

**State:** Arkansas **Filing Company:** The Cincinnati Life Insurance Company  
**TOI/Sub-TOI:** L08 Life - Other/L08.000 Life - Other  
**Product Name:** Form CLI-6260 (8/12), Authorization for Release of Information  
**Project Name/Number:** Form CLI-6260 (8/12), Authorization for Release of Information/Form CLI-6260 (8/12), Authorization for Release of Information

## Filing at a Glance

Company: The Cincinnati Life Insurance Company  
Product Name: Form CLI-6260 (8/12), Authorization for Release of Information  
State: Arkansas  
TOI: L08 Life - Other  
Sub-TOI: L08.000 Life - Other  
Filing Type: Form  
Date Submitted: 08/07/2012  
SERFF Tr Num: GRJR-128619163  
SERFF Status: Closed-Withdrawn  
State Tr Num:  
State Status: Withdrawn  
Co Tr Num: CLI62600812L  
  
Implementation: On Approval  
Date Requested:  
Author(s): Jennifer Henley, Deborah Naegele, Karen Eichler  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 08/15/2012  
Disposition Status: Withdrawn  
Implementation Date:  
  
State Filing Description:

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## General Information

Project Name: Form CLI-6260 (8/12), Authorization for Release of Information	Status of Filing in Domicile: Pending
Project Number: Form CLI-6260 (8/12), 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 August 7, 2012, and approval is pending.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/15/2012
	State Status Changed: 08/15/2012
Deemer Date:	Created By: Jennifer Henley
Submitted By: Jennifer Henley	Corresponding Filing Tracking Number: GRJR-128619210

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

Subject:  
 The Cincinnati Life Insurance Company  
 Individual Life Form Filing  
 Form CLI-6260 (8/12), Authorization for Release of Information

Replaces:  
 Form CLI-6260 (7/12), Authorization for Release of Information, previously approved by your Department, July 23, 2012, Serff Tracking Number GRJR-128558061

For Use With:  
 All Applicable Approved Life Insurance Applications, paper and electronic.

THIS FORM IS BEING SUBMITTED TO YOUR ACCIDENT AND HEALTH DIVISION UNDER A SEPARATE FILING.

Dear Sir or Madame:

The subject form is being revised due to the MIB's 2013 Authorization Change. This form will be provided to our policyholders at the time of application.

A red-lined version is attached to the Supporting Documentation tab for your convenience.

The subject form was submitted to our domicile state, Ohio, on August 7, 2012, and approval is pending.

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

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## 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]

### Filing Company Information

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

## Filing Fees

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

Company	Amount	Date Processed	Transaction #
The Cincinnati Life Insurance Company	\$50.00	08/07/2012	61476484

State: Arkansas Filing Company: The Cincinnati Life Insurance Company  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Linda Bird	08/15/2012	08/15/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Withdrawal Request	Note To Reviewer	Jennifer Henley	08/14/2012	08/14/2012

SERFF Tracking #:

GRJR-128619163

State Tracking #:

Company Tracking #:

CLI62600812L

State:

Arkansas

Filing Company:

The Cincinnati Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Form CLI-6260 (8/12), Authorization for Release of Information

Project Name/Number:

Form CLI-6260 (8/12), Authorization for Release of Information/Form CLI-6260 (8/12), Authorization for Release of Information

## Disposition

Disposition Date: 08/15/2012

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Red-Lined Version		Yes
Form	Authorization for Release of Information		Yes

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## Note To Reviewer

**Created By:**

Jennifer Henley on 08/14/2012 12:15 PM

**Last Edited By:**

Linda Bird

**Submitted On:**

08/15/2012 09:28 AM

**Subject:**

Withdrawal Request

**Comments:**

We would like to withdraw this filing. Revisions are required to be made to the form, we will resubmit as a new filing.

State: Arkansas

Filing Company:

The Cincinnati Life Insurance Company

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## Form Schedule

### Lead Form Number: Form CLI-6260 (8/12)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		Form CLI-6260 (8/12)	OTH	Authorization for Release of Information	Revised: Replaced Form #: Form CLI-6260 (7/12) Previous Filing #: GRJR-128558061	0.000	Form CLI-6260 8-12 Authorization for Release of Information.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



**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 or disclosed under this authorization; and
8. I authorize The Cincinnati Life Insurance Company, or its reinsurers, to make a brief report of my protected 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-128619163

State Tracking #:

Company Tracking #:

CLI62600812L

State: Arkansas

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
Attachment(s):			
AR Life Previously approved applications.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Red-Lined Version		
Comments:	New language is underlined in red. Deleted language is shown with a strike-through.		
Attachment(s):			
Form CLI-6260 8-12 Red-Lined Version.pdf			

State of Arkansas  
Previously approved applications

Form Number	Description	Approval Date	Tracking Number
CLI-1030	Application for Life Insurance (paper)	06/20/2008	39342
	Application for Life Insurance (electronic)	08/04/2011	GRJR-127325058
CLI-1019	Application for Life Insurance (paper)	09/12/2006	33597
	Application for Life Insurance (electronic)	09/21/2010	GRJR-126807642
CLI-1018	Application for Juvenile Insurance	10/25/2006	33199

We reserve the right to use any applicable application that may be approved for use in the future.



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### 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 or disclosed under this authorization; and
8. I authorize The Cincinnati Life Insurance Company, or its reinsurers, to make a brief report of my protected health information to MIB.

*personal*

~~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.~~

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)