

SERFF Tracking Number: BALT-128486759 State: Arkansas
Filing Company: The Baltimore Life Insurance Company State Tracking Number:
Company Tracking Number: 8270-0612
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Non-Occupational Disability Income Rider Questionnaire
Project Name/Number: Non-Occupational Disability Income Rider Questionnaire/8270-0612

Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: Non-Occupational Disability SERFF Tr Num: BALT-128486759 State: Arkansas

Income Rider Questionnaire

TOI: L08 Life - Other

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

Sub-TOI: L08.000 Life - Other

Co Tr Num: 8270-0612

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Lesia Braddy

Disposition Date: 07/09/2012

Date Submitted: 07/02/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: 01/01/2013

Implementation Date:

State Filing Description:

General Information

Project Name: Non-Occupational Disability Income Rider Questionnaire Status of Filing in Domicile: Pending

Project Number: 8270-0612

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: 07/09/2012

State Status Changed: 07/09/2012

Deemer Date:

Created By: Lesia Braddy

Submitted By: Lesia Braddy

Corresponding Filing Tracking Number: 8270

Filing Description:

Attached for your review and formal approval is the final printed version of the above captioned form. This is a new form and will supersede Form 8270, which was approved by your department on 2/18/2010, State Tr Num: 44900.

The form was revised to expand the inquiry questions. A generic redline copy is attached for ease of review.

We certify that this submission meets the provisions of Regulations 19, as well as all of the applicable requirements of the department.

State Narrative:

SERFF Tracking Number: BALT-128486759 State: Arkansas
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Company and Contact

Filing Contact Information

Lesia Braddy, Director Policy Forms lesia.williams@baltlife.com
 Compliance
 10075 Red Run Boulevard 800-628-5433 [Phone] 7586 [Ext]
 Owings Mills, MD 21117-4871 410-581-6605 [FAX]

Filing Company Information

The Baltimore Life Insurance Company CoCode: 61212 State of Domicile: Maryland
 10075 Red Run Boulevard Group Code: 4723 Company Type:
 Owings Mills, MD 21117 Group Name: State ID Number:
 (443) 681-7586 ext. [Phone] FEIN Number: 52-0236900

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$125.00	07/02/2012	60589874

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/09/2012	07/09/2012

SERFF Tracking Number: *BALT-128486759* *State:* *Arkansas*
Filing Company: *The Baltimore Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *8270-0612*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Non-Occupational Disability Income Rider Questionnaire*
Project Name/Number: *Non-Occupational Disability Income Rider Questionnaire/8270-0612*

Disposition

Disposition Date: 07/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: BALT-128486759 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Redline Copy		Yes
Supporting Document	Cover Letter		Yes
Form	Non-Occupational Disability Income Rider Questionnaire		Yes

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Form Schedule

Lead Form Number: 8270-0612

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	8270-0612	Application/Non-Occupational Enrollment Disability Income Form Rider Questionnaire	Initial		41.000	8270-0612.pdf



The Baltimore Life[®]
COMPANIES

The Baltimore Life Insurance Company
10075 Red Run Boulevard • Owings Mills, MD 21117-4871
410.581.6600 • 800.628.5433 • www.baltlife.com

Non-Occupational Disability Income Rider Questionnaire

Proposed Insured Name (First, M.I., Suffix)	Social Security or Tax ID	Monthly Disability Income Being Applied For: \$ _____
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1. Occupation	Duties: _____
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2. Current monthly income from your occupation \$ _____

3. Amount of monthly disability insurance currently in force \$ _____

4. Is your average work week 30 hours or more? Yes No

5. Does your employer provide worker's compensation or any other form of on-the-job disability coverage for work-related sicknesses or injuries? Yes No

6. Are you engaged in any of the following occupations: postal, city, county, state, or federal employee, railroad, law enforcement, fire fighter, underground miner, or active in the military, National Guard or Reserve? Yes No

7. Do you have any other existing disability or loss of income insurance in force or is any such application now pending? Yes No

8. Existing disability income insurance:

Name of Company	Policy Number	Monthly Amount	Year Issued	To be Replaced?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Have you within the past 12 months, received disability benefits of any kind or been disabled for more than 30 days, other than pregnancy, or have you applied to receive, or are you eligible to receive disability payment compensation or a benefit from any source as a result of illness or injury? Yes No

10. Do you need supervision and/or assistance of any kind with bathing, bowel or bladder function, dressing, eating, using the toilet or transferring? Yes No

11. Have you had any medical testing recommended but not yet completed? Yes No

12. If you provided any "Yes" answers to questions 9, 10, or 11, please provide details:

I certify that the responses made above are complete and true to the best of my knowledge and belief. I understand that if I provide any false or incomplete answers and/or if the health of the Proposed Insured changes before the rider effective date and I don't notify The Baltimore Life Insurance Company of such changes, then benefits may be denied or the rider may be rescinded.

WARNING: ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

SPECIMEN

X _____ X _____ Date _____
Signature of Proposed Insured Signature of Agent

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attachment: ar-read.pdf</p>		
<p>Satisfied - Item: Application Comments: See Form Schedule</p>		
<p>Satisfied - Item: Redline Copy Comments: Attachment: 8270-0612-redline.pdf</p>		
<p>Satisfied - Item: Cover Letter Comments: Attachment: ar-ltr.pdf</p>		

THE BALTIMORE LIFE INSURANCE COMPANY
10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-5060
(410) 581-6600

CERTIFICATION OF READABILITY

This is to certify that Form 8270-0612 meets the minimum reading ease score for the state of Arkansas on the Flesch reading ease test.

**Harold B.
Rojas, Esq**

Digitally signed by Harold B. Rojas, Esq
DN: cn=Harold B. Rojas, Esq, o=The
Baltimore Life Insurance Company,
ou=Senior Vice President, General
Counsel, and Corporate Secretary,
email=harold.rojas@baltlife.com, c=US
Date: 2012.07.02 07:35:58 -04'00'

Senior Vice President

June 26, 2012

Date



The Baltimore Life
COMPANIES

*Lesia R. Braddy, ACS, AIRC, CCP
Director, Policy Forms Compliance*

June 29, 2012

Arkansas Department of Insurance

Re: The Baltimore Life Insurance Company
NAIC #61212 / FEIN #52-0236900
Form 8270-0612 Non-Occupational Disability Income Rider Questionnaire

Dear Sir or Madam:

Attached for your review and formal approval is the final printed version of the above captioned form. This is a new form and will supersede Form 8270, which was approved by your department on 2/18/2010, State Tr Num: 44900.

The form was revised to expand the inquiry questions. A generic redline copy is attached for ease of review.

We certify that this submission meets the provisions of Regulations 19, as well as all of the applicable requirements of the department.

If you have any questions or need additional information, feel free to contact me.

Sincerely,

Lesia R. Braddy, ACS, AIRC, CCP
Legal & Compliance