

SERFF Tracking Number: AMNA-128446919 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number:
Company Tracking Number: FELA12
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: FELA12
Project Name/Number: FELA12/FELA12

Filing at a Glance

Company: Standard Life and Accident Insurance Company

Product Name: FELA12

SERFF Tr Num: AMNA-128446919 State: Arkansas

TOI: L071 Individual Life - Whole

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

Sub-TOI: L071.201 Early Duration Reduced
Benefit - Level Premium - Any Policy Design

Co Tr Num: FELA12

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tyra Reed, Amber Adams, Disposition Date: 06/19/2012
Tobie Brink

Date Submitted: 06/14/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: 08/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name: FELA12

Status of Filing in Domicile: Pending

Project Number: FELA12

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/19/2012

State Status Changed: 06/19/2012

Deemer Date:

Created By: Tobie Brink

Submitted By: Tobie Brink

Corresponding Filing Tracking Number:

Filing Description:

June 14, 2012

Arkansas Insurance Department

Compliance - Life and Health

1200 West Third Street

Little Rock AR 72201-1904

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RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234) Filing Of:
FELAS12 – Application to Standard Life and Accident Insurance Company
FELAS12T – Telephone Application to Standard Life and Accident Insurance Company
SERFF Tracking Number: AMNA-128446919
Company Tracking Number: FELA12

Please find attached the above listed forms for your department's review and approval. These are new forms and will not replace any previously approved forms.

FELAS12 is the application form used in person to person agent solicited scenarios.

FELAS12T is the application form used for the telephone application process, where the applicant, agent, and call center representative participate in completing the application via telephone. A copy of the telephone procedures have been provided under the Supporting Documentation tab.

FELAS12 and FELAS12T will be used to apply for the previously approved whole life product Form 2004-891 approved 9/6/2006.

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

- Statement of Variability
- Certificate of Readability
- Payment of the required filing fee has been submitted via EFT if applicable
- Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Sincerely,

Tobie Brink
Life Policy Analyst III
State Narrative:

Company and Contact

Filing Contact Information

Tobie Brink, Project Coordinator

Tobie.Brink@ANICO.com

SERFF Tracking Number: AMNA-128446919 State: Arkansas
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 Premium - Any Policy Design

Product Name: FELA12
 Project Name/Number: FELA12/FELA12

One Moody Plaza 409-763-1112 [Phone] 4165 [Ext]
 Actuarial Product Development 409-766-6933 [FAX]
 14th Floor
 Galveston, TX 77550

Filing Company Information

Standard Life and Accident Insurance Company CoCode: 86355 State of Domicile: Texas
 Administrative Office: Group Code: 408 Company Type: LifeHealth and
 Annuity

One Moody Plaza Group Name: State ID Number:
 14th Floor FEIN Number: 73-0994234
 Galveston, TX 77550
 (409) 763-4661 ext. 5222[Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Based on Texas domicile fee: 2 forms exempt, no policy present at \$50 per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Life and Accident Insurance Company	\$100.00	06/14/2012	60159741

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/19/2012	06/19/2012

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Disposition

Disposition Date: 06/19/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMNA-128446919 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number:
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 Product Name: FELA12
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Cover Letter	Yes	Yes
Supporting Document	Telephone Process	Yes	Yes
Form	Application for Individual Life Insurance	Yes	Yes
Form	Application for Individual Life Insurance	Yes	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
	FELAS12	Application/ Enrollment Form Individual Life Insurance	Initial		53.200	FELAS12.pdf
	FELAS12T	Application/ Enrollment Form Individual Life Insurance	Initial		51.100	FELAS12T.pdf



1. Proposed Insured _____ Social Security Number _____

First Name _____ Middle Initial _____ Last Name _____

Date of Birth (MM/DD/YYYY) _____ Age _____ Sex _____ Birthstate/Birthplace _____

Height _____ Weight _____ Marital Status: Married Single Separated Widowed Divorced

Occupation _____ Has the Proposed Insured used tobacco or nicotine in the past 12 months? Yes No

