
State: Arkansas **Filing Company:** United Home Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 200-466
Project Name/Number: /

Filing at a Glance

Company: United Home Life Insurance Company
Product Name: 200-466
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 08/29/2012
SERFF Tr Num: UFFL-128653280
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 200-466

Implementation: 12/01/2012
Date Requested:
Author(s): Karen Hynes
Reviewer(s): Linda Bird (primary)
Disposition Date: 09/05/2012
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: 200-466
Project Name/Number: /

Filing Company: United Home Life Insurance Company

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filed concurrently with Indiana, our state of domicile.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/05/2012
State Status Changed: 09/05/2012
Deemer Date: Created By: Karen Hynes
Submitted By: Karen Hynes Corresponding Filing Tracking Number:

Filing Description:

Attached please find the form referenced below for your review and approval. The requested implementation date of the form included in this submission is the later of your approval or December 1, 2012.

Form 200-466 12-12 (AR) is a level premium level death benefit whole life insurance policy. Proceeds are payable at the earlier of the death of the insured or attainment of age 121. This policy will not be marketed with an illustration.

Form 200-466 12-12 (AR) is new and replaces form 200-466 1-07 (AR) previously approved by your department August 25, 2006. The main differences between the form enclosed and that previously approved are: a) the free look period was revised to include language stating the policy can be returned within 30 days in the case of replacement; b) a definition was added for Contingent Owner, the Attained Age definition was deleted, and the definitions of Maturity Date, Proceeds, Monthly Anniversary and Policy Month were revised; c) the General provision was revised to include other documents that make up the entire contract; d) the Incontestability provision was revised to address reinstatements; e) a Nonparticipating provision was added to the General section; f) the Maturity Proceed provision was moved to the General section; g) net cash value terminology was changed to surrender value terminology; h) we clarified in the Surrender provision the policy will automatically be surrendered on the Maturity Date; i) the Loan Provisions section was revised in its entirety; j) the mortality table referenced in the Basis of Computation provision was revised to Age Last Birthday and 4.5% interest; and k) the Termination of the Policy section was revised to address termination as a result of policy debt.

We hereby certify we are in compliance with Ark. Code Ann. 23-79-138 and Regulation 49 and this submission meets the provisions of Rule 19.

We reserve the right to make any typographical corrections or make minor revisions to the appearance of the form due to printing constraints.

If you have any questions or need any additional information, please feel free to contact me via SERFF, at 317-692-7465 or by email at Karen.Hynes@infarmbureau.com.

Company and Contact

Filing Contact Information

Karen Hynes, karen.hynes@infarmbureau.com
225 S East 317-692-7465 [Phone]
Indianapolis, IN 46202

State: Arkansas **Filing Company:** United Home Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 200-466
Project Name/Number: /

Filing Company Information

United Home Life Insurance Company	CoCode: 69922	State of Domicile: Indiana
225 S. East St.	Group Code: 542	Company Type: LAH
Indianapolis, IN 46202	Group Name: Indiana Farm	State ID Number:
(317) 692-7465 ext. [Phone]	Bureau Group	
	FEIN Number: 35-0841899	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR imposes a filing fee of \$50.00 per contract
 Per Company: No

Company	Amount	Date Processed	Transaction #
United Home Life Insurance Company	\$50.00	08/29/2012	62105161

State: Arkansas Filing Company: United Home Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 200-466
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/05/2012	09/05/2012

SERFF Tracking #:

UFFL-128653280

State Tracking #:

Company Tracking #:

200-466

State:

Arkansas

Filing Company:

United Home Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

200-466

Project Name/Number:

/

Disposition

Disposition Date: 09/05/2012

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		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Whole Life Insurance		Yes

State: Arkansas

Filing Company:

United Home Life Insurance Company

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

Product Name: 200-466

Project Name/Number: /

Form Schedule

Lead Form Number: 200-466 12-12 (AR)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		200-466 12-12 (AR)	POL	Whole Life Insurance	Initial:	52.600	200-466 - Complete - AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



UNITED HOME LIFE INSURANCE COMPANY

Post Office Box 7192
Indianapolis, Indiana 46207-7192
1-800-428-3001

Insured: [John Doe]
Policy Number: [1234567]

This Policy is a contract between you, the Owner, and Us, United Home Life Insurance Company.

It is important to Us that you are satisfied with your Policy and that it meets your insurance goals. We urge you to read it carefully. If you are not satisfied, you may mail or deliver this Policy to Us, the agent who sold the Policy or any other agent of Our Company within 20 days (30 days in the case of replacement) of the date it was delivered to you. If you do, it will be deemed void from the beginning. We will send you a full refund of any premiums paid.

Signed at Our Home Office in Indianapolis, Indiana, on the Policy Date.

Lynn B. Jongleux
Secretary

Donald B. Villrock
President

WHOLE LIFE INSURANCE

This is a whole life policy. We will pay the death benefit at the insured's death. Premiums are payable for the years shown or until prior death. This Policy is Nonparticipating - No Dividends.

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POLICY SPECIFICATIONS

POLICY DATE [12-31-2012]

MATURITY DATE [12-31-2098]

AS OF [12-31-2012]

INSURED
[DOE, JOHN]

POLICY NUMBER: [1234567]

FACE AMOUNT: [\$100,000][*]

INSURED'S SEX: [MALE]

AGE AT ISSUE: [35]

OWNER: SEE APPLICATION

SCHEDULE OF BENEFITS & PREMIUMS

FORM NO	BASIC PLAN	PREMIUM PAYABLE
200-466 12-12 (AR)	WHOLE LIFE [MALE NON – TOBACCO]	[\$1,370.00 86 YRS]

ADDITIONAL BENEFITS
[NONE]

PREMIUMS

MONTHLY EFT [\$119.19], QUARTERLY [\$356.20], SEMI-ANNUAL [\$705.55], ANNUAL [\$1,370.00]

PREMIUM PAYABLE INCLUDES [\$50.00] POLICY FEE.

