

SERFF Tracking Number: AMNA-128231645 State: Arkansas  
Filing Company: American National Insurance Company State Tracking Number:  
Company Tracking Number: APPLICATION 10525  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Application 10525  
Project Name/Number: Application 10525/Application 10525

## Filing at a Glance

Company: American National Insurance Company

Product Name: Application 10525

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AMNA-128231645 State: Arkansas

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

Co Tr Num: APPLICATION 10525 State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Tyra Reed, Amber Adams, Disposition Date: 04/17/2012  
Tobie Brink

Date Submitted: 04/12/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: 06/01/2012

Implementation Date:

State Filing Description:

## General Information

Project Name: Application 10525

Project Number: Application 10525

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: 04/17/2012

State Status Changed: 04/17/2012

Created By: Tobie Brink

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Tobie Brink

Filing Description:

April 12, 2012

Arkansas Insurance Department

Compliance @ Life and Health

1200 West Third Street

Little Rock AR 72201@1904

RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030) Filing Of:

10525-AR- Application for Individual Life Insurance

SERFF Tracking Number: AMNA-128231645 State: Arkansas  
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Product Name: Application 10525  
Project Name/Number: Application 10525/Application 10525  
SERFF Tracking Number: AMNA- 128231645  
Company Tracking Number: Application 10525

Dear Reviewer:

Please find attached the above listed form for your department's review and approval. This form will replace 3899 approved on 9/11/1996.

10525-AR is a simplified issue life application. The application will be used to apply for previously approved individual whole life and universal life products, in addition to an individual simplified issue term product, which is currently pending your review under SERFF Tracking Number AMNA-128230158. Currently, the application will be used to apply for the following policies:

PWL-CSO(10) "C approved 7/5/2006 State Tracking Number 33085  
PWL-UL(10) "C approved 9/8/2006 State Tracking Number 33579  
EXEC-UL(10) "C approved 12/26/2007 SERFF Tracking Number AMNA-125308819  
EXEC-ULU(10) "C approved 4/17/2008 SERFF Tracking Number AMNA-125377732

In addition to paper applications, we would like to utilize the application in an electronic form. The Agent will ask the applicant all the questions on the application and enter the applicant's answers into the computer. The questions will be identical to the ones in the currently approved application.

The authentication of the e-transaction is as follows:

American National Insurance Company will be collecting electronic signatures on life insurance forms via a process known as eSignature (Click Wrap). This process enables individual signers to review forms and attach electronic signatures via email, eliminating the need for wet signatures on applications.

After the application has been locked, the processes to define signature parties, gather signatures from those parties, and ultimately submit a completed application package to American National Insurance Company is defined below.

Upon initially reaching the end of the application process, the agent is presented with a dynamic screen called "Validate and Lock" that allows them to do one of two things, return to areas of the application that are not in Good Order, or lock the application if it's in Good Order.

The eSignature instructions screen displays the signing parties' names. It also requires the agent to enter the last 4 digits of their Social Security Number, which they will need, to log in when it is time to affix their electronic signature to

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the application. The agent is also required to enter the Email address for notifications and confirm the same. After the agent has initiated the eSignature process, the signature party will receive an email with a link to view the applicable documents. The signing party will need to enter the last four digits of their ssn to access the documents they are to review and sign.

Once the agent has locked an application and chosen to utilize the electronic signature process, the agent goes through a series of steps to identify the particular email that each signing party will use and then send that email to the party.

The URL contained in this email will last for seven calendar days until expiration. In addition, the URL will expire if any of the following events happen:

- Successful completion of the eSignature process
- Any signer completely declines the eSignature process
- Regeneration of a new email to the same party
- Completion of three unsuccessful login attempts

If changes are needed to the application once the signature process has begun, all signatures are voided and the signature process must begin again.

After all signing parties (Insured and/or Owner) complete the signature process successfully, an email is sent to the agent informing them as such, and that it is time for the agent to affix their signature to the forms. This email contains the URL that the agent will click on in order to start their eSignature process.