Residence Address: _____ City, State and Zip _____

Phone _____ Email _____

Special Request:

2. Owner _____ Social Security Number _____ Date of Birth _____
(if other than Proposed Insured) Address _____ Relationship _____

3. First Beneficiary _____ Social Security Number _____ Date of Birth _____
Address _____ Relationship _____

Second Beneficiary _____ Social Security Number _____ Date of Birth _____
Address _____ Relationship _____

4. a. Do you have any existing insurance or annuities in force? Yes No
b. Will the life insurance applied for replace or use cash values of any existing life insurance or annuity policy issued by any company? Yes No
If Yes, indicate which policies are being replaced. _____

5. Have you ever flown or do you contemplate flying as a pilot or student pilot, or engage in, or intend to engage in any hazardous avocation or sport? If Yes, complete and submit the appropriate questionnaire. Yes No

PART 1 (Proposed Insured is not eligible for life insurance if any question in PART 1 is answered "Yes".
If all questions are answered "No", proceed to PART 2.)

6. Are you currently hospitalized, in a nursing home, under hospice care, currently confined to a wheelchair due to disease or illness, or need personal or mechanical assistance in bathing and/or dressing?..... Yes No

7. In the past 2 years, have you had a heart attack, stroke, cirrhosis of the liver or cancer (other than non-melanoma skin cancer)?..... Yes No

8. Have you ever been diagnosed by a member of the medical profession with acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or tested positive for human immunodeficiency virus (HIV)? Yes No

9. Have you ever received an organ transplant or are you on a waiting list for an organ transplant? Yes No

10. Have you ever received kidney dialysis, heart valve replacement, or an implanted defibrillator? Yes No

11. Have you ever been diagnosed by a member of the medical profession with any of the following conditions: congestive heart failure, Alzheimers, dementia, aneurysm, chronic hepatitis B or C, cardiomyopathy, or renal failure?..... Yes No

12. Have you ever been diagnosed by a member of the medical profession with chronic obstructive pulmonary disease (COPD)?..... Yes No

13. In the past 10 years, have you been diagnosed by a member of the medical profession with or received treatment for leukemia or lymphoma (Hodgkins or non-Hodgkins)? Yes No

14. In the past 5 years, have you received treatment for alcohol or drug use, been diagnosed by a member of the medical profession with internal cancer or malignant melanoma, had a stroke, cerebral vascular accident (CVA) or transient ischemic attack (TIA), or been diagnosed or treated by a member of the medical profession for pancreatitis? Yes No

15. In the past 2 years, have you been diagnosed by a member of the medical profession with coronary artery disease or atrial fibrillation or had coronary bypass surgery, coronary angioplasty, coronary stenting, or had a pacemaker implanted? Yes No

PART 2 (Proposed Insured may require substandard rates if any of the following is answered "Yes".
If all questions are answered "No", Proposed Insured may qualify for standard rates).

16. Have you ever been diagnosed by a member of the medical profession with major depression, bipolar disorder, diabetes (requiring insulin), rheumatoid arthritis, multiple sclerosis, or Parkinson's disease?..... Yes No
17. In the past 2 to 10 years, have you been diagnosed by a member of the medical profession with a heart attack, coronary artery disease, atrial fibrillation or had coronary bypass surgery, coronary angioplasty or coronary stenting? Yes No
18. In the past 5 years, have you been diagnosed by a member of the medical profession with or received treatment for Crohn's disease or ulcerative colitis? Yes No
19. In the past 5 to 10 years, have you been diagnosed by a member of the medical profession with one of the following conditions: internal cancer, malignant melanoma,transient ischemic attack (TIA)? Yes No
20. Have you ever had a stroke or cerebral vascular accident (CVA)? Yes No

21. Plan _____ Plan Type: Standard Rates Substandard Rates
 Initial Premium Payment _____ Face Amount _____ Payment Method _____ Payment Mode _____
 No money collected. Initial premium is to be drafted.

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.

