

SERFF Tracking Number: HERT-128062709 State: Arkansas
Filing Company: United Heritage Life Insurance Company State Tracking Number:
Company Tracking Number: PCPN-02-2011
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Preneed
Project Name/Number: Policy Change Form/PNPC1-02-2012

Filing at a Glance

Company: United Heritage Life Insurance Company

Product Name: Preneed

SERFF Tr Num: HERT-128062709 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num:

Sub-TOI: L08.000 Life - Other

Co Tr Num: PCPN-02-2011

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Michele Mackenzie

Disposition Date: 02/07/2012

Date Submitted: 02/03/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Policy Change Form

Status of Filing in Domicile: Authorized

Project Number: PNP1-02-2012

Date Approved in Domicile: 02/02/2012

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 02/07/2012

State Status Changed: 02/07/2012

Deemer Date:

Created By: Michele Mackenzie

Submitted By: Michele Mackenzie

Corresponding Filing Tracking Number:

Filing Description:

February 2, 2012

Notice to all states: United Heritage Life Insurance Company has changed the branding for the company. All forms will be standardized and use the same logo and company information. That information will appear in the same place on each form.

RE: Preneed Policy Change Form

ICC1130-01PCPN(06-2011)

To Be used with the following documents: Advantage Whole Life Policy, Form No. 1720U.1(1/1999) filed and approved

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3/26/99

Advantage Graded Benefit Policy, Form No. 1723U.1(1/1999) filed and approved 3/26/99
Platinm Whole Life Policy, Form No. 1890U.5(5/2004) filed and approved 7/26/2005

Gentlemen:

Please find for your review and approval, United Heritage Life Insurance Company our Preneed Life Product Policy Change Form. This form is being filed in all jurisdictions where United Heritage Life Insurance Company holds a certificate of authority. The form was approved by the Interstate Compact on February 2, 2012 under SERFF No. HERT-127690650.

This form will be used when an insured requests a change in policy information, ie. change of beneficiary, owner or should they wish to add or delete coverage on their policies. United Heritage wishes to begin using this form as soon as it is approved by your Department.

To the best of our knowledge and belief, this form meets all the requirements of your jurisdiction. The form does not contain any unusual or controversial features that vary from normal industry standards and meets a 50 Flesch Score requirement.

Should you need any additional questions or documents please contact me at 888-657-6351 xt. 2281 or by email at mmackenzie@unitedheritage.com.

Company and Contact

Filing Contact Information

Michele MacKenzie, Regulatory Compliance Analyst
mmackenzie@unitedheritage.com
707 W. United Heritage Court
Meridian, ID 83680
208-475-0981 [Phone] 2281 [Ext]

Filing Company Information

United Heritage Life Insurance Company
PO BOX 7777
Meridian, ID 83680-7777
CoCode: 63983
Group Code: 2878
Group Name:
State of Domicile: Idaho
Company Type:
State ID Number:

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(208) 475-0981 ext. [Phone] FEIN Number: 82-0123320

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 Form @ \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Heritage Life Insurance Company	\$50.00	02/03/2012	56066034

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/07/2012	02/07/2012

SERFF Tracking Number: *HERT-128062709* *State:* *Arkansas*
Filing Company: *United Heritage Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *PCPN-02-2011*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Preneed*
Project Name/Number: *Policy Change Form/PNPC1-02-2012*

Disposition

Disposition Date: 02/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *HERT-128062709* State: *Arkansas*
 Filing Company: *United Heritage Life Insurance Company* State Tracking Number:
 Company Tracking Number: *PCPN-02-2011*
 TOI: *L08 Life - Other* Sub-TOI: *L08.000 Life - Other*
 Product Name: *Preneed*
 Project Name/Number: *Policy Change Form/PNPC1-02-2012*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Preneed Policy Change Form		Yes