The agent's signature process begins as he/she receives an email indicating all other required signatures have been obtained. The agent's signature process cannot begin until all non-agents signatures have been applied; therefore, if a decline or expiration takes place for an insured or owner, the agent could not begin the eSignature process. After the agent reviews the Terms of Use and Application, the producer "Apply eSignature" screen is displayed. This screen is functionally similar to the Primary Insured/Owner version, with different text. The Agent will enter Signed at City and click "Apply eSignature" button. After clicking "Apply eSignature" the screen will refresh and display a link to "Print Signed Application" and a button to "Submit to ANICO". If one of the signing parties did not consent to the eSignature method, the agent could print the application and supplemental forms for a wet signature.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability
- Readability Certification
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

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 Project Name/Number: Application 10525/Application 10525

Sincerely,

Tobie Brink  
 Life Policy Analyst III  
 State Narrative:

## Company and Contact

### Filing Contact Information

Tobie Brink, Project Coordinator Tobie.Brink@ANICO.com  
 One Moody Plaza 409-763-1112 [Phone] 4165 [Ext]  
 Actuarial Product Development 409-766-6933 [FAX]  
 14th Floor  
 Galveston, TX 77550

### Filing Company Information

American National Insurance Company CoCode: 60739 State of Domicile: Texas  
 One Moody Plaza Group Code: 408 Company Type:  
 Galveston, TX 77550 Group Name: State ID Number:  
 (409) 763-4661 ext. [Phone] FEIN Number: 74-0484030

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: \$50 per exempt form; based on Texas' domicile fee.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	\$50.00	04/12/2012	57924126

SERFF Tracking Number:	AMNA-128231645	State:	Arkansas
Filing Company:	American National Insurance Company	State Tracking Number:	
Company Tracking Number:	APPLICATION 10525		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/17/2012	04/17/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Application for Individual Life Insurance	Tobie Brink	04/12/2012	04/12/2012
Supporting Document	Statement of Variability	Tobie Brink	04/12/2012	04/12/2012

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## Disposition

Disposition Date: 04/17/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document (revised)	Statement of Variability		Yes
Supporting Document	Statement of Variability	Replaced	Yes
Supporting Document	Summary and Disclosure Notice for Accelerated Benefits		Yes
Form (revised)	Application for Individual Life Insurance		Yes
Form	Application for Individual Life Insurance	Replaced	Yes

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**Amendment Letter**

Submitted Date: 04/12/2012

**Comments:**

Good afternoon,

Please find that a revised Statement of Variability has been attached to the Supporting Documentation tab. In addition, the application has been re-attached to the Form Schedule tab to include the brackets for the updated items on the Statement of Variability.

Thank you,  
 Tobie Brink

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
10525-AR	Application/EApplication nrollment Form	for Individual Life Insurance	Initial				50.100	10525-AR.pdf

**Supporting Document Schedule Item Changes:**

**User Added -Name: Statement of Variability**

Comment:

AR Statement of Variability.pdf

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 Project Name/Number: Application 10525/Application 10525

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10525-AR	Application/ Enrollment Form Individual Life Insurance	Initial		50.100	10525-AR.pdf



Application for Individual Life Insurance

Issued by American National Insurance Company
[One Moody Plaza, Galveston, TX 77550-7947]

SI



page 1

Approved Employee Group [ ] Employee or [ ] Dependent Franchise Number

1. PRIMARY PROPOSED INSURED

a. Last Name First Name M.I. b. Gender: [ ] Male [ ] Female
c. Birthplace: City State Country d. Marital status: [ ] Married [ ] Single
e. Date of Birth: Month/Day/Year f. Age g. Height h. Weight i. Social Security/Tax ID number
j. Residence Address: Number/Street City State ZIP
k. Personal Telephone l. Annual Income m. Employer Name n. Business Telephone o. Occupation/Job title
p. Is the employee actively at work? [ ] Yes [ ] No Date of employment: Month/Year
q. Has any Proposed Insured used tobacco or nicotine in any form in the last 12 months? [ ] Yes [ ] No

2. OWNER (IF OTHER THAN PRIMARY PROPOSED INSURED)

a. Last Name First Name M.I. b. Relationship to Primary Proposed Insured
c. Gender: [ ] Male [ ] Female d. Date of Birth: Month/Day/Year e. Age f. Social Security/Tax ID number
g. Contingent Owner (If any): Last Name First Name M.I. h. Relationship to Primary Proposed Insured

