

State: Arkansas **Filing Company:** Kansas City Life Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: GA174-GKCL-APP-AR(H)0812
Project Name/Number: GA174-GKCL-APP-AR(H)0812/GA174-GKCL-APP-AR(H)0812

Filing at a Glance

Company: Kansas City Life Insurance Company
Product Name: GA174-GKCL-APP-AR(H)0812
State: Arkansas
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other
Filing Type: Form
Date Submitted: 08/16/2012
SERFF Tr Num: KCLF-128646481
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GA174-GKCL-APP-AR(H)0812

Implementation: On Approval
Date Requested:
Author(s): Brooke Hood
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/20/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Kansas City Life Insurance Company
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General Information

Project Name: GA174-GKCL-APP-AR(H)0812 Status of Filing in Domicile: Authorized
Project Number: GA174-GKCL-APP-AR(H)0812 Date Approved in Domicile: 07/10/2012
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 08/20/2012 Deemer Date:
State Status Changed: 08/20/2012 Submitted By: Brooke Hood
Created By: Brooke Hood
Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Kansas City Life Insurance Company
NAIC: 65129-588
FEIN: 44-0308260
Form Filing: Group Application form GA174-AR (Health Submission)

With this filing, Kansas City Life Insurance Company is submitting Group Application form GA174-AR for review and approval. This application form is new and does not replace any previously approved forms. Group Application form GA174-AR will be used by prospective policyholders to apply for any combination of the following Group insurance products which use contract forms that are approved in Arkansas: short term disability, long term disability, dental, vision, and life. A separate Life filing has been submitted for approval regarding the Group life product (tracking # KCLF-128646476).

The variable material within this form is bracketed. This variable language can be added to, deleted from, or changed within the application. A Statement of Variability has been provided with this filing to explain the intended range(s) of variability.

Please direct all inquiries regarding this filing to me at the address, phone number or email address shown in this filing.

Your favorable consideration of this filing is respectfully requested.

Company and Contact

Filing Contact Information

Brooke Hood, Compliance Analyst III bhood@kclife.com
3520 Broadway 816-753-7299 [Phone] 8420 [Ext]
Kansas City, MO 64111 816-753-3018 [FAX]

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Filing Company Information

Kansas City Life Insurance Company	CoCode: 65129	State of Domicile: Missouri
P O Box 219139	Group Code: 588	Company Type: Life
Kansas City, MO 64121-9139	Group Name:	State ID Number:
(800) 821-5529 ext. [Phone]	FEIN Number: 44-0308260	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR fee = MO (domicile) filing fee of \$50
 Per Company: No

Company	Amount	Date Processed	Transaction #
Kansas City Life Insurance Company	\$50.00	08/16/2012	61759499

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/20/2012	08/20/2012

SERFF Tracking #:

KCLF-128646481

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

GA174-GKCL-APP-AR(H)0812

State:

Arkansas

Filing Company:

Kansas City Life Insurance Company

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

GA174-GKCL-APP-AR(H)0812

Project Name/Number:

GA174-GKCL-APP-AR(H)0812/GA174-GKCL-APP-AR(H)0812

Disposition

Disposition Date: 08/20/2012

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	Statement of Variability	Approved-Closed	Yes
Form	Application for [Solutions for Small Group Needs]	Approved-Closed	Yes

SERFF Tracking #:

KCLF-128646481

State Tracking #:

Company Tracking #:

GA174-GKCL-APP-AR(H)0812

State:

Arkansas

Filing Company:

Kansas City Life Insurance Company

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

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Project Name/Number:

GA174-GKCL-APP-AR(H)0812/GA174-GKCL-APP-AR(H)0812

Form Schedule

Lead Form Number: GA174-AR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/20/2012	GA174-AR	AEF	Application for [Solutions for Small Group Needs]	Initial:	48.000	GA174-AR.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 [Solutions for Small Group Needs]
[Short Term Disability, Long Term Disability, Life]

