

**State:** Arkansas **Filing Company:** Security Life of Denver Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** 165285 Temporary Insurance Receipt  
**Project Name/Number:** 165285 Temporary Insurance Receipt/165285 Temporary Insurance Receipt

## Filing at a Glance

Company: Security Life of Denver Insurance Company  
Product Name: 165285 Temporary Insurance Receipt  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 12/11/2012  
SERFF Tr Num: INGD-128668082  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 165285 TEMPORARY INSURANCE RECEIPT - SLD  
  
Implementation: On Approval  
Date Requested:  
Author(s): Wendy Paquin, Terry Stumpf, Jackie Williams, Tonya Gallatin  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 12/17/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas

Filing Company: Security Life of Denver Insurance Company

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

Product Name: 165285 Temporary Insurance Receipt

Project Name/Number: 165285 Temporary Insurance Receipt/165285 Temporary Insurance Receipt

## General Information

Project Name: 165285 Temporary Insurance Receipt  
Project Number: 165285 Temporary Insurance Receipt  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Security Life of Denver Insurance Company is exempt from filing in Colorado, it's state of domicile, pursuant to Colorado Bulletin B-4.1 (May 8, 2007); however, Colorado is included as a member state in the Interstate Insurance Compact filing of this form.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 12/17/2012

State Status Changed: 12/17/2012

Deemer Date:

Submitted By: Tonya Gallatin

Created By: Tonya Gallatin

Corresponding Filing Tracking Number:

Filing Description:

Insurance Commissioner  
Department of Insurance  
Compliance Life & Health  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: Security Life of Denver Insurance Company

NAIC #68713 FEIN #84-0499703

Form Number:

165285 Temporary Insurance Receipt

Attention Policy Form Approval Division:

We submit the above referenced form for your review and approval. The form does not replace any previously approved form. The form does not contain any unusual or controversial items from the standpoint of industry standards.

Security Life of Denver Insurance Company is exempt from filing in Colorado, its state of domicile, pursuant to Colorado Bulletin B-4.1 (May 8, 2007); however, Colorado is included as a member state in our Interstate Insurance Compact filing.

Please note we are submitting this filing simultaneously to your department for ReliaStar Life Insurance Company.

The form will be available both in a printed and electronic format. The electronic format presented to the customer for signature will appear on screen as a pdf of the filed form containing all information completed by the customer, in appearance identical to the printed version. If an electronic signature will be used with the form, it will be obtained in compliance with applicable State and Federal law.

The information bracketed in the form is subject to change.

The form will be used to provide the proposed insured(s)/owner(s) with a temporary insurance receipt once an application has

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been completed, a premium check or authorized withdrawal has been provided and this form completed and signed.

The form will be used with our life application portfolio for our general account and variable account individual life insurance products.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the sections, color, and type font and size, and any changes necessary to correct typographical errors or comply with your state requirements, but we will only do so if such changes are within the allowable parameters or requirements set forth in your statutes.

To the best of our knowledge, the form complies with the laws and regulations of your state.

Sincerely,

Tonya Gallatin  
 Contract Analyst  
 (612) 342-3828  
 (612) 342-7531 (fax)  
 tonya.gallatin@us.ing.com

**Company and Contact**

**Filing Contact Information**

Tonya Gallatin, Contract Analyst                      tonya.gallatin@us.ing.com  
 20 Washington Ave South                                  612-342-3828 [Phone]  
 Minneapolis, MN 55401

**Filing Company Information**

Security Life of Denver Insurance Company	CoCode: 68713	State of Domicile: Colorado
20 Washington Avenue South	Group Code: 229	Company Type: Life Insurance
Mail Stop 1217	Group Name:	State ID Number:
Minneapolis, MN 55401	FEIN Number: 84-0499703	
(800) 448-9839 ext. 2247670[Phone]		

