

State: Arkansas **Filing Company:** Sunset Life Insurance Company of America
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: A168 - Reinstatement Application
Project Name/Number: A168 - Reinstatement Application/A168

Filing at a Glance

Company: Sunset Life Insurance Company of America
Product Name: A168 - 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: KCLF-128782080
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: A168

Implementation: On Approval
Date Requested:
Author(s): Bobby Stow
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: A168 - Reinstatement Application
 Project Name/Number: A168 - Reinstatement Application/A168

Filing Company: Sunset Life Insurance Company of America

General Information

Project Name: A168 - Reinstatement Application
 Project Number: A168
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 12/18/2012
 State Status Changed: 12/18/2012
 Created By: Bobby Stow
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Bobby Stow

Filing Description:

With this filing, Sunset Life Insurance Company of America is submitting for review and approval A168, Application for Reinstatement of life insurance. A168 will be used for reinstatement of approved life insurance products. We have expanded the application and made changes to the formatting.

The Authorization for the Release of Medical Information contained on page two has been expanded. Also, the Authorization has been amended to include the MIB required change.

Company and Contact

Filing Contact Information

Bobby Stow, Compliance Analyst I bstow@kclife.com
 3520 Broadway St. 816-753-7299 [Phone] 8852 [Ext]
 Kansas City, MO 64111 816-753-3018 [FAX]

Filing Company Information

Sunset Life Insurance Company of America	CoCode: 69272	State of Domicile: Missouri
3520 Broadway	Group Code: 588	Company Type: Life and Health
PO Box 219532	Group Name:	State ID Number:
Kansas City, MO 64121-9532	FEIN Number: 91-0431975	
(816) 753-7000 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: Missouri retaliatory fee, \$50.00.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Sunset Life Insurance Company of America	\$50.00	12/14/2012	65751409

State: Arkansas Filing Company: Sunset Life Insurance Company of America
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Correspondence Summary

Dispositions

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

SERFF Tracking #:

KCLF-128782080

State Tracking #:

Company Tracking #:

A168

State:

Arkansas

Filing Company:

Sunset Life Insurance Company of America

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A168 - Reinstatement Application

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A168 - Reinstatement Application/A168

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
Supporting Document	Cover Letter		Yes
Form	Application for Reinstatement		Yes

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Form Schedule

Lead Form Number: A168

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for Reinstatement	A168	AEF	Initial		43.700	A168.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



Policy Number:

Address:

Phone Number:

Print full names of all to be reinstated.	Relationship to Primary Insured	Birthdate			Age	Sex	Build			*Weight Change in the Past Year	
		Month	Day	Year			Ft.	In.	Lb.	Gain	Loss
1) Primary Insured	X										
2)											
3)											

Questions apply to each Insured proposed for reinstatement*

- Has there been any change in your occupation since the date of issue? If so, please specify.
- Has any application for life or health insurance been declined, postponed or modified within the last two years?
- In the past three years have you flown other than as a scheduled airline passenger or do you intend to engage in any flying, other than as a scheduled airline passenger, in the next 12 months?
- Have you used any form of nicotine/tobacco in the last 5 years? If yes, provide date of last use.
- Have you ever used or received treatment or counseling for the use of marijuana, heroin, cocaine, amphetamines, barbiturates, hallucinogenic agents or opium or its derivatives?
- Have you sought advice, been treated or arrested for the use of alcohol?
- Do you take prescription medication?

YES	NO

*Provide details to all Yes answers. Identify proposed Insured(s), question, specify conditions, severity, dates, duration, after-effects, weight gain or loss and names and addresses of all attending physicians and medical facilities.

