

SERFF Tracking Number: METF-128352287 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number:
Company Tracking Number: 111072
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Application for Reinstatement
Project Name/Number: /111072

Filing at a Glance

Company: Texas Life Insurance Company

Product Name: Application for Reinstatement

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: METF-128352287 State: Arkansas

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

Co Tr Num: 111072

Author: Jan Spoede

Date Submitted: 05/11/2012

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/15/2012

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number: 111072

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Jan Spoede

Filing Description:

111072, Application for Reinstatement

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The domiciliary
filing is part of a compact filing being filed with
the ICC.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/15/2012

State Status Changed: 05/15/2012

Created By: Jan Spoede

Corresponding Filing Tracking Number:

This application will be used when an Insured wants to reinstate their policy.

State Narrative:

Company and Contact

Filing Contact Information

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Jan Spoede, Senior Associate, Product Development jspoede@texaslife.com
 P.O. Box 830 800-283-9233 [Phone] 6371 [Ext]
 Waco, TX 76703 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company CoCode: 69396 State of Domicile: Texas
 P.O. Box 830 Group Code: Company Type: Life
 Waco, TX 76703 Group Name: State ID Number:
 (800) 283-9233 ext. [Phone] FEIN Number: 74-0940890

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: The domiciliary state of Texas requires \$100.00 for an application filed separately.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$100.00	05/11/2012	59105925

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/15/2012	05/15/2012

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Disposition

Disposition Date: 05/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: 111072

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	111072	Application/ Enrollment Form Application for Reinstatement	Initial		45.600	Gen TL_application_for_reinstatement_Gen[1].pdf

PROPOSED INSURED _____

POLICY NUMBER _____

1. Please provide the proposed insured's:

a. Current occupation _____

b. Height _____ Weight _____ Place of birth _____

c. Personal physician's name and address (if none, enter "none") _____

2. Within the last 12 months, has the proposed insured:	Yes	No
a. Smoked a cigarette?	<input type="checkbox"/>	<input type="checkbox"/>
b. Used tobacco in any other form?	<input type="checkbox"/>	<input type="checkbox"/>

Record the details of any "yes" answers to questions 3, 4, and 5 in question 6 below.

3. Within the last 5 years, has the proposed insured:	Yes	No
a. Consulted a physician or other medical professional, been advised to have surgery or had treatment or care in a hospital, clinic or other medical facility?	<input type="checkbox"/>	<input type="checkbox"/>
b. Had or been advised to have an X-ray, EKG, MRI, CAT scan, blood test, biopsy, or any other medical test or study?	<input type="checkbox"/>	<input type="checkbox"/>
c. Used cocaine, marijuana, heroin, or any other legally controlled substance, except as prescribed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
d. Taken any prescription medication in a manner other than as instructed by a physician?	<input type="checkbox"/>	<input type="checkbox"/>
e. Been advised by a physician or other medical professional or counselor to reduce or stop drinking alcohol or received treatment for alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
f. Been diagnosed by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies?	<input type="checkbox"/>	<input type="checkbox"/>
4. Within the last 10 years, has the proposed insured sought treatment for, been prescribed medication for, or been diagnosed by a member of the medical profession as having any of the following:		
a. Heart or circulatory disease or disorder, chest pain, shortness of breath, murmur, stroke, transient ischemic attack (TIA), peripheral vascular disease, or high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
b. Cancer, tumor, anemia, leukemia, or other disorder of the blood?	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes or any disease or disorder of the pancreas?	<input type="checkbox"/>	<input type="checkbox"/>
d. Asthma, chronic obstructive pulmonary disease (COPD), emphysema, sleep apnea, or any other disease or disorder of the respiratory system?	<input type="checkbox"/>	<input type="checkbox"/>
e. Any disease or disorder of the esophagus, stomach, intestines, liver, or kidneys?	<input type="checkbox"/>	<input type="checkbox"/>
f. Parkinson's disease, multiple sclerosis, paralysis, seizure, Alzheimer's disease or other dementia, or any other disease or disorder of the brain or nervous system?	<input type="checkbox"/>	<input type="checkbox"/>
g. Depression, anxiety, or any other psychiatric disorder?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the proposed insured currently taking any prescription medication at regular intervals?	<input type="checkbox"/>	<input type="checkbox"/>

6. Provide details of all "yes" answers to questions 3, 4, and 5 in the space below. Include date, diagnosis, treatment, current condition, and physician's name and address. For more space, use the Additional Information section on page 2.