**Filing Fees**

Fee Required?                      Yes  
 Fee Amount:                        \$50.00  
 Retaliatory?                        No  
 Fee Explanation:                    1 form(s) x \$50 per form = \$50  
 Per Company:                        No

Company	Amount	Date Processed	Transaction #
Security Life of Denver Insurance Company	\$50.00	12/11/2012	65629999

**SERFF Tracking #:** INGD-128668082      **State Tracking #:**      **Company Tracking #:** 165285 TEMPORARY INSURANCE RECEIPT - SLD

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/17/2012	12/17/2012

SERFF Tracking #: INGD-128668082

State Tracking #:

Company Tracking #:

165285 TEMPORARY INSURANCE  
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State: Arkansas

Filing Company:

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## Disposition

Disposition Date: 12/17/2012

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	Statement of Variability		Yes
Form	Temporary Insurance Receipt		Yes

**SERFF Tracking #:**

INGD-128668082

**State Tracking #:****Company Tracking #:**165285 TEMPORARY INSURANCE  
RECEIPT - SLD**State:**

Arkansas

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Security Life of Denver Insurance Company

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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		Temporary Insurance Receipt	165285	AEF	Initial		53.100	165285_12052012_StateFiling.pdf

**Form Type Legend:**

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

# TEMPORARY INSURANCE RECEIPT

- ReliaStar Life Insurance Company,[20 Washington Avenue South, Minneapolis, MN 55401]
  - Security Life of Denver Insurance Company,[8055 East Tufts Ave., Suite 650, Denver, CO 80237]
- (the "Company")

## I. PREMIUM RECEIPT *(On the lives of the Proposed Primary Insured and Proposed Other Insured named below)*

Amount Received \$ \_\_\_\_\_

Premium for this receipt must be at least the first modal premium for the insurance policy. Premium may be paid by check or authorized withdrawal. Make all checks payable to the Company, not the agent.

## II. REPRESENTATIONS *(For each Proposed Insured named below)*

1. Has any Proposed Insured ever been treated for or been diagnosed by a member of the medical profession or health practitioner ("Health Care Provider") as having:
  - a. any type of heart disease, stroke or other vascular disease? . . . . .  Yes  No
  - b. any type of cancer, leukemia, malignant tumor or disorder of the brain or immune system? . . . . .  Yes  No
2. In the past five years has any Proposed Insured experienced unintentional weight loss? . . . . .  Yes  No
3. Has any Proposed Insured attained age 70? . . . . .  Yes  No

## III. TERMS AND CONDITIONS

**Amount of Coverage:** If the Proposed Insured(s) dies while this coverage is in effect, the Company will pay to the beneficiary named in the Application the lesser of: (a) the amount of death benefit, if any, which would be payable under the policy and any riders covering the life or lives of the Proposed Insured(s) if issued under the Application; or (b) \$1,000,000. This coverage is subject to any limits or exclusions which would be part of the issued coverage. If for any reason the Company is liable for any coverage as a result of any other pending applications or temporary insurance receipts on the lives of Proposed Insured(s), the Company's total liability shall not exceed \$1,000,000; and the \$1,000,000 will be prorated among the respective coverages. There is no premium waiver coverage, or coverage for the death of any person other than the Proposed Insured(s). No death benefit is payable for a second to die or last survivorship policy unless both Proposed Insureds die while this coverage is in effect.

**General:** All the above representations are true and complete to the best knowledge and belief of the Proposed Owner and the Proposed Insured(s). The Proposed Owner agrees that they are to be relied on for this coverage. No agent can waive or modify this coverage in any way. Premium(s) will be returned if a policy is not delivered and no benefit is paid under this coverage.

If a policy is delivered, premium(s) will be applied to the first policy premium. Premiums are billed from the policy date. If the policy date is prior to the issue date, premiums are due based on the policy date.

**Coverage begins** when Part I of the Application is completed, a premium has been accepted, and this form has been completed and signed.

