
SERFF Tracking #:	GRJR-128567526	State Tracking #:		Company Tracking #:	CLI62600712H
State:	Arkansas	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Form CLI-6260 (7/12), Authorization for Release of Information				
Project Name/Number:	Form CLI-6260 (7/12), Authorization for Release of Information/Form CLI-6260 (7/12), Authorization for Release of Information				

Filing at a Glance

Company:	The Cincinnati Life Insurance Company
Product Name:	Form CLI-6260 (7/12), Authorization for Release of Information
State:	Arkansas
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Form
Date Submitted:	07/18/2012
SERFF Tr Num:	GRJR-128567526
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	CLI62600712H
Implementation	On Approval
Date Requested:	
Author(s):	Jennifer Henley, Deborah Naegele, Karen Eichler
Reviewer(s):	Rosalind Minor (primary)
Disposition Date:	07/24/2012
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

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General Information

Project Name: Form CLI-6260 (7/12), Authorization for Release of Information	Status of Filing in Domicile: Pending
Project Number: Form CLI-6260 (7/12), Authorization for Release of Information	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: The subject form was submitted to our domicile state, Ohio, on July 17, 2012, and approval is pending.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 07/24/2012
	State Status Changed: 07/24/2012
Deemer Date:	Created By: Jennifer Henley
Submitted By: Jennifer Henley	Corresponding Filing Tracking Number: GRJR-128558061
	PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:
FEIN: 31-1213778
NAIC: 0244-76236

Subject:
The Cincinnati Life Insurance Company
Individual Health Form Filing
Form CLI-6260 (7/12), Authorization for Release of Information

For Use With:
All Applicable Approved Disability Insurance Applications

THIS FORM IS BEING SUBMITTED TO YOUR LIFE DIVISION UNDER A SEPARATE FILING.

Dear Sir or Madame:

We are submitting the subject form in compliance with MIB's 2013 Authorization Change.

The subject form was submitted to our domicile state, Ohio, on July 17, 2012, and approval is pending.

We would appreciate your review and approval at your earliest convenience. Thank you for your usual courtesy and cooperation.

Company and Contact

Filing Contact Information

Jennifer Henley, Senior Analyst	jenny_henley@cinfin.com
P.O. Box 145496	513-870-2251 [Phone]
Cincinnati, OH 45250-5496	513-870-2099 [FAX]

SERFF Tracking #: GRJR-128567526 State Tracking #: Company Tracking #: CLI62600712H

State: Arkansas Filing Company: The Cincinnati Life Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Form CLI-6260 (7/12), Authorization for Release of Information
Project Name/Number: Form CLI-6260 (7/12), Authorization for Release of Information/Form CLI-6260 (7/12), Authorization for Release of Information

Filing Company Information

The Cincinnati Life Insurance Company
6200 S. Gilmore Road
Fairfield, OH 45014
(513) 870-2000 ext. 4386[Phone]
CoCode: 76236
Group Code: 244
Group Name:
FEIN Number: 31-1213778
State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 filing X \$50.00
Per Company: No

Company	Amount	Date Processed	Transaction #
The Cincinnati Life Insurance Company	\$50.00	07/18/2012	60988240

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2012	07/24/2012
Approved-Closed	Rosalind Minor	07/18/2012	07/18/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Authorization for Release of Information	Jennifer Henley	07/18/2012	07/24/2012
Supporting Document	Red-Lined Version	Jennifer Henley	07/24/2012	07/24/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to Re-open	Note To Reviewer	Jennifer Henley	07/19/2012	07/19/2012

SERFF Tracking #:	GRJR-128567526	State Tracking #:		Company Tracking #:	CLI62600712H
State:	Arkansas	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Form CLI-6260 (7/12), Authorization for Release of Information				
Project Name/Number:	Form CLI-6260 (7/12), Authorization for Release of Information/Form CLI-6260 (7/12), Authorization for Release of Information				

Disposition

Disposition Date: 07/24/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Red-Lined Version	Approved-Closed	Yes
Form (revised)	Authorization for Release of Information	Approved-Closed	Yes
Form	Authorization for Release of Information	Replaced	Yes