3. PROPOSED INSURED'S HEALTH QUESTIONS

a. Has the Proposed Insured ever been told he/she had an Immune Deficiency Disorder, AIDS, AIDS related complex (ARC), or test results indicating exposure to the AIDS virus? [ ] Yes [ ] No
b. In the last 5 years, has any Proposed Insured been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following: Please circle any conditions that are a "yes."
• Heart attack, heart failure, or hospitalized for heart disease;
• diabetes requiring insulin;
• psychiatric impairment requiring hospitalization;
• cerebral vascular accident (stroke), aneurysm or TIA (transient ischemic attack or a "mini-stroke");
• emphysema or Chronic Obstructive Pulmonary Disease (COPD);
• kidney failure, chronic kidney disease, dialysis or organ transplant;
• liver disease, cirrhosis or hepatitis B or C;
• alcoholism or drug abuse; or
• cancer or malignant tumor (excluding basal cell skin cancer), leukemia, or lymphoma? [ ] Yes [ ] No
c. In the last 6 months has any Proposed Insured been advised by a member of the medical profession to have any diagnostic testing, treatment, or surgery that has not been completed, except those tests related to the Human Immunodeficiency Virus (AIDS Virus)? [ ] Yes [ ] No
If "yes," explain



**4. BENEFICIARY FOR PRIMARY PROPOSED INSURED (Unless specified, all beneficiaries in the same class share equally.)**

<b>Primary:</b> Name	Relationship to Insured	Date of Birth:	Gender:	Soc. Sec./Tax ID#	Date of trust:	% payable
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

<b>Contingent:</b> Name	Relationship to Insured	Date of Birth:	Gender:	Soc. Sec./Tax ID#	Date of trust:	% payable
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

For additional designations or special instructions, complete and submit the Additional Beneficiary Page.

**5. PRODUCT AND BILLING INFORMATION**

a. Plan of Insurance \_\_\_\_\_ b. Specified Amount \_\_\_\_\_

c. Planned Premium Amount \$ \_\_\_\_\_ Mode:  Monthly \$ \_\_\_\_\_  Bi-weekly \$ \_\_\_\_\_

d. Salary deduction: Name of person who will pay premium \_\_\_\_\_ Franchise Number \_\_\_\_\_ Employee Social Security Number \_\_\_\_\_

**If Universal Life**

e. Death Benefits Options (Elect one - If no option is selected, Option "A" will be issued)  Option A  Option B  Option C

**If Participating Whole Life**

f. Dividend Option:  Cash  Premium Reduction  Paid-up Additions  Accumulate at Interest

**If Term Life**

g. [ 10 Year  20 Year  30 Year]

**6. RIDERS/BENEFITS**

[  Coverage Continuation Rider  Children Term Rider \$ \_\_\_\_\_

Type of Rider	Name of Insured	Amount of Insurance
Other:   _____	_____	\$ _____

**CHILDREN PROPOSED FOR INSURANCE (COMPLETE FOR CHILDREN RIDER)**

Last Name	First Name	M.I.	Relationship to Primary Proposed Insured	Date of Birth: Mo./Day/Yr.	Age	Ht./Wt.	Gender: M/F	Soc. Sec./Tax ID#
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

a. Has the name of any child age 18 or younger been omitted?  Yes (Explain.) | \_\_\_\_\_  No

**7. INSURANCE AND REPLACEMENTS**

a. Do you have existing life insurance or annuity coverage? .....  Yes  No

b. Is the insurance applied for intended to replace, in whole or in part, any existing insurance or annuity? .....  Yes  No

If "Yes," Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**Agent's Report:** Do you have knowledge or reason to believe that replacement of existing insurance may be involved?  Yes  No

If "Yes," explain by memorandum. I hereby certify that I have personally asked each question on the application to the Primary Proposed Insured (Employee), and I have truly and accurately recorded on the application the information supplied by him/her.



**AUTHORIZATION TO OBTAIN, RELEASE AND DISCLOSE MEDICAL INFORMATION**

I hereby authorize any: physician; medical practitioner; hospital; clinic or other medical related facility; insurance company; insurance support organization; business partner; pharmacy; pharmacy benefit managers; government agency; group policy holder; employer; benefit plan administrator; the MIB, Inc.; the Department of Motor Vehicle Registration; and paramedical facility to provide to American National Insurance Company, or to any: agent; attorney; consumer reporting agency or independent administrator; including medical record retrieval services or pharmaceutical services, acting on American National Insurance Company's or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to the Proposed Insured for coverage, including information relating to: medical history; medical conditions; treatment; hospitalizations or confinements; ailments; and/or drug, alcohol, or tobacco usage of the applicant. It is understood that American National Insurance Company: underwriters; claim examiners; reinsurers; attorneys; or the medical director may disclose such health information to the aforementioned parties for purposes of underwriting, compliance, record clarification or explanation, or in response to litigation, summons, or subpoenas. I understand that after this information is disclosed, the recipient may redisclose it resulting in loss of protection by federal regulations.

