

SERFF Tracking Number: FRSS-128238564 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: Declaration of Continued Insurability 2012
Project Name/Number: /

Filing at a Glance

Company: The Independent Order of Foresters

Product Name: Declaration of Continued Insurability 2012 SERFF Tr Num: FRSS-128238564 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

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

Disposition Date: 04/13/2012

Shields, Jennifer Daigle, Kerry

Shields, Tamara Kozma, Rosemary

Ho, Gita Lakhan, Art Vikari, Gale

Mcinally

Date Submitted: 04/10/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

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

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 04/13/2012

Deemer Date:

State Status Changed: 04/13/2012

Submitted By: Tamara Kozma

Created By: Tamara Kozma

Filing Description:

Corresponding Filing Tracking Number:

RE: The Independent Order of Foresters

NAIC #763-58068; FEIN: 980000680

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Form Type: Declaration of Continued Insurability

The form listed below is enclosed for your review and approval. This form will replace state-filed previously approved forms. 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: 105442 US 04/12 Declaration of Continued Insurability

Replaces: OF-312-93 US Declaration of Continued Insurability - approved November 10, 1999

This form is being revised in order to update its wording and usage. The form will be used to validate that insurability has not changed between the date that the application was signed and the date that the form is complete (certificate delivery).

This form will be used with the following applications for life insurance, in the same manner as outlined in their filings:

- 770630 US 02/10 SERFF filing FRSS-126516328 approved June 14, 2010
- 770554 AR 01/12 and 770705 AR 01/12 SERFF filing FRSS-127975439 approved February 21, 2012
- Any future applications filed and approved in your state.

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.

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
State Narrative:

Company and Contact

Filing Contact Information

Kerry Shields, Compliance Analyst kshields@foresters.com

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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 Society
 Toronto, ON M3C 1T9 Group Name: State ID Number:
 (416) 429-3000 ext. [Phone] FEIN Number: 98-0000680

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Forms for approval @ \$50.00 per form=\$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Independent Order of Foresters	\$50.00	04/10/2012	57858759

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/13/2012	04/13/2012

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Disposition

Disposition Date: 04/13/2012

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	Statement of Variability		Yes
Form	Declaration of Continued Insurability		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	105442 US 04/12	US Application/Declaration of Enrollment Form	Continued Insurability	Revised	Replaced Form #: OF-312-93 US Previous Filing #:	55.300	105442 US 0412_Declaration of Continued Insurability.pdf

The Independent Order of Foresters ("Foresters")

Declaration of Continued Insurability

Proposed Insured			
First name: _____	Middle name: _____	Last name: _____	
Application date: _____ <small>(mmm/dd/yyyy)</small>	Certificate #: _____	Insurance Class: <input type="radio"/> Nicotine <input type="radio"/> Non-Nicotine	

Note – "Certificate" means the certificate identified in this declaration. "Application" means the application completed for that Certificate and includes additional forms, if any, that are part of that application. "Diagnosed", "advised" and "treatment" mean by a licensed physician or medical practitioner.

- 1) Since the Application date, has the proposed insured or another person proposed for coverage under the certificate or a rider attached to the certificate:
- a) Consulted with, or been examined by, a licensed physician or medical practitioner (excluding consultations or examinations scheduled prior to the Application date or those related to a disease, disorder or condition disclosed in the Application)? Yes No
 - b) Been diagnosed with, or received treatment for, a disease, disorder or condition that was not disclosed in the Application? Yes No
 - c) Had or been advised to have a lab or diagnostic test (other than for HIV) or surgery, or been hospitalized? Yes No
 - d) Had an event or a change in health, habits or circumstances, that would require a change in an answer to a question on the Application, if that application was being completed today? Yes No

DO NOT answer question 2 if it is indicated above that the certificate was issued with a Nicotine insurance class rating.

- 2) Since the Application date has the proposed insured used tobacco in any form, or another nicotine product? Yes No

For each "Yes" answer to questions 1a to 1d, provide details including the name and address of each physician and/or medical practitioner that consulted, advised, diagnosed, examined or provided treatment.

If all of the above questions are answered "No", delivery can be completed. Two declarations must be completed and signed. Provide one completed and signed declaration to the Certificate owner with the delivery package and return the other to Foresters.

If one or more of the above questions is answered "Yes", delivery cannot be completed. This declaration must still be completed and signed and must be returned to Foresters along with the delivery package. No Certificate or rider coverage will be in effect unless and until Foresters reconfirms insurability and approves delivery.

"I" means the person identified in the Application as the proposed insured or the parent/legal guardian signing this questionnaire, if the proposed insured is a juvenile.

I, by signing this declaration, declare that: 1) I have provided the statements, answers, and representations shown in this declaration and they are full, complete and true. 2) I understand and agree that: (a) this declaration is part of and subject to the Application; and (b) the information provided in this declaration will be relied upon as evidence of insurability that will influence the assessment and acceptance of the Application by Foresters.

X _____
 Signature of proposed insured (if the proposed insured is not a juvenile)

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

Signed at: _____
 (City, State)

Signed on: _____
 Date (mmm/dd/yyyy)

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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: DCI Form_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>
Declaration of Continued Insurability	105442 US 04/12	55.3

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.



Digitally signed by ca, Tamara Kozma
 DN: c=ca, o=iofentrust, cn=ca, ou=ciscovpn, cn=Tamara Kozma
 Date: 2012.04.05 13:48:27 -04'00'

April 5, 2012

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

Date

The Independent Order Of Foresters

Statement of Variability

**Declaration of Continued Insurability
105442 US 04/12**

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1. Foresters head office, US mailing office, telephone number and corporate logo are bracketed to allow for change if Foresters moves or changes its phone number.