APPLICATION DECLARATIONS AND AGREEMENTS — The Proposed Insured declares for himself/herself, that all of the answers in this application and any supplements to it are complete and true to the best of his/her knowledge and belief. The Proposed Insured also agrees that:

- these answers as written: a) were given to induce the Company to issue a Policy; and b) shall form the basis for and become part of any Policy issued on the application;
- except as otherwise provided in the conditional receipt, no Policy will be effective until it is: a) issued; b) delivered to the Applicant; c) the full first premium paid; and d) all during the lifetime and good health of the Proposed Insured;
- the Company may issue a Policy different from that specified in this application by listing the difference(s) on the Policy Data Page, and acceptance of such different Policy will be a ratification of the changes except that no changes in: a) specified amount; and b) classification will be effective unless agreed to by the Proposed Insured in writing;
- the Company is not bound by any statements made by anyone or any other facts known to anyone concerning the Proposed Insured if not in writing in this application or any supplement to it; and
- only the President, a Vice President, or 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 this application or the Policy issued on this application.

Dated at City, State _____ Date _____ Print Agent's Name _____
 Proposed Insured's Signature _____ Owner's Signature _____ Witnessed by: Agent's Signature _____

USA PATRIOT ACT NOTICE — To Be Read By Or To Customer

The USA PATRIOT Act requires that we establish an Anti-Money Laundering ("AML") Program, notify customers that we must verify the identity of the owner(s) of our contracts, and collect documents and information sufficient to provide such verification. You should know that failure to provide the requested identification will result in delays in the issuance of the requested coverage and may result in a decision not to accept your application.

Identification Verified: one for each Owner/Trustee/Partner (Use additional forms if necessary.)

Owner/Trustee/Partner: Check one form of Identification:

- Driver's license Resident Alien Identification (green card)
 Passport Other: (describe) _____

Joint Owner/Trustee/Partner: Check one form of Identification:

- Driver's license Resident Alien Identification (green card)
 Passport Other: (describe) _____

The following information should be recorded exactly as it appears on the identification reviewed:

Name _____ Date of Birth _____
 Street Address (not PO Box) _____ City, State, Zip _____
 Number on Identification _____ State or Country _____ Identification Expiration Date _____ (over)



AGENT'S STATEMENT

I certify that I saw the Proposed Insured. I asked the Proposed Insured the questions in the application, and recorded the answers. The answers recorded did not conflict with my observations and knowledge of the Proposed Insured. I witnessed the required signatures. I certify that I have verified the Proposed Insured's personal information by viewing a state issued driver's license, state issued I.D. card, military I.D. card, Permanent U.S. Resident (Green Card), passport or other government issued pictured I.D. card.

Date

Agent's Signature

Agent's Writing Number

AGENT'S SUPPLEMENT

1. What is the purpose of this insurance? Personal Business

2. If beneficiary is not a relative, explain insurable interest:

3. How long have you personally known the Proposed Insured?

4. By whom will the premiums be paid? Owner Applicant Other
If Other, explain: _____

5. As an agent, do you have knowledge or reason to believe that replacement of existing business may be involved? Yes No

6. Was the application voluntary or solicited? _____

AGENT'S REPORT

During the interview, did you observe if the Proposed Insured had any physical or mental impairment with regard to walking, speaking, or clearly understanding the questions on the application? Yes No

The best time(s) to call for a telephone interview:

BE SURE TO INFORM YOUR CLIENT A TELEPHONE INTERVIEW WILL BE CONDUCTED. If the Proposed Insured has a hearing problem, describe.



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 manager, government agency, group policyholder, employer, benefit plan administrator, the MIB, Inc., the Department of Motor Vehicle Registration, and paramedical facility to provide to STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on STANDARD LIFE AND ACCIDENT INSURANCE COMPANY'S or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other Applicant 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(s). It is understood that STANDARD LIFE AND ACCIDENT INSURANCE COMPANY'S 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 STANDARD LIFE AND ACCIDENT 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; and
4. I, or my authorized representative, am 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 New Business Department of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, P.O. Box 696850, San Antonio, TX 78269. I may inspect or copy any information used or disclosed under this authorization, if signed.

