

State: Arkansas **Filing Company:** Old American Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: A2891 - Reinstatement Application
Project Name/Number: A2891 - Reinstatement Application/A2891

Filing at a Glance

Company: Old American Insurance Company
Product Name: A2891 - Reinstatement Application
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 12/11/2012
SERFF Tr Num: KCLF-128799844
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: A2891

Implementation: On Approval
Date Requested:
Author(s): Bobby Stow
Reviewer(s): Linda Bird (primary)
Disposition Date: 12/13/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
 Product Name: A2891 - Reinstatement Application
 Project Name/Number: A2891 - Reinstatement Application/A2891

Filing Company: Old American Insurance Company

General Information

Project Name: A2891 - Reinstatement Application
 Project Number: A2891
 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: 12/13/2012
 State Status Changed: 12/13/2012
 Created By: Bobby Stow
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Bobby Stow

Filing Description:

With this filing, Old American Insurance Company is submitting for review and approval A2891, Life Application for Reinstatement. A2891 will be used for reinstatement of approved life insurance products. The Medical Information Bureau, MIB, has mandated a change to the Authorization found on the third page. The required change has been made to previously approved A2863 to comply with the MIB mandated change. A2863 was approved by the Arkansas Department of Insurance on May 24, 1993.

The Authorization for the Release of Medical Information contained on the third page has been expanded. Also, the Authorization has been amended to include the MIB required change. No other part of the application has been altered or changed, and remains identical to the previously approved A2863.

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

Old American Insurance Company	CoCode: 67199	State of Domicile: Missouri
3520 Broadway	Group Code: 588	Company Type: Life and
PO Box 218573	Group Name:	Health
Kansas City, MO 64121-8573	FEIN Number: 44-0376695	State ID Number:
(816) 753-4900 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 #
Old American Insurance Company	\$50.00	12/11/2012	65642644

SERFF Tracking #:

KCLF-128799844

State Tracking #:

Company Tracking #:

A2891

State:

Arkansas

Filing Company:

Old American Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A2891 - Reinstatement Application

Project Name/Number:

A2891 - Reinstatement Application/A2891

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/13/2012	12/13/2012

SERFF Tracking #:

KCLF-128799844

State Tracking #:

Company Tracking #:

A2891

State:

Arkansas

Filing Company:

Old American Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A2891 - Reinstatement Application

Project Name/Number:

A2891 - Reinstatement Application/A2891

Disposition

Disposition Date: 12/13/2012

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	Life Application for Reinstatement		Yes

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: A2891 - Reinstatement Application
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Filing Company: Old American Insurance Company

Form Schedule

Lead Form Number: A2891

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Life Application for Reinstatement	A2891	AEF	Initial		46.200	A2891.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

LIFE APPLICATION FOR REINSTATEMENT

OLD AMERICAN INSURANCE COMPANY

3520 Broadway P. O. Box 218573 Kansas City, MO 64121-9709

INSURED(S) _____ POLICYOWNER _____

POLICY NO.(S) _____ lapsed for non-payment of premium due on _____

I hereby apply for reinstatement of the above numbered lapsed policy(ies). To induce the Company to reinstate the policy(ies), I certify that the following questions have been answered to the best of my knowledge and belief. I understand that reinstatement will not be effective until this application is approved by the Home Office in Kansas City, Missouri.

In items 1 through 5 below, the word "you" or "your" refers to each Insured for whom the policy(ies) is being reinstated.	YES	NO	Give DETAILS to "Yes" answers. Identify question, specify conditions, dates, and names and addresses of all attending physicians and medical facilities.
1. Have you ever been diagnosed or treated by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), or have you been diagnosed as having the HIV Virus?.....	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you bedridden at home or confined in a hospital, nursing home, or long term care facility?.....	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever had or been treated for:			
a. Cancer, other than skin cancer, within the past five years ?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b. The use of alcohol or drugs or for cirrhosis of the liver within the past three years ?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c. Chronic kidney disorder or a kidney disorder from which you have not experienced a complete recovery?.....	<input type="checkbox"/>	<input type="checkbox"/>	
d. Any mental or nervous disorder, Parkinson's disease, multiple sclerosis, stroke, or paralysis within the past five years ?.....	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you have:			
a. Diabetes which was diagnosed before age 50, or diabetes not controlled by medication?.....	<input type="checkbox"/>	<input type="checkbox"/>	
b. High blood pressure not controlled by medication, or have you had a stroke, heart disease, circulatory disorder, (including surgery) within the past five years ?.....	<input type="checkbox"/>	<input type="checkbox"/>	
c. Alzheimer's disease, senility disorder, or senile dementia?.....	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you now have or have you been treated for emphysema, chronic obstructive pulmonary (lung) disease, or a chronic breathing disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>	

_____ Date

_____ Policyowner's Signature

_____ Current Billing Address

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

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

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

_____ Agent's Signature (if applicable)

If there is a
"yes" answer
to health
question #...