SERFF Tracking #:	GRJR-128567526	State Tracking #:		Company Tracking #:	CLI62600712H
State:	Arkansas	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Form CLI-6260 (7/12), Authorization for Release of Information				
Project Name/Number:	Form CLI-6260 (7/12), Authorization for Release of Information/Form CLI-6260 (7/12), Authorization for Release of Information				

Disposition

Disposition Date: 07/18/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
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Form (revised)	Authorization for Release of Information	Approved-Closed	Yes
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State:	Arkansas	Filing Company:	The Cincinnati Life Insurance Company		
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Amendment Letter

Submitted Date: 07/24/2012

Comments:

Our underwriting Department was recently audited by a vendor. The vendor informed them July 18, 2012 that they require we add "prescription drug information" to the second paragraph of Form CLI-6260 (7/12). Please see the attached revised form and red-lined version showing the change.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Form CLI-6260 (7/12)	Other	Authorization for Release of Information	Initial				0.000	Form CLI-6260 7-12 Authorization for Release of Information Revised.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Red-Lined Version

Comment:

Form CLI-6260 7-12 Red-Lined Version Vendor Requirement.pdf

SERFF Tracking #:	GRJR-128567526	State Tracking #:		Company Tracking #:	CLI62600712H
State:	Arkansas	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Form CLI-6260 (7/12), Authorization for Release of Information				
Project Name/Number:	Form CLI-6260 (7/12), Authorization for Release of Information/Form CLI-6260 (7/12), Authorization for Release of Information				

Note To Reviewer

Created By:

Jennifer Henley on 07/19/2012 10:31 AM

Last Edited By:

Jennifer Henley

Submitted On:

07/19/2012 10:42 AM

Subject:

Request to Re-open

Comments:

Our underwriting Department was recently audited by a vendor. The vendor informed them July 18, 2012 that they require we add "prescription drug information" to the second paragraph of Form CLI-6260 (7/12). Will you please re-open this filing?

Thank you for your time and consideration of this filing.

State:	Arkansas	Filing Company:	The Cincinnati Life Insurance Company
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Form CLI-6260 (7/12), Authorization for Release of Information		
Project Name/Number:	Form CLI-6260 (7/12), Authorization for Release of Information/Form CLI-6260 (7/12), Authorization for Release of Information		

Form Schedule

Lead Form Number: Form CLI-6260 (7/12)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved-Closed 07/24/2012	Form CLI-6260 (7/12)	OTH	Authorization for Release of Information	Initial:	0.000	Form CLI-6260 7-12 Authorization for Release of Information Revised.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
www.cinfin.com ■ 513-870-2000

Authorization for Release of Information

I hereby authorize any licensed physician; medical practitioner; hospital; clinic or other medical or medically related facility; the Veterans Administration; MIB, Inc.; any prescription data base service; my employer; and consumer reporting agency or insurance company that has any records or knowledge of the Proposed Insured identified below or his or her health, to furnish such information to The Cincinnati Life Insurance Company, its employees, reinsurer(s), administrative services provider and any other authorized representative upon presenting this authorization.

This authorization includes information about mental illness and the use of drugs, alcohol or tobacco (excluding psychotherapy notes); prescription drug information; sexually transmitted disease; Human Immunodeficiency Virus (HIV) infection; Acquired Immune Deficiency Syndrome (AIDS); and the diagnosis, treatment or prognosis of any physical condition.

I understand that:

1. This authorization may be required in order for my application for insurance to be evaluated and a policy issued;
2. This authorization will be valid from the date signed for a period of two years;
3. A photographic copy of this authorization shall be as valid as the original;
4. Any request that I have made to restrict information disclosed does not apply to this authorization. I instruct the providers and entities listed in the first paragraph of this authorization to release and disclose my entire medical record without restriction;
5. The information disclosed under this authorization will be used and may be subsequently disclosed by The Cincinnati Life Insurance Company to: a) underwrite and rate my application for insurance and make eligibility and enrollment determinations; b) obtain reinsurance; c) process other transactions related to my policy; and d) conduct other legally permissible or required activities that relate to any coverage I have or have applied for with The Cincinnati Life Insurance Company;
6. I may obtain a copy of this authorization form sending a written request to The Cincinnati Life Insurance Company at the above address;
7. I may revoke this authorization at any time by sending a written request to The Cincinnati Life Insurance Company at the above address, but revocation will not affect information that has already been collected and relied upon; and
8. I also understand that once information is released to others, it may be re-disclosed to individuals or organizations, including the reporting of protected health information to MIB and may no longer be protected subject to state and federal privacy and confidentiality laws.

