

State: Arkansas **Filing Company:** Gerber Life Insurance Company
TOI/Sub-TOI: L021 Individual Life - Endowment/L021.000 Life - Endowment
Product Name: Individual Endowment Applications
Project Name/Number: MIB language change to Single Pay endowment application/

Filing at a Glance

Company: Gerber Life Insurance Company
Product Name: Individual Endowment Applications
State: Arkansas
TOI: L021 Individual Life - Endowment
Sub-TOI: L021.000 Life - Endowment
Filing Type: Form
Date Submitted: 08/03/2012
SERFF Tr Num: GLIN-128600190
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Jennifer Wittmann
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/14/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Gerber Life Insurance Company
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General Information

Project Name: MIB language change to Single Pay endowment Status of Filing in Domicile: Not Filed application

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: 08/14/2012
	State Status Changed: 08/14/2012
Deemer Date:	Created By: Jennifer Wittmann
Submitted By: Jennifer Wittmann	Corresponding Filing Tracking Number:

Filing Description:

Form: ASIE-12- AR P---Application for Individual Endowment Policy

ASIE-12- AR AP -- Application for Individual Endowment Policy

The submitted forms were revised to comply with the change to the authorization language as specifically required by the MIB, Inc., who has directed its member companies to amend their authorization form to add required language prior to January 1, 2013.

Form ASIE-12- AR P will replace form ASIE-10-AR P that was approved on 8/31/2010 (SERFF # FRCS-126781857). The form is a paper application that will be used by adults who want to apply through direct mail or telephone for an individual endowment policy, SPIE-10-AR, also approved on /31/2010 (SERFF # FRCS-126781857). The form may also be used with policy form PIE-09 (approved on 10/21/2009 SERFF # FRCS-126331432).

Form ASIE-12- AR P will replace form ASIE-10-AR P that was approved on 8/31/2010 (SERFF # FRCS-126781857). The form is a paper application that will be used by adults who want to apply through direct mail or telephone for an individual endowment policy, SPIE-10-AR, also approved on /31/2010 (SERFF # FRCS-126781857). The form may also be used with policy form PIE-09 (approved on 10/21/2009 SERFF # FRCS-126331432).

We submit all the required forms as indicated and trust this filing is complete upon submission.

Company and Contact

Filing Contact Information

Jennifer Wittmann, Legal & Compliance jennifer.wittmann@us.nestle.com
 Associate
 1311 Mamaroneck Avenue 914-272-4000 [Phone]
 White Plains, NY 10605 914-272-4099 [FAX]

Filing Company Information

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code:	Company Type: Life and
White Plains, NY 10605	Group Name:	Health Insurance
(914) 272-4000 ext. [Phone]	FEIN Number: 13-2611847	State ID Number:

State: Arkansas **Filing Company:** Gerber Life Insurance Company
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Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 application forms @\$50.00 each
 Per Company: No

Company	Amount	Date Processed	Transaction #
Gerber Life Insurance Company	\$100.00	08/03/2012	61413885

SERFF Tracking #:

GLIN-128600190

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Gerber Life Insurance Company

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L021 Individual Life - Endowment/L021.000 Life - Endowment

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/14/2012	08/14/2012

SERFF Tracking #:

GLIN-128600190

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Gerber Life Insurance Company

TOI/Sub-TOI:

L021 Individual Life - Endowment/L021.000 Life - Endowment

Product Name:

Individual Endowment Applications

Project Name/Number:

MIB language change to Single Pay endowment application/

Disposition

Disposition Date: 08/14/2012

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	Application for Individual Endowment Policy		Yes
Form	Application for Individual Endowment Policy		Yes

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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		ASIE-12-AR P	AEF	Application for Individual Endowment Policy	Revised: Replaced Form #: AIE-10-AR P Previous Filing #: FRCS-126781857		ASIE-12-AR P.pdf
2		ASIE-12-AR AP	AEF	Application for Individual Endowment Policy	Revised: Replaced Form #: AIE-10-AR AP Previous Filing #: FRCS-126781857		ASIE-12-AR AP.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

Application for Individual Endowment Policy Gerber Life Insurance Company [1311 Mamaroneck Avenue, White Plains, NY 10605]

Select Amount: [\$10,000 \$25,000 \$50,000 \$100,000 \$150,000]
 Select Maturity: [10 Years 15 Years 18 Years Other _____ (enter number between 10-20)]
 Select Payment Type: [Installment Payments (Premiums) 5 Payments (Premiums) or Single Payment (Premium)]

SEND NO MONEY NOW!

