it has been approved and all premiums, indebtedness and interest due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. The reinstated policy shall be contestable for fraud or misrepresentation of any material facts stated on or in connection with this application under the same conditions and for the same period after reinstatement as provided with respect to the issue of the original policy. I will notify the Company of any changes to the statements and answers given in any part of this application which occur before the policy is reinstated and payment is received by the Company.

I AUTHORIZE any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, consumer reporting agency, or other organization or person that has any records or knowledge of me or my health or mental condition, general character, and driving records, to give such information to Gerber Life, its reinsurers, or other person performing business or legal services in connection with my application for insurance. I authorize Gerber Life Insurance Company or its reinsurer to make a brief report of my personal health information to MIB, Inc. (MIB). In addition, I authorize the MIB to release to Gerber Life Insurance or its reinsurers any information within its records pertaining to me or my health. I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of the MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be as valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

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 may be guilty of a crime and may be subject fines and confinements in prison.

Insured's Signature _____

Policy owner's Signature _____
(If other than the insured)

City/State _____

Date _____

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Supporting Document Schedules

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

READABILITY CERTIFICATION

Company Name: Gerber Life Insurance Company

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
RAL-12(AR)	51.5



Robert Lodewick
Vice President, General Counsel

December 12, 2012

Date