

SERFF Tracking Number: RDWS-128468349 State: Arkansas
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: UFLIC FTD 4-12 App2
Project Name/Number: /

Filing at a Glance

Company: Universal Fidelity Life Insurance Co.

Product Name: UFLIC FTD 4-12 App2

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: RDWS-128468349 State: Arkansas

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

Co Tr Num:

State Status: Approved-Closed

Authors: Eddie Mire, Judy Tait,
Oliver Kiel

Reviewer(s): Linda Bird

Disposition Date: 06/14/2012

Date Submitted: 06/11/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Oklahoma is State
of Domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/14/2012

State Status Changed: 06/14/2012

Deemer Date:

Created By: Judy Tait

Submitted By: Judy Tait

Corresponding Filing Tracking Number:

Filing Description:

Universal Fidelity Life Insurance Company

Application form filing

FTD 4-12 App2

This application will replace form number FTD 4-12 App which was previously approved under SERFF RDWS-

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128256907 approved on April 16, 2012. The only difference between the two applications is that the one being submitted herein provides a question to obtain a social security number. They are alike in all other respects.

State Narrative:

Company and Contact

Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com
 Rudd and Wisdom, Inc. 512-346-1590 [Phone]
 9500 Arboretum Blvd 512-345-7437 [FAX]
 Suite 200
 Austin, TX 78759

Filing Company Information

(This filing was made by a third party - ruddandwisdominc)

Universal Fidelity Life Insurance Co. CoCode: 70122 State of Domicile: Oklahoma
 13931 Quail Pointe Dr. Group Code: Company Type:
 Oklahoma City, OK 73134 Group Name: State ID Number:
 (800) 366-8354 ext. [Phone] FEIN Number: 73-0493220

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Fidelity Life Insurance Co.	\$50.00	06/11/2012	60047315

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/14/2012	06/14/2012

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Life
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Disposition

Disposition Date: 06/14/2012

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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Third Party Authorization		Yes
Form	Application		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
	FTD 4-12 App2	Application/ Application Enrollment Form	Initial		44.000	FTD 4-12 App2.pdf

	Applicant A Circle	Applicant B Circle
1. Is any Proposed Insured <u>currently</u> : hospitalized, confined to a wheel chair, bed or nursing facility?	YES NO	YES NO
2. Has a member of the medical profession ever diagnosed or treated any Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)	YES NO	YES NO
3. Within the past 6 months has any Proposed Insured had a stroke, angina, heart attack, cardiac or circulatory surgery or diabetes (requiring insulin)?	YES NO	YES NO
4. Within the past 12 months has any Proposed Insured been diagnosed or treated for Internal Cancer or Melanoma?	YES NO	YES NO
<i>If any answers to questions 1-4 are "YES", the Proposed Insured is not eligible for ANY coverage.</i>		

IMPORTANT: Circle any health condition for which YES applies.

5. Is any Proposed Insured currently receiving home health care or need assistance performing activities of daily living such as bathing, dressing, eating, toileting, moving about or taking medication?	YES NO	YES NO
6. During the past 12 months has any Proposed Insured had diagnostic testing recommended by a medical professional which has not been completed or for which the results have not been received?	YES NO	YES NO
7. During the past 12 months has any Proposed Insured had treatment/counseling for alcoholism/drugs?	YES NO	YES NO
8. During the past 24 months has any Proposed Insured been diagnosed, treated or hospitalized for: stroke, angina, heart attack or failure, cardiac or circulatory surgery, Internal Cancer or Melanoma?	YES NO	YES NO
9. During the past 24 months has the Proposed Insured been diagnosed or treated for:		
a. Alzheimer's Disease, neuro-muscular disease, Senile Dementia or other cognitive disorder?	YES NO	YES NO
b. Cirrhosis, liver disease, kidney failure, emphysema, chronic obstructive pulmonary disease (C.O.P.D.), chronic lung disease, or been using an oxygen tank?	YES NO	YES NO
10. In the past 12 months has the Proposed Insured used tobacco in any form?	YES NO	YES NO

Give complete details to any yes response in questions 5 through 9.