INSURED Must be at least 18 years old

Full Name _____ Social Security Number _____ - _____ - _____
 (Last) (First) (Middle Initial)
 Address _____ Apt# _____ City _____ State _____ Zip _____
 Email _____ Preferred Telephone Number () _____
 Sex _____ Height _____ ft. in. Weight _____ lbs. Date of Birth _____
 (Month Day Year)
 Occupation _____ If none, source of income _____

Check box if owner is different from insured. If different please provide Full Name _____
 (Last) (First) (Middle Initial)

BENEFICIARY: Please enter the name of the person to receive benefits if you, the insured, die before policy maturity:

Name: _____ Relationship: _____

- ▶ 1) In the past 5 years, have you: been hospitalized or consulted with or examined or treated by any doctor or health facility? (You do not need to include colds, minor viruses, or minor injuries which prevented normal activities for a period of less than 5 days or normal pregnancy or childbirth.) Yes No
- ▶ 2) In the past 5 years, have you: been advised by a member of a medical profession to reduce the use of alcohol or to seek treatment for the use of alcohol or drugs, or used any controlled substance except as prescribed by a physician? Yes No
- ▶ 3) In the past 5 years have you plead guilty to or been convicted of a felony or misdemeanor, or do you have such a charge currently pending against you or are you currently on probation or parole? Yes No
- ▶ 4) In the past 10 years, have you been treated or diagnosed by a member of a medical profession for the following: Heart disease or disorder; cancer or tumor; diabetes; drug or alcohol abuse; high blood pressure or stroke; mental or nervous disorder; or any disorder of the blood, kidneys, liver, lungs, stomach, intestines or central nervous system; pneumonia or swollen lymph nodes; AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection? Yes No

Give full details if you answered "Yes" to any question above and list each condition. (Use and sign separate sheet if necessary.)

Nature of Condition	When Condition Started	Do you still have the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No

- ▶ 5) Do you have any existing life insurance or annuity contract? Yes No
 If yes, please complete the information below.

Company Name	Amount	Policy #	Year Issued

- ▶ 6) Will any life insurance or annuity policy be replaced, changed or used to pay for the insurance applied for in this application? ... Yes No

It is understood and agreed that:

All statements and answers made in all parts of this application are true and complete to the best of my knowledge and belief, and shall be the basis for and become part of any policy issued as a result of this application. Any policy issued will not take effect until it has been approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

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.

I authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance company, consumer reporting agency, or other organization or person that has any records or knowledge of me or my health or mental condition, general character and driving records, to give such information to Gerber Life, its reinsurers, or other persons performing business or legal services in connection with my application for insurance. I authorize Gerber Life Insurance Company or its reinsurer to make a brief report of my personal health information to MIB Inc. (MIB). I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be as valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

X Insured's Signature _____ City/State _____ Date _____

Select Amount: [\$10,000 \$25,000 \$50,000 \$100,000 \$150,000]
 Select Maturity: [10 Years 15 Years 18 Years Other _____ (enter number between 10-20)]

SEND NO MONEY NOW!

Select Payment Type: [Installment Payments (Premiums) 5 Payments (Premiums) or Single Payment (Premium)]

INSURED Must be at least 18 years old

Full Name _____ Social Security Number _____ - _____ - _____
(Last) (First) (Middle Initial)

Address _____ Apt# _____ City _____ State _____ Zip _____

Email _____ Preferred Telephone Number () _____

Sex _____ Height _____ ft. _____ in. Weight _____ lbs. Date of Birth _____
(Month Day Year)

Occupation _____ If none, source of income _____

Check box if owner is different from insured. If different please provide Full Name _____
(Last) (First) (Middle Initial)

BENEFICIARY: Please enter the name of the person to receive benefits if you, the insured, die before policy maturity:

