

**State:** Arkansas **Filing Company:** United Security Life and Health Insurance Company

**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

**Product Name:** EZ Term Life Insurance

**Project Name/Number:** EZ Term Life Insurance/

**Filing at a Glance**

Company: United Security Life and Health Insurance Company

Product Name: EZ Term Life Insurance

State: Arkansas

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Date Submitted: 08/21/2012

SERFF Tr Num: USLH-128645471

SERFF Status: Closed-Accepted For Informational Purposes

State Tr Num:

State Status: Closed-Accepted for Informational Purposes

Co Tr Num: EZTL-12APP

Implementation: On Approval

Date Requested:

Author(s): Jaime Gettemans, Peg Lundy

Reviewer(s): Linda Bird (primary)

Disposition Date: 08/28/2012

Disposition Status: Accepted For Informational Purposes

Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** United Security Life and Health Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** EZ Term Life Insurance  
**Project Name/Number:** EZ Term Life Insurance/

**General Information**

Project Name: EZ Term Life Insurance Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Informational Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: Resubmission Previous Filing Number: USLH-128316118  
 Individual Market Type: Overall Rate Impact:  
 Filing Status Changed: 08/28/2012  
 State Status Changed: 08/28/2012 Deemer Date:  
 Created By: Peg Lundy Submitted By: Peg Lundy  
 Corresponding Filing Tracking Number:

Filing Description:  
 Please see attached Cover Letter for details regarding this filing.

Minor changes made to EZ Term Life Application and revised Life Insurance Buyer's Gude with most updated wording from NAIC.

Thank you very much!

**Company and Contact**

**Filing Contact Information**

Peg Lundy, plundy@unitedsecuritylandh.com  
 6640 S. Cicero Avenue 708-475-6025 [Phone]  
 Bedford Park, IL 60638

**Filing Company Information**

United Security Life and Health Insurance Company CoCode: 81108 State of Domicile: Illinois  
 6640 S. Cicero Group Code: Company Type:  
 Bedford Park, IL 60638 Group Name: State ID Number:  
 (708) 475-6000 ext. [Phone] FEIN Number: 36-3692140

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 for Application and \$50.00 for Life Insurance Buyer's Guide.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
United Security Life and Health Insurance Company	\$100.00	08/21/2012	61852885

SERFF Tracking #:

USLH-128645471

State Tracking #:

Company Tracking #:

EZTL-12APP

State:

Arkansas

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United Security Life and Health Insurance Company

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L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

EZ Term Life Insurance

Project Name/Number:

EZ Term Life Insurance/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	08/28/2012	08/28/2012

SERFF Tracking #:

USLH-128645471

State Tracking #:

Company Tracking #:

EZTL-12APP

State:

Arkansas

Filing Company:

United Security Life and Health Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

EZ Term Life Insurance

Project Name/Number:

EZ Term Life Insurance/

## Disposition

Disposition Date: 08/28/2012

Implementation Date:

Status: Accepted For Informational Purposes

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	Life & Annuity - Acturial Memo		No
Supporting Document	Life Insurance Buyer's Guide		Yes
Supporting Document	EZ Term Life Application Cover Letter		Yes

SERFF Tracking #:

USLH-128645471

State Tracking #:

Company Tracking #:

EZTL-12APP

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**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** EZ Term Life Insurance  
**Project Name/Number:** EZ Term Life Insurance/

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Minor changes made within EZ Term Life Application - filing for Informational Purposes Only.  Form Number - EZTL-12APP - original version approved on 3.12.12 (USLH-128129568) , revised version approved on 5.18.12 (USLH-128316118).  Thank you very much!		
Attachment(s):			
EZ Term Life Application - (EZTL-12APP) - AR-Revised 7.19.12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Life Insurance Buyer's Guide		
Comments:	We recently reviewed our life products and realized we were not sending out the most current Buyer's Guide put out by the NAIC. So an updated version has been attached.  Thank you very much!		
Attachment(s):			
Life Insurance Buyer's Guide 8-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	EZ Term Life Application Cover Letter		
Comments:	Please see attached Cover Letter for details regarding this filing. Thank you very much!		
Attachment(s):			
8.20.12 - Cover Letter (EZ Term Life Product) - AR.pdf			