Question Number	Name	Illness or Condition, treatment & operation type	Name & Address Physician /Hospital	Month / Year	Date Last Treated

I understand the Company may conduct a telephone interview with the Proposed Insured regarding the answers above. I understand and agree the policy applied for will not take effect until issued by the Company and while the Proposed Insured is alive. No agent is authorized to extend, waive or change any terms, conditions or provisions of this policy.

I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.

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

AUTHORIZATION: In order to properly classify my application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities, the MIB, Inc. ("MIB") or other organization, institution or person that has knowledge or records of me and my health to give such information to: (a) Universal Fidelity Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of: 815 W. Ash Ave., Duncan, Oklahoma 73533. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the MIB, Inc., are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Universal Fidelity Life Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the MIB, Inc.; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

I acknowledge receiving the Fair Credit Reporting Notice and the MIB Pre-Notice.

Signed at _____ Date Signed _____
City County State

Applicant A's Signature _____
(Must be signed by Applicant A)

Applicant B's Signature _____
(Must be signed by Applicant B, if applicable)

AGENT STATEMENT – I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Insured. To the best of my knowledge replacement is is not involved in this transaction.

Agent's Signature _____

Agent's Number _____ Date _____

NOTICE

Printed in compliance with Public Law 91-508 – Fair Credit Reporting Act

Thank you for considering Universal Fidelity Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Universal Fidelity Life Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., a non-profit membership organization of life 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, the MIB, Inc., upon request, will supply such company with the information in its file.

Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information to the 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. Information for consumers about MIB, Inc. may be obtained on its website at: www.mib.com. Universal Fidelity Life Insurance Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

CONDITIONAL RECEIPT

Received from _____
for life insurance applied for from Universal Fidelity Life Insurance Company, with the application bearing the same date as this receipt:

A payment of \$ _____ Cash Check Other

IMPORTANT: No insurance will be effective unless all the conditions set forth on the bottom of this receipt are satisfied. The agent and medical examiner cannot accept risks or waive any of Universal Fidelity Life's rights or requirements. This receipt is not valid unless it is signed by an agent of Universal Fidelity Life, the Proposed Insured and the Owner. All premium checks shall be made payable to Universal Fidelity Life. **DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

_____ X _____
Date Proposed Insured

_____ x _____
Agent Owner, if other than Proposed Insured

IMPORTANT: The insurance applied for will take effect on the latter of the completion of the application or the completion of any medical examination or tests required by Universal Fidelity Life, only if the following conditions are met:

1. All persons to be covered must be insurable as acceptable risks for the kind and amount of insurance applied for according to Universal Fidelity Life's rules on the date the insurance takes effect.
2. Any check or draft given in payment of the initial premium must be honored when first presented.
3. The premium paid or authorized in the application must be sufficient to provide one month of the coverage applied for.
4. The total amount of life insurance provided under this receipt for all losses is limited to the amount applied for.

If you do not hear from Universal Fidelity Life regarding the proposed insurance within 30 days, notify Universal Fidelity Life at 815 W. Ash Ave., Duncan, Oklahoma 73533. Give your name, the agent's name, date and amount paid.

INSURANCE, IF ANY, PROVIDED UNDER THIS RECEIPT IS CONDITIONAL. IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THIS RECEIPT CONFERS NO INSURANCE AND THE PREMIUM PAID WILL BE RETURNED TO YOU.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: FLESCHapp2.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment: FTD 4-12 App2.pdf		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization		
Comments:		
Attachment: Filing authorization.pdf		

FLESCH READABILITY SCORE CERTIFICATION

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

I, Eddie Mire, am a consulting actuary doing work for Universal Fidelity Life Insurance Company. I certify that the following forms have been tested and meet the minimum required reading ease score.

<u>Form Number</u>	<u>Flesch Score</u>
FTD 4-12 App2	44.3



June 11, 2012
Date

Eddie Mire
Rudd and Wisdom, Inc.

