

State: Arkansas Filing Company: USAA Life Insurance Company  
TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other  
Product Name: Good Health Statement  
Project Name/Number: /

## Filing at a Glance

Company: USAA Life Insurance Company  
Product Name: Good Health Statement  
State: Arkansas  
TOI: L04I Individual Life - Term  
Sub-TOI: L04I.500 Other  
Filing Type: Form  
Date Submitted: 07/24/2012  
SERFF Tr Num: UNSA-128592608  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: On Approval  
Date Requested:  
Author(s): Betty Drzymalla, Colleen Riley-Floyd  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 07/30/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas

TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other

Product Name: Good Health Statement

Project Name/Number: /

Filing Company: USAA Life Insurance Company

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: 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: 07/30/2012  
State Status Changed: 07/30/2012  
Deemer Date: Created By: Colleen Riley-Floyd  
Submitted By: Colleen Riley-Floyd Corresponding Filing Tracking Number:

### Filing Description:

RE: USAA Life Insurance Company  
Form Filing – Life Insurance  
NAIC #200-69663  
FEIN #74-1472662

STATUS: New

FORM NUMBER: LAP97386ST 12-11

DESCRIPTION: Amendment of Application or Policy and Verification of Current Health and Lifestyle

Dear Commissioner:

The above captioned form is being filed for your review. We are filing in 50 locations, including our state of domicile, Texas. This form will be used with existing life insurance contracts previously approved as well as currently sold life insurance products and any approved in the future. The form will be modified only to meet respective state requirements and we will begin using this form upon approval in your state.

If you have any questions, or if we can be of further assistance, please let us know.

Kindest regards,

L. Colleen Riley-Floyd  
Compliance Analyst  
(210) 250-1523  
Email: lilliancolleen.rileyfloyd@usaa.com

## Company and Contact

### Filing Contact Information

Colleen Riley-Floyd , Compliance Analyst LillianColleen.RileyFloyd@usaa.com  
9800 Fredericksburg Road 210-250-1523 [Phone]  
#00581, A-3-W 210-498-5081 [FAX]  
San Antonio, TX 78288

State: Arkansas

Filing Company: USAA Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other

Product Name: Good Health Statement

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**Filing Company Information**

USAA Life Insurance Company  
 9800 Fredericksburg Road  
 San Antonio, TX 78288  
 (800) 531-8000 ext. [Phone]

CoCode: 69663  
 Group Code: 200  
 Group Name:  
 FEIN Number: 74-1472662

State of Domicile: Texas  
 Company Type: Life  
 State ID Number:

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 \* 1 = \$50.00  
 Per Company: No

Company	Amount	Date Processed	Transaction #
USAA Life Insurance Company	\$50.00	07/24/2012	61154433

SERFF Tracking #:

UNSA-128592608

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

USAA Life Insurance Company

TOI/Sub-TOI:

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/30/2012	07/30/2012

SERFF Tracking #:

UNSA-128592608

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

USAA Life Insurance Company

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## Disposition

Disposition Date: 07/30/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Amendment of Application or Policy and Verification of Current Health and Lifestyle Status		Yes

SERFF Tracking #:

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## Form Schedule

Lead Form Number: LAP97386ST 12-11

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		LAP97386ST 12-11	CERA	Amendment of Application or Policy and Verification of Current Health and Lifestyle Status	Initial:	53.000	LAP97386ST 12-11.pdf

### Form Type Legend:

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



# USAA Life Insurance Company

USAA NUMBER \_\_\_\_\_

PROPOSED OR EXISTING INSURED(S) \_\_\_\_\_

PLAN OF INSURANCE \_\_\_\_\_

CONTRACT NUMBER(S) \_\_\_\_\_

## AMENDMENT OF APPLICATION OR POLICY AND VERIFICATION OF CURRENT HEALTH AND LIFESTYLE STATUS

The application(s) or policy(ies) as indicated above is/are hereby amended as follows:

It is represented and certified that since the date of completion of the application policy health and lifestyle questionnaire or issuance of the policy on \_\_\_\_\_ that:  
(date)

1. the answers to the questions on the health and lifestyle questionnaire remain true and complete as of today. There has been no change in the health of the proposed insured that would call for or warrant a change in the answers previously provided;
2. no person to be insured has consulted with, or been examined or treated by a physician, or other medical, physical, or mental health advisor;
3. except as described below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is agreed that the omission of any written exception in the space immediately above shall have the same force and effect as if the word "None" were written in that space.

It is further understood and agreed that if approved by the company, this Amendment of Application or Policy will become part of the policy and that the policy is issued or changed in reliance upon the truthfulness of the representations contained hereon.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year

\_\_\_\_\_  
Proposed Insured

\_\_\_\_\_  
Signature of Applicant (Owner)  
if other than Proposed Insured

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
CERTIFICATE OF READABILITY.pdf			

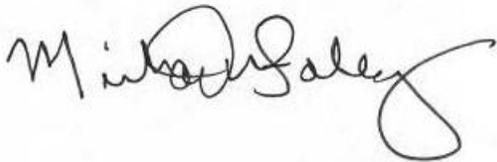
CERTIFICATE OF READABILITY

FORM NAME	FORM NUMBER	FLESCH SCORE
Amendment of Application or Policy and Verification of Current Health and Lifestyle Status	LAP97386ST 12-11	53

The print is ten point type, one point leaded.

The text was Flesch scored by computer with the base contract.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations.



Michael A. Foley  
Assistance Vice-President  
USAA Direct Life Insurance Company