Date

Signature of Applicant

Witness

Personal Representative designated by signature above is hereby authorized to execute this instrument based on: (circle one) power of attorney, guardian, guardian-in-fact, payee representative or other

CONDITIONAL RECEIPT

Standard Life and Accident Insurance Company

Mailing Address [P.O. Box 696850, San Antonio, TX 78269]

THIS RECEIPT SHALL BE VOID IF ALTERED OR MODIFIED. PREMIUM CHECKS MUST BE MADE PAYABLE TO THE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

I have received \$ _____ concerning an application for life insurance. If each of the following four conditions is satisfied fully, then, subject to the Maximum Specified Amount Limitation described below, insurance as provided by the terms and conditions of the Policy will become effective on the effective date, as defined below. **1.** The payment received with the application must equal the minimum required for the Plan. **2.** All medical examinations and tests required under the Company's application requirements must be completed and the reports of those medical examinations and tests must be received at the Company's Administrative Office within 45 days after the date of this receipt. **3.** On the effective date, as defined below, the Proposed Insured must be insurable at standard premium rates for insurance requested in the application. **4.** There is no material misrepresentation in the application.

MAXIMUM SPECIFIED AMOUNT LIMITATION: At no time and in no event shall the total liability of the Company under this receipt exceed \$100,000. "Effective date" means the latest of the date the application is completed, the date all medical exams and tests are completed as required by the Company, and if the Proposed Insured requests a policy date which is later than the date of this receipt, the policy date requested by the Proposed Insured. **Refund of Payment:** If one or more of the above conditions have not been satisfied fully within 45 days after the date of this receipt, the Company's liability is limited to a refund of the premium paid. Only the President, a Vice President or Secretary of the Company has the authority to waive any of the Company's rights or requirements or to waive or alter any of the provisions of this receipt or amend it in any way.

Dated at _____ on _____, _____
City, State Month, Day Year

Signature of Licensed Agent

I have read this conditional receipt. The agent has explained it to me and I understand and agree to all conditions and limitations.

Signature of Proposed Insured

Signature of Premium Payor



SIGNATURE REQUIRED IF CONDITIONAL RECEIPT TO BE DETACHED

I hereby certify that I have read and received the conditional receipt, and agree to its terms. I understand that the Company will not permit acceptance of my payment or detachment of the conditional receipt unless this statement is true.

Signature of Proposed Insured

Signature of Premium Payor


Standard Life
and Accident Insurance Company

Standard Life and Accident Insurance Company

Mailing Address:

[P.O. Box 696850, San Antonio, TX 78269]
[888.519.5819]



New Policy Reinstatement

This telephone conversation will be recorded and the information you provide is your application for life insurance.

1. Proposed Insured _____
First Name Middle Initial Last Name
 Date of Birth (MM/DD/YYYY) _____ Age _____ Sex _____ Social Security Number _____
 Height _____ Weight _____ Birthstate/Birthplace _____
 Marital Status: Married Single Separated Widowed Divorced
 Has the Proposed Insured used tobacco or nicotine in the past 12 months? Yes No
 Residence Address _____ Email _____
 Phone _____ Occupation _____
2. Owner _____ Social Security Number _____ Date of Birth _____
(if other than Proposed Insured)
 Address _____ Relationship _____
3. First Beneficiary _____ Social Security Number _____ Date of Birth _____
 Address _____ Relationship _____
 Second Beneficiary _____ Social Security Number _____ Date of Birth _____
 Address _____ Relationship _____
4. a. Do you have any existing insurance or annuities in force? Yes No
 b. Will the life insurance applied for replace or use cash values of any existing life insurance or annuity policy issued by any company? Yes No
 If Yes, indicate which policies are being replaced. _____
5. Have you ever flown or do you contemplate flying as a pilot or student pilot, or engage in, or intend to engage in any hazardous avocation or sport? If Yes, complete and submit the appropriate questionnaire..... Yes No

Special Request _____

PART 1 (Proposed Insured is not eligible for life insurance if any question in PART 1 is answered "Yes".
 If all questions are answered "No", proceed to PART 2.)