Name: _____ Relationship: _____

- ▶ 1) In the past 5 years, have you: been hospitalized or consulted with or examined or treated by any doctor or health facility? (You do not need to include colds, minor viruses, or minor injuries which prevented normal activities for a period of less than 5 days or normal pregnancy or childbirth.) Yes No
- ▶ 2) In the past 5 years, have you: been advised by a member of a medical profession to reduce the use of alcohol or to seek treatment for the use of alcohol or drugs, or used any controlled substance except as prescribed by a physician? Yes No
- ▶ 3) In the past 5 years have you plead guilty to or been convicted of a felony or misdemeanor, or do you have such a charge currently pending against you or are you currently on probation or parole? Yes No
- ▶ 4) In the past 10 years, have you been treated or diagnosed by a member of a medical profession for a disease, disorder or condition below:

Heart. <input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes. <input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure. <input type="checkbox"/> Yes <input type="checkbox"/> No
Mental or Nervous Disorder. <input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney. <input type="checkbox"/> Yes <input type="checkbox"/> No	Liver. <input type="checkbox"/> Yes <input type="checkbox"/> No
Lung. <input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer or Tumor. <input type="checkbox"/> Yes <input type="checkbox"/> No	Swollen Lymph Nodes. <input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke. <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood. <input type="checkbox"/> Yes <input type="checkbox"/> No	Brain, Spine, Nerves. <input type="checkbox"/> Yes <input type="checkbox"/> No
Stomach. <input type="checkbox"/> Yes <input type="checkbox"/> No	Intestines. <input type="checkbox"/> Yes <input type="checkbox"/> No	
AIDS (Acquired Immune Deficiency Syndrome). <input type="checkbox"/> Yes <input type="checkbox"/> No		
HIV (Human Immunodeficiency Virus) infection. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Give full details if you answered "Yes" to any question above and list each condition. (Use and sign separate sheet if necessary.)

Nature of Condition	When Condition Started	Do you still have the condition? <input type="checkbox"/> Yes <input type="checkbox"/> No

- ▶ 5) Do you have any existing life insurance or annuity contract? Yes No
 If yes, please complete the information below.

Company Name	Amount	Policy #	Year Issued

- ▶ 6) Will any life insurance or annuity policy be replaced, changed or used to pay for the insurance applied for in this application? ... Yes No

It is understood and agreed that:

All statements and answers made in all parts of this application are true and complete to the best of my knowledge and belief, and shall be the basis for and become part of any policy issued as a result of this application. Any policy issued will not take effect until it has been approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

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.

I authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance company, consumer reporting agency, or other organization or person that has any records or knowledge of me or my health or mental condition, general character and driving records, to give such information to Gerber Life, its reinsurers, or other persons performing business or legal services in connection with my application for insurance. I authorize Gerber Life Insurance Company or its reinsurer to make a brief report of my personal health information to MIB Inc. (MIB). I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be as valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

X Insured's Signature _____ City/State _____ Date _____

Replacement Questions to be answered by Agents:

- 1) Does the proposed insured have any existing life insurance or annuity contracts? **Yes** **No**
- 2) Has any life insurance or annuity contract either in force or applied for on the proposed insured terminated or is termination of such insurance contemplated as a result of the insurance of the life insurance contract applied for? **Yes** **No**

If the answer to either question is yes, have you complied with the requirements of the Company and your state with regard to this replacement? **Yes** **No** (Give full details under Remarks.)

Remarks: _____

Agent Signature

Agent Name _____ **Agent's Gerber Life #** _____

SERFF Tracking #:

GLIN-128600190

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Gerber Life Insurance Company

TOI/Sub-TOI:

L021 Individual Life - Endowment/L021.000 Life - Endowment

Product Name:

Individual Endowment Applications

Project Name/Number:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
ASIE-Read Certification.pdf			

READABILITY CERTIFICATION

Company Name: Gerber Life Insurance Company

I hereby certify, that the form(s) listed below has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test.

Form Number	Score
ASIE-12 P	50.0
ASIE-12 AP	50.0

*When combined with the policy this form achieves a score of 50.



Robert J. Lodewick
Vice President, General Counsel &
Secretary

July 27, 2012

Date