SEE PAGE 3B FOR TABLE OF ANNUAL PREMIUMS AND VALUES FOR ALL POLICY YEARS.

[*THIS AMOUNT INCLUDES 1% ADDED BY THE COMPANY FOR THE CHARITABLE GIFT BENEFICIARY AS SPECIFIED IN 6.B. AND 6.C OF THE APPLICATION.]

WHOLE LIFE

TABLE OF ANNUAL PREMIUMS AND VALUES*

(PREMIUMS INCLUDE BASE POLICY, AND IF APPLICABLE, ALL RATINGS, RIDERS AND BENEFITS)

Policy Year	Annual Premium**	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Ins. Years/Days
[1	[\$1,370.00	[\$0.00	[\$0	[00/000
2	\$1,370.00	\$0.00	\$0	00/000
3	\$1,370.00	\$498.00	\$2,587	03/289
4	\$1,370.00	\$1,434.00	\$7,167	08/336
5	\$1,370.00	\$2,406.00	\$11,568	12/330
6	\$1,370.00	\$3,412.00	\$15,785	15/256
7	\$1,370.00	\$4,453.00	\$19,826	17/276
8	\$1,370.00	\$5,528.00	\$23,693	19/116
9	\$1,370.00	\$6,635.00	\$27,383	20/166
10	\$1,370.00	\$7,775.00	\$30,908	21/117
11	\$1,370.00	\$8,947.00	\$34,271	22/004
12	\$1,370.00	\$10,155.00	\$37,490	22/206
13	\$1,370.00	\$11,404.00	\$40,583	22/365
14	\$1,370.00	\$12,699.00	\$43,562	23/111
15	\$1,370.00	\$14,040.00	\$46,429	23/183
16	\$1,370.00	\$15,425.00	\$49,181	23/225
17	\$1,370.00	\$16,851.00	\$51,816	23/241
18	\$1,370.00	\$18,314.00	\$54,330	23/233
19	\$1,370.00	\$19,814.00	\$56,732	23/205
20	\$1,370.00	\$21,343.00	\$59,013	23/157
21	\$1,370.00	\$22,900.00	\$61,181	23/091
22	\$1,370.00	\$24,486.00	\$63,243	23/010
23	\$1,370.00	\$26,107.00	\$65,215	22/279
24	\$1,370.00	\$27,766.00	\$67,102	22/172
25	\$1,370.00	\$29,460.00	\$68,906	22/055
26	\$1,370.00	\$31,183.00	\$70,627	21/294
27	\$1,370.00	\$32,925.00	\$72,259	21/162
28	\$1,370.00	\$34,679.00	\$73,802	21/020
29	\$1,370.00	\$36,444.00	\$75,264	20/241
30]	\$1,370.00]	\$38,221.00]	\$76,652]	20/089]

* THE CASH VALUES, REDUCED PAID-UP AMOUNTS AND EXTENDED TERM YEARS AND DAYS ARE SHOWN AS OF THE END OF EACH POLICY YEAR. THEY ASSUME ALL PREMIUMS HAVE BEEN PAID. ANNUAL PREMIUMS ARE SHOWN AS OF THE BEGINNING OF EACH POLICY YEAR.

**PREMIUMS ARE GUARANTEED AND NOT SUBJECT TO CHANGE. INCLUDES [\$50.00] POLICY FEE.

WHOLE LIFE

TABLE OF ANNUAL PREMIUMS AND VALUES*

(PREMIUMS INCLUDE BASE POLICY, AND IF APPLICABLE, ALL RATINGS, RIDERS AND BENEFITS)

Policy Year	Annual Premium**	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Ins. Years/Days
[31	[\$1,370.00	[\$40,012.00	[\$77,970	[19/296
32	\$1,370.00	\$41,823.00	\$79,230	19/136
33	\$1,370.00	\$43,657.00	\$80,436	18/333
34	\$1,370.00	\$45,517.00	\$81,595	18/167
35	\$1,370.00	\$47,398.00	\$82,703	17/356
36	\$1,370.00	\$49,295.00	\$83,763	17/187
37	\$1,370.00	\$51,192.00	\$84,769	17/006
38	\$1,370.00	\$53,078.00	\$85,719	16/200
39	\$1,370.00	\$54,957.00	\$86,621	16/017
40	\$1,370.00	\$56,829.00	\$87,477	15/211
41	\$1,370.00	\$58,695.00	\$88,291	15/030
42	\$1,370.00	\$60,548.00	\$89,063	14/226
43	\$1,370.00	\$62,377.00	\$89,794	14/050
44	\$1,370.00	\$64,166.00	\$90,478	13/249
45	\$1,370.00	\$65,907.00	\$91,117	13/079
46	\$1,370.00	\$67,594.00	\$91,714	12/280
47	\$1,370.00	\$69,224.00	\$92,270	12/119
48	\$1,370.00	\$70,802.00	\$92,789	11/320
49	\$1,370.00	\$72,327.00	\$93,275	11/172
50	\$1,370.00	\$73,789.00	\$93,726	11/009
51	\$1,370.00	\$75,181.00	\$94,143	10/240
52	\$1,370.00	\$76,492.00	\$94,526	10/097
53	\$1,370.00	\$77,717.00	\$94,874	09/321
54	\$1,370.00	\$78,854.00	\$95,189	09/197
55	\$1,370.00	\$79,902.00	\$95,475	09/061
56	\$1,370.00	\$80,875.00	\$95,734	08/302
57	\$1,370.00	\$81,794.00	\$95,974	08/189
58	\$1,370.00	\$82,660.00	\$96,198	08/062
59	\$1,370.00	\$83,469.00	\$96,402	07/315
60]	\$1,370.00]	\$84,216.00]	\$96,589]	07/219]

* THE CASH VALUES, REDUCED PAID-UP AMOUNTS AND EXTENDED TERM YEARS AND DAYS ARE SHOWN AS OF THE END OF EACH POLICY YEAR. THEY ASSUME ALL PREMIUMS HAVE BEEN PAID. ANNUAL PREMIUMS ARE SHOWN AS OF THE BEGINNING OF EACH POLICY YEAR.