I understand that:

- (1) Such information will be used by American National Insurance Company for underwriting and insurability determinations.
- (2) I may refuse to sign this authorization and that my refusal to sign will affect my ability to obtain life insurance coverage.
- (3) A picture copy or photocopy of this authorization shall be as valid as the original.
- (4) Any authorized representative of the Proposed Insured is entitled to receive a copy of this authorization upon request. This authorization is valid from the date signed for a duration of 24 months. I understand I may revoke the authorization at any time, except to the extent that action has been taken in reliance on this authorization, by sending written notice to the Life Underwriting Department of American National Insurance Company, [P.O. Box 1720, Galveston, Texas 77553. ] may inspect or copy any information used or disclosed under this authorization, if signed.

**APPLICATION DECLARATIONS AND AGREEMENTS**

Each of the undersigned declares for themselves, and all other interested parties, that all of the answers in all pages of this application and any supplements to it are full, complete, and true to the best of their knowledge and belief. They also agree that: (1) these answers as written: (i) were given to induce the "Company" to issue a policy; and (ii) shall form the basis for and become a part of any policy issued on this application; (2) except as otherwise provided in the Conditional Coverage, no policy will be effective until it is: (i) issued; (ii) delivered to the applicant; and (iii) the full first premium paid, all during the lifetime of the insured(s); (3) the Company may issue a policy different from that specified in this application subject to my approval and acceptance, and acceptance of such different policy will be a ratification of the changes except that no change in: (i) amount of insurance; (ii) classification; (iii) plan of insurance; or (iv) benefits, will be effective unless agreed to by the applicant in writing; (4) the Company is not bound by any statements made by anyone or any other facts known to anyone concerning any proposed insured(s) if not in writing in this application or any supplement, amendment, or modification to it which has been approved by the Company; and (5) only the president or a vice president or the secretary of the Company has the authority to waive any of the Company rights or requirements or to waive or alter any of the provisions of: (i) this application and any supplement, amendment, or modification to this application which has been approved by the Company; or (ii) any policy issued on this application including any supplement, amendment, or modification to this application which has been approved by the Company.

**CONDITIONAL COVERAGE**

Providing there is no material misrepresentation in the application, if the payroll deduction is authorized, effective immediately, interim life insurance equal to the lesser of the amounts applied for or \$100,000 is provided on all applicants unless the answer to question 3a, 3b or 3c is "Yes" or 1p is "No". This coverage continues until this application has been approved for issue, or until you are notified that no insurance will be issued. The proposed insureds must be insurable under the Company's rules on the plan and for the amount.

**APPLICATION SIGNATURES**

By signing below, I hereby agree to the following:

- I have received and read the notification about the Federal Fair Credit Reporting Act and the MIB, Inc.
- I have received and read Form ABRDSI, the Summary and Disclosure Notice for Accelerated Benefits.
- I hereby certify that I have read and received the notification regarding Conditional Coverage and I understand and agree to its terms.

**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.

Date: Month/Day/Year                      Signed at: City                      State      Country  
\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Witnessed by:	
Signature of Licensed Agent/Insurance Producer	Signature of Proposed Insured
X _____	X _____
Agent/Insurance Producer State License Number	Signature of Owner if other than Proposed Insured
_____	X _____
Agent/Insurance Producer Company Personal Code	
_____	



**AGENT: THIS NOTICE MUST BE LEFT WITH THE PROPOSED INSURED.**

### AMERICAN NATIONAL INSURANCE COMPANY

Thank you for considering American National Insurance Company as your insurance carrier.

One of the prime objectives of our company is to provide insurance at the lowest possible cost. The underwriting process (evaluation of risks) is necessary not only to assure this low cost, but also to assure that each policyholder contributes his/her fair share of the cost. In considering your application, information from various sources must, therefore, be considered. These include the results of your physical examination, if required, and any reports we may receive from doctors and hospitals who have attended you.

