

**State:** Arkansas **Filing Company:** The American Home Life Insurance Company  
**TOI/Sub-TOI:** L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life  
**Product Name:** Reinstatement Telephone Script  
**Project Name/Number:** /

## Filing at a Glance

Company: The American Home Life Insurance Company  
Product Name: Reinstatement Telephone Script  
State: Arkansas  
TOI: L071 Individual Life - Whole  
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Filing Type: Form  
Date Submitted: 12/28/2012  
SERFF Tr Num: AHLI-128827941  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:  
  
Implementation: On Approval  
Date Requested:  
Author(s): Juell Moulden  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 01/07/2013  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** The American Home Life Insurance Company  
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## General Information

Project Name: Status of Filing in Domicile: Pending  
 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: 01/07/2013  
 State Status Changed: 01/07/2013  
 Deemer Date: Created By: Juell Moulden  
 Submitted By: Juell Moulden Corresponding Filing Tracking Number:

### Filing Description:

The Reinstatement Telephone Script allows for a lapsed policy to be reinstated over the telephone. An American Home Life representative completes the form over the telephone by asking the Agent and Insured the questions on the form. The U-18 is American Home Life's current application used for reinstatement and was previously approved by your state.

## Company and Contact

### Filing Contact Information

Juell Nebergall, Legal Correspondent jnebergall@amhomelife.com  
 400 S Kansas Ave 785-235-6276 [Phone] 344 [Ext]  
 P.O. Box 1497 785-235-1037 [FAX]  
 Topeka, KS 66601

### Filing Company Information

The American Home Life CoCode: 60542 State of Domicile: Kansas  
 Insurance Company Group Code: Company Type: Life  
 400 S Kansas Ave Group Name: Insurance & Annuities  
 P.O. Box 1497 FEIN Number: 48-0119710 State ID Number:  
 Topeka, KS 66601  
 (785) 235-6276 ext. [Phone]

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: 1 application @ \$50ea.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
The American Home Life Insurance Company	\$50.00	12/28/2012	66076673

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/07/2013	01/07/2013

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## Disposition

Disposition Date: 01/07/2013

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	Reinstatement Telephone Script		Yes

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## Form Schedule

### Lead Form Number: U-RITS (12/2012)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Reinstatement Telephone Script	U-RITS (12/2012)	AEF	Initial		48.000	U-RITS (12-2012).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

## Reinstatement Telephone Script

### AGENT:

Insured's Name: \_\_\_\_\_

Insured's Policy No. \_\_\_\_\_ Insured's State of Residence: \_\_\_\_\_

Did you read the applicable Declarations and Authorizations to the Insured? YES NO

PLEASE PROVIDE INFORMATION ON PART 1 OF FORM U-18 INCLUDING THE CHECKED BOXES FOR ITEM 6 AND ANY REQUEST MADE UNDER THE SPECIAL REQUEST SECTION.

PLEASE PROVIDE INFORMATION ON PART 2 OF FORM U-18 QUESTIONS 1 THRU 6.

May I speak with (Insured's name)?

### INSURED:

To complete this interview over the phone, we need to record this call and accept your signature electronically through voice recording. Is this OK? YES NO

#### Verify social security number and date of birth.

Also, please make sure to answer all questions accurately. Inaccurate or incomplete answers could affect the payment of policy benefits. Are these terms agreeable to you? YES NO

Have you read the Declarations and Authorizations allowing MIB or any other person or organization to release records regarding your medical and prescription drug history? YES NO

By stating yes, you are signing the notice and authorizations electronically and are authorizing American Home Life to immediately obtain this information regarding your medical and prescription drug history? Is that OK? YES NO

### RUN MIB AND SCRIPT CHECK

Place electronic signature below:

**Now we are going to go over the medical questions a second time to make sure everything is accurate and complete.**

1. Have you (or any other persons covered by this policy) had any change in health? YES NO

2. Have you (or any other persons covered by this policy) had a change in occupation? YES NO

If yes, explain present occupation and duties. \_\_\_\_\_

3. Have you (or any other persons covered by this policy) been attended by or consulted a physician? YES NO

4. Have you (or any other persons covered by this policy) applied for insurance or reinstatement of same and been declined, postponed, limited or charged extra premium? YES NO
5. Have you (or any other persons covered by this policy) been engaged in aviation as a pilot or crew member, or engaged in hazardous sport or hobby? YES NO  
If yes, give full details. \_\_\_\_\_
6. Have you (or any other persons covered by this policy) had a change in weight in the past year? YES NO  
If yes, give full details. \_\_\_\_\_

If question 1, 3, or 4 is answered "Yes", please furnish dates and full details, including names and addresses of attending physicians. \_\_\_\_\_

Has there been any change to your bank draft information we have on file? YES NO

We will draft your bank account today for \$\_\_\_\_\_ to reinstate your policy and then draft your bank account monthly for the same amount beginning \_\_\_\_\_.

Are the answers you provided to the questions for reinstatement of your policy complete and accurate to the best of your knowledge? YES NO

Statements made in this application shall become incontestable 2 years from the effective date of reinstatement or change in coverage.

Any policy reinstated shall not go into force until the first premium is paid in full. Do you authorize us to draft your bank account today and then monthly thereafter for the payment of premiums? YES NO

Do you understand that this application and declaration of insurability shall be considered an amendment and supplement to your original application and shall form a part of your policy? YES NO

By stating yes to these questions, you are signing Part 1 and Part 2 of the policy reinstatement application and bank draft authorization electronically.

Congratulations! You have now completed your policy reinstatement process. A copy of the reinstatement application will be mailed to you. Please remain on the line while I ask (Agent Name) a few final questions.

**AGENT:**

Are you aware of any additional information that may affect the reinstatement decision? YES NO

Do you hereby certify that you truthfully and accurately provided all information for the reinstatement application? YES NO

By your answers to these questions you understand that you are electronically signing the reinstatement application, is that correct? YES NO

That completes our process and thank you both.

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## Supporting Document Schedules

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

**CERTIFICATION**

This is to certify that the following form(s) has achieved the Flesch readability score required in the state of Arkansas.

<b><u>Form Number</u></b>	<b><u>Description</u></b>	<b><u>Flesch Readability Score</u></b>
U-RITS (12/2012)	Reinstatement Telephone Script	48



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Les E. Diehl  
Vice President - General Counsel

December 28, 2012

Date