Filing at a Glance

Company: First Investors Life Insurance Company

Product Name: Reinstatement Application	SERFF Tr Num: FILI-128076650	State: Arkansas
TOI: L08 Life - Other	SERFF Status: Closed-Approved-Closed	State Tr Num:
Sub-TOI: L08.000 Life - Other	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Lilia Solano	Disposition Date: 02/09/2012
	Date Submitted: 02/07/2012	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Reinstatement Application	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: 02/09/2012
	State Status Changed: 02/09/2012
Deemer Date:	Created By: Lilia Solano
Submitted By: Lilia Solano	Corresponding Filing Tracking Number:

Filing Description:

The enclosed reinstatement application (Part 1 and Part 2) may be used to reinstate any of the company's individual life insurance policies.

A list of prior approved individual life policies is attached.

The reinstatement application uses regular underwriting. A telephone underwriting process is not used.

First Investors Life do not use the mail or the internet to market its products.

To the best of my knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or require additional information, please feel free to contact me at toll free 1 800-832-7783 by phone, or to lilia.solano@firstinvestors.com by email.

Thank you for your assistance.

Sincerely,

Lilia Solano
Senior Filing Specialist

Company and Contact

Filing Contact Information

Lilia Solano,	lilia.solano@firstinvestors.com
110 Wall Street	212-858-8231 [Phone]
New York, NY 10005	212-858-8219 [FAX]

Filing Company Information

First Investors Life Insurance Company	CoCode: 63495	State of Domicile: New York
110 Wall Street	Group Code:	Company Type:
New York, NY 10005	Group Name:	State ID Number:
(212) 858-8231 ext. [Phone]	FEIN Number: 13-1968606	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
First Investors Life Insurance Company	$0.00	02/07/2012	
First Investors Life Insurance Company	$50.00	02/07/2012	56154243

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/09/2012	02/09/2012

Disposition

Disposition Date: 02/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*FILI-128076650*	*State:*	*Arkansas*
Filing Company:	*First Investors Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Reinstatement Application*		
Project Name/Number:	*Reinstatement Application/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Certification of Compliance		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	List of Forms		Yes
Form	Reinstatement Application		Yes
Form	Reinstatement Application Part 2		Yes

Form Schedule

Lead Form Number: REIN-App (12/11)(AR)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	REIN-App (12/11)(AR)	Application/ Enrollment Form	Reinstatement Application	Initial		70.600	REIN-App (12.11)(AR).pdf
	REIN-App 2 (12/11)(AR)	Application/ Enrollment Form	Reinstatement Application Part 2	Initial		56.900	REIN-App2 (12.11)(AR).pdf

APPLICATION FOR REINSTATEMENT OF LIFE INSURANCE POLICY
FIRST INVESTORS LIFE INSURANCE COMPANY
[110 Wall Street, New York, NY 10005]

PART I

1. Policy Number

_____

Payment Enclosed

$ _____

2. Full Legal Name of Proposed Insured

_____ First

_____ Middle

_____ Last

_____ Phone

3. Information on the Proposed Insured

a) Date of Birth

_____/_____/_____
Month Day Year

b) State/Country of Birth _____

c) U.S. Citizen ☐ Yes ☐ No
(If No, provide status in "Remarks")

d) Social Security Number _____

e) Sex ☐ Male ☐ Female

4. Has the Proposed Insured

a) Ever been limited, postponed, rated or rejected for life, accident, disability or health insurance? ☐ Yes ☐ No

b) Within the last 5 years been confined in a hospital or received any medical or surgical attention from a licensed medical practitioner? ☐ Yes ☐ No

c) Been diagnosed or treated by a physician or medical practitioner for heart trouble, high blood pressure, cancer, diabetes, lung, kidney or stomach disorder within the last 10 years? ☐ Yes ☐ No

d) Within the last 5 years taken any prescription medications? ☐ Yes ☐ No

e) Used any form of tobacco or nicotine based products within the past 5 years? ☐ Yes ☐ No

f) Height _____Weight_____ Has weight changed by more than 10 pounds in the last year? ☐ Yes ☐ No