6. Are you currently hospitalized, in a nursing home, under hospice care, currently confined to a wheelchair due to disease or illness, or need personal or mechanical assistance in bathing and/or dressing? Yes No
7. In the past 2 years, have you had a heart attack, stroke, cirrhosis of the liver or cancer (other than non-melanoma skin cancer)?..... Yes No
8. Have you ever been diagnosed by a member of the medical profession with acquired immune deficiency syndrome (AIDS), AIDS related complex (ARC) or tested positive for human immunodeficiency virus (HIV)? Yes No
9. Have you ever received an organ transplant or are you on a waiting list for an organ transplant?..... Yes No
10. Have you ever received kidney dialysis, heart valve replacement, or an implanted defibrillator? Yes No
11. Have you ever been diagnosed by a member of the medical profession with any of the following conditions: congestive heart failure, Alzheimers, dementia, aneurysm, chronic hepatitis B or C, cardiomyopathy, or renal failure? .. Yes No
12. Have you ever been diagnosed by a member of the medical profession with chronic obstructive pulmonary disease (COPD)? Yes No
13. In the past 10 years, have you been diagnosed by a member of the medical profession with or received treatment for leukemia or lymphoma (Hodgkins or non-Hodgkins)? Yes No

14. In the past 5 years, have you received treatment for alcohol or drug use, been diagnosed by a member of the medical profession with internal cancer or malignant melanoma, had a stroke, cerebral vascular accident (CVA) or transient ischemic attack (TIA), or been diagnosed or treated by a member of the medical profession for pancreatitis? Yes No
15. In the past 2 years, have you been diagnosed by a member of the medical profession with coronary artery disease or atrial fibrillation or had coronary bypass surgery, coronary angioplasty, coronary stenting, or had a pacemaker implanted?..... Yes No

PART 2 Proposed Insured may require substandard rates if any of the following is answered "Yes".
If all questions are answered "No", Proposed Insured may qualify for standard rates).

16. Have you ever been diagnosed by a member of the medical profession with major depression, bipolar disorder, diabetes (requiring insulin), rheumatoid arthritis, multiple sclerosis, or Parkinson's disease? Yes No
17. In the past 2 to 10 years, have you been diagnosed by a member of the medical profession with a heart attack, coronary artery disease, atrial fibrillation or had coronary bypass surgery, coronary angioplasty or coronary stenting?.. Yes No
18. In the past 5 years, have you been diagnosed by a member of the medical profession with or received treatment for Crohn's disease or ulcerative colitis? Yes No
19. In the past 5 to 10 years, have you been diagnosed by a member of the medical profession with one of the following conditions: internal cancer, malignant melanoma, transient ischemic attack (TIA)? Yes No
20. Have you ever had a stroke or cerebral vascular accident (CVA)? Yes No

PLAN INFORMATION

21. Plan _____ Plan Type: Standard Rates Substandard Rates
- Initial Premium Payment _____ Face Amount _____
- Payment Method _____ Payment Mode _____
- No money collected. Initial premium is to be drafted.**

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.

APPLICATION DECLARATIONS AND AGREEMENTS

In order to complete your application I need to read you some declarations and agreements which will be made part of your application for life insurance:

The Proposed Insured declares for himself/herself, that all of the answers in this application and any supplements to it are complete and true to the best of his/her knowledge and belief. The Proposed Insured also agrees that:

1. these answers as written: a) were given to induce the Company to issue a Policy; and b) shall form the basis for and become part of any Policy issued on the application;
2. except as otherwise provided in the conditional receipt, no Policy will be effective until it is: a) issued; b) delivered to the Applicant; c) the full first premium paid; and d) all during the lifetime and good health of the Proposed Insured;
3. the Company may issue a Policy different from that specified in this application by listing the difference(s) on the Policy Data Page, and acceptance of such different Policy will be a ratification of the changes except that no changes in: a) specified amount; and b) classification will be effective unless agreed to by the Proposed Insured in writing;
4. the Company is not bound by any statements made by anyone or any other facts known to anyone concerning the Proposed Insured if not in writing in this application or any supplement to it; and
5. only the President, a Vice President, or 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 this application or the Policy issued on this application.

