

SERFF Tracking Number: FRSS-128180500 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Overflow Form March 2012
Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Overflow Form March 2012

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FRSS-128180500 State: Arkansas

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

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/23/2012

Authors: Jennifer Daigle, Kerry
Shields, Tamara Kozma, Gita
Lakhan, Art Vikari, Gale Mcinally

Date Submitted: 04/16/2012

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: The Insurance
Laws of Canada where this Society is domiciled
does not require approval of this form.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/23/2012

State Status Changed: 04/23/2012

Deemer Date:

Submitted By: Tamara Kozma

Filing Description:

RE: The Independent Order of Foresters

NAIC #763-58068; FEIN: 980000680

Created By: Kerry Shields

Corresponding Filing Tracking Number:

Form Type: Application Overflow Form

The form listed below is enclosed for your review and approval. This form will replace the previously approved forms

SERFF Tracking Number: FRSS-128180500 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Overflow Form March 2012
Project Name/Number: /

also listed below. No part of this filing contains any unusual or possibly controversial items from normal industry standards. Approval of this form is not required by the Insurance Laws of Canada where this Society is domiciled.

Forms Submitted for Approval: 105366 US 03/12 Application Overflow Form

This new form replaces both of the following previously approved forms listed below. The previous forms were never marketed. The new form combines the two prior forms into one to enable its use with any Foresters application and related forms approved for use in your state, and was developed to resolve logistical issues the prior approved forms were causing to the development of our electronic application platform and to better address producer needs.

- 105365 US 06/11 SERFF Tr Num: FRSS-127300950 Approved 07/08/2011
- 105366 US 01/12 SERFF Tr Num: FRSS-127975439 Approved 02/21/2012

The Application Overflow Form may be used by producers to record additional details on those occasions where space on the application and/or related forms, such as underwriting questionnaires, is insufficient. This form may be used with previously filed and approved applications and related forms, such as underwriting questionnaires, listed below. It may also be used with any future applications and related forms filed and approved in your state.

- SERFF filing FRSS-127975439 approved 02/21/2012
- SERFF filing FRSS-126516328 approved 06/14/2010

When used, the form becomes part of the application and a copy of the form will be included with the completed application that is part of the insurance contract provided to the certificate owner.

When completed electronically the body of the form may dynamically 'grow' to accommodate large amounts of overflowing data. As a result, a completed form may have a varying overall number of pages – 1, 2 3 or more. While electronic use of the form may affect margins, formatting and pagination, the form's text will be identical to the text that is approved and will never be less than the required font size.

If I may provide any additional information relating to this submission, please feel free to contact me at 416-429-3000, ext. 4310 or by email at tkozma@foresters.com

Sincerely,
Tamara Kozma
Compliance Analyst

SERFF Tracking Number: FRSS-128180500 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Overflow Form March 2012
Project Name/Number: /

State Narrative:

Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst kshields@foresters.com
789 Don Mills Road 416-429-3000 [Phone] 4066 [Ext]
Toronto, ON M3C 1T9 416-467-2525 [FAX]

Filing Company Information

The Independent Order of Foresters CoCode: 58068 State of Domicile: Ontario
789 Don Mills Road Group Code: Company Type: Fraternal Benefit
Toronto, ON M3C 1T9 Group Name: Society
(416) 429-3000 ext. [Phone] FEIN Number: 98-0000680
State ID Number:

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$50.00	04/16/2012	58007606

SERFF Tracking Number: FRSS-128180500

State: Arkansas

Filing Company: The Independent Order of Foresters

State Tracking Number:

Company Tracking Number:

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: Overflow Form March 2012

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/23/2012	04/23/2012

SERFF Tracking Number: *FRSS-128180500* *State:* *Arkansas*
Filing Company: *The Independent Order of Foresters* *State Tracking Number:*
Company Tracking Number:
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Overflow Form March 2012*
Project Name/Number: /

