

**State:** Arkansas **Filing Company:** United Home Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** 200-722  
**Project Name/Number:** /

## Filing at a Glance

Company: United Home Life Insurance Company  
Product Name: 200-722  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 12/13/2012  
SERFF Tr Num: UFFL-128808441  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: 200-722  
  
Implementation: 02/01/2013  
Date Requested:  
Author(s): Karen Hynes  
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: 200-722  
Project Name/Number: /

Filing Company: United Home Life Insurance Company

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments: Filed concurrently with Indiana, our state of domicile.  
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: Karen Hynes  
Submitted By: Karen Hynes Corresponding Filing Tracking Number:

### Filing Description:

Attached please find the form referenced below for your review and approval. The requested implementation date of the form included in this submission is the later of your approval or February 1, 2013.

Form 200-722 12-12 (AR) is an application used to apply for a child rider currently on file with your department and other child riders that may be filed at a later date. The application is new and replaces form 200-359 1-10 (AR) previously approved by your department March 1, 2010.

The main differences between the enclosed application and that previously approved are we: a) changed the layout; b) revised the language above question 1; c) added a column in question 1 to provide the social security number; d) revised the effective date wording at the top of page 2; and e) as required by MIB, Inc., added language to the Authorization section to obtain consent to report personal health information to MIB and removed "or formerly known as Medical Information Bureau," from the second paragraph of the FCRA/MIB notice.

We reserve the right to make any typographical corrections or make minor revisions to the appearance of the form due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me via SERFF, at 317-692-7465 or by email at Karen.Hynes@infarmbureau.com.

## Company and Contact

### Filing Contact Information

Karen Hynes, karen.hynes@infarmbureau.com  
225 S East 317-692-7465 [Phone]  
Indianapolis, IN 46202

State: Arkansas

Filing Company: United Home Life Insurance Company

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

Product Name: 200-722

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**Filing Company Information**

United Home Life Insurance Company  
 225 S. East St.  
 Indianapolis, IN 46202  
 (317) 692-7465 ext. [Phone]

CoCode: 69922  
 Group Code: 542  
 Group Name: Indiana Farm Bureau Group  
 FEIN Number: 35-0841899

State of Domicile: Indiana  
 Company Type: LAH  
 State ID Number:

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: AR imposes a filing fee of \$50 per form.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
United Home Life Insurance Company	\$50.00	12/13/2012	65697365

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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 #:

UFFL-128808441

State Tracking #:

Company Tracking #:

200-722

State:

Arkansas

Filing Company:

United Home Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

200-722

Project Name/Number:

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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 Child Rider		Yes

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200-722

State: Arkansas

Filing Company:

United Home Life Insurance Company

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## Form Schedule

Lead Form Number: 200-722 12-12 (AR)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application for Child Rider	200-722 12-12 (AR)	AEF	Initial		50.000	200-722ar.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

# Application for Child Rider

United Home Life Insurance Company • 225 S. East St. • P.O. Box 7192 • Indianapolis, IN 46207-7192 • 1-800-428-3001

Application is hereby made for Child Rider to be provided by supplementary provision or agreement attached to and made part of:

Life Policy issued on: \_\_\_\_\_ (hereinafter referred to as Insured)  
 (Print Name of Insured)

with an Application date of: \_\_\_\_\_

1. Full name of children of Insured, including legally adopted children and stepchildren, who are under age 19	Relationship to Insured	Date of Birth*	Place of Birth (State or Country)	Ht.	Wt.	Social Security Number

**\*PLEASE NOTE: No coverage is afforded infants under 30 days.**

2. Child Rider Amount  \$5,000  \$10,000  \$15,000  \$20,000 *Total amount of Child Rider coverages cannot exceed \$20,000*

3. In the past 5 years has any child named in Question 1 had: Any consultation or treatment by any physician or practitioner; examination in a clinic, hospital, dispensary, or sanitarium; any disease, ailment, injury or complaint which caused loss of time from school or work; any surgical operation, x-ray, electrocardiogram or other special tests, or been told there is a need for them?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
4. During entire lifetime has any child named in answer to Question 1 had any deformity, impairment, abnormality or ailment of eyes, ears, arms, legs, brain, nervous system, heart, blood pressure, circulation, chest, lungs, digestion, kidneys, bladder or any other part of body, or been treated for a mental or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any child named in answer to Question 1 been declined, postponed, limited, or had a policy issued other than as applied for on any life or health insurance or reinstatement thereof?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any child named in Question 1 have any existing life insurance policies or annuity contracts? If "Yes," please complete any necessary replacement forms.	<input type="checkbox"/>	<input type="checkbox"/>