If yes, Gain of _____ pounds or Loss of _____ pounds. Include cause and number of months at present weight in Remarks.

g) Drivers License No. and State of Issue _____

h) Within the last 3 years

(1) had drivers license suspended or revoked? ☐ Yes ☐ No

(2) had any moving violations? ☐ Yes ☐ No

(3) been convicted for driving under the influence of either alcohol or drugs? ☐ Yes ☐ No

(4) had any automobile accidents? ☐ Yes ☐ No

(Provide details to any "Yes" answers in "Remarks")

5. Remarks (*Provide details here to any "Yes" answers. Attach an additional sheet if necessary)*

_____

_____

_____

_____

_____

6a. Has the Proposed Insured lived or traveled outside the United States or Canada in the last 2 years? ☐ Yes ☐ No
If "Yes", please advise where, when, purpose and length of stay.

_____

_____

b. Does the Proposed Insured have plans to live or travel outside of the United States or Canada in the next 2 years? ☐ Yes ☐ No
If "Yes", please advise where, when, purpose and length of stay.

_____

_____

7a. Does the Proposed Insured contemplate flying in the next 2 years, or have they flown during the past two years, other than as a passenger on a regularly scheduled airline? ☐ Yes ☐ No

(If Yes, complete Aviation Questionnaire)

b. Has the Proposed Insured engaged in any hazardous activities such as auto, motorcycle or power boat racing, skin or scuba diving, mountain climbing, parachuting or sky diving, snowmobile racing or any other hazardous sport or hobby within the last 2 years, or plan to do so in the next 2 years? ☐ Yes ☐ No

(If Yes, please complete the appropriate questionnaire or submit complete details in the Remarks section)

8. Is the reinstatement application intended to replace any life insurance or annuity currently in force? ☐ Yes ☐ No

(If Yes, furnish policy numbers and company(ies) under "Remark")

Application is hereby made to reinstate the referenced policy which has lapsed. I have read this application and to the best of my knowledge and belief, all statements and answers in this reinstatement application are true and complete. I understand that statements and answers in this application are the basis for any reinstatement of the policy and that no information will be considered to have been given to First Investors Life unless it is stated herein. No material information that may influence the acceptance of this reinstatement application has been withheld. I agree to inform First Investors Life in writing of any changes in the information provided in this reinstatement application prior to any reinstatement of the policy.

I understand that this reinstatement application will be attached to and shall become part of the policy if reinstated. There shall be no contract of insurance and First Investors Life will have no liability unless the policy is reinstated based on this reinstatement application, delivered to and accepted by the owner, and the full reinstatement premium is paid while the Proposed Insured is alive. If the policy is reinstated, First Investors Life will not contest the policy's validity after it has been in force for two years from the date of reinstatement.

No agent or medical examiner is authorized to accept risk, pass on insurability or make, void, waive or change any of the conditions or provisions of any application, policy, or receipt. Only the President, Vice President, Actuary, or Secretary of the Company may make, modify or discharge contracts or waive any of the Company's rights or requirement and then only in writing.

ACKNOWLEDGEMENTS I hereby acknowledge receiving and reading the **NOTICE TO THE PROPOSED INSURED** included with this reinstatement application pertaining to **Investigative Consumer Reports, the MIB, Inc.** and **Illustrations** and authorize the Company to secure an **Investigative Consumer Report.**

AUTHORIZATION I hereby authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy benefit manager, or other medical related facility, insurance company, the Medical Information Bureau, or other organization, institution or person, that has any records or knowledge of me or my health, to give First Investors Life Insurance Company or its reinsurers any such information. A photographic copy of this Authorization shall be as valid as the original. This Authorization shall remain in effect for a period of 30 months from the date of this reinstatement application.