**APPLICATION FOR EZ TERM LIFE INSURANCE WITH UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

6640 South Cicero Avenue, Bedford Park, Illinois 60638

1-800-875-4422 [www.uslandh.com](http://www.uslandh.com)

Fax number: (708) 475-6120



**Add Critical Illness Plan:**  Basic  Extended

**Benefit Amount \$** \_\_\_\_\_ **\$10,000 - \$50,000 in \$5,000 Increments**

**Plan Type:**  Individual  Single Parent  Family

**PART ONE**

**A. Primary Proposed Insured (PPI)**

1. Name (First, Middle Initial, Last)		2. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
3. Residence Address (Including City, State & Zip)		4. Business Address (Including City, State & Zip)	
5. Residence Phone Number: ( )		6. Email Address	
7. Cell Phone Number: ( )	8. Annual Income	9. Nature and Occupation Of Duties	
10. Employer		11. Driver's License No./State (If Applicable, Please Also List For Spouse)	

**B. All Proposed Insureds (List PPI first, then spouse and children, if applicable. For additional applicants, please list on a separate, signed sheet.)**

First Name	Middle	Last	SS/Tax ID No.	Relation to PPI	Sex M/F	Date of Birth Mo/Day/Yr	Birthplace State/Country	Height Ft. In.	Weight Lbs.
1				PPI					
2									
3									
4									
5									

**C. Plan of Insurance**

Amount (\$10,000, \$20,000 - \$250,000) \$	Plan <input type="checkbox"/> 10 yr <input type="checkbox"/> 20 yr <input type="checkbox"/> 30 yr	Rate Guarantee Option <input type="checkbox"/> Full Term Rate <input type="checkbox"/> Five Year Guarantee*	Age of PPI (Last Birthday)	Requested Effective Date	Payment Mode: <input type="checkbox"/> Annual \$0 <input type="checkbox"/> Semi-Annual \$6 <input type="checkbox"/> Quarterly \$5 <input type="checkbox"/> Monthly Direct \$3 <input type="checkbox"/> Credit Card \$1 <input type="checkbox"/> PAC \$1
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\* Your rate may be increased after 5 years. Any increase will be on a uniform class basis and will never exceed the guaranteed maximum premium stated in the policy. The Five Year Guarantee is not available for the \$10,000 Face Amount.

<b>EZ Term Life Modal Premium: \$</b>	<b>Critical Illness Premium: \$</b>	<b>Total Premium: \$</b>
<b>Benefits/Riders</b>	<input type="checkbox"/> Spouse Insurance Rider \$ (\$5,000 - \$75,000) Cannot exceed 1/2 of PPI Amount	<input type="checkbox"/> Children's Insurance Rider \$ (\$2,000 - \$25,000) Cannot exceed 1/4 of PPI Amount

Credit Card Number / \_\_\_\_\_ /  Visa  MasterCard  Discover Exp. Date \_\_\_\_\_

**EFT Authorization** As a convenience to me, I hereby request and authorize you to pay and charge my account (check or electronic debit) drawn on my account by and payable to United Security Life & Health Insurance Company, provided there are sufficient funds in said account to pay the same on presentation. I agree that your rights with respect to each such debit shall be the same as if it were a check drawn on you and signed personally by me. I further agree that if any such check or electronic debit is dishonored, whether with or without a cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever, even though such dishonor results in the forfeiture of insurance. This authorization is to remain in effect until revoked by me in writing, and until you actually receive such notice.

