

State: Arkansas **Filing Company:** Security National Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SSP/MIB APP (09/2012)-AR
Project Name/Number: Individual Whole Life Application/

Filing at a Glance

Company: Security National Life Insurance Company
Product Name: SSP/MIB APP (09/2012)-AR
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 09/07/2012
SERFF Tr Num: SENL-128676932
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Jeanine Larson
Reviewer(s): Linda Bird (primary)
Disposition Date: 09/12/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SSP/MIB APP (09/2012)-AR
Project Name/Number: Individual Whole Life Application/
Filing Company: Security National Life Insurance Company

General Information

Project Name: Individual Whole Life Application

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Jeanine Larson

Filing Description:

Re: First Submission – SSP/MIB APP (09/2012)-AR

Security National Life Insurance Company

NAIC Company Code: 69485 0454

Federal ID No.: 36-2610791

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 09/07/2012

Domicile Status Comments: Approved for use.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 09/12/2012

State Status Changed: 09/12/2012

Created By: Jeanine Larson

Corresponding Filing Tracking Number:

Dear Commissioner,

Attached, please find the above-referenced Form Filing for your review and approval; the application, the Flesch/Readability Score Certification and Compliance Certification. We are also submitting the required Form Filing Fees of \$50.00, through EFT in SERFF.

Copies of the Arkansas Guaranty Association Letter, Welcome Notice, Arkansas Notice, Important Notice and Buyer's Guide are included with all policies issued.

The following document is included in this filing:

Form number SSP/MIB APP (09/2012)-AR: is an application with the FP1 (03/2008)-AR and FP3 (03/2008)-AR policies which were approved by the Arkansas Department of Insurance on February 19, 2009; and the MIB (07/07)-AR policy which was approved by the Arkansas Department of Insurance on April 8, 2008.

The SSP/MIB APP (09/2012) application which was approved by our domicile State of Utah on September 7, 2012, will be marketed on an individual basis by licensed agents of Security National Life Insurance Company.

Thank you for your time and assistance in this matter. Should you need additional information, please feel free to contact me at (800) 574-7117 ext. 1101 or e-mail at jeanine.larson@securitynational.com.

Sincerely yours,

Jeanine Larson, Compliance
Legal Department

Company and Contact

State: Arkansas **Filing Company:** Security National Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: SSP/MIB APP (09/2012)-AR
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Filing Contact Information

Jeanine Larson, Compliance jeanine.larson@securitynational.com
 5300 South 360 West 800-574-7117 [Phone] 1101 [Ext]
 Suite 250 801-265-9882 [FAX]
 Salt Lake City, UT 84123

Filing Company Information

Security National Life Insurance Company	CoCode: 69485	State of Domicile: Utah
5300 South 360 West	Group Code: 454	Company Type: Life, Annuity, Health and Accident
Suite 250	Group Name: N/A	State ID Number:
Salt Lake City, UT 84123	FEIN Number: 36-2610791	
(800) 574-7117 ext. [Phone]		

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Security National Life Insurance Company	\$50.00	09/07/2012	62494866

SERFF Tracking #:

SENL-128676932

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Security National Life Insurance Company

TOI/Sub-TOI:

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

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SSP/MIB APP (09/2012)-AR

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Individual Whole Life Application/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/12/2012	09/12/2012

SERFF Tracking #:

SENL-128676932

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Security National Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

SSP/MIB APP (09/2012)-AR

Project Name/Number:

Individual Whole Life Application/

Disposition

Disposition Date: 09/12/2012

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
Form	Application		Yes

SERFF Tracking #:

SENL-128676932

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Security National Life Insurance Company

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

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Form Schedule

Lead Form Number: SSP/MIB APP (09/2012)-AR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		SSP/MIB APP (09/2012)-AR	AEF	Application	Initial:	51.000	APPLICATION - SSP-MIB APP (09-2012)-AR 9-7-12.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:
 Whole Life & Limited Death
 Benefit Life Insurance
 MIB Plan