**Coverage ends** automatically on the earliest of the following dates:

- Five days after a refund of premium is mailed to the Proposed Owner's address shown on the Application; or
- Five days after a notice of termination is mailed to the Proposed Owner's address shown on the Application; or
- Coverage starts under any policy resulting from the Application; or
- A policy resulting from the Application is refused; or
- 90 days after the date this form is signed.

The Company may send a notice or return premium terminating this coverage any time before delivery of the policy.

**This Temporary Insurance Receipt does not provide any coverage except as provided herein.**

**There is no temporary insurance receipt coverage if:**

- Any of the above representations is answered YES or LEFT BLANK.
- If Section 1035 exchange paperwork is received without premium payment.
- There is material misrepresentation in the answers to the representations above or to any question or statement in the Application.
- A Proposed Insured dies by suicide or intentional self-inflicted injury. (This suicide clause does not apply in the state of Missouri.)
- No premium is paid with this receipt, or if the premium check or authorized withdrawal is not honored.

 In what city and state did the **Proposed Owner** sign this application? (City) \_\_\_\_\_ (State) \_\_\_\_\_

 Proposed Insured Signature (If age 15 or older) \_\_\_\_\_ Date \_\_\_\_\_

 Proposed Owner/Trustee Signature (If other than the Proposed Insured) \_\_\_\_\_ Date \_\_\_\_\_

Proposed Owner/Trustee Name (Please print.) \_\_\_\_\_

 Proposed Other Insured Signature \_\_\_\_\_ Date \_\_\_\_\_

 Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If the Proposed Insured is a minor)

Writing Agent Name (Please print.) \_\_\_\_\_ Agent Phone (\_\_\_\_\_) \_\_\_\_\_

 Writing Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

**1ST COPY TO[CUSTOMER SERVICE CENTER] 2ND COPY TO PROPOSED INSURED 3RD COPY TO PROPOSED OWNER**

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Certification Reg 19 (SLD).pdf			
165285 Flesch Readability Certification (SLD ).pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
165285 TIR SOV SLD.pdf			

**ARKANSAS  
CERTIFICATION**

**Re:** 165285 Temporary Insurance Receipt

As an officer of Security Life of Denver Insurance Company, I hereby certify that this submission meets the provisions of Rule 19 Unfair Sex Discrimination in the Sale of Insurance and all applicable requirements of the Arkansas Insurance Department.

**SECURITY LIFE OF DENVER INSURANCE COMPANY**

By:   
\_\_\_\_\_  
Terry Stumpf, Assistant Secretary

Date: November 26, 2012

**SECURITY LIFE OF DENVER INSURANCE COMPANY  
Denver, Colorado**

**FLESCH READABILITY CERTIFICATE**

I certify that the Certificate form included in this submission has been printed in not less than ten point type.

The style, arrangement and overall appearance of the form gives no undue prominence to any portion of the text of the form.

The section titles are captioned in bold face type. The layout and spacing of the form separate the paragraphs from each other and from the border of the paper.

Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in this form.

**Flesch Scale Reading Ease Score**

I have supervised the computation of the Flesch scale reading ease score of this form, using the complete text of the form except for headings, indexes and tabular material, and the scores are listed below.

The readability score was calculated by computer. The software used for this calculation was Microsoft Word.

**Form Number**

**Flesch Reading Ease Scores**

165285

53.1

Signed



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Terry Stumpf  
Assistant Secretary

Date:

November 26, 2012

## Security Life of Denver Insurance Company

### Statement of Variability for

165285 Temporary Insurance Receipt

This document will address the variability of the following factors found in the above listed form number.

<b>FACTOR</b>	<b>RANGE OF FACTORS</b>
Company Address	Shown in brackets as these items could change for future issues. In the event of such a change, the new address information will be referenced in these fields.
Customer Service Center	Shown in brackets as this item could change for future issues. In the event of such a change, the new name will be referenced in this field.