

**State:** Arkansas **Filing Company:** Individual Assurance Company, Life, Health & Accident

**TOI/Sub-TOI:** L04G Group Life - Term/L04G.500 Other

**Product Name:** Group Mortgage

**Project Name/Number:** /

### Filing at a Glance

Company: Individual Assurance Company, Life, Health & Accident

Product Name: Group Mortgage

State: Arkansas

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

Date Submitted: 12/18/2012

SERFF Tr Num: IACO-128814887

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num:

Implementation: On Approval

Date Requested:

Author(s): Suzanne Elliott

Reviewer(s): Linda Bird (primary)

Disposition Date: 01/02/2013

Disposition Status: Approved-Closed

Implementation Date:

State Filing Description:

**State:** Arkansas  
**Filing Company:** Individual Assurance Company, Life, Health & Accident  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.500 Other  
**Product Name:** Group Mortgage  
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## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Small and Large  
 Group Market Type: Other Explanation for Other Group Market Type: Debtors of Financial Institutions  
 Overall Rate Impact: Filing Status Changed: 01/02/2013  
 State Status Changed: 01/02/2013  
 Deemer Date: Created By: Suzanne Elliott  
 Submitted By: Suzanne Elliott Corresponding Filing Tracking Number:

### Filing Description:

The following Group Mortgage Life Insurance forms are submitted for review and approval:

IA 1400IA(Rev. 01/2013) – Individual Application  
 UAF 20120830 – Authorization for Release of Information  
 IA-PNC(2012) – Consumer Protection Notice

These forms will be used with our Group Mortgage Life Insurance Policy that was previously approved for use by your Department. They contain variables that are shown in brackets. The variables are to allow for any future change of Company address, phone number, etc.

After your approval is received, the three forms listed will be connected into one document for printing and marketing purposes

If you have any questions, please let me know.

Thank you,  
 Suzanne Elliott  
 Assistant Vice President  
 Business Development Services Manager

## Company and Contact

### Filing Contact Information

Suzanne Elliott, Assistant Vice President selliott@iac-group.com  
 2400 W. 75th Street, Suite 201 913-236-0672 [Phone]  
 Prairie Village, KS 66208 913-236-0695 [FAX]

### Filing Company Information

Individual Assurance Company, CoCode: 81779 State of Domicile: Missouri  
 Life, Health & Accident Group Code: 312 Company Type: LAH  
 2400 W 75 ST Group Name: IAC Group State ID Number: 81779  
 Pairie Village, KS 66208-3509 FEIN Number: 43-1014771  
 (913) 236-0619 ext. [Phone]

**State:** Arkansas

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## Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? Yes

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
Individual Assurance Company, Life, Health & Accident	\$50.00	12/18/2012	65862290
Individual Assurance Company, Life, Health & Accident	\$100.00	12/19/2012	65893117

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State Tracking #:

Company Tracking #:

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Filing Company:

Individual Assurance Company, Life, Health & Accident

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/02/2013	01/02/2013

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Linda Bird	12/19/2012	12/19/2012

#### Response Letters

Responded By	Created On	Date Submitted
Suzanne Elliott	01/02/2013	01/02/2013

SERFF Tracking #:

IACO-128814887

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Individual Assurance Company, Life, Health & Accident

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Group Mortgage

Project Name/Number:

/

## Disposition

Disposition Date: 01/02/2013

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
Form	Application		Yes
Form	Authorization for Release of Information		Yes
Form	Consumer Protection Notices		Yes

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**State:** Arkansas **Filing Company:** Individual Assurance Company, Life, Health & Accident  
**TOI/Sub-TOI:** L04G Group Life - Term/L04G.500 Other  
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## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	12/19/2012
Submitted Date	12/19/2012
Respond By Date	01/21/2013

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Dear Suzanne Elliott,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 filing fee is received.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,  
Linda Bird*

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## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/02/2013
Submitted Date	01/02/2013

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Dear Linda Bird,

**Introduction:**

**Response 1**

**Comments:**

*I have included the additional filing fee requested. Thank you.*

**Related Objection 1**

*Comments: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 filing fee is received.*

