

State: Arkansas **Filing Company:** Kanawha Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name: JEB Life Application
Project Name/Number: JEB Application/AR-71125 1/2013

Filing at a Glance

Company: Kanawha Insurance Company
Product Name: JEB Life Application
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life
Filing Type: Form
Date Submitted: 01/09/2013
SERFF Tr Num: HUMA-128841013
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AR-71125 1/2013

Implementation: On Approval
Date Requested:
Author(s): Judy Lanning, Nancy Anderson, Glenda Howell
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/15/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Kanawha Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name: JEB Life Application
Project Name/Number: JEB Application/AR-71125 1/2013

General Information

Project Name: JEB Application
Project Number: AR-71125 1/2013
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Judy Lanning

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments: Filed simultaneously with domicile state SC
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/15/2013
State Status Changed: 01/15/2013
Created By: Judy Lanning
Corresponding Filing Tracking Number:

Filing Description:

Kanawha Insurance Company
Junior Estate Builder Application Form AR-71125 1/2013
NAIC COMPANY CODE 65110
FEDERAL TAX ID #57-0380426
NAIC GROUP CODE 000

Dear Commissioner:

Kanawha Insurance Company is submitting the above captioned form for the Department's review and approval. This form is new and will be used with previously approved Junior Estate Builder Policy Form No 20305 1/88 approved 7/9/1991;

The Junior Estate Builder Application has been designed for use in the individual market in Direct to Consumer, Agent and /or Broker based distribution channels. Bracketing has been added to support Administrative needs. A Statement of Variability is included under the Supporting Documentation Tab.

The form is in final print, subject to minor variations in formatting, duplexing, shading and fonts.

Thank you for your attention to this filing. If you should have any questions, please contact me at 502-476-1408. My email address is jlanning@humana.com.

Sincerely,

Judy Lanning
Compliance Analyst

Company and Contact

Filing Contact Information

Judy Lanning, Compliance Analyst - NCT-1 jlanning@humana.com
500 West Main Street 502-476-1408 [Phone]
Louisville, KY 40202 502-508-2114 [FAX]

State: Arkansas **Filing Company:** Kanawha Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life
Product Name: JEB Life Application
Project Name/Number: JEB Application/AR-71125 1/2013

Filing Company Information

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South
210 South White Street	Group Code: 119	Carolina
Lancaster, SC 29720	Group Name:	Company Type:
(800) 635-4252 ext. [Phone]	FEIN Number: 57-0380426	State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Application = \$50
 Per Company: No

Company	Amount	Date Processed	Transaction #
Kanawha Insurance Company	\$50.00	01/09/2013	66385574

SERFF Tracking #:

HUMA-128841013

State Tracking #:

Company Tracking #:

AR-71125 1/2013

State:

Arkansas

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.203 Specified Age or Duration - Single Premium - Single Life

Product Name:

JEB Life Application

Project Name/Number:

JEB Application/AR-71125 1/2013

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/15/2013	01/15/2013

SERFF Tracking #:

HUMA-128841013

State Tracking #:

Company Tracking #:

AR-71125 1/2013

State:

Arkansas

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.203 Specified Age or Duration - Single Premium - Single Life

Product Name:

JEB Life Application

Project Name/Number:

JEB Application/AR-71125 1/2013

Disposition

Disposition Date: 01/15/2013

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
Supporting Document	Statement of Variability		Yes
Form	Junior Estate Builder Insurance Application		Yes

State: Arkansas

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI: L041 Individual Life - Term/L041.203 Specified Age or Duration - Single Premium - Single Life

Product Name: JEB Life Application

Project Name/Number: JEB Application/AR-71125 1/2013

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Junior Estate Builder Insurance Application	AR-71125 1/2013	AEF	Initial			AR-71125_20130104.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

Junior Estate Builder Insurance Application



Juvenile Term Life product is insured by
Kanawha Insurance Company, a Humana company

Please print clearly in ink. Complete all questions. Fill in all fields or indicate "not applicable."

Date of application: _____ **Requested Effective Date:** _____

(Requested Effective Date is Optional - not to exceed 45 calendar days from the date application is signed)

The effective date is assigned by Kanawha. An agent cannot assign an effective date.

Coverage Options Please complete this section when selecting a policy.