\_\_\_\_\_/ Bank Name \_\_\_\_\_/ Bank Address \_\_\_\_\_/

\_\_\_\_\_/ Bank Account Number \_\_\_\_\_/ Routing Number \_\_\_\_\_/

\_\_\_\_\_/ Printed Name of Depositor \_\_\_\_\_/ Signature of Depositor \_\_\_\_\_/ Date \_\_\_\_\_/

D. Life Insurance in Force on All Proposed Insureds:  None  Listed Below

Insured	Issue Year	Company	Face Amount

E. Beneficiary Designation

Full Name and Address of Primary Beneficiary(ies)	Social Security/Tax ID No.	Date of Birth	Relationship to PPI	Percent of Proceeds

Full Name and Address of Contingent Beneficiary(ies)	Social Security/Tax ID No.	Date of Birth	Relationship to PPI	Percent of Proceeds

F. Owner, if other than Primary Proposed Insured

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			

Contingent Owner

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			

G. Payor, if other than Primary Proposed Insured

Full Name	Social Security/Tax ID No.	Date of Birth	Relationship to PPI
Address, if other than Primary Proposed Insured's			

SPECIAL REQUESTS OR INSTRUCTIONS


**H. General Information**

<p><i>The following questions pertain to all Proposed Insureds, including children.</i></p>	<p>Yes</p>	<p>No</p>	<p><i>Explain fully all "Yes" answers. Indicate question number and the name of the Proposed Insured.</i></p>
<p>1. Is the insurance applied for intended to replace any existing insurance or annuity contract? (If "YES", enclose all required replacement forms.)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>2. Are there any application(s) for any life or health insurance now pending with any company?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>3. Has any Proposed Insured ever had an application for life insurance declined, postponed, rated or modified?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>4. Are all Proposed Insureds United States citizens? If "NO", provide immigration card number _____</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>5. Has any Proposed Insured ever received or claimed disability or a pension for any injury, sickness or impaired condition?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>6. Within the past 3 years, has the Proposed Insured flown in a plane other than as a passenger on a commercial airline or does he or she have plans for such activity within the next year? If "YES", please complete a separate <b>Aviation Risk Supplement</b> form for the Proposed Insured.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>7. Within the past 3 years, has the Proposed Insured participated in or does he or she plan to participate in <b>any</b> of the following? Underwater sports, - scuba diving, skin diving or similar activities, Racing sports – motorcycle, auto, motor boat or similar activities, Sky sports – skydiving, hang gliding, parachuting, ballooning or similar activities, Rock or mountain climbing or similar activities, Bungee jumping or similar activities. If "YES", please describe in the space provided to the right.</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>8. Does any Proposed Insured have any intention of traveling or living outside the USA or Canada in the next 2 years, except for vacation?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>9. In the past 5 years, has any Proposed Insured been convicted of 2 or more moving violations or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked? (If "YES", give details.)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>10. In the past 10 years, has any Proposed Insured used marijuana, cocaine, heroin, barbiturates, hallucinogens, or amphetamines, except on the advice of a physician, or been convicted for the use or possession of alcohol; or received advice, counseling or treatment as the result of the use of alcohol or drugs; or used or been convicted for the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>11. In the past 10 years, has any Proposed Insured been convicted of a felony?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	