FRAUD 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.

Dated at _____ this _____ day of _____, 2 _____
City & State day Month Year

Signature of Proposed Insured _____
or of Parent/Guardian if Proposed Insured is age 0-14

Signature of Proposed Owner _____
(If other than the Proposed Insured)

APPLICATION FOR REINSTATEMENT OF LIFE INSURANCE POLICY
FIRST INVESTORS LIFE INSURANCE COMPANY
[110 Wall Street, New York, NY 10005]

PART II

1. Name of Proposed Insured (as it appears on Part I.)

First Middle Last

2a. Has the Proposed Insured ever been treated for alcoholism? ☐ Yes ☐ No

b. Has the Proposed Insured used illegal drugs in the past 10 years or been treated for any drug habit? ☐ Yes ☐ No

3. Has the Proposed Insured ever been under observation in a hospital, sanitarium, or mental health institution? ☐ Yes ☐ No

4a. Has the Proposed Insured ever had any surgical operation? ☐ Yes ☐ No

b. Has the Proposed Insured ever been advised by a licensed member of the medical profession to have any surgical operation which has not been performed? ☐ Yes ☐ No

5. Has the Proposed Insured had an electrocardiogram, x-ray EKG, stress test or nuclear test, echocardiogram, heart catheterization, colonoscopy, endoscopy, mammogram, sonogram, CT scan, MRI, IVP, PET scan or pulmonary function test within the past 5 years? ☐ Yes ☐ No

(Circle applicable items)

6. Within the last past 10 years has the Proposed Insured been diagnosed or treated by a physician or medical practitioner for:

(Circle applicable items)

a. Rheumatic fever, shortness of breath, chest pain, high or low blood pressure, epilepsy, depression, fainting, sleep apnea or dizzy spells? ☐ Yes ☐ No

b. Duodenal or gastric ulcer, chronic indigestion, bowel disorder or albumin, sugar or blood in urine? ☐ Yes ☐ No

c. Tuberculosis, asthma, allergic conditions, or blood spitting? ☐ Yes ☐ No

d. Cancer, cysts, hernia, goiter or diabetes? ☐ Yes ☐ No

e. Arthritis, back or spine disorder or impaired vision or hearing? ☐ Yes ☐ No

f. Has the Proposed Insured ever been diagnosed as having or treated for ARC or AIDS by a member of the medical profession? ☐ Yes ☐ No

7. Within the last 10 years has the Proposed Insured been diagnosed or treated by a physician or practitioner for any ailment or disease of the:

a. Brain or nervous system? ☐ Yes ☐ No

b. Heart or blood vessels? ☐ Yes ☐ No

c. Lungs or other respiratory organs? ☐ Yes ☐ No

d. Stomach, intestines, liver or gallbladder? ☐ Yes ☐ No

e. Kidneys or other genito-urinary organs? ☐ Yes ☐ No

f. Bones, glands, or skin? ☐ Yes ☐ No

8. Within the last 5 years has the Proposed Insured:

a. Been diagnosed or treated by a medical practitioner for any illness, disease, or injury that is not included in your other answers? ☐ Yes ☐ No

b. Consulted or been examined or treated by any physician or practitioner not named in connection with your other answers (other than HIV)? ☐ Yes ☐ No

(If yes, include name of each doctor and reason for visit below)

9. Is the Proposed Insured pregnant? ***(If yes, include month of pregnancy)*** ☐ Yes ☐ No

10. Name & address of Proposed Insured's personal physician

11. Have any of the Proposed Insured's parents, brothers or sisters ever had heart disease, diabetes or cancer? (If "Yes", please indicate who, what illness and at what age diagnosed) ☐ Yes ☐ No

12. Details in connection with any "Yes" answers to questions (Attach an additional sheet if necessary**)**			
Question No.	Dates	Name and Address of Each Physician or Hospital	Furnish full details, including nature or injury, number of attacks, duration, severity, treatment, results and other pertinent information.