SECURITY NATIONAL LIFE INSURANCE COMPANY

5300 South 360 West Suite 250-Salt Lake City, UT 84123
 Telephone: (801) 264-1060 or Toll Free: 1 (800) 574-7117

SIMPLE SECURITY PLAN

1. Name of Proposed Insured (Print)			Sex	Birthdate	Age	FACE AMOUNT
Last	First	Initial		MM/DD/YYYY		\$ _____
Street Address		City	State	Zip	Birth State	Social Security No.
Proposed Insured's Email				Telephone Number		

2. <input type="checkbox"/> Simple Security Plan - Preferred <input type="checkbox"/> Simple Security Plan - Standard <input type="checkbox"/> Simple Security Plan – Graded During First 3 Years <input type="checkbox"/> MIB Plan <input type="checkbox"/> 3Pay <input type="checkbox"/> 5 Pay <input type="checkbox"/> 10 Pay	3. Premium	3a. Premium Payable: <input type="checkbox"/> EFT <input type="checkbox"/> Debit/Credit Card <input type="checkbox"/> Direct Monthly Bill			
	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual			
3b. Amount of Premium Submitted with the Application: \$ _____ (Check must be made payable to Security National Life Insurance Company).					
Requested Bill Date: 1 st – 28 th <input style="width:50px;" type="text"/>				Draft Immediately	
First Bill Month: Jan – Dec <input style="width:50px;" type="text"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Primary Beneficiary	Relationship	Contingent Beneficiary	Relationship
Primary Beneficiary's Email		Contingent Beneficiary's Email	

5. Owner, if other than the Proposed Insured	Social Security No.
Name: _____	Relationship: _____
Address: _____	Email Address: _____
City, State, Zip: _____	

6. Replacement
 Do you have an existing life insurance policy or annuity policy? Yes No
 Will proposed insurance replace any existing policy? Yes No
 If yes, submit required replacement form.

7. Dr. Name: _____
Dr. Address: _____
Dr. Phone: _____

8. Tobacco Question. Have you used tobacco in any form within the past 12 months? Yes No

9. Height _____ **Weight** _____

Medical Questions

- If any questions 10-12 are answered "Yes", the applicant will not be eligible for any coverage.
- If all questions 10-12 are answered "No", applicant is eligible to proceed to the next section for Simple Security Plans.

	Yes	No
10. Are you now confined in a hospital or in hospice care?	<input type="checkbox"/>	<input type="checkbox"/>
11. Any Cancer, except Basal Cell skin cancer, including Melanoma, Leukemia, Lymphoma & Tumors?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you received medical advice, treatment, been advised to have treatment or surgery, or taken medication for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or have you tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>

If applying for MIB Plan no further health questions need to be answered.

FOR OFFICE USE ONLY

Medical Questions – Answer all medical questions.

- If all questions 13-17 are answered “No”, applicant is eligible for Preferred Rate.
- If any question 13-16 is answered “Yes”, applicant is only eligible for Graded Rate.
- If more than 3 are answered “Yes” to questions 13-17, applicant is only eligible for MIB Plan.
- If all questions are answered “No” except question number 17, applicant is eligible for Standard Rate.

- | | | |
|--|--------------------------|--------------------------|
| <p>13. Within the past 2 years, have you received medical advice, treatment, been advised to have treatment or surgery, or taken medication for:</p> | Yes | No |
| <p>a) Angioplasty, Stent Implant, Bypass Surgery, Heart Valve Surgery, Pacemaker or required use of a Defibrillator? ..</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>b) Any Cancer, except Basal Cell skin cancer, including Melanoma, Leukemia, Lymphoma & Tumors?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>c) ALS (Lou Gehrig’s Disease), Dementia, Brain Tumor or Brain disorders, Stroke of any kind?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>d) Heart Disease of any type, Angina, Heart Attack, Enlarged Heart, Congestive Heart Failure (CHF) or other heart disorders?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>e) Lung Disease, Emphysema, or Chronic Obstructive Pulmonary Disease (COPD)? Or any type of other Pulmonary Disease or condition?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>f) Kidney Disease or Failure, Renal Failure or Insufficiency, Liver Disease, Hepatitis, Cirrhosis, or Disease of the Pancreas, Organ Failure?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>h) Parkinson’s Disease, Paralysis, Multiple Sclerosis, Lupus, Muscular Dystrophy, Epilepsy, Seizure or any other types of seizure disorder?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>i) Diabetes with complications, Eye Disease or Disorder, Circulatory Disorder, Neuropathy, Amputation, or takes insulin in excess of 100 units within a 24/hr period?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>j) Paranoia, Schizophrenia, Bi-Polar Disorder, Major Depressive Disorder, or any other Mental Disorder or Disease?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>k) Diagnosed, tested, treated for, or told that you abuse or use in excess: Alcohol, Drugs (including prescription drugs), Narcotics or any other substance?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>14. Within the last 2 years, have you ever been advised by a medical professional to have tests, surgery, treatment, or further medical evaluation that have not been performed, or do you have any medical test results pending?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>15. Do you use a medical appliance such as a wheelchair, walker or hospital bed, or do you need assistance or supervision by another individual with dressing, eating, personal hygiene (bathing or toilet), walking, or transferring to or from bed or chair?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>16. Within the past year have you had any application for life insurance declined or postponed for any reason?</p> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>17. Do you use any type of insulin medication for any type of Diabetes?</p> | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks: Please list all medications or oxygen you are taking.