And the policy to be reinstated is a...

	BMS	BMQ	BMP	IBL
1)	-	-	-	-
2)	-	-	-	-
3a)	-	*	-	-
3b)	*	+	-	-
3c)	-	+	-	-
3d)	*	*	-	-
4a)	-	+	-	-
4b)	*	*	*	*
4c)	*	*	*	*
5)	-	+	-	-

Note:

- Indicates policy is not eligible for reinstatement.
- + Indicates policy is eligible for reinstatement.
- * Indicates policy may be eligible for reinstatement depending upon the details, such as current symptoms, if any, and date of diagnosis.

THESE ARE INTENDED AS GUIDELINES ONLY. ALL REINSTATEMENT APPLICATIONS ARE REVIEWED BY OUR UNDERWRITING DEPARTMENT.

Authorization for the Release of Medical Information
To obtain a copy of or to revoke this authorization, contact:
New Business Department
Old American Insurance Company
PO Box 218573
Kansas City, MO 64121-9709

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 Old American Insurance Company or any person acting on behalf of Old American Insurance Company. I authorize Old American Insurance Company, 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 Old American Insurance Company 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 Old American Insurance Company 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 Old American Insurance Company.

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 Old American Insurance Company 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, Old American Insurance Company 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.

Dated at _____ this _____ day of _____, 20____.
City/State Month Year

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

Applicant'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)



OLD AMERICAN INSURANCE COMPANY

To obtain further information contact:
New Business Department
Old American Insurance Company
PO Box 218573
Kansas City, MO 64121-9709

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 Old American Insurance Company; 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 Old American Insurance Company 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 New Business Department, Old American Insurance Company, PO Box 218573, Kansas City, MO 64121-9709.

MIB, Inc. Notice

Information regarding your insurability will be treated as confidential. Old American Insurance Company 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, MA 02184-8734.

Old American Insurance Company, 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-128799844

State Tracking #:**Company Tracking #:**

A2891

State:

Arkansas

Filing Company:

Old American Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

A2891 - Reinstatement Application

Project Name/Number:

A2891 - Reinstatement Application/A2891

Supporting Document Schedules

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

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

**STATE OF ARKANSAS
COMPLIANCE CERTIFICATION**

COMPANY NAME: Old American Insurance Company

FORM TITLE(S): Life Application for Reinstatement

FORM NUMBER(S): A2891

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.

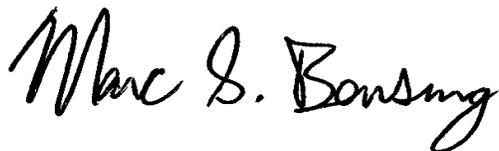


Marc S. Bensing
Assistant Vice President
Old American Insurance Company

December 10, 2012

READABILITY CERTIFICATION

Form	Score
A2891	46.2



Name: Marc Bensing
Title: Assistant Vice President
Company: Old American Insurance Company
Date: December 10, 2012



OLD AMERICAN INSURANCE COMPANY

3520 Broadway • PO Box 218573 • Kansas City, Missouri 64121-8573
Telephone: (816)753-4900

December 11, 2012

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

RE: Old American Insurance Company
NAIC: 67199-588
FEIN: 44-0376695
Form Filing: MIB mandated change to Life Application for Reinstatement

Dear Sir or Madam:

With this filing, Old American Insurance Company is submitting for review and approval A2891, Life Application for Reinstatement. A2891 will be used for reinstatement of approved life insurance products. The Medical Information Bureau, MIB, has mandated a change to the Authorization found on the third page. The required change has been made to previously approved A2863 to comply with the MIB mandated change. A2863 was approved by the Arkansas Department of Insurance on May 24, 1993.

The Authorization for the Release of Medical Information contained on the third page has been expanded. Also, the Authorization has been amended to include the MIB required change. No other part of the application has been altered or changed, and remains identical to the previously approved A2863.

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
Old American Insurance Company
Phone: 800.821.6164
Ex: 8852
Email: bstow@kclife.com