**I. Physical Data, Health and Medical History**

<p><i>The following questions pertain to all Proposed Insureds, including children, (Check ALL applicable items)</i></p>	<p>Yes</p>	<p>No</p>	<p><i>Explain fully all "Yes" answers. Include name of Proposed Insured and question number the answer applies to, specific diagnosis, treatments, results, dates of onset &amp; recovery, and names &amp; addresses of all doctors &amp; hospitals.</i></p>
<p>1. (a) Does any Proposed Insured currently use tobacco in any form? (If "yes", describe tobacco use below.) Who? _____ <input type="checkbox"/> Cigarettes ___ packs per day    <input type="checkbox"/> Cigars    <input type="checkbox"/> Pipe <input type="checkbox"/> Chewing or other "smokeless" tobacco</p> <p>(b) Is any Proposed Insured a former user of tobacco? (If "yes", describe tobacco use below.) Who? _____ Month/Year quit _____ Describe past use of tobacco _____</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>2. Has any Proposed Insured ever been diagnosed with or treated for:</p> <p>(a) high blood pressure, chest pain or pressure, angina, heart attack, abnormal heartbeat, murmur, stroke, or any other circulatory system disorder? <input type="checkbox"/></p> <p>(b) cancer, Hodgkin's disease, leukemia, or any tumor or polyp? <input type="checkbox"/></p> <p>(c) seizures, convulsions, migraine headaches/chronic severe headaches, head injury, paralysis, tremor, stroke, TIA, multiple sclerosis, bi-polar, psychosis, Parkinson's, restless leg syndrome, Lou Gehrig's disease (ALS) or or any other mental or nervous disorder? <input type="checkbox"/></p> <p>(d) organ or bone marrow transplant? <input type="checkbox"/></p> <p>(e) obesity or weight loss surgery? <input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>3. In the past 10 years, has any Proposed Insured had or been treated for:</p> <p>(a) diabetes, anemia, polycythemia, hemophilia; disorder or enlargement of any gland, including lymph glands or thyroid disorder? <input type="checkbox"/></p> <p>(b) persistent fever, cough, diarrhea, weakness or infection? <input type="checkbox"/></p> <p>(c) asthma, bronchitis, emphysema, tuberculosis, pneumonia, or any infection or other disorder of the respiratory system? <input type="checkbox"/></p> <p>(d) ulcer, gastritis, colitis, hepatitis, cirrhosis, pancreatitis, or any other disorder of liver, gallbladder, or intestines? <input type="checkbox"/></p> <p>(e) any disorder of the kidneys, bladder, prostate, reproductive organs or breasts; or any sexually transmitted disease? <input type="checkbox"/></p> <p>(f) any disorder of the back, spine, bones, joints or muscles or Rheumatoid Arthritis? <input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>4. In the past 10 years has any Proposed Insured:</p> <p>(a) been diagnosed by a member of the medical profession as having, or been treated for, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV disease? <input type="checkbox"/></p> <p>(b) tested positive for antibodies to the HIV virus? <input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>5. In addition to any doctors or hospitals listed above, in the last 5 years, has any Proposed Insured:</p> <p>(a) been treated, examined or observed in a hospital, clinic, or other medical facility? <input type="checkbox"/></p> <p>(b) consulted with any other doctors? <input type="checkbox"/></p> <p>(c) been treated for, diagnosed as having, or had an operation for any other cause(s) not listed above? <input type="checkbox"/></p> <p>(d) been advised by a medical professional to have surgery, treatment, testing, or hospitalization and have not done so? <input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	
<p>6. Within the past year, has the weight of any Proposed Insured changed 10 pounds or more? (For children under 16, report only loss) <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p>7. Have two or more of Proposed Insured's immediate family (parents, siblings) had heart disease, stroke or diabetes prior to their age 60? <input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	

<i>PPI'S Family History</i>	<i>Living: Age</i>	<i>Deceased: Age at Death</i>	<i>Cause of Death</i>
Father			
Mother			
Brother(s)			
Sister(s)			

***REMAINDER OF THE PAGE LEFT BLANK INTENTIONALLY***

**AGREEMENT:** I have read this application, and represent that all of the information given in it is true, complete and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by United Security Life and Health Insurance Company ("United Security") as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of United Security's rights, conditions, or requirements. Only an authorized officer of United Security can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; I will inform the Company of any changes in my or any proposed insured's health, mental or physical condition, or of any changes to any answers on this application, prior to or upon delivery of this policy.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

**BACKUP WITHHOLDING CERTIFICATION** (required to comply with Federal tax law): Under penalties of perjury, I (the proposed owner) certify that (A) my Social Security (Taxpayer Identification) number as shown in the application is correct, and (B) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (NOTE: You must cross out item B above if you have been notified by the IRS that you are currently subject to backup withholding.)

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, pharmacy, pharmacy benefits manager or other pharmacy related services organization, claims administrator, employer, insurer or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, consumer reporting agency, or other insurance support organization having information as to the mental or physical health, prescription information, occupation, avocation, other insurance, character, habits, driving record, finances, or age of me or my minor children, to give such information to United Security or its reinsurer(s) at any time, including after my death. I further authorize all said sources, except Medical Information Bureau, Inc., to give such information to any agent or insurance support organization acting for United Security or its reinsurer(s). I further authorize USL&H or its reinsurer(s) to make a brief report of my personal health information to MIB.

Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by United Security, to its reinsurer(s), the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I agree that a photocopy of this form will be as valid as the original. I understand that I have the right to revoke this authorization in writing at any time, by sending a written request for revocation to USL&H, 6640 S. Cicero Avenue, Chicago, Illinois 60638. Attention Privacy Officer. I also agree that this form will be valid for (1) 30 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices", "Investigative Consumer Reports", and "Medical Information Bureau, Inc." from United Security.

**WARNING: Any person who, with intent to defraud or knowing that she/he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.**

\_\_\_\_\_  
Signature of Primary Proposed Insured  
(if minor, parent or legal guardian)

\_\_\_\_\_  
\*\*\* Date Signed \*\*\*

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Spouse, if a Proposed Insured

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Agent's Printed Name / Agent No.

\_\_\_\_\_  
Signature of Proposed Owner  
(if not Primary Proposed Insured)

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Agent's License No. / State

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Signature of Other Proposed Insured  
(if age 15 or over)

\_\_\_\_\_  
Signed at (City,State,Zip)

### AGENT'S REPORT AND CERTIFICATE

- |   | Yes  | No   |
|---|--|--|
| 1. Is the Applicant or any Proposed Insured a current or past United Security policyowner or Insured?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 2. As far as you know, will the insurance applied for replace any existing insurance or annuity?<br>If "Yes", did you write the replaced policy?<br>Reason(s) for replacement:                          | <input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/> |
| <hr/> <hr/> <hr/>   |  |  |
| 3. Are there any Proposed Insureds whom you did not see when you took this application?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 4. Are there any Proposed Insureds who do not reside with the Primary Proposed Insured?   | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 5. Have you submitted or do you plan to submit this case to any other company?  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| 6. Has any Proposed Insured used a different last name in the past 5 years?<br>(Provide full details of all "Yes" answers)  | <input type="checkbox"/>                             | <input type="checkbox"/>                             |
| <hr/> <hr/> <hr/>   |  |  |
| 7. To clarify any question or obtain a telephone interview, the following is needed <b>(Please remind the Primary Proposed Insured about the possibility of a call)</b> :                               |  |  |
| Home Telephone: ( _____ ) _____   | Best time to call _____                              |  |
| Cell Telephone: ( _____ ) _____   | Best time to call _____                              |  |
| 8. Indicate below how well you know the Primary Proposed Insured (Applicant, if Primary Proposed Insured is under age 18).  |  |  |
| <input type="checkbox"/> Slightly for ___ years <input type="checkbox"/> Well for ___ years <input type="checkbox"/> Just met <input type="checkbox"/> Related by blood or marriage; he/she is my _____ |  |  |
| 9. Is medical exam or blood profile required? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Date Scheduled _____  | Paramed/Examiner _____                               |  |
| 10. If Primary Proposed Insured is below 18, how much life insurance is in force and applied for on:  |  |  |
| Mother _____  | Father _____   | Siblings _____                                       |
| 11. Request for <input type="checkbox"/> Additional <input type="checkbox"/> Alternate policy.  |  |  |
| Plan _____  | Amount _____   | Benefits _____                                       |
| Beneficiary _____   | Other Differences _____                              |  |
| 12. Source of Prospect  |  |  |
| <input type="checkbox"/> Existing Client <input type="checkbox"/> Relative of Client <input type="checkbox"/> Referred Lead <input type="checkbox"/> Personal Acquaintance for _____ years.             |  |  |
| <input type="checkbox"/> Cold Canvas <input type="checkbox"/> Direct Mail <input type="checkbox"/> Prospect approached me without being solicited   |  |  |

**AGENT'S REPORT AND CERTIFICATE**

13. Use of Insurance (check one)

- Personal (If checked, complete question 14)       Business Related (If checked, complete question 15)

14.a Purpose of Personal Insurance with expectation of how proceeds will be utilized (check one most applicable)

- Create an Immediate Estate for Heirs       Surviving Income Protection  
 Retirement Income Supplement       Provide Estate Liquidity  
 Mortgage Protection/Acceleration       Secure Other Personal Debt  
 Supplement and Protect Personal Savings       Other \_\_\_\_\_

14.b How was amount of Personal Insurance determined? (check one most applicable).

- Needs Analysis with Assistance from Agent       Needs Analysis with Computer Output Assistance  
 Need Pre-Determined by Applicant       Other \_\_\_\_\_

15.a Purpose of Business Insurance (check one most applicable).