7. Give full details to questions requiring additional explanation.

## Insured's Supplementary Statements and Certificate of Health (Complete only if this is an addition to an existing policy)

1. Exact Height-Weight _____ Ft. _____ In. _____ Lbs. Has weight changed more than 10 lbs in past year? If yes, amount of increase _____ decrease _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Since the date of the original application has the Insured had: Any consultation or treatment by any physician or practitioner; examination in a clinic, hospital, dispensary, or sanitarium; any surgical operation, x-ray, electrocardiogram, or other tests, or been told there is a need for them?	<input type="checkbox"/>	<input type="checkbox"/>
3. Name of physician Insured last consulted: _____ Address _____ Why consulted _____ Give name and address of family physician if different from above _____		
4. Has Insured ever: Been exempted, or discharged as unfit, from military service; applied for or received any kind of disability compensation; or had an application for life or health insurance declined, postponed, limited, or issued other than as applied for?	<input type="checkbox"/>	<input type="checkbox"/>
5. Give full details to questions requiring additional explanation.		

I hereby apply for the insurance indicated above and I am submitting the first premium. The statements on this application are true to the best of my knowledge and belief. I understand that my policy will not be effective until the later of: the date it is issued by the company as applied for and the premium paid; or the date of my written acceptance of the policy if issued other than applied for and the premium paid.

I declare that I have read and received a copy of the Fair Credit Reporting Act/MIB, Inc. Notice.

**AUTHORIZATION**

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or MIB, Inc. ("MIB"), or other organization, institution, or person, that has any records or knowledge of me or my dependents or our health, to give the United Home Life Insurance Company or its reinsurer(s) any such information. I further authorize United Home Life Insurance Company or its reinsurer(s) to make a brief report of my personal health information to MIB. I understand that I am giving permission to release medical information which may include treatment of physical and/or emotional illness, communicable diseases, alcohol or drug abuse treatment and/or HIV, AIDS, or AIDS-related information.

I understand that United Home Life Insurance Company may require that I submit to an HIV (HTL VIII) Screen; I authorize that test for underwriting purposes.

A photographic copy of this authorization shall be as valid as the original. This release may be used for any legitimate insurance purpose for up to two (2) years from the date the contract is issued.

**\*\*\*WARNING\*\*\***

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 is guilty of a crime and may be subject to fines and confinement in prison.

\$ \_\_\_\_\_ paid with application.

Dated \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
City State Month Year

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner (if other than Proposed Insured) Signature of Proposed Insured

To the best of my knowledge and belief the applicant does  does not  have any existing life insurance policies or annuity contracts.

X \_\_\_\_\_ X \_\_\_\_\_  
Printed Agent Name Agent's Signature

Agent Code \_\_\_\_\_ Agent E-mail \_\_\_\_\_

Agent: Phone # \_\_\_\_\_ Fax# \_\_\_\_\_ License Identification Number ( ) \_\_\_\_\_  
State

**PLEASE DETACH AND GIVE TO APPLICANT**

***If you do not receive your Policy within 60 days from the date of your application, please write to  
UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192  
All premium checks must be made payable to United Home Life Insurance Company.  
Do not make check or money order payable to the agent or leave the Payee blank.***

**FAIR CREDIT REPORTING ACT/MIB, INC. NOTICE**

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life 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 it may have in your file. If you question the accuracy of 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, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) may also release information in its file to other life 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](http://www.mib.com).

SERFF Tracking #:

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State Tracking #:

Company Tracking #:

200-722

State:

Arkansas

Filing Company:

United Home Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

200-722

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability - Signed.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A - Submission does not include a policy.		



## CERTIFICATION

I hereby certify the following score(s) on the Flesch Reading Ease Test.

Form	Score
200-722 12-12	50.0

Date: 12/13/2012

  
\_\_\_\_\_  
Joseph A. Martin  
Chief Operating Officer  
Senior Vice President, Life Operations  
United Home Life Insurance Company