Normally, we would get your handwritten signature, but, since we are taking your life insurance application over the phone, we have to obtain your consent by voice recording which constitutes an electronic signature under the law. If the information you have provided on the application is true and correct, if you agree to the statements just read to you and if you consent to the use of this recording as our electronically signed application, please state your name, birthdate and "I agree".

Dated at City, State

Date

Proposed Insured's Signature

Owner's Signature



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 manager, government agency, group policyholder, employer, benefit plan administrator the MIB, Inc., the Department of Motor Vehicle Registration, and paramedical facility to provide to STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, or to any agent, attorney, consumer reporting agency or independent administrator, including medical record retrieval services or pharmaceutical services, acting on STANDARD LIFE AND ACCIDENT INSURANCE COMPANY'S or its reinsurers' behalf, information concerning advice, care or treatment sought by or provided to me and/or any other Applicant 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(s). It is understood that STANDARD LIFE AND ACCIDENT INSURANCE COMPANY'S 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 STANDARD LIFE AND ACCIDENT 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; and
4. I, or my authorized representative, am 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 New Business Department of STANDARD LIFE AND ACCIDENT INSURANCE COMPANY, [P.O. Box 696850, San Antonio, TX 78269.] *I may inspect or copy any information used or disclosed under this authorization, if signed.*

Since we are taking your life insurance application over the phone and cannot obtain a physical handwritten signature on this authorization we have to obtain your consent by voice recording which constitutes an electronic signature under the law. If you agree to the authorization just read to you and if you consent to the use of this recording as your electronic signature, please state your name, birthdate and "I agree".

Date

Applicant's Signature



AGENT'S STATEMENT

- 1. What is the purpose of this insurance? Personal Business
- 2. If beneficiary is not a relative, explain insurable interest: _____
- 3. How long have you personally known the Proposed Insured? _____
- 4. By whom will the premiums be paid? Owner Applicant Other If Other, explain: _____
- 5. As an agent, do you have knowledge or reason to believe that replacement of existing business may be involved? Yes No
- 6. Was the application voluntary or solicited? _____

The agent is usually asked to sign the application as a witness. Since this application is being taken over the phone, we have to obtain the agent's signature by voice recording which constitutes an electronic signature under the law. Please state that you have participated in the telephone application and wish this recording to be your electronic signature by stating your name, birthdate and "I agree".

Date

Print Agent's Name

Agent's Signature

Agent's Writing Number



DISCLOSURE NOTICE

Standard Life and Accident Insurance Company
Mailing Address: P.O. Box 696850, San Antonio, TX 78269]

In connection with your application, Standard Life and Accident Insurance Company (Standard Life), or its reinsurers, may obtain medical and other information for evaluation purposes. Standard Life may obtain that information from MIB, Inc. or any medical professional, medically related facility, insurance support organization or insurance company who possesses information about the care, treatment or advice given you or your family. That information could concern drugs, alcoholism or mental illness. Standard Life may also obtain an investigative consumer report on you.

MIB, Inc. Pre-notification – Information regarding your insurability will be treated as confidential. Standard Life or its reinsurers may, however, make a brief report thereon to 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 in your file. Please contact MIB, Inc. at 866.692.6901. If you question the accuracy of the 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, Massachusetts 02184-8734.

Standard Life, or its reinsurers, 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.]

Fair Credit Reporting Act Pre-notification – Federal and state laws require notification that, with your application, we may request an investigative consumer report. In addition, such a report may be requested subsequently to update our records or if you apply for additional coverage. Upon written request, we will inform you whether or not an investigative consumer report was requested and, if such 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, use of alcohol or drugs if any, living conditions and type of community.