- Business Continuation Plan (Buy/Sell)       Key Person Plan       Deferred Compensation Plan  
 Split Dollar Plan       Executive Bonus Plan       Secure Business Debt  
 Other \_\_\_\_\_

15.b Business Data       Corporation       Partnership       Sole Proprietorship

If available, attach a copy of the business' latest audited financial statements (Balance Sheet and Profit and Loss).

In addition, please complete the following questions:

- i. Date Corporation, Partnership or Business Established \_\_\_\_\_  
ii. Estimated Net Worth of Business \$ \_\_\_\_\_  
iii. Current Value of Primary Proposed Insured's Interest (based on % of ownership) \$ \_\_\_\_\_  
iv. Net Annual Income of Business \$ \_\_\_\_\_  
v. If Proposed Insured is an officer or partner, are all of the remaining officers or partners applying for insurance at this time?       Yes       No (If "No", explain in remarks.)

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of any person proposed for insurance which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notices regarding Information Practices, the Federal Fair Credit Reporting Act, and Medical Information Bureau, Inc., were given to the Primary Proposed Insured.

_____	_____	_____
Date	Agent's Signature	Joint Agent's Signature
_____	_____	_____
	Agent's Printed Name/ Agent No.	Joint Agent's Printed Name/ Agent No.
_____	_____	_____
	Agent's License No./State	Joint Agent's License No./State
_____	_____	_____
	Agent's Phone Number	Joint Agent's Phone Number

## CONDITIONAL RECEIPT

Unless every condition in paragraph 2 is met exactly, no insurance will take effect prior to policy delivery. No agent, broker, or medical examiner is authorized to change or waive any of such conditions. If, within the past 12 months, any Proposed insured has had or been treated for any known heart trouble, stroke, AIDS or cancer, payment cannot be accepted with the application.

All checks must be made payable to United Security Life and Health Insurance Company. Do not make check payable to the agent or leave the payee blank.

Received from \_\_\_\_\_ \$ \_\_\_\_\_ cash

given with application for life insurance to United Security Life Insurance Company (United Security), which application bears the same date as this receipt. This receipt is void if the item given for it fails to result in payment.

1. If all the conditions in Paragraph 2 are met exactly, then insurance subject to the terms of the policy applied for, but not to exceed the limit in Paragraph 3, will start at the "Conditional Effective Time", defined as the later of: (a) when Part One of the application has been completed; or (b) when all medical exams and tests required by United Security's rules have been completed, and all required blood, urine, and/or oral fluid specimen(s) have been furnished.
2. Insurance will not start at the Conditional Effective Time unless all these conditions are met:
  - (a) At the Conditional Effective Time, all of the Proposed Insureds must be risks acceptable to United Security under its rules, limits, and standards of insurability for the amount and plan applied for, without change, and at the standard rate of premium.
  - (b) The sum of money, if any, given for this receipt must be at least as much as the full first premium for the plan, amount of insurance and the mode of payment stated in the application.
  - (c) All medical exams and tests required by United Security's rules must be completed, and all required specimens of blood, urine, and/or oral fluid specimen(s) furnished, within 60 days from the date of Part One of the application.
  - (d) At the Conditional Effective Time, the state of health and all factors affecting the insurability of the Proposed Insured(s) must be as stated in the application.
3. The total amount of life insurance, including accidental death benefits, which may become effective on any Proposed Insured prior to the effective date of a delivered policy for which the full first premium has been received by reason of this and any other receipts, will not exceed \$50,000.
4. If one or more of the conditions in Paragraph 2 is not met exactly, or if death of a Proposed Insured results from suicide, there will be no liability on the part of United Security except to return any money received.

I certify that I have explained all of the terms of this receipt to the Applicant(s).

Date: \_\_\_\_\_ X \_\_\_\_\_  
Signature of Agent

The following is a copy of the Agreement signed in connection with the application.