I authorize The Cincinnati Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB.

Signed on: _____
Month Day Year

Name of Proposed Insured
(please print)

Signature of Proposed Insured
(if signing as personal representative, specify relationship to Proposed Insured)

Name of Other Proposed Insured
(please print)

Signature of Other Proposed Insured
(if signing as personal representative, specify relationship to Other Proposed Insured)

SERFF Tracking #:	GRJR-128567526	State Tracking #:		Company Tracking #:	CLI62600712H
State:	Arkansas	Filing Company:	The Cincinnati Life Insurance Company		
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	07/18/2012
Bypass Reason:	N/A, mandated application form.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	07/18/2012
Comments:	Form CLI-1502, Application for Disability Insurance, previously approved by your Department July 15, 2003. We reserve the right to use any applicable application that may be approved for use in the future.		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	07/18/2012
Bypass Reason:	N/A, not a policy form filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	07/18/2012
Bypass Reason:	N/A, not a policy form filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	07/18/2012
Bypass Reason:	N/A, not a PPACA filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Red-Lined Version	Approved-Closed	07/24/2012
Comments:			
Attachment(s):			

SERFF Tracking #:	GRJR-128567526	State Tracking #:		Company Tracking #:	CLI62600712H
State:	Arkansas	Filing Company:		The Cincinnati Life Insurance Company	
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other				
Product Name:	Form CLI-6260 (7/12), Authorization for Release of Information				
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Form CLI-6260 7-12 Red-Lined Version Vendor Requirement.pdf



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This authorization includes information about mental illness and the use of drugs, alcohol or tobacco (excluding psychotherapy notes); prescription drug information; sexually transmitted disease; Human Immunodeficiency Virus (HIV) infection; Acquired Immune Deficiency Syndrome (AIDS); and the diagnosis, treatment or prognosis of any physical condition.

I understand that:

1. This authorization may be required in order for my application for insurance to be evaluated and a policy issued;
2. This authorization will be valid from the date signed for a period of two years;
3. A photographic copy of this authorization shall be as valid as the original;
4. Any request that I have made to restrict information disclosed does not apply to this authorization. I instruct the providers and entities listed in the first paragraph of this authorization to release and disclose my entire medical record without restriction;
5. The information disclosed under this authorization will be used and may be subsequently disclosed by The Cincinnati Life Insurance Company to: a) underwrite and rate my application for insurance and make eligibility and enrollment determinations; b) obtain reinsurance; c) process other transactions related to my policy; and d) conduct other legally permissible or required activities that relate to any coverage I have or have applied for with The Cincinnati Life Insurance Company;
6. I may obtain a copy of this authorization form sending a written request to The Cincinnati Life Insurance Company at the above address;
7. I may revoke this authorization at any time by sending a written request to The Cincinnati Life Insurance Company at the above address, but revocation will not affect information that has already been collected and relied upon; and
8. I also understand that once information is released to others, it may be re-disclosed to individuals or organizations, including the reporting of protected health information to MIB and may no longer be protected subject to state and federal privacy and confidentiality laws.

I authorize The Cincinnati Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB.

Signed on: _____
Month Day Year

Name of Proposed Insured
(please print)

Signature of Proposed Insured
(if signing as personal representative, specify relationship to Proposed Insured)

Name of Other Proposed Insured
(please print)

Signature of Other Proposed Insured
(if signing as personal representative, specify relationship to Other Proposed Insured)

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/18/2012	Form	Authorization for Release of Information	07/18/2012	Form CLI-6260 7-12 Authorization for Release of Information.pdf (Superseded)