Disposition

Disposition Date: 04/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FRSS-128180500 State: Arkansas
 Filing Company: The Independent Order of Foresters State Tracking Number:
 Company Tracking Number:
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Overflow Form March 2012
 Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	105366 US 03/12	US Application/ Enrollment Form	Application/ Overflow Form	Revised	Replaced Form #: 105365 US 06/11; 105366 US 01/12 Previous Filing #: FRSS-127300950; FRSS-127975439	56.200	105366 US 0312_Application Overflow Form.pdf

Overflow Form

Overflow for the most recent: application for individual life insurance application for reinstatement application for change

Proposed Insured: _____
(First name, middle initial and last name)
Date of birth: _____
(mmm/dd/yyyy)

Overflow Information

[Details of the question which is overflowing from the original form, and the applicant's corresponding answer]

Signature Section

"Application" means the application identified in this Overflow Form ("Form"), relating to the proposed insured identified in this Form, including each additional form that is a part of that application. "I" means individually each person identified in the Application as either the proposed insured and/or owner and the parent/legal guardian signing this Form.

I, by signing this Form: 1) Declare that I have provided the statements, answers and representations shown in this Form and they are full, complete and true. 2) Understand and agree that: (a) those statements, answers and representations relate to the corresponding Application section or question identified in this Form; (b) those statements, answers and representations will be relied upon as evidence of insurability that will influence the assessment and acceptance of the Application by Foresters; and (c) this Form is part of and subject to the Application.

[Signature of proposed insured: _____]
(if the proposed insured is not a juvenile)

[Signature of owner: _____]
(if other than proposed insured)

[Signature of parent/legal guardian: _____]
(if the proposed insured is a juvenile)

[Signature of producer: _____]

Each person signed at (City, State): _____ Date (mmm/dd/yyyy): _____

SERFF Tracking Number: FRSS-128180500 State: Arkansas
Filing Company: The Independent Order of Foresters State Tracking Number:
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Overflow Form March 2012
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR_Readable Score Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Please refer to Filing Description under 'General Information' tab. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: 105366 US 0312_Application Overflow Form 2012_SOV.pdf		

The Independent Order of Foresters

NAME OF COMPANY: The Independent Order of Foresters
Forester House, 789 Don Mills Road, Toronto, Ontario M3C 1T9
(416) 429-3000

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is below.
 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below.

Form and Form Numbers to which Certification is Applicable:

<u>Form Name</u>	<u>Form Number</u>	<u>Flesch Score</u>
Application Overflow Form	105366 US 03/12	56.2

B. Test Option Selected

1. Test was applied to entire policy form(s).
 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates the standard has been achieved.

1. The policy text achieves a minimum score of 40 on the Flesch reading ease test in accordance with the option chosen in Section A above.
2. It is printed in not less than 10-point type, one point leaded. (This does not apply to specification pages, schedules and tables).
3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
4. The section titles are captured in bold-faced type or otherwise stand out significantly from the text.
5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages).

This certification must be signed by an officer of the insurer.

Steve Lit

Digitally signed by ca,
Tamara Kozma
DN: c=ca, o=iodefentrust,
cn=ca, ou=ciscovpn,
cn=Tamara Kozma
Date: 2012.04.16 14:24:21
-04'00'

April 16, 2012

Albert Tiw, FSA, FCIA
Vice President, Product Solutions & US Finance

Date

The Independent Order Of Foresters

Statement of Variability

Application Overflow Form 105366 US 03/12

Page 1

1. Foresters head office and US mailing addresses, telephone number and corporate logo are bracketed to allow for change if Foresters moves or changes its phone number.
2. Overflow Information – For each answer for which the original form had insufficient room, the question will be identified, and the applicant's corresponding answer will be shown.
3. Signature Section - When this form is used electronically only the signatures and corresponding language for each person actually applying their signature will appear.
4. Total pages shown in the footer - When this form is used electronically this will reflect the total number of pages in the form used for a specific applicant's overflowing information.