**MIB, INC. PRE-NOTIFICATION:** Information regarding your insurability will be treated as confidential. The American National Insurance Company or its reinsurer(s) 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, Inc. member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, Inc. upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901. If you question the accuracy of information in MIB, Inc.'s file, you may contact MIB, Inc. and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB, Inc.'s information office is: 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

The American National Insurance Company or its reinsurer(s) 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, Inc. may be obtained on its website at [www.mib.com](http://www.mib.com). ]

**FAIR CREDIT REPORTING ACT PRE-NOTIFICATION:** Federal and state laws require notification that, in connection with your application, we may request an investigative consumer report. Upon written request, we will inform you whether or not an investigative consumer report was requested and, if such a report was requested, the address and telephone number of the investigative agency to which the request was made. By contacting the local office and providing the proper identification, you may inspect, or, for the appropriate fee, receive a copy of such report.

Typically, the report will contain information as to character, general reputation, personal characteristics and mode of living, which information is obtained through an interview with you or an adult member of your family, employers or business associates, financial sources, friends, neighbors or others with whom you are acquainted. The information will consist, when applicable, of a confirmation of your identity, age, residence, marital status, and past and present employment including occupational duties, financial information, driving record, sports and recreational activities, health history, if any, living conditions and type of community.

### CONDITIONAL COVERAGE

Providing there is no material misrepresentation in the application, if the payroll deduction is authorized, effective immediately, interim life insurance equal to the lesser of the amounts applied for or \$100,000 is provided on all applicants unless the answer to question 3a, 3b or 3c is "Yes" or 1p is "No". This coverage continues until this application has been approved for issue, or until you are notified that no insurance will be issued. The proposed insureds must be insurable under the Company's rules on the plan and for the amount.

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 Product Name: Application 10525  
 Project Name/Number: Application 10525/Application 10525

## Supporting Document Schedules

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

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> This is an application filing; submitted under the Forms Schedule tab.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter		
<b>Comments:</b>		
<b>Attachment:</b> AR.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> AR Statement of Variability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Summary and Disclosure Notice for Accelerated Benefits		
<b>Comments:</b>		

*SERFF Tracking Number:* AMNA-128231645                      *State:* Arkansas  
*Filing Company:* American National Insurance Company                      *State Tracking Number:*  
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*Product Name:* Application 10525  
*Project Name/Number:* Application 10525/Application 10525

A similar form was submitted under SERFF Tracking Number AMNA-127076498. The ONLY difference is that the signatures have been removed because the applicant will sign the application under this submission instead of the disclosure provided to them.

**Attachment:**

ABRDSI.pdf



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## READABILITY CERTIFICATION

We hereby certify that the following form(s), meet the requirements of the Readability Insurance Policies Act:

<u>Form</u>	<u>Form Name</u>	<u>Scoring(s)</u>
10525-AR (scored with PWL-CSO(10) policy form)	Application for Individual Life Insurance	50.1

---

Rex D. Hemme  
Senior Vice President & Actuary  
American National Insurance Company  
4/2/2012



Tobie Brink, Life Policy Analyst III  
Product Development – Actuarial  
Home Office : One Moody Plaza, 14<sup>th</sup> Floor  
Galveston, Texas 77550

e-mail: [tobie.brink@ANICO.com](mailto:tobie.brink@ANICO.com)  
Phone: (409) 763-4661 x 4265  
Fax: (409) 766-6522

April 12, 2012

Arkansas Insurance Department  
Compliance - Life and Health  
1200 West Third Street  
Little Rock AR 72201-1904

**RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030) Filing Of:  
10525-AR- Application for Individual Life Insurance  
SERFF Tracking Number: AMNA- 128231645  
Company Tracking Number: Application 10525**

Dear Reviewer:

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PWL-UL(10) - approved 9/8/2006 State Tracking Number 33579  
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In addition to paper applications, we would like to utilize the application in an electronic form. The Agent will ask the applicant all the questions on the application and enter the applicant's answers into the computer. The questions will be identical to the ones in the currently approved application.

The authentication of the e-transaction is as follows:

American National Insurance Company will be collecting electronic signatures on life insurance forms via a process known as eSignature (Click Wrap). This process enables individual signers to review forms and attach electronic signatures via email, eliminating the need for wet signatures on applications.