Ques No.	Details
_____	_____
_____	_____
_____	_____
_____	_____

I have read this Application for Reinstatement and understand and agree that all the answers and statements made by me in this Application are, to the best of my knowledge and belief, complete and true, that they are correctly and fully recorded and that no material information or circumstances have been withheld or omitted. I understand that any reinstatement requested for this policy is not effective until approved by Texas Life. I understand and agree that this Application for Reinstatement shall become a part of the policy. I also acknowledge that the reinstated policy may be contested by reason of fraud or misrepresentation of facts material to this reinstatement for the same period of time following reinstatement with the same conditions and exceptions as the policy provides with respect to contestability after original issuance. I certify that I have read and understand the Privacy Notice on [Form 09P012] and the Fraud Warning Notice applicable to my state of residence on [Form 11I080] which were provided to me with my Application for Reinstatement.

Signature of Proposed Insured (If under 18, Parent's Signature)

Date

Signature of Witness

Date

Additional Information:

FOR HOME OFFICE USE ONLY:

Approved by: _____ Disapproved by: _____ Date: _____

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

11NI72_Read_Cert.pdf

AR Cert of Bull 11-83.pdf

AR Cert of Bull 19.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Satisfied - Item: Fraud Warning Notice

Comments:

Attachment:

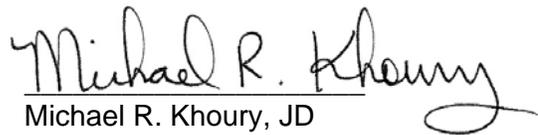
Fraud Warning.pdf

TEXASLIFE

INSURANCE COMPANY

**CERTIFICATION OF READABILITY
FORM: 111072**

This is to certify that Texas Life Insurance Company Form 111072 has achieved a Flesch Reading Ease Score of 45.60.



Michael R. Khoury, JD
Director
Compliance

Texas Life Insurance Company
Waco, Texas

Date: 11 May 2012



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form 111072 complies with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written in a cursive style and is positioned above a horizontal line.

Michael Khoury, JD
Director
Compliance and Product Development

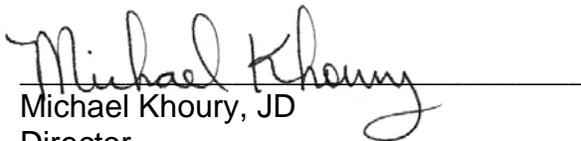
Date: 11 May 2012

TEXASLIFE

INSURANCE COMPANY

CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

A handwritten signature in cursive script, reading "Michael Khoury", is written over a horizontal line.

Michael Khoury, JD
Director
Compliance and Product Development

Date: 11 May 2011

FRAUD WARNING NOTICES- PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

ARKANSAS: 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.

COLORADO: 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, AND DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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.

DISTRICT OF COLUMBIA - WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing 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.

LOUISIANA: 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.

MAINE: It is a crime to knowingly provide false, in-

complete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

MARYLAND: Any person who knowingly and willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willingly presents false information in an application for insurance is guilty of a crime and is subject to fines and confinement in prison.

NEW MEXICO: 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 CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA - WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

PENNSYLVANIA: 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 thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claims for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$ 5,000) and not more than ten

thousand dollars (\$ 10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years. If extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

RHODE ISLAND: 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.

TENNESSEE: 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.

VIRGINIA: 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.

WASHINGTON: 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.

WEST VIRGINIA: Any person who knowingly presents a false or a 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.