All of the above answers are full, complete and true to the best of my knowledge and belief and are a continuation of and form a part of the Reinstatement Application for Insurance to First Investors Life Insurance Company.

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.

Dated at _____ this _____ day of _____, 2 _____
City State Day Month Year

Signature of Proposed Insured
or of Parent/Guardian if Proposed Insured is age 0-14

_____

Signature of Proposed Owner
(if other than Proposed Insured)

_____

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
Flesch REIN-App (12.11).pdf

Item Status: **Status Date:**

Bypassed - Item: Application
Bypass Reason: Not applicable for this filing.
Comments:

Item Status: **Status Date:**

Satisfied - Item: Certification of Compliance
Comments:
Attachment:
CoC_REIN-App (12.11).pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability
Comments:
Attachment:
Statement of Variability REIN-App.pdf

Item Status: **Status Date:**

Satisfied - Item: List of Forms
Comments:
Attachment:

SERFF Tracking Number:	*FILI-128076650*	*State:*	*Arkansas*
Filing Company:	*First Investors Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:			
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*Reinstatement Application*		
Project Name/Number:	*Reinstatement Application/*		

AR POLICY FORMS 1a.pdf

READABILITY CERTIFICATION

Company Name: **First Investors Life Insurance Company**

NAIC No: **63495**

I hereby certify, that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

Form Number	Score
REIN-App (12/11)	70.6
REIN-App 2 (12/11)	56.9

William H. Drinkwater, FSA, MAAA
Senior VP & Chief Actuary

January 12, 2012
Date

STATE OF ARKANSAS

CERTIFICATION OF COMPLIANCE

Company Name: First Investors Life Insurance Company

Form Title: Reinstatement Application (Part 1 and Part 2)

Form Number(s): REIN-App (12/11)(AR), REIN-App 2 (12/11)(AR)

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.

William H. Drinkwater, FSA, MAAA
Senior Vice President and Chief Actuary

2/2/12
Date

Statement of Variability

First Investors Life Insurance Company

Form Nos: REIN-App (12/11)
REIN-App 2 (12/11)

1. The Company address is bracketed in case the Company moved.

Arkansas Policy Forms		**Date of Approval**	**SERFF Tr. No.**
	Life Insurance		
ISWL-2 (02/10)(AR)	**Interest Sensitive Whole Life Policy *(3.5%)***	**04/12/11**	**FRCS-127095227**
ISWL-2 (07/06)(AR)	**Interest Sensitive Whole Life Policy *(4.0%)***	**10/19/06**	**SERT-6TYS7J111**
LTL-2 (09/05)(AR)	**Level Term Life Insurance Policy**	**02/28/07**	**Paper filing**
SPVL-1	**Modified Single Premium Variable Life Policy *(State Specific: Cover Page, Pgs 12, 21,22)***	**10/14/05**	**SERT 6FLRRN141**
SPVL-1 (08/07)(AR)	**Modified Single Premium Variable Life Policy Schedule *(2001 CSO)***	**11/09/07**	**FRCS-125305837**
VL-2 (10/06)(AR)	**Variable Life Policy**	**03/09/07**	FRCS-125066202
VL-2 (10/06)(AR)	**Variable Life Policy *(w/ Revised Policy Schedule)***	**09/17/07**	FRCS-125066202
EDT-1	Decreasing Term Life Policy	09/16/86	
ISWL-1	Interest Sensitive Whole Life Policy	03/06/98	
LT-1	Level Term	04/08/87	
LTL-1	Level Term Life Insurance Policy	09/03/99	
NL-1C	Whole Life Policy	10/06/86	
PLP-1C	Whole Life Policy	10/06/86	
PLP-1D	Whole Life Policy	04/03/90	
RCS-1A	Reducing Cash Settlement	10/06/86	
UL-1	Universal Life Insurance Policy	12/01/89	
VL-1	Variable Life Insurance	05/11/93	