

SERFF Tracking Number: AULD-128201852 State: Arkansas  
Filing Company: American United Life Insurance Company State Tracking Number:  
Company Tracking Number: G-23728  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: Underwriting Information  
Project Name/Number: /

## Filing at a Glance

Company: American United Life Insurance Company

Product Name: Underwriting Information

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AULD-128201852 State: Arkansas

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

Co Tr Num: G-23728

State Status: Approved-Closed

Authors: Bridget McGill, Angie  
Neville, Danita Ragland-Hatton,  
Kathy Roush

Date Submitted: 03/26/2012

Reviewer(s): Linda Bird

Disposition Date: 03/29/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

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: 03/29/2012

State Status Changed: 03/29/2012

Created By: Angie Neville

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Angie Neville

Filing Description:

RE:American United Life Insurance Company – NAIC #30895

Underwriting Information: G-23728

Form to be used with Application for Individual Life Insurance, G-23223

Attached for approval is the form, Underwriting Information, G-23728. This document is new and does not replace any existing forms on file with your department. The Underwriting Information form was filed in the compact, for our

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domiciliary state of Indiana, and is pending approval. Therefore, the Underwriting Information form will not be filed independently with the Indiana Department of Insurance.

The Underwriting Information form, G-23728, which contains the underwriting questions, will be used with the Application for Individual Life Insurance, G-23223, to apply for individual whole life insurance coverage with American United Life Insurance Company (AUL).

The Application for Individual Life Insurance, G-23223, was filed under SERFF # AULD-127685512, and State Filing # 49971 and was approved on October 10, 2011.

The target market is employees whose employers have group insurance with AUL. The form, Underwriting Information, will be used for employees applying for a limited face amount of life insurance. There is another form containing underwriting questions, Statement of Insurability, G-23223-EOI, which will be used with the Application for Individual Life Insurance for more detailed underwriting, when appropriate. The Statement of Insurability was filed and approved as part of the Application for Individual Life Insurance filing referenced above.

The Application for Individual Life Insurance and the Underwriting Information form will be used as a printed-paper form at this time and/or in electronic format in the future. The Application for Individual Life Insurance along with the Underwriting Information form will be included in the whole life policy when it is issued.

Variable language has been marked with brackets which generally indicate optional benefits or provisions. If the language is changed, it will never be less favorable than your state's laws allow.

Please acknowledge approval of this form via SERFF.

You may call me at 877-285-7660 (ext 1809) or contact me by e-mail at [productcompliance.corporatecompliance@oneamerica.com](mailto:productcompliance.corporatecompliance@oneamerica.com) if you have any questions. Thank you for your assistance with this filing.

Bridget McGill  
Senior Analyst

## Company and Contact

### Filing Contact Information

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Bridget McGill, Sr. Contract Analyst Bridget.McGill@oneamerica.com  
 One American Square 317-285-1809 [Phone]  
 Indianapolis, IN 46206

**Filing Company Information**

American United Life Insurance Company CoCode: 60895 State of Domicile: Indiana  
 One American Square Group Code: 619 Company Type:  
 P.O. Box 7127 Group Name: State ID Number:  
 Indianapolis, IN 46206 FEIN Number: 35-0145825  
 (877) 285-7660 ext. [Phone]

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: IN fee is \$35. Paid higher amount.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American United Life Insurance Company	\$50.00	03/26/2012	57466901

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/29/2012	03/29/2012



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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Readability		Yes
Supporting Document	Statement of Variables		Yes
Form	Application		Yes

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## Form Schedule

**Lead Form Number: G-23728**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	G-23728	Application/ Application Enrollment Form	Initial		54.100	G-23728 Underwriting Information.pdf

# Underwriting Information

Products and financial services provided by  
American United Life Insurance Company®  
a ONEAMERICA® company  
One American Square, P.O. Box 368  
Indianapolis, IN 46206-0368  
1-800-553-5318



## Please Provide the Following Information

Proposed Insured Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Where Issued: \_\_\_\_\_

During the last 12 months, has the proposed insured ever used any nicotine (*including substitutes such as gum, patch, etc.*) and/or tobacco products?  Yes  No

1. During the last 3 years, has the proposed insured plead guilty to or been convicted of driving under the influence of alcohol or drugs, or had your license suspended or revoked?  Yes  No

2. Has the proposed insured ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (*AIDS virus*) or Acquired Immune Deficiency Syndrome (*AIDS*)?  Yes  No

**For questions 3 and 4, the Proposed Insured need not include colds, minor viruses or minor injuries which prevented normal activities for 5 consecutive days or less.**

3. During the last 12 months, has the proposed insured been **unable to work** or perform the normal activities of like age and gender, or been confined at home?  Yes  No