Plan Type:

[Plan Name -] Face Amount [\$1-50,000] Annual Premium [\$1-100]

[Plan Name -] Face Amount [\$1-50,000] Annual Premium [\$1-100]

Proposed Primary Insured Information

First name	MI	Last name	Suffix	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Social Security #	Height	Weight	Primary phone #	Secondary phone #
E-mail	[Country or State of birth]		Date of birth	
Home address (not P.O. Box)	City	State	ZIP code	
Mailing address (if different from home address)	City	State	ZIP code	

[Policy Owner] Information: (Parent/Legal Representative/Grandparent or Self if 18 or over)

First name	MI	Last name	Suffix
Social Security #	E-mail	Date of birth	
Mailing address	City	State	ZIP code
Primary phone #	Secondary phone #	Relationship to Proposed Primary Insured	

Beneficiary Information Please include an additional page if you need to list multiple beneficiaries. Each additional page must be signed and dated. Benefit percentages must total 100% for the Primary Beneficiary(ies) and also equal 100% for the Contingent Beneficiary(ies).

Primary beneficiary name	Relationship	Benefit %
Primary beneficiary name	Relationship	Benefit %
Contingent beneficiary name	Relationship	Benefit %

Existing Coverage

[1. Yes No Does the Proposed Primary Insured have any existing life insurance coverage and/or annuities in force or an application for similar insurance pending with this or any other company?]

[If yes, please provide details with specific benefit amounts.]

Carrier _____ Effective Date _____
 Name of the Insured _____ Benefit Value _____
 Policy Name _____ Policy # _____]

[2. Yes No Will the policy applied for replace any coverage currently in force?]

Eligibility & Health Status

For this insurance to be issued, the following eligibility and health questions must be answered fully and truthfully. All requested health information must be provided. If any of the answers are "yes," please provide complete details. Failure to [fully] disclose any eligibility or health information may cause your claim to be reduced or denied, or may result in your policy being rescinded or modified back to your original effective date.

[1. Yes No Are all individuals applying for coverage U.S. citizens or non-citizens who are legally residing in the U.S.?
 [• **IF NO:** Name(s): _____]

[2. Yes No Was the Proposed Primary Insured born prematurely or with abnormalities at birth?]

[3. Yes No Has the Proposed Primary Insured ever been treated for or diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), tested positive for the antigens or antibodies to an AIDS (HIV) virus or any other sickness or condition resulting from such infection?]

[4. Yes No Within the past [1-7] year[s] has the Proposed Primary Insured been diagnosed or treated for heart disease or any abnormalities of the heart, diabetes, kidney disease, anemia or convulsions/seizures/epilepsy by a member of the medical profession?]

[5. Yes No Within the past [1-7] year[s] has the Proposed Primary Insured had any health, mental or physical impairment or been excused from any physical activities at school because of medical reasons?]

[6. Yes No Within the past [1-3] year[s] has Proposed Primary Insured been confined in a hospital?]

Additional Eligibility or Health Status Question Information

To be completed if "Yes" was answered to any question(s) in the Eligibility & Health Status section. Please provide details such as; specific condition, dates of treatment, results or advice given, medication (dosage and frequency), treatment plan, recovery date, physician name and address. Attach an additional health information sheet if necessary. Additional information sheets must be signed and dated by the proposed primary insured [or legal representative] [and/or spouse].

[Question #	[Letter]	[Person treated]	Condition
Details: _____]			
[Question #	[Letter]	[Person treated]	Condition
Details: _____]			
[Question #	[Letter]	[Person treated]	Condition
Details: _____]			

Agreement and Signature

True and Complete Acknowledgment: I understand, agree and represent: I have read this document or it has been read to me. The answers are true and complete. I agree to immediately notify Kanawha of any changes to the information contained in this form that occur prior to the policy effective date. I have received and reviewed any state or federal required disclosures. I acknowledge that neither I nor the agent have the right to waive or incompletely answer any question, determine coverage or insurability, alter any contract, or waive any of Kanawha's other rights and requirements. If this application for coverage is accepted, coverage will be effective on the date specified by Kanawha on the policy. Rates or premium quoted and the effective date requested are not guaranteed. The final rate or premium and effective date will be determined upon underwriting review and approval of the application by Kanawha. Acceptance of premium and fees does not guarantee coverage. Any misrepresentation on this application may be used by Kanawha during the first two policy years to void the contract or modify the terms of coverage. This may result in loss of coverage, modification of coverage and/or claim denial. [As a parent or legal guardian of a dependent [under the age of] [0-40] year[s] [or older] applying for coverage, I attest by my signature below, that I have gathered the necessary health information regarding my dependent in order to fully and truthfully complete this application.]