**PREMIUMS ARE GUARANTEED AND NOT SUBJECT TO CHANGE. INCLUDES [\$50.00] POLICY FEE.

WHOLE LIFE

TABLE OF ANNUAL PREMIUMS AND VALUES*

(PREMIUMS INCLUDE BASE POLICY, AND IF APPLICABLE, ALL RATINGS, RIDERS AND BENEFITS)

Policy Year	Annual Premium**	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Ins. Years/Days
[61	[\$1,370.00	[\$84,914.00	[\$96,761	[07/112
62	\$1,370.00	\$85,581.00	\$96,923	06/360
63	\$1,370.00	\$86,214.00	\$97,075	06/282
64	\$1,370.00	\$86,802.00	\$97,215	06/196
65	\$1,370.00	\$87,329.00	\$97,338	06/098
66	\$1,370.00	\$87,808.00	\$97,450	05/357
67	\$1,370.00	\$88,277.00	\$97,559	05/288
68	\$1,370.00	\$88,735.00	\$97,664	05/209
69	\$1,370.00	\$89,181.00	\$97,765	05/114
70	\$1,370.00	\$89,614.00	\$97,863	04/363
71	\$1,370.00	\$90,037.00	\$97,958	04/301
72	\$1,370.00	\$90,448.00	\$98,049	04/228
73	\$1,370.00	\$90,848.00	\$98,137	04/136
74	\$1,370.00	\$91,236.00	\$98,222	04/015
75	\$1,370.00	\$91,613.00	\$98,305	03/317
76	\$1,370.00	\$91,977.00	\$98,383	03/252
77	\$1,370.00	\$92,328.00	\$98,458	03/165
78	\$1,370.00	\$92,668.00	\$98,531	03/037
79	\$1,370.00	\$92,996.00	\$98,601	02/332
80	\$1,370.00	\$93,311.00	\$98,668	02/277
81	\$1,370.00	\$93,614.00	\$98,731	02/191
82	\$1,370.00	\$93,904.00	\$98,791	02/014
83	\$1,370.00	\$94,183.00	\$98,850	01/335
84	\$1,370.00	\$94,449.00	\$98,905	01/279
85	\$1,370.00	\$94,694.00	\$98,955	01/361
86]	\$1,370.00]	\$100,000.00]	N/A]	N/A]

* THE CASH VALUES, REDUCED PAID-UP AMOUNTS AND EXTENDED TERM YEARS AND DAYS ARE SHOWN AS OF THE END OF EACH POLICY YEAR. THEY ASSUME ALL PREMIUMS HAVE BEEN PAID. ANNUAL PREMIUMS ARE SHOWN AS OF THE BEGINNING OF EACH POLICY YEAR.

**PREMIUMS ARE GUARANTEED AND NOT SUBJECT TO CHANGE. INCLUDES [\$50.00] POLICY FEE.

DEFINITIONS

Owner:	The person named in the application as the Owner, or any successor or transferee of the Owner.
Contingent Owner:	The person named in the application as the Contingent Owner to which ownership of the Policy would fall if the Owner should die during the life of the Policy.
We, Us, Our:	United Home Life Insurance Company
Insured:	The person whose life is insured by this Policy as shown on the application.
Home Office:	United Home Life Insurance Company Post Office Box 7192 Indianapolis, Indiana 46207-7192
Maturity Date:	The date on which coverage under this Policy terminates and the maturity proceeds become payable. This is the date shown on page 3.
Beneficiary:	The person receiving the death Proceeds of this Policy. The one named in the application as Beneficiary unless later changed by the Owner or disqualified by law from receiving the Proceeds.
Proceeds:	The benefits payable as a result of death of the Insured or cash surrender by the Owner.
Policy Date:	The date labeled as such in the Policy Specifications. All Policy Years and anniversaries are measured from the Policy Date.
Monthly Anniversary:	The day of each month that corresponds with the day of the Policy Date. This will be the last day of the current month if the day of the Policy Date is greater than the number of days in the month.
Policy Anniversary:	The date each year that corresponds with the Policy Date. The first Policy Anniversary is one year after the Policy Date.
Policy Month:	Period from the day of the month the Policy Date fell on, to the day prior to the Monthly Anniversary in the following month.
Policy Year:	The period from the Policy Date to the first Policy Anniversary, or from one Policy Anniversary to the next.
Policy Debt:	The amount of all outstanding policy loans plus accrued interest.

THE CONTRACT

General - This Policy is issued in consideration of the application and the payment of the first premium. This Policy, including any riders, endorsements, amendments, the application, and any supplemental applications are the entire contract. All statements in the application or supplemental applications, in the absence of fraud, are representations and not warranties. No statement will void this Policy or be used in defense of a claim unless:

- a. such statement is contained in the application or supplemental applications; and
- b. a copy of the application or supplemental applications is attached to this Policy at issue or made a part of this Policy when a change becomes effective.

Only Our President or Secretary may change or waive the terms of this policy. Any changes or waivers must be in writing.

Incontestability - We will not contest this Policy, except for fraud, after it has been in force during the Insured's lifetime for two years from the Policy Date. In the event this Policy is reinstated, We will not contest information provided in the application for reinstatement after two years from the date of reinstatement. This does not apply to nonpayment of premiums, to any Waiver of Premium Rider, or to any rider added to this policy after the Policy Date.

Misstatement of Age or Sex - If the Insured's age or sex is misstated, We will adjust the payments under this Policy. The Proceeds will be the amount the premiums paid would have purchased at the correct age and sex.