4. During the last 12 months, has the proposed insured been treated, examined or advised by a member of the medical profession; or been an inpatient or outpatient in a hospital, clinic or medical facility; or similar entity?  Yes  No

If answer to **either questions 3 or 4** is "Yes", please provide dates and details below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Fraud Notice

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

## Authorization and Acknowledgement

I authorize any physician, medical practitioner, hospital, medical facility, insurance company, pharmaceutical databases, DMV and the MIB to give to American United Life Insurance Company® (AUL) and its reinsurers any of the following information about me: facts about physical and mental health; medical care, advice or treatment; prescriptions, hobbies, other insurance, driving record (which may include but is not limited to existing address); age, occupation, income and the use of alcohol, drugs and tobacco. **This authorization does not authorize the release of genetic screening or testing results.** All sources except the MIB may give these facts to any insurance support organization authorized by AUL to collect and transmit them. This data will be used to determine eligibility for insurance. A photocopy of this form shall be as valid as the original. This authorization will be valid for 24 months from the date shown below. If an investigative consumer report is made, I can choose to be interviewed and to receive a copy of the report upon request.

The undersigned: 1) represents that the statements and answers given on this form are true and complete to the best of my knowledge and belief; 2) understands and agrees that any insurance that shall be issued is in consideration of these statements being complete and correct and benefits under any policy will be paid only if AUL or its claims administrator decides in its discretion the applicant is entitled to them; 3) I certify that all notices contained herein were read and understood prior to my completion of this form; 4) has received and kept a full and complete copy of this Underwriting Information form, as well as any changed or updated copies involved in the underwriting of this request for insurance; and 5) has received the Notice of Insurance Practices, the Medical Bureau Notice, the Fair Credit Reporting Act Notice and this Authorization and Acknowledgement.

## Signature

\_\_\_\_\_  
*Signature of Proposed Insured / Employee*

\_\_\_\_\_  
*Mo. / Day / Year*

\_\_\_\_\_  
*Printed Name of Proposed Insured / Employee*

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Cert of Compliance AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo		
<b>Comments:</b> N/A		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Readability		
<b>Comments:</b>		
<b>Attachment:</b> READCERT G-23728.pdf		

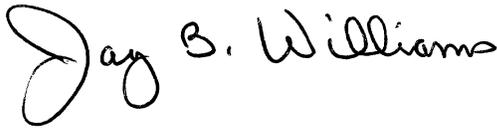
	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variables		
<b>Comments:</b>		
<b>Attachment:</b>		



# CERTIFICATE OF COMPLIANCE

## *State of Arkansas*

I, Jay B. Williams, Vice President Chief Compliance Officer, of the AMERICAN UNITED LIFE INSURANCE COMPANY®, hereby certify that the enclosed Forms comply with all Insurance Statutes, Regulations, and Departmental requirements of the State of Arkansas.

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, looped initial "J".

Jay B. Williams  
Vice President Chief Compliance Officer

Date: March 22, 2012

CERTIFICATE OF READABILITY

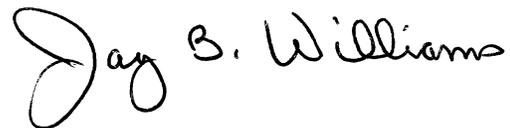
I, Jay B. Williams, Vice President and Director of Compliance of American United Life Insurance Company, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements.

FORMS

READABILITY SCORE

G-23728

54.1

A handwritten signature in black ink that reads "Jay B. Williams". The signature is written in a cursive style with a large, stylized initial "J".

March 22, 2012

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Jay B. Williams  
Vice President and Director of Compliance

**STATEMENT OF VARIABLES**  
**G-23728**

FORM NUMBER	SECTION TITLE	PROVISION/ DESCRIPTION	BRACKETED VARIABLES EXPLANATION
G-23728	Underwriting Information	Company address/phone number	Bracketed for ease in updating as need arises should there be a change in the company address or phone number.
“	“	OneAmerica (logo)	Bracketed for ease in updating the logo in case it is changed.
“		During the last 12 months, has the proposed insured been [unable to work, ]or perform the normal activities of like age and gender, or been confined at home?	Bracketed to allow for the following variation change: During the last 12 months, has the proposed insured been [unable to work, <u>attend school</u> ]or perform the normal activities of like age and gender, or been confined at home? The “attend school” wording may be needed for some employer groups, underwriting would determine where “attend school” wording is appropriate.
“		If answer to [either questions 3 or 4] is “Yes”, please provide dates and details below.	Bracketed to allow for variations regarding which questions, 1, 2, 3, or 4, need dates and details. Underwriting would determine where dates and details for questions may be appropriate.