During the last 10 years have you been diagnosed, treated or been given advice by any member of the medical profession for:

- Depression, anxiety, bipolar disorder, epilepsy, seizures, TIA, stroke, paralysis or any other disorder of the brain or nervous system?
- High blood pressure, heart murmur, chest pain or pressure, heart attack, palpitations, aneurysm or any other cardiovascular disorder?
- Anemia, leukemia or any other blood disorder?
- Tumor or cancer?
- Diabetes, elevated blood sugar, sugar in urine, thyroid or glandular trouble or any other disorder of the endocrine system?
- Asthma, COPD, emphysema, sleep apnea, tuberculosis or any other disorder of the lungs or respiratory system?
- Ulcer, polyps, colitis, Crohn's disease or any other disorder of the digestive system?
- Cirrhosis, hepatitis or any other disorder of the liver?
- Protein or blood in urine or any other disorder of the bladder or kidneys?
- Arthritis, deformity, or any injury to or disorder of the bones, joints, muscles, back, neck or spine?
- Any disorder of the breasts, reproductive organs or prostate?
- Menstruation or pregnancy?

Have you ever been diagnosed or treated for:

- A sexually transmitted disease?
- Acquired Immune Deficiency Syndrome (AIDS) or tested HIV positive?
- Have you received testing or consulted a physician for any reason other than what you have already stated?

23) Names, addresses and phone numbers of personal or family physicians. (If none, list last physician, clinic or hospital consulted.)

24) Date and Reason Last Consulted:

Clinic or VA Claim Number:



**Authorization for the Release of Medical Information
To obtain a copy of or to revoke this authorization, contact:
Customer Services Department
PO Box 219272
Kansas City, MO 64121-9272**



This authorization applies to all persons whose signatures appear below. The proposed Primary Insured and all other proposed Insureds must sign.

I authorize any health plan; physician; health care professional; hospital; clinic; laboratory; pharmacy or pharmacy benefit manager; medical facility; or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers"); MIB, Inc.; insurers; reinsurers; government agencies; consumer reporting agencies and/or employers to disclose my entire medical record, prescription history, medications prescribed and any other protected health information concerning me to Kansas City Life Insurance Company ("Kansas City Life") or Sunset Life Insurance Company of America ("Sunset Life") or any person acting on behalf of Kansas City Life or Sunset Life. I authorize Kansas City Life or Sunset Life, or its reinsurers, to make a brief report of my personal health information to MIB. "Information" means facts regarding my physical or mental condition (including the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection; sexually transmitted diseases; mental illness; the use of alcohol, drugs, and tobacco; but excluding psychotherapy notes); employment; other insurance coverage; financial status; or any other relevant information about me or my minor children. Information obtained will be released only to reinsurers; MIB, Inc.; persons and entities performing business duties as delegated or contracted for by Kansas City Life or Sunset Life related to my application and subsequent insurance-related functions as permitted or required by law or as I further authorize. Some of the health information obtained 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.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any health plan; physician; health care professional; hospital; clinic; laboratory; pharmacy or pharmacy benefit manager; medical facility; or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers"); MIB, Inc.; insurers; reinsurers; government agencies; consumer reporting agencies and/or employers to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this authorization so that Kansas City Life or Sunset Life may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with Kansas City Life or Sunset Life.

This authorization shall remain in force for 36 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing at any time by providing written notification to the entity identified above, and I understand that a revocation is not effective to the extent that any of My Providers has already relied on this authorization to disclose information about me or to the extent that Kansas City Life or Sunset Life has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be redisclosed by the recipient except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization or otherwise condition my enrollment or eligibility for health benefits on my signing this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, Kansas City Life or Sunset Life may not be able to process my application or, if coverage has been issued, may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. The undersigned declares that the questions have been answered to the best of his or her knowledge and belief and understands that reinstatement will not be effective until approved by the Home Office in Kansas City, Missouri.

Dated at _____ this _____ day of _____, 20____.

