

**State:** Arkansas **Filing Company:** The Cincinnati Life Insurance Company  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Form CLI-6260 (9/12), Authorization for Release of Information  
**Project Name/Number:** Form CLI-6260 (9/12), Authorization for Release of Information/Form CLI-6260 (9/12), Authorization for Release of Information

## Filing at a Glance

Company: The Cincinnati Life Insurance Company  
Product Name: Form CLI-6260 (9/12), Authorization for Release of Information  
State: Arkansas  
TOI: H21 Health - Other  
Sub-TOI: H21.000 Health - Other  
Filing Type: Form  
Date Submitted: 09/05/2012  
SERFF Tr Num: GRJR-128653355  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: CLI62600912H  
  
Implementation: On Approval  
Date Requested:  
Author(s): Jennifer Henley, Deborah Naegele, Karen Eichler  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 09/10/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

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### General Information

Project Name: Form CLI-6260 (9/12), Authorization for Release of Information  
 Project Number: Form CLI-6260 (9/12), Authorization for Release of Information  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: Resubmission  
 Individual Market Type: Individual  
 Filing Status Changed: 09/10/2012  
 State Status Changed: 09/10/2012  
 Created By: Jennifer Henley  
 Corresponding Filing Tracking Number: GRJR-128653410

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Previous Filing Number: GRJR-128619210  
 Overall Rate Impact:  
 Deemer Date:  
 Submitted By: Jennifer Henley

PPACA: Not PPACA-Related

PPACA Notes: null

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

Subject:  
 The Cincinnati Life Insurance Company  
 Individual Health Form Filing  
 Form CLI-6260 (9/12), Authorization for Release of Information

Replaces:  
 Form CLI-6260 (8/12), Authorization for Release of Information, previously approved by your Department, August 9, 2012, Serff Tracking Number GRJR-128619210

For Use With:  
 All Applicable Approved Disability Insurance Applications

THIS FORM IS BEING SUBMITTED TO YOUR LIFE 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 September 4, 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? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Cincinnati Life Insurance Company	\$50.00	09/05/2012	62279086

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/10/2012	09/10/2012

**SERFF Tracking #:**

GRJR-128653355

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

CLI62600912H

**State:**

Arkansas

**Filing Company:**

The Cincinnati Life Insurance Company

**TOI/Sub-TOI:**

H21 Health - Other/H21.000 Health - Other

**Product Name:**

Form CLI-6260 (9/12), Authorization for Release of Information

**Project Name/Number:**

Form CLI-6260 (9/12), Authorization for Release of Information/Form CLI-6260 (9/12), Authorization for Release of Information

## Disposition

Disposition Date: 09/10/2012

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	Red-Lined Version	Approved-Closed	Yes
Form	Authorization for Release of Information	Approved-Closed	Yes

**State:** Arkansas**Filing Company:**

The Cincinnati Life Insurance Company

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## Form Schedule

### Lead Form Number: Form CLI-6260 (9/12)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/10/2012	Form CLI-6260 (9/12)	OTH	Authorization for Release of Information	Revised: Replaced Form #: Form CLI- 6260 (8/12) Previous Filing #: GRJR- 128619210	0.000	Form CLI-6260 9-12 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 by 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 understand that information disclosed to The Cincinnati Life Insurance Company pursuant to authorization may be subject to re-disclosure with this authorization or as otherwise permitted by law. Life and disability insurance coverages are not subject to the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA), and therefore release of information to The Cincinnati Life Insurance Company is not protected under the Act. I further 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)

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## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	09/10/2012
Bypass Reason:	N/A, mandated application form.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/10/2012
Comments:	Form CLI-1502, Application for Disability Insurance, previously approved by your Department July 15, 2003. We reserve the right to use any applicable application that may be approved for use in the future		

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/10/2012
Bypass Reason:	N/A, not a policy form filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/10/2012
Bypass Reason:	N/A, not a policy form filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/10/2012
Bypass Reason:	N/A, not a PPACA filing.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Red-Lined Version	Approved-Closed	09/10/2012
Comments:	New language is underlined in red. Nothing has been deleted.		
Attachment(s):			

**SERFF Tracking #:**

GRJR-128653355

**State Tracking #:**

**Company Tracking #:**

CLI62600912H

**State:**

Arkansas

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Form CLI-6260 9-12 Red-lined.pdf