## AGREEMENT

**AGREEMENT:** I have read this application, and represent that all of the information given in it is true, complete, and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by United Security as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of United Security's rights, conditions, or requirements. Only an authorized officer of United Security can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; there must have been no material change in health or other risk factors. I will notify United Security if any such change takes place after I sign the application and before such delivery and payment.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

**UNITED SECURITY LIFE AND HEALTH INSURANCE COMPANY**

6640 South Cicero Avenue, Bedford Park, Illinois 60638

1-800-875-4422 [www.uslandh.com](http://www.uslandh.com)

Fax number: (708) 475-6120

**NOTICE UNDER THE FAIR CREDIT REPORTING ACT AND NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.**

**WRITING AGENT: This special notice must be detached and given to the Proposed Insured.**

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

**INFORMATION PRACTICES:** In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

**INVESTIGATIVE CONSUMER REPORTS:** As part of the underwriting process, we may request an investigative consumer report from a consumer reporting agency for the purpose of obtaining information about your character, reputation and mode of living, through personal interviews with your friends, neighbors, and associates. You may ask for a personal interview with the consumer reporting agency in connection with any investigative consumer report which may be prepared. You are also entitled, upon written request pursuant to law, to be informed of the nature and scope of the investigation and to receive a copy of the report.

**MEDICAL INFORMATION BUREAU, INC:** Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184, telephone number (866) 692-6901.

We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

For further information, write the Underwriting Department, United Security Life and Health Insurance Company, 6640 South Cicero Avenue, Bedford Park, Illinois 60638.

## IMPORTANT THINGS TO CONSIDER

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance **may be costly**.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

### Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

**First**, decide how much you need—and for how long—and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

**Next**, learn what kinds of policies will meet your needs and pick the one that best suits you.

**Then**, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both. It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

### What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

### How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

### What Is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

**Term Insurance** covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase. You may be able to trade many term insurance policies for a cash value policy during a conversion period—even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Cash Value Life Insurance** is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

**Whole Life Insurance** covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years. Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

**Universal Life Insurance** is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

**Variable Life Insurance** is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and STUDY IT CAREFULLY. You will have higher death benefits and cash value if the underlying investments do well.

Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may

pay an extra premium for a guaranteed death benefit.

### Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future.

Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration.

You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

### Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?
- Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:
- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash

value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)

- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

## LIFE INSURANCE BUYER'S GUIDE

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

*Prepared by the National Association of Insurance Commissioners*

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

Reprinted by:



United Security Life and Health  
Insurance Company  
6640 S. Cicero Avenue  
Bedford Park, IL 60638  
1-800-875-4422

August 20, 2012

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201

RE: Company ID #205611  
NAIC #81108 / FEIN # 36-3692140  
EZTL-12APP – AR-Revised 7.19.12 / Application for EZ Term Life Insurance  
USLH (8/12) / Life Insurance Buyer's Guide

To Whom It May Concern:

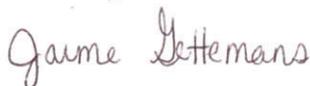
Recently, we filed and received approval for a new product, the EZ Term Life Product (Serff Tracking Number USLH-128316118/Approved 05/08/2012). Since its approval, we have placed this product on the market. While we were in the process of going to market, we decided to make some changes to the Application. While we were in the process of going to market, we decided to make some minor changes to the Application. Therefore, the enclosed filing is being filed for Informational Purposes only along with the Life Insurance Buyer's Guide. We recently reviewed our life products and realized we were not sending out the most current Buyer's Guide put out by the NAIC.

The revised Application (**EZTL-12APP**) – **AR-Revised 7.19.12** was revised to include the following changes:

- 1.) On page 1, added Critical Illness information.
- 2.) On page 1, added additional verbiage for Driver's License Information and renumbered the requested information.
- 3.) On page 3, re-worded question number 4 regarding United States citizens.
- 4.) On page 6 under Authorization to Obtain and Disclose Information (first paragraph) added last sentence regarding MIB.
- 5.) On page 10, updated MIB address and phone number.

If you should have any questions, feel free to contact me directly at (708) 552-2417 or via email at [jaimemetemans@priscorp.net](mailto:jaimemetemans@priscorp.net).

Sincerely,



Jaime Gettemans  
Compliance Department

*Quality Products from Caring Professionals*