Kansas City Life Insurance Company
3520 Broadway
Kansas City, MO 64111

- 1. Legal Name of Applicant (Policyholder)
2. Federal Tax I.D. No.
3. Nature of Business
4. Street Address
5. Name and Title of Plan Administrator
6. Name, Title, E-mail Address and Phone No. of Contact Person
7. Billing Address (if different from Street Address)
8. Proposed Effective Date of Insurance
9. Advance Payment of \$
10. If the insurance applied for replaces, or is in addition to, any similar group or wholesale insurance now or previously in force, provide:

Table with 3 columns: Carrier, Type of Coverage, Date to be Discontinued

Eligibility

- 11. Are any individuals currently disabled?
12. Eligible Classes: All Full-Time Employees, Other
13. Probationary Waiting Period:
14. Number of full-time employees: Number of enrolled - Voluntary: [STD LTD Life]

Plan Design

- 15. [Short Term Disability: Employer pay \$ /wk]
[Long Term Disability: Employer pay \$ /wk]
[Group Term Life: Employer pay \$ /wk] Face Amount AD&D Rider]

Schedule of Benefits

16. Please attach a copy of the proposal(s).

Agreement and Signatures

- 17. It is understood and agreed as follows:
1. No coverage is effective until approved by Kansas City Life Insurance Company at its Home Office in Kansas City, Missouri.
2. Insurance will be effective with regard to those individuals listed above in the Eligibility section, on the latest of the following dates:
3. No agent has the authority to waive any of the Company's rights or requirements, or to make or alter any contract or policy.
4. 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.

Dated at City, State this day of year of

Signature of Writing Agent Agent Code Employer's Signature
Agent's Name and State License ID No. - SSN (Please Print) Please Print Name Title

Agent Business Address

City, State, Zip

Agency

Agency Code

SERFF Tracking #:

KCLF-128646481

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/20/2012
Comments:			
Attachment(s):			
AR_Readability Certification.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable to this application filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable to this filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable to this filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/20/2012
Bypass Reason:	Not applicable to this filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	08/20/2012
Comments:			

SERFF Tracking #:

KCLF-128646481

State Tracking #:

Company Tracking #:

GA174-GKCL-APP-AR(H)0812

State:

Arkansas

Filing Company:

Kansas City Life Insurance Company

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

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Attachment(s):

SOV_GA174.pdf

READABILITY CERTIFICATION

FORM NUMBER

READABILITY SCORE

GA174

48.0



Name: Marc Bensing

Title: Assistant Vice President

Company: Kansas City Life Insurance Company

Date: August 16, 2012

STATEMENT OF VARIABILITY for GROUP COVERAGE APPLICATION GA174

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. Bracketed text may be included or omitted according to a policyholder's plan of insurance.

1. **Header** - The [KCL Group Benefits] logo may be modified if it should ever change in the future and the [SG] logo may be modified or removed.
2. **Header** - [Solutions for Small Group Needs] may be modified to indicate a different marketing name.
3. **Header** - [Short Term Disability, Long Term Disability, Life] may be modified to remove a specific product if not purchased by the policyholder or add a new product such as Dental or Vision.
4. **Question 14:** Number of enrolled – Voluntary: [STD_ LTD_ Life_] may be modified to remove a specific product if not purchased by the policyholder or add a new product such as Dental or Vision.
5. **Question 15:** The 3 products in this section [Short Term Disability, Long Term Disability, and Group Term Life] may be modified to remove a specific product if not purchased by the policyholder. The variable for Employer pay [wk] may be modified to [mo]. The variable for [60%] may be modified to a higher or lower percentage based on the variable range filed in the corresponding policy/certificate form. The following products may be added if purchased by the policyholder:

[Dental: Employer pay \$ ___[wk][mo] (for employee) \$ ___[wk][mo] (for dependents) Type I deductible ___
Calendar year maximum ___ Type IV Ortho ___]

[Vision: Employer pay \$ ___[wk][mo] (for employee) \$ ___[wk][mo] (for dependents) Frame Frequency ___
Exam/Materials Co-pay ___/___]