Suicide - If the Insured dies by suicide, whether sane or insane, within two years of the Policy Date, the Proceeds will equal the premiums paid less any Policy Debt.

Policy Settlement - All payments under this Policy are made from Our Home Office. We may require the return of the Policy.

Any Policy Debt to Us under this Policy will be deducted in determining the Proceeds.

Satisfactory proof of death must be sent to Our Home Office. We may require proof of the existence, identity, age, or other facts relating to any Beneficiary or Payee.

Any payment made in good faith will fulfill Our obligation to the extent of the payment.

Nonparticipating - This Policy is nonparticipating. It does not share in Our surplus earnings. Therefore, the Owner will receive no dividends.

Maturity Proceeds - We will pay the maturity proceeds to you on the Maturity Date if the Insured is living on that date and the Policy is in force. The maturity proceeds will be the surrender value on the Maturity Date.

Compliance with the Definition of Life Insurance - This Policy is intended to qualify as a life insurance contract for Federal tax purposes. To that end, the provisions are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary.

If at any time the cash value under this Policy is about to exceed the net single premium to fund future benefits as specified for this Policy to qualify as a life insurance contract for Federal tax purposes, the death benefit under this Policy shall be increased so that at no time is this death benefit ever less than the amount necessary to ensure or maintain such tax qualification. To the extent that the death benefit as of any time is increased by this provision, appropriate adjustments shall be made in any benefit as of that time, retroactively or otherwise, that are consistent with such an increase, and such adjustments may be made by right of setoff against any death benefits payable.

We reserve the right to amend the Policy to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this Policy to any applicable changes in the tax qualification requirements. We will send you a copy of any such amendment. If you refuse such an amendment, it must be by giving Us written notice, and your refusal may result in adverse tax consequences.

OWNERSHIP, ASSIGNMENT AND BENEFICIARY PROVISIONS

Ownership - The Owner of this Policy is stated in the application. While the Insured is alive, the Owner may exercise all rights of this Policy without the consent of the Insured, any revocable Beneficiary or Contingent Owner.

Change of Ownership - As long as the Owner is not the Insured, a Contingent Owner may be named. If the Insured becomes the Owner of this Policy, any prior designation of a Contingent Owner shall be void.

While the Insured is living, the Owner of the Policy may be changed. Changing the Owner does not change the Beneficiary. Upon the death of the Owner the Contingent Owner becomes the Owner of the Policy. If there is no Contingent Owner, ownership will pass to the Owner's estate. Changes of ownership are subject to the rights of any collateral assignee.

Ownership change requests must be made in writing on a form satisfactory to Us. An ownership change request must be recorded by Us at Our Home Office. The change then will be effective as of the date the Ownership change request was signed whether or not the Insured was living on the date of recording. The change will be subject to any payment made or other action taken by Us before We received the written ownership change request.

Collateral Assignment - The Owner may assign this Policy as collateral security. An assignment shall be subject to any Policy Debt. We are not responsible for the validity or effect of any assignment. The assignment must be made in writing on a form satisfactory to Us. The assignment must be recorded by Us at Our Home Office. The assignment will then be effective as of the date signed. The assignment is subject to any payment or action taken by Us before the assignment has been received at Our Home Office. The interest of any Beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation. A collateral assignment is not a transfer of ownership. A collateral assignee is not an Owner.

Beneficiary - The Beneficiary designations in the application remain in effect until the Owner changes them. During the lifetime of the Insured, the Owner may change the Beneficiary designations by submitting the request in writing, on a form satisfactory to Us. Such a Beneficiary change must be recorded by Us at Our Home Office. The change will then be effective as of the date the change request was signed, whether or not the Insured is living as of the date of recording of the change. Any change is subject to any action or payment made by Us before recording.

The primary Beneficiaries will receive the Proceeds of the Policy when the Insured dies. If the primary Beneficiary is not living at the Insured's death any contingent Beneficiary, if living, will receive the Proceeds. If no Beneficiary is living when the Insured dies, the Proceeds will be paid to the Owner; if the Owner is not living, the Proceeds will be paid to the estate of the Insured. If any Beneficiary dies within 14 days after the Insured, but before due proof of death of the Insured has been received at the Home Office, the payment of the Proceeds shall be made as if such Beneficiary had died before the Insured. Unless otherwise specified, Beneficiaries will receive equal shares of the Proceeds.

PREMIUM PROVISIONS

Premium Payments - Each premium must be paid on or before the due date. The first premium is due on the Policy Date. Premiums may be paid annually, semiannually, quarterly or monthly. Premium due dates are computed from the Policy Date.

The premium amounts to be paid are shown in the Policy Specifications. The Owner may change the frequency of premium payments. The Owner may do this by providing Us with written notice and paying the exact premium amount for the new frequency, but only as of a premium due date at the new frequency.

The first premium is payable to Us at Our Home Office; or, the premium may be paid to an authorized agent in exchange for a receipt signed by the agent. All other premium payments must be payable to Us at Our Home Office.

Grace Period - A grace period of 31 days without interest charge will be granted for the payment of each premium falling due after the first premium, during which grace period the Policy shall continue in force.

If the premium is not paid by the end of the grace period, this Policy will lapse without value unless the Options on Lapse are applicable.

If the Insured dies during the grace period, one-twelfth of an annual premium will be deducted from the Proceeds.

Reinstatement - If the grace period ends without sufficient premium being paid and the Policy has not been surrendered for cash, this Policy may be reinstated within three years after the expiration of the grace period, but before the Maturity Date, and while the Insured is living. The reinstatement is subject to:

- a. Evidence of insurability satisfactory to Us.
- b. Payment of all past due premiums along with 6% interest compounded annually.
- c. Payment or reinstatement of any policy loan, with interest due to date of reinstatement.

The date of reinstatement will be the Monthly Anniversary Day on or following the date the application for reinstatement is approved by Us. The Owner must submit this Policy and a written request on a form satisfactory to Us, at Our Home Office. If all the conditions are satisfied, coverage under this Policy will be effective as though it had continued in force from the lapse date to the date of reinstatement.