After the application has been locked, the processes to define signature parties, gather signatures from those parties, and ultimately submit a completed application package to American National Insurance Company is defined below.

Upon initially reaching the end of the application process, the agent is presented with a dynamic screen called "Validate and Lock" that allows them to do one of two things, return to areas of the application that are not in Good Order, or lock the application if it's in Good Order.

The eSignature instructions screen displays the signing parties' names. It also requires the agent to enter the last 4 digits of their Social Security Number, which they will need, to log in when it is time to affix their electronic signature to the application. The agent is also required to enter the Email address for notifications and confirm the same. After the agent has initiated the eSignature process, the signature party will receive an email with a link to view the applicable documents. The signing party will need to enter the last four digits of their ssn to access the documents they are to review and sign.

Once the agent has locked an application and chosen to utilize the electronic signature process, the agent goes through a series of steps to identify the particular email that each signing party will use and then send that email to the party.

The URL contained in this email will last for seven calendar days until expiration. In addition, the URL will expire if any of the following events happen:

- Successful completion of the eSignature process
- Any signer completely declines the eSignature process
- Regeneration of a new email to the same party
- Completion of three unsuccessful login attempts

If changes are needed to the application once the signature process has begun, all signatures are voided and the signature process must begin again.

After all signing parties (Insured and/or Owner) complete the signature process successfully, an email is sent to the agent informing them as such, and that it is time for the agent to affix their signature to the forms. This email contains the URL that the agent will click on in order to start their eSignature process.

The agent's signature process begins as he/she receives an email indicating all other required signatures have been obtained. The agent's signature process cannot begin until all non-agents signatures have been applied; therefore, if a decline or expiration takes place for an insured or owner, the agent could not begin the eSignature process. After the agent reviews the Terms of Use and Application, the producer "Apply eSignature" screen is displayed. This screen is functionally similar to the Primary Insured/Owner version, with different text. The Agent will enter Signed at City and click "Apply eSignature" button. After clicking "Apply eSignature" the screen will refresh and display a link to "Print Signed Application" and a button to "Submit to ANICO". If one of the signing parties did not consent to the eSignature method, the agent could print the application and supplemental forms for a wet signature.

Additional information/supporting documentation included in this submission is as follows:

- Statement of Variability
- Readability Certification
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

*Tobie Brink*

Tobie Brink  
Life Policy Analyst III

# Statements of Variability

## *Simplified Issue Application*

### 10525-AR

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*Variable fields are as follow. Any state/entity specific deviations or exceptions are included.*

**Company Address** – The application provides an address (Street and/or P O Box, City, State, and ZIP Code) for the company to which the completed application may be mailed. The address for the company is filed as variable material to allow for updates. The address provided will coincide with the appropriate receiving department. Potential alternatives, if any, will need to be provided.

i.e. San Antonio; League City

**Riders/Benefits** – This section lists the available optional riders and benefits. This section has been filed as variable material to allow for the removal or addition of such items. Any removal will be a result of a rider no longer offered. Any addition of a rider/benefit will be as a result of prior approval of such rider. The range of riders for this section are:

- Coverage Continuation Rider
- Children’s Level Term Rider

**Product Information- Term Products** – This section lists the available Term Life products. This section has been filed as variable material to allow for the removal or addition of such items. Any removal will be a result of a product no longer offered. Any addition of a product will be as a result of prior approval of such product. The range of products for this section are:

- 10 Year
- 20 Year
- 30 Year

The form also contains the following variable fields, considered illustrative:

**Medical Information Bureau (MIB) Pre-notification** - the MIB pre-notice text has been denoted as variable material to allow for updates as provided by the MIB. This field will not vary on an individual basis and would only be updated should updates from the MIB, Inc. be required for new issues.

We certify that any change or modification to a variable item will be administered in accordance with the requirements in the Variability of Information section from the applicable product standards, including any requirements for prior approval of a change or modification.