Question #	Date	Treatment	Medication Given	Results

I hereby apply to Security National Life Insurance Company, Salt Lake City, Utah, for insurance to be issued upon the truth and completeness of the answers to the above questions to the best of my knowledge, and agree that: (1) No agent has the authority to waive the answer to any question in the application; (2) no insurance will be effective until the Premium for the Mode selected has been paid in full and the policy delivered; and (3) the policy effective date will be the date this application is received by the company at the above address.

MEDICAL INFORMATION BUREAU (MIB) AND PRESCRIPTION AUTHORIZATION

I hereby authorize any health care provider, including any physician, practitioner, pharmacy, prescription vendor, pharmacy benefit manager, hospital or medically-related facility, and any insurance company, the Medical Information Bureau (MIB) or other consumer reporting agency, institution or person that has my records or knowledge of me or my dependent(s) to disclose to Security National Life Insurance Company (SNL), or its authorized representative, any such records or information. Records or information may include medical records in their entirety, which may contain mental health records, (excluding psychotherapy notes), prescription drug records, use of alcohol, or use of controlled or prohibited substances and driving records. Such records or information will be used by Company personnel to determine eligibility for insurance and/or benefits. SNL may disclose such information to its reinsurer(s) or any other organization which performs services in connection with the insurance relationship, including but not limited to, the insurance agent, or as lawfully required. There may be certain circumstances under which the information received may be disclosed to third parties who are not subject to the regulations under federal health privacy law. We contractually require such persons to agree to protect the confidentiality of the information. I understand that I have the right to request access to all personal information collected and, upon written request, I may ask SNL to correct, amend or delete any incorrect personal information. A copy of the Company's "Privacy Notice and Notice of Insurance Information Practices" is available upon request.

This authorization shall be valid for a period of (2) years from the date signed to determine eligibility for insurance. A photocopy of this authorization shall be as valid as the original. I understand that I, or my authorize representative may receive a copy of this authorization upon request. This authorization may be revoked upon submission of a written notice to the Home Office. If this authorization was obtained as a condition of obtaining insurance coverage, your right to revoke also is subject to the rights of the Company under any law granting the Company the right to contest a claim under the policy or the policy itself.

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 _____ Date: _____
City State (MMDDYY)

Signature of Applicant: _____ Date: _____

Signature of Owner (if other than proposed insured): _____ Date: _____

AGENT'S STATEMENT- I certify that to the best of my knowledge:

1. I correctly asked all the Health Questions in this application and correctly recorded all the answers given; and
2. All answers given in this application are true and complete; and
3. **This insurance WILL WILL NOT change or replace any existing insurance or annuity; and**
4. The signature of the Proposed Insured(s) and/or the Applicant/Policyowner (Parent/Legal Guardian) is what they are represented to be and were signed in my presence; and
5. I know of no factor affecting the insurability of the Proposed Insured (s) except as stated in this application.

Agents Signature: _____

Agents Printed Name: _____ Agent Number: _____

Note: If "Will" is checked in number 3 above, complete required replacement forms.