CASH VALUE

If all premiums have been paid, the cash value, if any, of this Policy is the cash value as shown in the Table of Annual Premiums and Values in the Policy Specifications.

The cash value, if any, after a premium payment due date for which a payment has not been received will be:

- a. within 60 days - the cash value as on that due date.
- b. after 60 days - if this Policy is continued as Extended Term Insurance, the cash value at any time is equal to the then net single premium for the amount of insurance in force for the remaining term; or if this Policy is continued as Reduced Paid-Up Life Insurance, the cash value at any time is equal to the then net single premium for the amount of insurance in force.

During the 30 days after any Policy Anniversary, the cash value will not be less than on that anniversary date.

Surrender Value - The surrender value of this Policy is the sum of:

- a. the cash value of the Policy; less
- b. any Policy Debt.

Surrender - The Owner may surrender this Policy for its surrender value while the Insured is still alive. The Owner must submit this Policy and a written request on a form satisfactory to Us, at Our Home Office. The surrender must be recorded by Us at Our Home Office. The surrender then will be effective as of the date the surrender request was signed, whether or not the Insured was living on the date of recording. The surrender value will be computed as of the Monthly Anniversary that coincides with or follows the effective date of the surrender. The Policy will automatically be surrendered on the Maturity Date as shown in the Policy Specifications. Upon surrender the Policy terminates effective the date of the surrender.

Deferment of Surrender Payment - We may defer the payment to the Owner of the surrender value on surrender of this Policy. We may not defer such payments for more than 6 months after We receive the Owner's surrender request for such payment at Our Home Office. If We defer payment on surrender for 30 days or more, We will pay interest at a rate no less than is required by law from the date of surrender to the date of payment.

LOANS

General - The Owner may obtain a loan from Us for an amount up to the loan value of this Policy. The loan value is the surrender value as of the date of the loan.

The Policy will be the sole security for the loan.

Cash Loan - The Owner must assign this Policy to Us to obtain a cash loan. The loan proceeds will equal the loan amount less the interest charge.

Deferment of Loan Payments - We may defer the payment to the Owner of a requested loan. We may not defer such payments for more than 6 months after we receive the Owner's loan request at Our Home Office. We will not defer loans made to pay premiums on this Policy.

Loan Interest - Loan interest will be payable at the rate of 7.4% per year in advance. Interest is payable at the beginning of each Policy Year. Any interest not paid when due will be added to the Policy Debt and bear interest at the same rate.

Termination - At any time the Policy Debt exceeds the cash value, this Policy may terminate without further value. However, in no event will the Policy terminate until 31 days after We have mailed a notice of termination to Your last known address and the last known address of any collateral assignee of record.

OPTIONS ON LAPSE

If any premium is not paid by the end of the grace period, the surrender value of the Policy, if any, as of the due date of that premium will be used as a net single premium to continue insurance or the Policy will be surrendered for cash.

The Owner may choose any option below. If the Owner does not elect an option within 60 days of the premium due date, Option 1 will be effective.

Option 1 - Extended Term Insurance - This Policy may be continued as nonparticipating Extended Term Insurance. The amount will be the face amount less any Policy Debt. The surrender value will be used as a net single premium to purchase Paid-Up Extended Term Insurance for as long a term as the net single premium will purchase.

Option 2 - Reduced Paid-Up Life Insurance - This Policy may be continued as nonparticipating Reduced Paid-Up Life Insurance. The amount of insurance will be as much as can be purchased by the surrender value.

Option 3 - Surrender for Cash - This Policy may be surrendered for its surrender value. Surrender terminates the Policy.

BASIS OF COMPUTATION

The Table of Annual Premiums and Values in the Policy Specifications shows cash values, Extended Term Insurance terms, and Reduced Paid-Up Life Insurance amounts. This policy will have no cash value before the end of the policy year for which a value is first shown.

Cash values of premium paying policies are based on 4.5% interest. Net Single Premiums used to calculate Extended Term and Reduced Paid-Up Life Insurance are based on 4.5% interest as are cash values. Both Premium Paying and Paid-Up policies use the following tables:

- a. Non-Smoker Class - Commissioners 2001 Standard Ordinary Age Last Birthday Male/Female Non-Smoker Mortality Table
- b. Smoker Class - Commissioners 2001 Standard Ordinary Age Last Birthday Male/Female Smoker Mortality Table

A detailed statement of how the values were calculated is on file with the Insurance Supervisory Official of the state in which this Policy has been delivered. The values are not less than the values required by law.

Cash values during any Policy Year will be determined by Us with allowance for the time that has elapsed in that year and for any premiums paid for that year.

TERMINATION OF THE POLICY

This Policy will terminate on the earliest of:

- a. The Maturity Date listed in the Policy Specifications; or
- b. The date the Policy is surrendered; or
- c. The date the Policy lapses without further surrender value; or
- d. The date the Policy Debt exceeds the cash value; or
- e. The death of the Insured; or
- f. The end of the Extended Term Insurance period.

DEATH BENEFIT PROVISIONS

Death Benefit - The Proceeds payable on the Insured's death, subject to the Options on Lapse provision, will be:

- a. the Face Amount as shown in the Policy Specifications; plus
- b. the amount of premium, if any, paid (but not waived under any attached Waiver of Premium rider) beyond the Policy Month in which the Insured dies; less
- c. one-twelfth the annual premium for this Policy if the Insured died during the grace period and the premium is unpaid; less
- d. any Policy Debt.

The Face Amount, prior to any Policy Debt, will always be the greater of the Face Amount shown in the Policy Specifications, subject to the Options on Lapse provision, or the minimum amount required to be classified as life insurance for federal income tax purposes.