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Form Schedule

Lead Form Number: ICC1130-01PCPN(06-2011)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ICC1130-01PCPN(06-2011)	Other	Preneed Policy Change Form	Initial		50.000	ICC1130-01PCPN(06-2011).pdf



**CHANGE OF POLICY INFORMATION
PRENEED INDIVIDUAL LIFE INSURANCE**

(Please Print)

Primary Insured Name: _____ Policy Number: _____

Owner Name: (if different than insured): _____ Owner SSN: _____

Address: _____ Phone Number: _____

For United Heritage to complete a request to make changes to your policy, we must receive this form, completed and signed by you. **No change in your policy will be valid unless it is in writing. If your policy has an irrevocable beneficiary or an irrevocable assignee, this form requires their signature prior to making any change.** Any change(s) requested will not take effect until accepted by United Heritage Life Insurance Company. Unless you request a different date, the change(s) shall be effective as of the date this change form is signed. These changes are subject to any payment made or action taken by United Heritage Life Insurance Company before the acceptance. It is important that you **read and understand** the options that you choose prior to signing this form. Should you have any questions or require assistance in completing this form, please contact United Heritage Life Insurance Company at 1-800-657-6351 and ask to speak with our Client Services Department.

Return the completed form with all necessary signatures, any monies due, and additional paperwork to United Heritage Life Insurance Company, P.O. Box 7777, Meridian, Idaho 83680. A copy of the accepted form will be returned to you. This form becomes a part of your policy. Please make sure that you attach your copy to your policy.

(PLEASE NOTE THAT NOT ALL OPTIONS ARE AVAILABLE FOR ALL PLANS):

SELECT YOUR OPTION BY CHECKING THE BOX PROVIDED AND COMPLETING ANY INFORMATION REQUESTED:

A. Beneficiary Change(s): Unless otherwise designated by the owner, if two or more persons are named as beneficiaries, either Primary or Contingent, each primary beneficiary, or if no primary beneficiary(ies) survive, each contingent beneficiary, shall share equally in the proceeds. Upon the death of one or more of the beneficiary(ies), payments shall be made to the remaining beneficiary(ies). **If you wish to change more than one beneficiary, please attach an additional paper with your request and specify the distribution percentage(s).**

All previous beneficiary designations and settlement options are hereby revoked, and the following beneficiary designation is made with respect to the named insured in this form:

1. New Primary Beneficiary:

Name: _____
Social Security Number: _____ Birth Date: _____
Address: _____ Telephone No. _____
Relationship to Insured: _____

2. New Contingent Beneficiary: (to receive proceeds if no primary beneficiary is living)

Name: _____
Social Security Number: _____ Birth Date: _____
Address: _____ Telephone No. _____
Relationship to Insured: _____

B. Ownership Change: The person who is to be the owner of this life insurance policy must have an "insurable interest" in the continued life of the insured, such as family member or a business partner. Ownership of a life insurance policy without an insurable interest in the insured's life may be illegal in some states. A STOLI form may be required.

Ownership Transfer: I transfer all my rights, title and interest as owner of the policy to:

Name: _____ Address: _____
Telephone No. _____, SSN#/TIN#: _____, whose relationship to the insured is _____.

This owner has the right to exercise any and all options, rights and privileges in the policy, subject to any existing loan or assignment of the policy that is in force and on file with United Heritage Life Insurance Company.

C. Name Change: I hereby request the name of _____ appearing on the policy records be changed to _____ due to:

- i. Marriage: Date: _____ Place: _____ Name of Spouse/Partner: _____
- ii. Divorce: Date: _____ Place: _____ Court: _____
- iii. Other: _____

D. Elect Non-Forfeiture Option:

Place my policy on Reduced paid up insurance in the amount which can be purchased using the guaranteed cash value, less any indebtedness as a single premium.