**AUTHORIZATION TO MY BANK
PREAUTHORIZED CHECK AUTHORIZATION**

Bank Information

Checking **Savings**

Name

City

State

Zip

We will not draft from your account until underwriting approves your application.

As a convenience to me, I hereby request and authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Standard Life and Accident Insurance Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or electronic debit shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such checks. I further agree should any such checks or electronic debits be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

If you want this voice recording to constitute your electronic signature on this authorization to your bank, please state your name, birthdate and "I agree to this authorization".

Date Signed

✓ _____
Signature

Account Number

Routing Number

SERFF Tracking Number: AMNA-128446919 State: Arkansas
 Filing Company: Standard Life and Accident Insurance Company State Tracking Number:
 Company Tracking Number: FELA12
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
 Product Name: FELA12
 Project Name/Number: FELA12/FELA12

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: FELAS12 and FELAS12T Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: The application is being filed for approval under the Form Schedule tab.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: This is an application filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability		
Comments:		
Attachments: FELAS12 SOV.pdf FELAS12T SOV.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		

SERFF Tracking Number: AMNA-128446919 State: Arkansas
Filing Company: Standard Life and Accident Insurance Company State Tracking Number:
Company Tracking Number: FELA12
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: FELA12
Project Name/Number: FELA12/FELA12

Attachment:

AR.pdf

Item Status:

Status

Date:

Satisfied - Item: Telephone Process

Comments:

Attachment:

SLAICO Application Program File.pdf



Standard Life and Accident Insurance Company

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>
FELAS12	Application for Individual Life Insurance	53.2
FELAS12T	Application for Individual Life Insurance	51.1

A handwritten signature in black ink, appearing to read 'Rex D. Hemme', written over a horizontal line.

Rex D. Hemme
Senior Vice President & Actuary
Standard Life and Accident Insurance Company
6/11/2012

Statements of Variability

Standard Life and Accident Insurance Company

FELAS12

This memorandum was prepared for use with FELAS12, an agent-solicited life application for Standard Life and Accident Insurance Company.

Variable material contained within the form denoted by use of brackets.

Variable Material

The form contains the following permissible variable material:

Mailing Address
Administrative Office Address
Home Office Address
Telephone Number

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

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 to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.

Statements of Variability

Standard Life and Accident Insurance Company

FELAS12T

This memorandum was prepared for use with FELAS12T, a telephone life application for Standard Life and Accident Insurance Company.

Variable material contained within the form denoted by use of brackets.

Variable Material

The form contains the following permissible variable material:

Mailing Address
Administrative Office Address
Home Office Address
Telephone Number

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

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 to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation as required.



Standard Life and Accident Insurance Company

Tobie Brink, Life Policy Analyst III
Product Development - Actuarial
One Moody Plaza, 14th Floor
Galveston, Texas 77550

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

June 14, 2012

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

RE: Standard Life and Accident Insurance Company (NAIC: 86355 FEIN: 73-0994234) Filing Of:
FELAS12 - Application to Standard Life and Accident Insurance Company
FELAS12T - Telephone Application to Standard Life and Accident Insurance Company
SERFF Tracking Number: AMNA-128446919
Company Tracking Number: FELA12

Please find attached the above listed forms for your department's review and approval. These are new forms and will not replace any previously approved forms.

FELAS12 is the application form used in person to person agent solicited scenarios.

FELAS12T is the application form used for the telephone application process, where the applicant, agent, and call center representative participate in completing the application via telephone. A copy of the telephone procedures have been provided under the Supporting Documentation tab.

FELAS12 and FELAS12T will be used to apply for the previously approved whole life product Form 2004-891 approved 9/6/2006.

