

**State:** Arkansas **Filing Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** FLA F1006E Life Application  
**Project Name/Number:** /

### Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company  
 Product Name: FLA F1006E Life Application  
 State: Arkansas  
 TOI: L071 Individual Life - Whole  
 Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Filing Type: Form  
 Date Submitted: 09/20/2012  
 SERFF Tr Num: PSEN-128683372  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num: FLA F1006E LIFE APPLICATION  
  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Barbara Ritzke, Deb Howver, Joanne Miller  
 Reviewer(s): Linda Bird (primary)  
 Disposition Date: 09/26/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
  
 State Filing Description:

**State:** Arkansas **Filing Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
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## General Information

Project Name: Status of Filing in Domicile:  
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: 09/26/2012  
State Status Changed: 09/26/2012  
Deemer Date: Created By: Deb Howver  
Submitted By: Deb Howver Corresponding Filing Tracking Number:

### Filing Description:

On behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company, form F1006E, Application for Individual Life Insurance is submitted for your review and approval. No part of this filing contains unusual or possibly controversial items from normal industry standards. The submitted form is new and does not replace any form previously approved in your state.

Fidelity Life Association will use this form to offer the following individual life insurance products:

- F3200AR Graded Death Benefit Whole Life Insurance approved on 9/19/2012 via SERFF tracking number PSEN-128626549.
- Future approved individual life insurance plans.

Application F1006E will be completed on paper, via phone by a licensed life insurance agent or electronically by the applicant.

Sections that do not apply to an applicant will not be displayed in the final printed application. For example, the credit card section will only print if a credit card is being used for payment of the premium; the applicant must answer the first question about replacement and, if answered affirmatively, the applicant will be required to answer the remaining questions; and only elected riders will be printed.

In order to improve the sales experience for potential applicants, Fidelity Life would like the right to modify the format of the application questions from time-to-time as described below. Such modification in format will not change the content of the field application unless specifically noted, nor will such modification be applied in an unfairly discriminatory manner.

First, the order and format of the application questions may be modified. This will allow for variable length and wrapping and allow questions to be grouped together in a logical way dictated by the specific product for which the application will be used. For example, an affirmative response to a given question may disqualify a customer for coverage on one product, while it may not disqualify a customer for a different product. In this instance, the question would be grouped with other, similar "knockout" questions for that particular product.

Second, specific questions may be deleted as dictated by the requirements of the product for which the application will be used.

Third, some questions may be consolidated into fewer, albeit longer questions. Likewise, some questions may be de-consolidated into shorter, more numerous questions. This will be done without changing the content of the questions themselves. For example, a given question may ask "Have you in the past 2 years been diagnosed as having medical condition a, b, or c?" We may revise this question so that a separate question is asked for each condition (three questions instead of one) without changing the meaning of the question.

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Fourth, specific medical conditions may be deleted from the application prospectively from the date of approval. However, new conditions will not be added without prior approval.

All responses and details gathered are transferred to an electronic version of the filed application. This password protected application is then provided to the applicant for review and electronic or voice signature; or on paper for review and manual signature.

Fidelity Life has security procedures in place sufficient to verify that an electronic signature is that of a specific person and to assure that the information has not been altered in its transmission. A click-through signature will be provided by an applicant on each application in accordance with federal law; no signature pad will be used. The applicant will see that his or her electronic signature has been transmitted to each form signed. The applicant's electronic signature will not be transmitted to any other forms. Fidelity Life uses Secure Sockets Lay (SSL) for all of its data transfers. Secure Sockets Layer (SSL) is a 128 Bit cryptographic protocol that provides secure communications on the internet for such things as web browsing, internet faxing, instant messaging and other data transfers. SSL allows applications to communicate across a network in a way designed to prevent eavesdropping, tampering, and message forgery. SSL provides endpoint authentication and communications privacy with mutual authentication based on a public key infrastructure (PKI) deployment provided by VeriSign.

## Company and Contact

### Filing Contact Information

Debbie Howver, deb@myactuary.com  
 35W841 Burr Oak Lane 224-402-2156 [Phone]  
 West Dundee, IL 60118 847-551-1795 [FAX]

### Filing Company Information

(This filing was made by a third party - problemsolvingenterprises)

Fidelity Life Association, A Legal Reserve Life Insurance Company	CoCode: 63290	State of Domicile: Illinois
8700 W. Bryn Mawr Avenue	Group Code:	Company Type:
Suite 900S	Group Name:	State ID Number:
Chicago, IL 60631	FEIN Number: 36-1068685	
(630) 522-0392 ext. [Phone]		

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: 1 form @ \$50.00/form = \$50.00  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$50.00	09/20/2012	62890326

SERFF Tracking #:

PSEN-128683372

State Tracking #:

Company Tracking #:

FLA F1006E LIFE APPLICATION

State:

Arkansas

Filing Company:

Fidelity Life Association, A Legal Reserve Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

FLA F1006E Life Application

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/26/2012	09/26/2012

**State:** Arkansas **Filing Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company  
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## Disposition