E. Reduce Policy Face Amount: From \$ _____ to \$ _____

F. Remove Additional Benefits:

Grandchild(ren) Rider Death Away from Home Rider

G. Pay-Up Options:

Current Plan: 3 Pay 5 Pay 10 Pay

Change To: _____

Amount Due: _____

Effective Date: _____

H. Request for Policy Loan:

Loan Amount: \$ _____ Maximum Policy Loan

I. Lost Policy

I hereby attest that said policy has been lost or destroyed. I have no knowledge of its whereabouts. The policy is not assigned, used as collateral or security or pledged in any way. I am requesting the issuance of evidence of insurance. I agree that should the original policy be found or come into question, I will promptly return it to United Heritage Life Insurance Company. I agree that the original policy shall become null and void immediately upon issuance of the new evidence of insurance. The Company shall not be liable for loss or injury which may occur as a direct or indirect result of the issuance of the new evidence of insurance.

J. Surrender for Net Cash Value: FOR THIS OPTION, YOU MUST RETURN THE POLICY. IF YOU HAVE LOST OR MISPLACED YOUR POLICY, PLEASE CHECK BOX I, LOST POLICY, AND CONTACT OUR CLIENT SERVICES DEPARTMENT.

I am the owner of the policy. I am surrendering this policy for full cash surrender value in accordance with the terms of the policy. I understand that any and all indebtedness against the policy will be deducted from the cash surrender amount.

Owner's Social Security Number: _____

K. Special Requests or Additional Information

United Heritage Life Insurance Company assumes no responsibility for the compliance of the requested change with any community property laws relating to the change.

I understand that any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed this _____ day of _____, 20____ at _____

City & State

Policy Owner

Witness

Irrevocable Beneficiary/Assignee

Witness

Accepted by the Company:

Received, acted on and filed at the home Office of the Company this _____ day of _____, 20____ .

By _____

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attached is the Certificate of Readability and our current Arkansas complaint form.

Attachments:

Arkansas Certificate of Readability.pdf
COMPLA AR.pdf

Item Status:

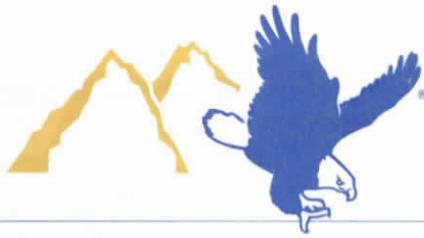
Status

Date:

Satisfied - Item: Application

Comments:

This is not a policy filing.



UNITED HERITAGE[®]
Life Insurance Company

a United Heritage Financial Group Company

February 03, 2012

Arkansas Department of Insurance
1200 W. 3rd St.
Little Rock, Arkansas 7720-1904

CERTIFICATION OF READABILITY

I, Geoffrey M. Baker, Vice President & General Counsel, hereby certify that this form, Preneed Policy Change Form, No IIC1130-01PCPN(06-2011) complies with Arkansas Code & Regulations and has a Flesch Readability Score of 50.

Geoffrey M. Baker
Vice President & General Counsel



**IN CASE OF CONSUMER COMPLAINTS CONCERNING OR CONNECTED TO THIS
POLICY, PLEASE CONTACT YOUR AGENT OR BROKER FOR ASSISTANCE, OR
CONTACT:**

UNITED HERITAGE LIFE INSURANCE COMPANY

P.O. BOX 7777

MERIDIAN, IDAHO 83680-7777

(208)-493-6100

(800) 657-6351

**IF DISCUSSIONS WITH THE INSURER, OR ITS AGENT OR OTHER REPRESENTATIVE, OR
BOTH, HAVE FAILED TO PRODUCE A SATISFACTORY RESOLUTION TO THE PROBLEM,
YOU MAY CONTACT:**

ARKANSAS INSURANCE DEPARTMENT

CONSUMER SERVICES DIVISION

1200 WEST THIRD STREET

LITTLE ROCK, AR 72201-1904

TELEPHONE NUMBER: 1-800-852-5494 OR 1-501-371-2540