City/State Month Year

Primary Insured's Signature (if under 15, parent/guardian signature)

Owner's Signature (if other than Primary Insured)

Spouse's Signature (if spouse coverage applied for)

First Other Insured's Signature (if over age 18)

Second Other Insured's Signature (if over age 18)

Third Other Insured's Signature (if over age 18)



To obtain further information contact:
Customer Services Department
PO Box 219272
Kansas City, MO 64121-9272

NOTICE OF INFORMATION PRACTICES

Including Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and issuing your contract. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with the preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living (except as may be related directly or indirectly to your sexual orientation) as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and, if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address above. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports usually does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency.

We are committed to protecting the privacy of our customer's nonpublic personal information. We will only disclose our customer's nonpublic personal information: among the affiliated companies of the Kansas City Life Group; to provide services to our customers and administer our business; to market products; and as otherwise permitted by law. We may disclose our customer's nonpublic personal information to our agents and representatives to provide services to our customers and for marketing purposes. When we contract with other entities to provide support or marketing services, we will require them to adhere to our privacy standards.

Sometimes we acquire medical information about our customers, for instance, to underwrite an insurance contract or to process an insurance claim. We will keep our customer's medical information confidential. We will not share our customer's medical information even among the affiliated companies of the Kansas City Life Group without the customer's consent. We will only use or disclose our customer's medical information to underwrite insurance, process claims, administer our business, to comply with laws and regulations or as otherwise authorized by our customers.

You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate.

If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon your written request to our Customer Services Department, PO Box 219272, Kansas City, MO 64121-9272.

MIB, Inc. Notice

Information regarding your insurability will be treated as confidential. Kansas City Life Insurance Company ("Kansas City Life") or Sunset Life Insurance Company of America ("Sunset Life") or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Kansas City Life or Sunset Life, or its reinsurers, may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

SERFF Tracking #:

KCLF-128782080

State Tracking #:

Company Tracking #:

A168

State:

Arkansas

Filing Company:

Sunset Life Insurance Company of America

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

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Project Name/Number:

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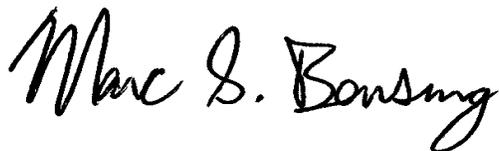
Supporting Document Schedules

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

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:	Attached is a letter describing the filing.		
Attachment(s):	Cover Letter - Arkansas (Sunset Life).pdf		

READABILITY CERTIFICATION

Form	Score
A168	43.7



Name: Marc Bensing

Title: Assistant Vice President

Company: Sunset Life Insurance Company of America

Date: December 14, 2012

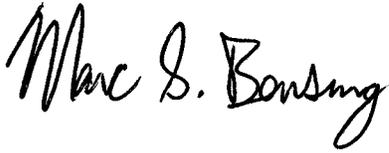
**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Sunset Life Insurance Company of America

FORM TITLE(S): Application for Reinstatement

FORM NUMBER(S): A168

I hereby certify that to the best of my knowledge and belief, the above form and submissions is in compliance with Regulation 19, Regulation 49, and all other laws, rules and regulations of the State of Arkansas.



Marc S. Bensing
Assistant Vice President
Sunset Life Insurance Company of America

December 14, 2012



December 14, 2012

Arkansas Department of Insurance
1200 W. Third Street
Little Rock, Arkansas 72201-1904

RE: Sunset Life Insurance Company of America
NAIC: 69272-588
FEIN: 91-0431975
Form Filing: MIB mandated change to Application for Reinstatement

Dear Sir or Madam:

With this filing, Sunset Life Insurance Company of America is submitting for review and approval A168, Application for Reinstatement of life insurance. A168 will be used for reinstatement of approved life insurance products. We have expanded the application and made changes to the formatting.

The Authorization for the Release of Medical Information contained on page two has been expanded. Also, the Authorization has been amended to include the MIB required change.

Please direct all inquiries regarding this filing to me at the address, phone number, or email address contained in the file.

Sincerely,

Bobby Stow
Compliance Analyst
Sunset Life Insurance Company of America
Phone: 800.821.6164
Ex: 8852
Email: bstow@kclife.com