SECURITY NATIONAL LIFE INSURANCE COMPANY
P.O. Box 57220 • Salt Lake City, Utah 84157-0220
Office: (801) 264-1060 • Toll Free: 1 (800) 574-7117

**ELECTRONIC FUNDS TRANSFER (EFT)
AUTHORIZATION AGREEMENT TO
SECURITY NATIONAL LIFE INSURANCE COMPANY (SNL)**

Customer Name: _____

Name of Bank: _____

Address of Bank: _____

Checking Account #: _____ or Savings Account #: _____

Nine digit Bank Transit #: _____

Credit Card #: _____ Exp. _____ CCU# _____

I authorize SNL to initiate debit entries to my checking or savings account, indicated above, and authorize the financial institution (bank) named to debit my account for payment of my SNL account(s). I understand this authorization is subject to the terms and conditions of the EFT agreement.

TERMS AND CONDITIONS

1. This arrangement may be terminated with respect to any or all contracts listed below by SNL or by me upon written notice to the other party. Until such notice is actually received by SNL, SNL shall be fully protected in drawing the EFT.
2. I understand that if any EFT is dishonored by my bank and if any monthly amount due SNL is not paid within the time stipulated on the contract, the contract shall lapse except as otherwise provided therein.
3. During the continuance of this arrangement SNL shall not be required to send payment notices on any contract I have authorized to be included hereunder.
4. If I change banks or bank accounts and I want to continue using EFT, I must sign a new Authorization Agreement.
5. This Authorization shall not be effective for any contract for which an application is pending, unless and until such contract is actually issued and the down payment there under paid in cash to SNL.
6. I will pay a returned-item fee as specified by the bank or SNL for any debit entry that is returned to SNL for insufficient funds.
7. The EFT will apply to the following contract(s):

Name: _____ Contract # _____

Name: _____ Contract # _____

Date: _____ Signature: _____

Authorized Account Holder

This authorization must be accompanied by a voided check or deposit slip

Arkansas Insurance Department Consumer Services Department

1200 West Third Street, Little Rock, AR 72201
1-501- 371-2640 • Toll Free: 1-800-852-5494

CONDITIONAL RECEIPT

THIS RECEIPT DOES NOT PROVIDE ANY INSURANCE UNTIL AFTER ITS CONDITIONS ARE MET. NO AGENT OF THE COMPANY OR BROKER OR ANY OTHER PERSON(S) MAY WAIVE ANY OF THESE CONDITIONS.

Received from _____ on _____ date

the sum of \$ _____, the correct first premium specified in the application, subject to the following conditions:

FIRST: If each Proposed Insured would be acceptable and approved by Security National Life Insurance Company, Salt Lake City, Utah, as insurable under the Company's underwriting rules for insurance on the plan and at the premium rate and the amount of insurance applied for on the application for all Proposed Insured(s).

SECOND: The premium funds for the correct premium amount for plan of insurance applied for, have been honored on the first presentation and result in the funds being credited to Security National Life Insurance Company's bank account.

THIRD: If the application is not approved within 60 days from the date it was signed, the application will be deemed to have been rejected and Security National Life Insurance Company will have no liability.

Agent's Signature

Agent's Name (Please Print)

SERFF Tracking #:

SENL-128676932

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Security National Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

SSP/MIB APP (09/2012)-AR

Project Name/Number:

Individual Whole Life Application/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
CERTIFICATIONS FOR SSP-MIB APP (09-2012)-AR.pdf			

CERTIFICATION

Security National Life Insurance Company hereby certifies that form number SSP/MIB APP (09/2012)-AR complies with the Flesch reading ease requirement achieving a Flesch score of 51.0.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

September 7, 2012
Date

CERTIFICATE OF COMPLIANCE

Security National Life Insurance Company hereby certifies that the Company has reviewed the enclosed policy forms and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of rule and Regulation 19, § 10 B, and all applicable requirements of the Arkansas Insurance Department, State of Arkansas, and Regulations promulgated pursuant thereto.

SECURITY NATIONAL LIFE INSURANCE COMPANY

By: Jeffrey R. Stephens, General Counsel
Legal Department



Signature

September 7, 2012
Date