Interest - If the claim is not paid within thirty (30) days of the Insured's death, interest, at the rate required by state law, will be paid from the date of the Insured's death until the proceeds are paid either in one sum or under a settlement option.

Claim - Settlement shall be made upon receipt of due proof of death and the interest of the claimant not later than two (2) months after receipt by Us of acceptable proof of death.

PAYMENT OF PROCEEDS

Proceeds - The Proceeds of this Policy will be paid in one sum unless it is settled under one of the settlement options shown below. To use an option, the Proceeds must be at least \$5,000. The recipient of payments under an option will be referred to as the payee.

Electing a Payment Option - While the Insured is living, the Owner may elect or change an option by filing with Our Home Office a written request on a form acceptable to Us. If no option is elected prior to the Insured's death, the Beneficiary shall choose the option. The option will not apply to any payments made prior to receiving the request. If the Owner chooses an option before the Insured dies, the option cannot be changed after the Insured's death. After payments have begun under Option 2, the option cannot be changed.

Option 1 - Income for a Fixed Period - We will make periodic payments in equal amounts for a fixed number of years. Table A shows the guaranteed monthly income for each \$1,000 of Proceeds. Payments are guaranteed for the number of years chosen.

Option 2 - Life Income with Fixed Period - The payments under this option must be payable to an individual in their own right. We will pay the periodic income for a fixed period, and for as long thereafter as the Payee lives. The fixed period may be ten (10) or twenty (20) years or any other period then being offered by Us. Payments will be in equal periodic amounts. The payment is based on the age and sex of the Payee. Table B shows the guaranteed monthly income for each \$1,000 of Proceeds.

Option 3 - Interest Income - We will hold the Proceeds as principal and will pay the interest periodically. The principal will be paid upon the Payee's written request or death.

Option 4 - Income of Fixed Amount - We will pay a periodic income of the amount chosen. The amount must be at least \$10.00 for each \$1,000 of the Proceeds and at least \$50.00 per periodic payment. We will pay for as long as the Proceeds and interest last.

Interest and Mortality Table - The rate of interest guaranteed under these Payment Options is 1.50% per year. The payment option rates are based on the Annuity 2000 Mortality Table.

Table A - Equal Period Monthly Payments for Fixed Period Per \$1,000 of Proceeds.

Years	Payment	Years	Payment
3	\$28.39	11	\$8.21
4	21.45	12	7.58
5	17.28	13	7.05
6	14.51	14	6.59
7	12.53	15	6.20
8	11.04	20	4.81
9	9.89	25	3.99
10	8.96	30	3.44

For other than monthly payments, multiply the monthly payment by the appropriate factor:

	Annual	Semiannual	Quarterly
Option 1	11.919	5.981	2.996

Table B - Monthly Life Income with Payments Guaranteed for Years Shown Per \$1,000 of Proceeds. (Based on Payee's age on due date of first payment.)

Male		Age	Female	
10 Year	20 Year		10 Year	20 Year
\$1.99	\$1.99	15	\$1.92	\$1.92
2.20	2.19	25	2.10	2.10
2.49	2.47	35	2.36	2.35
2.93	2.88	45	2.73	2.71
3.60	3.45	55	3.32	3.24
4.07	3.79	60	3.74	3.58
4.30	3.93	62	3.94	3.73
4.69	4.14	65	4.28	3.96
5.45	4.44	70	5.00	4.32
6.32	4.65	75	5.91	4.60
7.22	4.76	80	6.93	4.75

Payment option rates for payments other than monthly or other ages will be provided upon request.

Supplementary Contract - If payments are made under an option, a supplementary contract will be issued. It will describe when and how payments are made, to whom the payments will be made, and how any remaining Proceeds are paid. The supplementary contract will be dated as of the Insured's death, if the Proceeds are death Proceeds; otherwise, it will be dated when the Proceeds become payable.

Payments will be made monthly unless quarterly, semiannual, or annual payments are chosen. If the payments would be less than \$50.00 each, they must be made on a less frequent basis.

WHOLE LIFE INSURANCE

This is a whole life policy. We will pay the death benefit at the insured's death. Premiums are payable for the years shown or until prior death. This Policy is Nonparticipating - No Dividends.

SERFF Tracking #:

UFFL-128653280

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

200-466

State:

Arkansas

Filing Company:

United Home Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

200-466

Project Name/Number:

/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Readability - Signed.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Form 200-466 12-12 (AR) will be issued with form 200-679A 6-11 (AR), Application for Life Insurance, approved by your department August 9, 2011.		
Attachment(s):			
200-679 - AR - 6-11.pdf			

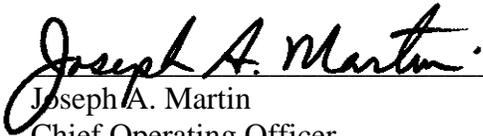


CERTIFICATION

I hereby certify the following score(s) on the Flesch Reading Ease Test.

Form	Score
200-466 12-12	52.6

Date: 8/10/2012



Joseph A. Martin
Chief Operating Officer
Senior Vice President, Life Operations
United Home Life Insurance Company

Application for Life Insurance

United Home Life Insurance Company • 225 S. East St. • P.O. Box 7192 • Indianapolis, IN 46207-7192 • 1-800-428-3001

SECTION 1 – Proposed Insured

Last Name		First Name		Middle Initial
Date of Birth (M-D-Y)	State of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status	Height	Weight		
Social Security Number	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, give immigration status/type of visa:</i>			
Street Address				
City		State	Zip Code	Phone Number ()

Employer/Occupation/Duties/How Long There (Required)

Billing Street Address		City	State	Zip Code
Secondary Addressee (For Past Due Notice)	Name	Street	City	State Zip Code

SECTION 2 – Ownership (Complete only if Owner is other than Proposed Insured)

Owner Name		Relationship	Social Security Number	
Owner Street Address		City	State	Zip Code
Contingent Owner Name		Relationship	Social Security Number	