## Summary and Disclosure Notice for Accelerated Benefits

Issued by American National Insurance Company  
One Moody Plaza, Galveston, TX 77550-7947

page 1 of 3



**THIS SUMMARY PROVIDES A BRIEF DESCRIPTION OF THE BASIC FEATURES OF THE ACCELERATED BENEFIT RIDERS LISTED BELOW. THIS IS NOT AN INSURANCE CONTRACT, BUT ONLY A SUMMARY OF THE COVERAGE PROVIDED BY EACH RIDER.**

**Your policy may contain some or all of the Accelerated Benefit Riders described in this summary and disclosure notice. You should check Your policy to determine which, if any, of these riders have been attached to Your policy. Payment of an Accelerated Benefit means that Your Base Policy or Covered Rider(s), for which the Accelerated Benefit is paid, will terminate. The death benefit that would have been paid to the Beneficiary after the death of the Rider Insured will be paid to You prior to the death of the Rider Insured. You will not receive the full death benefit, but rather a reduced amount called the Accelerated Benefit Payment.**

**Receipt of an Accelerated Benefit may be a taxable event. You should consult a tax advisor regarding the tax status of any benefit paid to You under this Rider. Receipt of Accelerated Benefits may affect your eligibility for Medicaid, supplemental security income, or other government benefits or entitlements.**

In order to receive Accelerated Benefits, You must request the payment of an Accelerated Benefit and show proof that the Rider Insured has met the qualifying conditions of one of the Accelerated Benefit Riders, as described below.

There is no additional premium required for these Riders.

An administrative fee, not to exceed \$500, will be deducted from the Accelerated Benefit Payment.

**Accelerated Benefit Rider for Terminal Illness** – Covers an illness or chronic condition that is reasonably expected to result in the death of the Rider Insured within 24 months or less.

**Accelerated Benefit Rider for Chronic Illness** – Covers an illness or physical condition in which the Rider Insured:

- a. is unable to perform at least two (2) Activities of Daily Living, without Substantial Assistance from another person, due to a loss of functional capacity for a period of at least ninety (90) days; or,
- b. requires supervision by another person to protect the Rider Insured from threats to health and safety due to the Rider Insured's Severe Cognitive Impairment.

The Activities of Daily Living are bathing, continence, dressing, eating, toileting and transferring.

**Severe Cognitive Impairment** – Severe Cognitive Impairment is the deterioration or loss of intellectual capacity that is:

- a. comparable to, and includes, Alzheimer's Disease and similar forms of irreversible dementia; and,
- b. measured by clinical evidence and standardized tests which reliably measure impairment in, short term or long term memory, orientation to people, places, or time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

No Accelerated Benefit will be paid within the first two policy years of the Issue Date of the Base Policy under the Accelerated Benefit Rider for Chronic Illness.

**Accelerated Benefit Rider for Critical Illness** – Critical Illness means the Rider Insured has experienced one of the following Qualifying Events:

- a. **Heart Attack** (myocardial infarction) – The death of a portion of the heart muscle resulting from inadequate blood supply to the relevant area. Heart Attack does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous heart attack. The diagnosis of a Heart Attack must be made by a Physician board certified in Cardiology and based on the presence of:
  1. associated new EKG changes which support the diagnosis; and,
  2. elevation of cardiac enzymes above standard laboratory levels.
- b. **Stroke** – A cerebrovascular accident or infarction (death) of brain tissue caused by hemorrhage, embolism, or thrombosis resulting in paralysis or other measurable neurological deficit which persists for 96 hours following the occurrence of the Stroke. Stroke does not include transient ischemic attacks. The diagnosis of a Stroke must be made by a Physician board certified in Neurology.