	Applicant A Circle	Applicant B Circle
1. Is any Proposed Insured <u>currently</u> : hospitalized, confined to a wheel chair, bed or nursing facility?	YES NO	YES NO
2. Has a member of the medical profession ever diagnosed or treated any Proposed Insured for Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)	YES NO	YES NO
3. Within the past 6 months has any Proposed Insured had a stroke, angina, heart attack, cardiac or circulatory surgery or diabetes (requiring insulin)?	YES NO	YES NO
4. Within the past 12 months has any Proposed Insured been diagnosed or treated for Internal Cancer or Melanoma?	YES NO	YES NO
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IMPORTANT: Circle any health condition for which YES applies.

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10. In the past 12 months has the Proposed Insured used tobacco in any form?	YES NO	YES NO

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Question Number	Name	Illness or Condition, treatment & operation type	Name & Address Physician /Hospital	Month / Year	Date Last Treated

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I HAVE READ AND FULLY UNDERSTAND THE QUESTIONS AND MY ANSWERS ON THIS APPLICATION. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.

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

AUTHORIZATION: In order to properly classify my application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, pharmacy benefit managers, pharmacies, pharmacy-related facilities, the MIB, Inc. ("MIB") or other organization, institution or person that has knowledge or records of me and my health to give such information to: (a) Universal Fidelity Life Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of: 815 W. Ash Ave., Duncan, Oklahoma 73533. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

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I acknowledge receiving the Fair Credit Reporting Notice and the MIB Pre-Notice.

Signed at _____ Date Signed _____
City County State

Applicant A's Signature _____
(Must be signed by Applicant A)

Applicant B's Signature _____
(Must be signed by Applicant B, if applicable)

AGENT STATEMENT – I certify that I have asked the above questions and correctly recorded information furnished by the Owner and/or Insured. To the best of my knowledge replacement is is not involved in this transaction.

Agent's Signature _____

Agent's Number _____ Date _____

NOTICE

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Thank you for considering Universal Fidelity Life Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

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Upon receipt of a request form from you, MIB, Inc. will arrange disclosure of any information it may have in your file. Please contact MIB, Inc. at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information to the 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. Information for consumers about MIB, Inc. may be obtained on its website at: www.mib.com. Universal Fidelity Life Insurance Company, or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

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I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

_____ X _____
Date Proposed Insured

_____ x _____
Agent Owner, if other than Proposed Insured

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1. All persons to be covered must be insurable as acceptable risks for the kind and amount of insurance applied for according to Universal Fidelity Life's rules on the date the insurance takes effect.
2. Any check or draft given in payment of the initial premium must be honored when first presented.
3. The premium paid or authorized in the application must be sufficient to provide one month of the coverage applied for.
4. The total amount of life insurance provided under this receipt for all losses is limited to the amount applied for.

If you do not hear from Universal Fidelity Life regarding the proposed insurance within 30 days, notify Universal Fidelity Life at 815 W. Ash Ave., Duncan, Oklahoma 73533. Give your name, the agent's name, date and amount paid.

INSURANCE, IF ANY, PROVIDED UNDER THIS RECEIPT IS CONDITIONAL. IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THIS RECEIPT CONFERS NO INSURANCE AND THE PREMIUM PAID WILL BE RETURNED TO YOU.



August 18, 2005

Re: Filing Authorization

To Whom It May Concern:

Please consider this letter as formal authorization for Eddie Mire of Rudd & Wisdom Inc., Consulting Actuaries, 9500 Arboretum Blvd., Suite 200, Austin, Texas 78759, to file policy forms on behalf of Universal Fidelity Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "M. A. McLemore".

Michael A. McLemore
President

Michael A. McLemore, *President*
2211 North Highway 81 • Duncan, Oklahoma 73533
Toll Free: 800.366.8354 • Duncan: 580.470.2266 • OKC: 405.608.0174 x101 • Fax: 580.255.0951
E-mail: mmclemore@ufflic.com