SECTION 3 – Beneficiary(ies)

Primary Beneficiary Name		Relationship	Age
Contingent Beneficiary Name		Relationship	Age

SECTION 4 – Plan of Insurance

Plan of Insurance <input type="checkbox"/> Modified Death Benefit Whole Life <input type="checkbox"/> Express Issue Deluxe <input type="checkbox"/> Express Issue Premier <input type="checkbox"/> Check here if you are willing to accept any product listed in this section for which you qualify based on this application. The insurance for which you qualify may have a graded death benefit in the first 2 years, a face amount less than any indicated on this application, and riders may not be available. All premiums will be applied toward the insurance for which you qualify.	Face Amount: \$ _____
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If the Face Amount shown above is \$10,000 or greater and the product issued is the Modified Death Benefit Whole Life, the following riders will be attached to the policy: Identity Theft Waiver of Premium Rider, Hospital Stay Waiver of Premium Rider and Common Carrier Accidental Death Benefit Rider.

Accidental Death Benefit Rider (not available with Modified Death Benefit WL) \$ _____

SECTION 5 – Payment Information

Modal Premium: Annual Semi-Annual Qtrly. PAC* Modal Premium Amount \$ _____
\$ _____ paid with application.

*If selected, bank information on Page 5 must be fully completed.

SECTION 6 – Other Insurance

Do you have any existing life insurance policies or annuity contracts? Yes No
If "Yes," please complete any necessary replacement forms.

SECTION 7 – Nicotine Use

Has the Proposed Insured used nicotine in any form in the past 12 months? Yes No

SECTION 8 – Physician Information

Name and Address of Family Physician (Required)	Family Physician Telephone Number (Required) () -
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SECTION 9 – Medical Questions

PART A – MODIFIED DEATH BENEFIT WHOLE LIFE – COMPLETE PART A ONLY

If any question in Part A is answered "Yes", you are not eligible for Modified Death Benefit Whole Life.

A. Do you currently receive kidney dialysis or require oxygen use or have you received or been told that you need an organ transplant or have you been diagnosed as having a terminal illness? (Terminal illness is defined as any illness diagnosed that would reasonably be expected to cause death within twenty-four (24) months.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Do you require assistance to feed, bathe, dress or take your own medication or are you currently confined to a hospital, nursing home, mental facility, hospice, or require home health nursing care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever tested positive for the AIDS virus or been diagnosed or treated, or recommended for treatment for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or any other immune disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. In the past twelve (12) months:	
1. Other than for temporary or minor conditions, have you been hospitalized two or more times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Other than preventive, maintenance or risk lowering medications prescribed, have you been treated for or diagnosed with any cancer (other than Basal Cell skin cancer), heart attack, stroke, or had heart surgery (including angioplasty)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you used any illegal drugs, been treated for or advised to have treatment for drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART B - EXPRESS ISSUE DELUXE – COMPLETE PARTS A & B ONLY

If any question in Part B is answered "Yes", you are not eligible for Express Issue Deluxe. Submit the case as Modified Death Benefit Whole Life.

A. In the past 2 years:	
1. Have you been diagnosed or treated for, or are you currently under treatment for:	
a. Alzheimer's Disease or Dementia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any form of Cancer (other than Basal Cell skin cancer) or Brain Tumor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Other than preventive, maintenance or risk lowering medications prescribed, have you been diagnosed or treated for Heart or Circulatory Disorder (except controlled hypertension) or Stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Had surgery for any Heart Disorder (including angioplasty) or Circulatory Disorder (except varicose veins)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Sickle Cell Anemia or Kidney Disease (including dialysis) or Liver Disease (including hepatitis B & C)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Lung Disease (except controlled, mild asthma not requiring any hospitalization in the past 2 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. ALS (Lou Gehrig's Disease) or Neurological disorders (except for controlled seizure disorder with no seizures in the past 2 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been advised by a medical professional to have any tests, surgery, treatment, or further medical evaluation that have not been performed or do you have any medical test results pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you excessively used, been treated for or been advised to have treatment for alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. In the past 10 years have you been convicted of a felony or currently have pending charges for a felony; or currently on parole from a felony conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PART C - EXPRESS ISSUE PREMIER – COMPLETE PARTS A, B, & C

If any question in Part C is answered "Yes", you are not eligible for Express Issue Premier. Submit the case as Express Issue Deluxe.

A. In the past 2 years:	
1. Have you been diagnosed or treated for, or are you currently under treatment for:	
a. Schizophrenia or Bipolar Disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Diabetes requiring insulin treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. SLE (Systemic Lupus Erythematosus)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you been convicted of operating a vehicle while intoxicated, or had your driver's license suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been declined or postponed for Life Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. If under age 65, are you currently disabled, or been disabled in the last six months or at any time during the last six months received any disability compensation or been mentally or physically unable to complete 30 hours per week of active employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Do you now participate in, or do you have plans to participate in any hazardous sport or aviation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10 – Agreement/Acknowledgment

I hereby apply for the insurance indicated above and I am submitting the first premium. I have read (or have had read to me) all statements and answers recorded on this application, and I certify that the answers are true and accurate whether written by my own hand or not. I understand that my policy will not be effective until the date it is issued by the company and the premium paid.

I declare that I have read and received a copy of the Fair Credit Reporting Act/MIB, Inc., Notice.

WARNING

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.

I, the Proposed Owner, and Proposed Insured (if other than Proposed Owner), hereby certify under penalties of perjury, that the tax identification number provided is true, correct and complete.

SECTION 11 – Authorization

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or MIB, Inc., or other organization, institution, or person, that has any records or knowledge of me or my dependents, if they are to be insured, or our health, to give the United Home Life Insurance Company ("UHL") or its reinsurer(s) any such information. UHL may also disclose such information to reinsurers, the MIB, Inc., persons or entities performing business, professional or insurance functions for UHL or as may otherwise be legally allowed. I understand that I am giving permission to release medical information which may include treatment of physical and/or emotional illness, communicable diseases, alcohol or drug abuse treatment and/or HIV, AIDS, or AIDS-related information.