- c. **Invasive Cancer** – A disease which is characterized by the presence and uncontrolled growth and spread of malignant cells and the invasion of normal tissue. Invasive Cancer must be diagnosed by a pathological or clinical diagnosis. Invasive Cancer does not include:
1. any skin cancer, except invasive malignant melanoma into the dermis or deeper;
  2. pre malignant lesions, benign tumors, or polyps;
  3. early prostate cancer diagnosed as T1N0M0 or equivalent staging; or,
  4. carcinoma in situ.
- d. **Diagnosis of End Stage Renal Failure** – The irreversible and total failure of both kidneys which requires the undergoing of renal transplantation or regular renal dialysis.
- e. **Major Organ Transplant** – The receipt by transplant of any of the following organs or tissues; heart, lung, liver, kidney, pancreas, small intestine or bone marrow. The Rider Insured must be registered on the United Network of Organ Sharing.
- f. **Diagnosis of ALS (Amyotrophic Lateral Sclerosis)** by a qualified Physician.
- g. **Blindness** – The total and permanent loss of sight in both eyes as a result of disease or injury and results in a reduced life expectancy. Total loss of sight in an eye is defined as corrected vision of 20/200 or worse.
- h. **Paralysis** – The complete and permanent loss of use of two or more limbs through neurological injury for a continuous period of at least 180 days. Paralysis must be confirmed by a Physician board certified in Neurology.
- i. **Arterial Aneurysms** – A localized widening (dilatation) of an artery, vein, or the heart. The diagnosis of an Arterial Aneurysm must be made by a Physician board certified in Cardiology.
- j. **Central Nervous System Tumors** – Diagnosis of any abnormal solid growth involving the central nervous system (brain and/or spinal cord) by a Physician.
- k. **Major Multi System Trauma** – Any major accident or injury resulting in significant alteration of any three (3) body systems which requires hospitalization and extended rehabilitation, results in permanent impairment of the function and/or altered ability to perform Activities of Daily Living, and significantly alters the Rider Insured's life expectancy.
- l. **Auto Immune Deficiency Syndrome (AIDS)** – Advanced HIV infection that is associated with an AIDS defining condition (P. carinii pneumonia, esophageal candidiasis, wasting, Kaposi's sarcoma, disseminated mycobacterium avium infection, tuberculosis, cytomegalovirus disease, HIV associated dementia, recurrent bacterial pneumonia, toxoplasmosis, immunoblastic lymphoma, chronic cryptosporidiosis, Burkitt lymphoma, disseminated histoplasmosis, invasive cervical cancer and chronic herpes simplex) and has been diagnosed by a Physician.
- m. **Severe Disease of Any Organ** – Severe Disease of Any Organ system is any illness that is life threatening, requires inpatient hospital care and, and will significantly alter the Rider Insured's life expectancy, as diagnosed by a Physician.
- n. **Severe Central Nervous System Disease** – Severe disease of the central nervous system, brain and/or spinal cord, as diagnosed by a Physician that is life threatening and significantly alters the Rider Insured's life expectancy, as diagnosed by a Physician. Severe Central Nervous System Disease includes, but is not limited to, progressive multiple sclerosis, Parkinson's Disease, Huntington's chorea and encephalitis which permanently alters a portion of the cerebrum.
- o. **Major Burns** – The diagnosis by a Physician board certified in plastic surgery, that the Rider Insured has sustained third degree burns covering at least 40% of the surface area of the Rider Insured's body.
- p. **Loss of Limbs** – The complete and permanent severance of two or more limbs through or above the elbow or knee joint due to trauma or accident and results in a reduced life expectancy. Loss of Limbs as a result of disease process is excluded from this definition.

No Accelerated Benefit will be paid under the Accelerated Benefit Rider for Critical Illness for any Qualifying Event that occurs on or before the date of issue of the Base Policy to which this Rider is attached.

No Accelerated Benefit will be paid under any Accelerated Benefit Rider for a condition that results from any self inflicted injury or attempted suicide.



The Accelerated Benefit Payment will be equal to the Eligible Death Benefit less the actuarial discount, as determined by Us; an administrative charge not to exceed \$500; and any policy debt, if the qualifying Rider Insured is also the Base Policy Insured. The Accelerated Benefit Payment for the Base Policy Insured will never be less than the cash surrender value of the Base Policy, if any.

You may choose to receive the Accelerated Benefit Payment in a lump sum or a series of periodic payments. If You elect periodic payments, You may apply the Accelerated Benefit Payment to any non-life contingent Settlement Option pursuant to the Settlement Options provision of the Base Policy.

If an Accelerated Benefit is elected for the Base Policy Insured, any Rider attached to the Base Policy will be treated as if the Base Policy Insured has died. Acceleration of a Covered Rider will be treated as though the Rider Insured has died for the purpose of determining the impact of the acceleration on the Base Policy.

**I acknowledge that I have reviewed this Summary and Disclosure Notice and have been provided a copy for my records.**

SERFF Tracking Number: AMNA-128231645 State: Arkansas  
 Filing Company: American National Insurance Company State Tracking Number:  
 Company Tracking Number: APPLICATION 10525  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Application 10525  
 Project Name/Number: Application 10525/Application 10525

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/04/2012	Supporting	Statement of Variability Document	04/12/2012	AR Statement of Variability.pdf (Superseded)