Disposition Date: 09/26/2012

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
Supporting Document	Third Party Authorization Letter		Yes
Supporting Document	Statement of Variabilty		Yes
Form	Life Application		Yes

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## Form Schedule

### Lead Form Number: F1006E

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		F1006E	AEF	Life Application	Initial:	47.900	FLA_F1006E_Electronic Application_120912.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



**NAME OF PROPOSED INSURED:**

<b>MAILING ADDRESS</b>	Mailing Address <i>(The address to which the policy should be sent.)</i>
	Addressee Name: _____
	Mailing Address: _____

<b>SECONDARY ADDRESSEE</b>	Secondary Addressee <i>(This person will receive copies of your overdue premium and lapse notices)</i>
	Secondary Addressee Name: _____
	Secondary Mailing Address: _____

<b>BENEFICIARY</b>	Beneficiary <i>(Complex beneficiary designations should be dealt with within the context of a Will)</i>			
	Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	_____	_____	_____	_____
	Primary:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	_____	_____	_____	_____
	Contingent:	% of Benefit:	Relationship to Insured:	SSN/Tax ID:
	_____	_____	_____	_____

Application for Individual Life Insurance  
[Graded Death Benefit Whole Life Insurance]

NAME OF PROPOSED INSURED:

<b>QUESTIONS TO THE PROPOSED INSURED</b>	1. What is your height? _____ ft./in.
	2. What is your weight? _____ lbs.
	3. Do you require any assistance with dressing, bathing, toileting, mobility or eating or do you use oxygen for a medical condition? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	4. Have you ever been diagnosed with or been treated by a member of the medical profession for Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease), Alzheimer's Disease, Dementia or Mental Retardation (including Down's Syndrome)? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	5. Have you ever been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or received a positive result from a test administered by a member of the medical profession for Human Immunodeficiency Virus (HIV)? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	6. Have you, within the past 2 years, been diagnosed by a member of the medical profession with or received treatment for a heart attack (myocardial infarction) or stroke (cerebral vascular accident)? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	7. Within the past 2 years, have you had or are you now awaiting an organ or bone marrow transplant (except as a donor)? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	8. Have you, within the past 2 years, been diagnosed with cancer; or received or been prescribed radiation, chemotherapy or dialysis? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	9. Have you, within the past 2 years, been advised by a member of the medical profession that your life expectancy is less than 24 months? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	10. Have you, within the past 2 years, been confined to or been advised by a member of the medical profession to be admitted to a nursing home, hospice, extended care or special treatment facility or are you now hospitalized?... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	11. Have you, within the past 2 years, used controlled substances such as cocaine, heroin, amphetamines, hallucinogens or barbiturates except as prescribed by a licensed medical professional; or been treated for or been advised by a licensed medical professional to seek treatment for drug or alcohol use? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.
	12. Have you, within the past 2 years, had more than one DWI (DUI) violation, been convicted of a felony or are you now on probation? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.

NAME OF PROPOSED INSURED:

As a convenience to me, I authorize Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated below. I understand that if a debit or withdrawal is not honored by the financial institution, Fidelity Life will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be re-deposited by Fidelity Life at its sole discretion. This authorization will remain in effect until written notice by the depositor/card holder is received by Fidelity Life. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, Fidelity Life shall be under no liability whatsoever even though such dishonor results in the lapse of insurance, in accordance with the grace period.

Payor is \_\_\_\_\_

Name of Payor: \_\_\_\_\_ Payor Address: \_\_\_\_\_

Mode of Payment: \_\_\_\_\_ Draw Date (Day of the Month): \_\_\_\_\_

Payment Method: \_\_\_\_\_

Amount paid with application: \$ \_\_\_\_\_

**PRE-AUTHORIZED CHECK** *(This selection will apply to all payments)*

I request that my premium payments be debited from my bank account as shown.

Name of Bank: \_\_\_\_\_ Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**PRE-AUTHORIZED CREDIT / DEBIT CARD** *(This selection will apply to all payments)*

I request that my premium payments be debited from the \_\_\_\_\_ shown below.

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name *(As it appears on file with the financial institution)*

Electronically Signed By: \_\_\_\_\_  
AUTHORIZED SIGNATURE

Voice Signature on File: \_\_\_\_\_ Reference #: \_\_\_\_\_  
AUTHORIZED SIGNATURE

PRE-AUTHORIZED PAYMENT AUTHORIZATION

Application for Individual Life Insurance  
[Graded Death Benefit Whole Life Insurance]

NAME OF PROPOSED INSURED:

DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION	<p>I declare that each answer and statements given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that the Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) will rely on these answers, and the answers and statements I may give in any other form, taken as a part of this application, as representations and not warranties and that no such statement shall void the policy unless it is contained in a written application and a copy of such application shall be endorsed upon or attached to the policy when issued. I also understand that the Fidelity Life reserves the right to accept or deny this application after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers. I understand that the statements and answers in the application are the basis for any policy issued by Fidelity Life, and that no information will be considered to have been given to the company unless it is stated in the application.</p> <p>I understand that a sales representative does not have the company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.</p> <p>The coverage will be effective on its date of issue if the: (a) health; (b) avocations; (c) occupation; and (d) any other condition relating to the Proposed Insured are as described in the application. The effective date will be shown on page 3 of the Policy, provided one is issued. I understand that Fidelity Life will have no liability until a policy is issued on this application and delivered to and accepted by the owner and the first premium is paid in full while the insured is alive.</p> <p>I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, the Medical Information Bureau (MIB, Inc.), consumer reporting agency or employer to give to Fidelity Life any information they might have regarding the diagnosis, treatment, prescription and prognosis of any physical or mental condition, my driving record, avocations, credit history, insurance history, occupation, character and hobbies, as applicable. To facilitate the rapid transmission of such information, I authorize all said sources, except the MIB, INC., to give such records or knowledge to any agency employed by the Fidelity Life to collect and transmit such information. I authorize Fidelity Life or its reinsurers to make a brief report of my protected health information to MIB, Inc.</p> <p>I agree that this authorization shall remain in effect for two years (24 months) from the date that it is signed and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my application for insurance. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization. I also understand that I have the right to revoke this authorization at any time.</p> <p>All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the MIB, Inc., to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies and as may be required by law.</p> <p><b>Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of criminal offense and subject to penalties under state law.</b></p> <p>Signed at: _____ Date: _____</p> <p><b>Electronically Signed By:</b> _____ Signature of Proposed Insured</p> <p><b>Voice Signature on File:</b> _____ <b>Reference #:</b> _____ Signature of Proposed Insured</p>
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AGENT	<p>To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any Proposed Insured? (If yes, complete appropriate state replacement forms) ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.</p> <p>Does any Proposed Insured have existing life insurance or annuity contracts in force? ..... <input type="checkbox"/> Yes. <input type="checkbox"/> No.</p> <p>Printed Name of Agent: _____</p> <p>Agent ID: _____ General Agent ID: _____ State License Number: _____</p> <p>Email Address of Agent: _____ Telephone Number of Agent: _____</p> <p><b>Electronically Signed By:</b> _____ Signature of Licensed Agent:</p>
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SERFF Tracking #:

PSEN-128683372

State Tracking #:

Company Tracking #:

FLA F1006E LIFE APPLICATION

State: Arkansas

Filing Company:

Fidelity Life Association, A Legal Reserve Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: FLA F1006E Life Application

Project Name/Number: /

### Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	FLA_F1006E_Readabiilty Certification_signed.pdf AR_Certification to Regulations 19 & 49.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization Letter		
Comments:			
Attachment(s):	FLA_ Letter of Authorization_120118_signed.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variabiilty		
Comments:			
Attachment(s):	FLA_F1006E_Statement of Variability_120914.pdf		



## ARKANSAS CERTIFICATION

I, Ciaran Brady, Vice President – Operations, for Fidelity Life Association, do hereby attest and certify to the following:

- The Company has further reviewed its issuance procedures and is compliance with Regulation 49, Life and Health Insurance Guaranty Association Notices.
- This submission meets the provisions of Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as all applicable requirements of the Arkansas Insurance Department.

FIDELITY LIFE ASSOCIATION



Digitally signed by Ciaran Brady  
DN: cn=Ciaran Brady, o=Fidelity Life  
Association, ou=Vice President -  
Operations,  
email=Ciaran.Brady@fidelitylife.com, c=US  
Date: 2012.09.13 13:55:47 -05'00'

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Ciaran Brady, Vice President - Operations

September 13, 2012

Date



Fidelity Life Association  
8700 W. Bryn Mawr Avenue  
Chicago, IL 60631  
Tel: 630.522.0392 Fax: 866.375.8175

January 18, 2012

To Whom It May Concern:

Please allow this letter to serve as authorization for Problem Solving Enterprises, Inc to make rate, rule and form filings on behalf of Fidelity Life Association, a Legal Reserve Life Insurance Company. Problem Solving Enterprises serves as actuarial and compliance consultants for Fidelity Life Association.

Any questions may be directed to me at 630-371-1888.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Brady', with a red checkmark below it.

Digitally signed by Ciaran Brady  
DN: cn=Ciaran Brady, o=Fidelity Life  
Association, ou=Vice President -  
Operations,  
email=Ciaran.Brady@fidelitylife.co  
m, c=US  
Date: 2012.01.18 14:41:49 -06'00'

Ciaran Brady  
Vice President of Operations

## Statement of Variability

**Company:** Fidelity Life Association, A Legal Reserve Life Insurance Company

**Form:** F1006E, Life Application

<b>Page #</b>	<b>[Variable Item]</b>	<b>Statement of Variability</b>
All	Company Address	Changed if company home office location changes
All	The product name	This information will print in the title of each page. The company would like to reserve the right to use this application with future products as they are developed and approved.