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

- Statement of Variability
- Certificate of Readability
- Payment of the required filing fee has been submitted via EFT if applicable
- 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

Standard Life and Accident Insurance Company

Applicant Tele-Interview Program

*Customer Service Center
Life Application Services*

Overview

- Agent and applicant call Life Application Services at 855.567.0496
- Service representative (SR) collects and records (via PegaREACH) agent information and other data needed to proceed with interview
- SR confirms that applicant wants to apply for insurance and accesses electronic (PDF fillable) state specific application forms
- SR conducts the interview and completes the application forms
- SR plays the recorded (and state specific) fraud warning, disclosures and agreements
- SR conducts and records the Agent's Statement interview
- SR documents signature fields with required voice reference information
- SR closes the telephone interview
 - *No modifications to the application can occur once the application tele-interview has been completed*
- SR notes and closes the call in PegaREACH, which documents the time and date of the interview
- SR emails application forms to quality assurance for review
- Quality assurance reviews for completeness and forwards to Life Mail Image

Life Application Service Number

- The application tele-interview is supported by Life Application Services
 - *Toll free number: 855.567.0496*
- Agent initiated call is answered by a Service Representative (SR)
 - *If applicant not on the line, SR will open a conference call*

PegaREACH System

- SR greets the agent/applicant and collects initial data
 - *Agent: Name, contact number, and PC#*
 - *Applicant: Name and resident state*
 - *Plan: Product and rate quoted*
 - *Replacement: Yes or No*
 - If yes, SR will advise agent that paper application forms must be completed and submitted
- SR advises that all parties to the contract must be present to complete the tele-interview
- SR clicks the SLAICO web link to access electronic fillable state specific PDF application forms

Application Process

- Florida requirements:
 - *The agent must stay on the line and ask application questions*
 - *The agent's State Insurance License Number must be obtained and documented on the application*
- SR explains the process and reminds the applicant that the conversation is being recorded
 - *Paper application forms must be submitted if applicant refuses to have the interview recorded*

Application Process

- SR records and confirms application data as relayed by the applicant and agent
 - *“Ms. Smith, you stated your date of birth is xx/xx/xxxx, is that correct?”*
- SR asks questions as written on the application form
- All parties to the application must be present to provide electronic signatures

Recorded Statements/ Disclosures

- SR explains that the applicant must listen to some recorded statements/disclosures to complete the application process
- SR selects each state specific recorded statement from a PegaReach link

Recorded Statements/ Disclosures

- Each recorded statement/disclosure message is played as it arises in the application
 - *Fraud Warning, and Application Declarations and Agreements (electronic signature required)*
 - *Authorization to Obtain, Release and Disclose Medical Information (electronic signature required)*
 - *Agent's Statement (electronic signature required)*
 - *Disclosure Notice*
 - *Authorization to My Bank: PAC Authorization (electronic signature required)*
 - If payor different from insured, payor must be present at time of call to provide electronic signature

Recorded Statements/Disclosures

- After each recording, applicant is asked to confirm if he/she understood what was played
 - *Applicant questions are directed to the writing agent*
- Applicant must verbally state “*I agree*” to applicable electronic signature statements to continue the tele-interview process
- SR records the Electronic Signatures on the corresponding signature lines (where applicable)
 - *Telephone signature/CSR ID/Date/Time*

Interview Close

- SR closes the interview as follows:
 - *Advises the information will be submitted to underwriting for review and a decision*
 - *Reaffirms that no insurance coverage shall be issued until an underwriting decision is offered and accepted by the applicant*
 - *Advises of an approximate review time frame, if asked*
 - **Usually within 5 to 10 business days**
 - *Agent answers any application questions*
 - *SR answers any new business processing questions*

Application Submission

- SR reviews all forms for completeness
 - *No modifications of the application are allowed*
- SR emails the submission to quality assurance
- Quality assurance checks submission for completeness
 - *Confirms all application forms are included*
- Quality assurance emails the application forms to the SLAICO new business area for processing

Additional Information

- Absolutely no modifications of the application can occur once the application tele-interview has been completed
- The tele-interview application process strictly applies to non-replacement business **ONLY**