

SERFF Tracking Number: FRT-128315225 State: Arkansas
Filing Company: Forethought Life Insurance Company State Tracking Number:
Company Tracking Number: A4153-01
TOI: L07G Group Life - Whole Sub-TOI: L07G.111 Single Premium - Single Life
Product Name: Group Whole Life Insurance
Project Name/Number: A4153-01/A4153-01

Filing at a Glance

Company: Forethought Life Insurance Company

Product Name: Group Whole Life Insurance SERFF Tr Num: FRT-128315225 State: Arkansas

TOI: L07G Group Life - Whole SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: L07G.111 Single Premium - Single Life Co Tr Num: A4153-01 State Status: Approved-Closed
Life

Filing Type: Form

Author: Kasey Poettker

Reviewer(s): Linda Bird

Date Submitted: 04/30/2012

Disposition Date: 05/02/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: A4153-01

Status of Filing in Domicile: Pending

Project Number: A4153-01

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Discretionary

Overall Rate Impact:

Filing Status Changed: 05/02/2012

State Status Changed: 05/02/2012

Deemer Date:

Created By: Kasey Poettker

Submitted By: Kasey Poettker

Corresponding Filing Tracking Number:

Filing Description:

Attached for your review and approval is Enrollment Form A4153-01. This form is new and does not replace any forms already filed with your department.

This form will be completed by the applicant for coverage under our group whole life insurance product, A1200-01, approved by your department on XX/XX/XX.

To the best of my knowledge and belief, this form complies with the statutory and regulatory requirements of your state. The form contains no unusual or controversial features or language that deviate from normal insurance industry

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standards.

Sincerely,

Kasey Poettker
 Sr. Compliance Analyst
 Forethought Life Insurance Company
 State Narrative:

Company and Contact

Filing Contact Information

Kasey Poettker, Compliance Analyst kasey_poettker@forethought.com
 1 Forethought Center 812-933-6748 [Phone]
 Batesville, IN 47006 812-933-6348 [FAX]

Filing Company Information

Forethought Life Insurance Company CoCode: 91642 State of Domicile: Indiana
 1 Forethought Center Group Code: 1266 Company Type: Insurance
 Batesville, IN 47006 Group Name: State ID Number:
 (800) 648-0075 ext. [Phone] FEIN Number: 06-1016329

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Forethought Life Insurance Company	\$50.00	04/30/2012	58794242

<i>SERFF Tracking Number:</i>	<i>FRTH-128315225</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Forethought Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>A4153-01</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.111 Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Group Whole Life Insurance</i>		
<i>Project Name/Number:</i>	<i>A4153-01/A4153-01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/02/2012	05/02/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	GROUP INSURANCE ENROLLMENT FORM	Kasey Poettker	05/01/2012	05/01/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
General Information	Note To Reviewer	Kasey Poettker	04/30/2012	04/30/2012

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Disposition

Disposition Date: 05/02/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: *A4153-01/A4153-01*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form (revised)	GROUP INSURANCE ENROLLMENT FORM		Yes
Form	GROUP INSURANCE ENROLLMENT FORM	Replaced	Yes

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Amendment Letter

Submitted Date: 05/01/2012

Comments:

Good morning. We have revised the Replacement section wording in #4. Please see the revised form.

Thank you for your attention to this submission.

Kasey

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
A4153-01	Application/EGROUP nrollment Form	INSURANC E ENROLLME NT FORM	Initial				52.000	A4153-01 (TG) FILE VERSION Revised 05_01_12.pdf

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Form Schedule

Lead Form Number: A4153-01

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A4153-01	Application/ GROUP Enrollment INSURANCE Form ENROLLMENT FORM	Initial		52.000	A4153-01 (TG) FILE VERSION Revised 05_01_12.pdf

4 REPLACEMENT

Is the insurance applied for intended to replace or change any existing life insurance or annuity policy? Yes No

If "Yes", complete the appropriate Replacement form for your state and return with enrollment form.

5 BENEFICIARY

Death proceeds are to be paid to the named Beneficiary. This designation is subject to any assignment or other directions received from the Certificateholder during the Insured's life.

First Name / Middle Initial / Last Name

Relationship

Telephone Number

Address

City

State

Zip

Social Security Number

6 FRAUD WARNING/NOTICE

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.

STATE REQUIRED NOTICES

AR, KY, LA, NH, NM, RI, TX and WV Residents

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.

AK, DE, and OH Residents

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ID and IN Residents

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

ME and TN Residents

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

CA Residents – Reg. 789.8

The sale or liquidation of any asset in order to buy insurance, either life insurance or an annuity contract, may have tax consequences. Terminating any life insurance policy or annuity contract may have early withdrawal penalties or other costs or penalties, as well as tax consequences. You may wish to consult independent legal or financial advice before the sale or liquidation of any asset and before the purchase of any life insurance or annuity contract. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

CO Residents

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

MN Residents

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NJ Residents

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification - A4153-01.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: n/a

Comments:

CERTIFICATION OF READABILITY

FORM #	FORM NAME	FLESCH SCORE
A4153-01	GROUP INSURANCE ENROLLMENT FORM	52.0

Forethought Life Insurance Company hereby certifies that the form list above achieves the Flesch reading ease score listed.



David K. Mullen, Sr. Vice President

April 30, 2012

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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)
04/30/2012	Form	GROUP INSURANCE ENROLLMENT FORM	05/01/2012	A4153-01 (TG) FILE VERSION Revised 04_18_12.pdf (Superseded)