[We may use and disclose a covered person's personal information, without consent/authorization, to pay claims. We may collect a covered person's personal information from other Kanawha affiliated companies to pay claims. We may share a covered person's personal information with other Kanawha affiliated companies, as permitted by law. To obtain a list of Kanawha affiliated companies, please visit our website at [Humana.com].]

This document, together with any supplemental forms, will make up part of any contract and be the basis for any policy issued.

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.

If you decide not to sign this agreement, we will decline to enroll you or provide benefits.

Signed at: City _____ State _____



Proposed Primary Insured [or Policy Owner/Legal Representative] Signature

Date _____

Agent / Producer Information

This section to be completed by Agent or Producer (if applicable).

Agent / Agency of Record: (for commissions and correspondence)

Name (print) _____

Humana Agent # _____

Writing Agent / Producer:

Name (print) _____

Humana Agent # _____

Agent replacement question:

[Will this policy replace or change any existing life insurance policy(ies) and/or annuity(ies)? Yes No]

As the Writing Agent / Producer, I acknowledge that I am responsible to meet with the proposed primary insured submitting this application in order to fully and accurately represent the terms and conditions of the policies and services of the insuring entity, or one of its subsidiaries. These provisions are available to me and the proposed primary insured in the benefit summary document or other policy literature.



Writing Agent's Signature _____ Date _____

The original version of this application is in the English language. If there are any discrepancies or conflicts between the English and any other version that has been translated into another language, the English version will control.

SERFF Tracking #:

HUMA-128841013

State Tracking #:

Company Tracking #:

AR-71125 1/2013

State: Arkansas

Filing Company: Kanawha Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.203 Specified Age or Duration - Single Premium - Single Life

Product Name: JEB Life Application

Project Name/Number: JEB Application/AR-71125 1/2013

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	SEE ATTACHED		
Attachment(s):	READABILITY CERTIFICATION.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	See attached.		
Attachment(s):	Statement of Variability.pdf		

READABILITY CERTIFICATION

RE: Kanawha Insurance Company

This is to certify that the form(s) referenced below is/are in compliance with the readability requirements of your state.

The Flesch Reading Ease Test was applied to each form in its entirety. All titles, major headings and subheadings, defined terms and tables were excluded.

The Flesch Reading Ease Test score(s) is/are:

<u>Form</u>	<u>Flesch Score</u>
Form AR-71125 1/2013	*40

*Combined Flesch Score with Policy 20305 1/88



BY: _____
Bruce Broussard, President

Statement of Variability
Junior Estate Builder
AR-71125 1/2013

Within the confines of the law, Humana reserves the right to make minor instructional or help text revisions as needed to clarify instructions for completion of the application and amend language to clarify intent.

Humana reserves the right to amend forms to fix any minor administrative changes or clerical errors that may have unintentionally gone unnoticed prior to submitting for approval and amend the language to clarify the intent. Changes made within confines of the law.

Page 1-Coverage Options-Proposed Primary Insured, Policy Owner Information sections

LOGO bracketed to allow for inclusion, exclusion or logo change.
[Plan Name] bracketed for exclusion or inclusion.
Dollar Amount [1-50,000] bracketed variable.
Annual Premium dollar amount [\$1-100] bracketed variable.
Policy Owner Information bracketed for exclusion or inclusion.

Page 2 Existing Coverage, Eligibility & Health Status and Additional Eligibility sections

Existing Coverage

Provision bracketed for exclusion or inclusion.
Questions 1. And 2. Bracketed for exclusion or inclusion
Detailed information within brackets of question 1. Bracketed for exclusion or inclusion.

Eligibility & Health Status

Provision bracketed for exclusion or inclusion
Each question bracketed for exclusion or inclusion.
[1-7} bracketed for variability.

Additional Eligibility or Health Status Question Information

Provision bracketed for exclusion or inclusion
[and or spouse] bracketed for exclusion or inclusion
[letter] and [person treated] bracketed for exclusion or inclusion

Page 3

Agreement and Signature

Bracketed sentences or group of words may be excluded or included.
Bracketed numbers may be excluded and if included the numbers shown may be variable.

Agent/Producer Information

Provision bracketed for exclusion or inclusion

[Will this policy replace or change any existing life insurance policy(ies) and/or annuity(ies)? Yes No] is bracketed for exclusion or inclusion.