I understand that UHL may require that I submit to an HIV (HTL VIII) Screen; I authorize that test for underwriting purposes.

A photographic copy of this authorization shall be as valid as the original. This release may be used for any legitimate insurance purpose for up to two (2) years from the date of my signature below. I have a right to receive a copy of this authorization.

SECTION 12 – HIPAA Authorization

This authorization complies with the HIPAA Privacy Rule.

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record, prescription history, medications prescribed and any other protected health information concerning me to United Home Life Insurance Company and its agents, employees, and representatives. United Home Life Insurance Company may disclose such information to reinsurers, the MIB, Inc., persons or entities performing business, professional or insurance functions for United Home Life Insurance Company or as may otherwise be legally allowed. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, medical facility, or other health care provider to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this authorization so that United Home Life Insurance Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with United Home Life Insurance Company.

This authorization shall remain in force for 24 months following the date of my signature below, and a copy, image, or facsimile of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by providing written request for revocation to: United Home Life Insurance Company at P.O. Box 7192, Indianapolis IN 46207-7192, Attention: Director, Life Underwriting. I understand that a revocation is not effective to the extent that any of My Providers has already relied on this authorization to disclose information about me or to the extent that United Home Life Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. 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 understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, United Home Life Insurance Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I have a right to receive a copy of this authorization.

SECTION 13 – Signatures

Signature applies to Sections 1 through 12. Review before signing.

Dated at _____, this _____ day of _____, _____
City State Month Year

Signature of Proposed Insured or personal representative

Description of personal representative's authority to act

Signature of Owner (If other than Proposed Insured)

THE FOLLOWING SECTION MUST BE COMPLETED BY THE AGENT.

To the best of my knowledge and belief the applicant does does not have any existing life insurance policies or annuity contracts.

X _____ X _____
Printed Agent Name Agent's Signature

Agent Code _____ Agent's E-Mail _____

Agent: Phone # _____ Fax# _____ License Identification Number (_____)
State

AUTHORIZATION TO HONOR CHECKS
DRAWN BY THE UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana

The initial modal premium must be quoted in Section 5 of the application.
We do not accept debit or credit cards.

Please select ONLY one option. Include a copy of voided check for bank draft.

- Draft my account for the first premium (initial premium may be drafted immediately upon submission of this application). Please draft subsequent premiums on the _____ day of each month.

- Draft my account for the first premium on: _____. All subsequent drafts will occur on this same day each month.

- Do NOT draft my account for the first premium. The initial premium is attached, is being mailed, or will be collected on delivery. **Please make check or money order payable to United Home Life Insurance Company.** Do not leave Payee blank or make it payable to the agent. Please draft subsequent premiums on the _____ day of each month.

The policy may be placed on direct quarterly mode temporarily if we do not receive complete bank information or if there is a difference in premium quoted.

I understand that my policy will not be effective until the policy is issued and premium paid.

Bank Name _____ Bank Address _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account debit entries drawn on my account by and payable to the order of the United Home Life Insurance Company, Indianapolis, Indiana, provided there are sufficient collected funds in said account to pay the same upon presentation. I understand that I am personally liable for overdraft fees charged on said account if funds are not available at the designated date of withdrawal. I agree that your rights in respect to each such debit entry shall be the same as if it were a debit entry drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit entry. I further agree that if any such debit entry be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account Number: _____ Checking Savings Routing Number: _____

Premium Payor's Printed Name: _____ Relationship to Insured: _____

Signature of Premium Payor: _____ Date: _____

In the event that a pre-printed void check or bank statement is not available, please complete the following information for account verification:

Financial Institution: _____ Phone Number: _____

Address: _____

I have personally verified that the above policy owner/payor has a current, active account.

Agent Name: _____ Agent #: _____

Agent Signature: _____ Date: _____

PLEASE DETACH AND GIVE TO APPLICANT

If you do not receive your Policy within 60 days from the date of your application, please write to UNITED HOME LIFE INSURANCE COMPANY, P.O. Box 7192, Indianapolis, Indiana 46207-7192

UNITED HOME LIFE INSURANCE COMPANY, Indianapolis, Indiana (Herein referred to as the Company)

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

I understand that my policy will not be effective until the date it is issued by the company.

RECEIPT

Received from _____ The sum of \$ _____

Being the 1st premium of _____ mode

Type of proposed insurance _____ Amount of proposed insurance \$ _____

This receipt shall be void if given for check or draft which is not honored on presentation.

Dated at _____ on _____, _____
Month Day Year

Agent Signature _____

FAIR CREDIT REPORTING ACT/MIB, INC., NOTICE

In compliance with the provisions of the FAIR CREDIT REPORTING ACT, this notice is to inform you that in connection with your application for insurance an investigative consumer report may be prepared. Such a report includes information as to the consumer's character, general reputation, personal characteristics, and mode of living and is obtained through personal interviews with friends, neighbors, and associates of the consumer. Upon written request, a complete and accurate disclosure of the nature and scope of the report, if one is made, will be provided.

Information regarding your insurability will be treated as confidential. United Home Life Insurance Company or its reinsurer(s) may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal FAIR CREDIT REPORTING ACT. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number 866-692-6901 (TTY 866-346-3642 for hearing impaired).

United Home Life Insurance Company or its reinsurer(s) may also release information in its 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. Information for consumers about MIB may be obtained on its website at www.mib.com.

IMPORTANT INFORMATION FOR VERIFYING IDENTIFICATION

To help fight the funding of terrorism and money-laundering activities, Federal law requires all financial institutions (including insurance companies) to obtain, verify and record information that identifies each person who engages in certain transactions. This means that when you apply for permanent life insurance or annuity products we will verify your name, residential address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or passport.