**Changed Items:**

*No Supporting Documents changed.*

*No Form Schedule items changed.*

*No Rate/Rule Schedule items changed.*

**Conclusion:**

Sincerely,

Suzanne Elliott

SERFF Tracking #:

IACO-128814887

State Tracking #:

Company Tracking #:

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## Form Schedule

Lead Form Number: IA 1400IA(Rev. 01/2013)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application	IA 1400IA(Rev. 01/2013)	AEF	Initial			IA 1400IA(Rev 01 2013).pdf
2		Authorization for Release of Information	UAF 20120830	OTH	Initial			UAF 20120830.pdf
3		Consumer Protection Notices	IA-PNC(2012)	OTH	Initial			IA-PNC(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

**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT**

[Administrative Office: 2400 West 75th Street, Prairie Village, Kansas 66208-3509]

Loan Officer's Number

**APPLICATION FOR MORTGAGE LIFE AND DISABILITY INSURANCE**

Group Policy Number

Loan Officer's Name

**I. FIRST APPLICANT**

**SECOND APPLICANT (if applying)**

Name (Last, First, Middle Initial) Social Security Number

Name (Last, First, Middle Initial) Social Security Number

Street Address City State Zip Code

Street Address City State Zip Code

Date of Birth (MO/Day/Year) Birth State Height Weight

Date of Birth (MO/Day/Year) Birth State Height Weight

Occupation Telephone Number

Occupation Telephone Number

Lender and First Beneficiary

Second Beneficiary Relationship

**II. COVERAGE APPLIED FOR**

**1. LIFE INSURANCE**

Single  Joint Initial Amount of Insurance: \$ \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_

**2. DISABILITY INSURANCE**

Single  Joint Monthly Benefit Amount: \$ \_\_\_\_\_ Monthly Premium: \$ \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_ Term of Loan \_\_\_\_\_ Total Monthly Premium: \$ \_\_\_\_\_

**III. PAYMENT OPTIONS**

Direct Bill. Check one of the following:  Monthly  Quarterly  Semi-Annually

Escrow. Monthly premium to be added to mortgage payment.

Electronic Funds Transfer. ATTACH COMPLETED AUTHORIZATION CARD AND VOIDED CHECK.

**IV. HEALTH QUESTIONS**

- 1. Have you ever been treated for or diagnosed by a physician as having any of the following: heart, lung, nervous, mental, kidney, or liver disorder; high blood pressure; stroke; rheumatic fever; cancer or tumor; diabetes; AIDS (Acquired Immune Deficiency Syndrome); ARC (AIDS Related Complex); or tested positive for HIV (Human Immunodeficiency Virus?).....
- 2. During the last three years, have you been hospitalized or consulted a physician for any reason (other than routine physicals?).....
- 3. Have you used tobacco in any form in the last 12 months?.....

1st Applicant		2nd Applicant	
Yes	No	Yes	No

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF APPLYING FOR DISABILITY INSURANCE, ANSWER:**

- 4. During the last two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?.....
- 5. Are you employed for profit for 30 hours or more per week? .....

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide names and addresses of personal physicians. If you answered "Yes" to any of questions 1-4, DESCRIBE the conditions including diagnosis, how treated, and extent of recovery. Give dates of occurrence, treatment, and recovery. If more space is needed, continue on the back side of this Application.

First Applicant: \_\_\_\_\_

Second Applicant: \_\_\_\_\_

It is understood and agreed that all statements in this application are true to the best of my/our knowledge and belief, and are offered as a consideration for and shall become a part of any policy issued hereon. I/we understand and agree that the insurance under the policy applied for shall become effective on the date of this application or the Effective Date shown above, if later, provided that the Company at its Administrative Office has determined that all persons proposed for coverage are insurable under its general underwriting practices for this class of business. I/we acknowledge receipt of the Consumer Protection Notices for the Applicant.

If this policy is issued, the Company will not contest it with respect to statements made in this Application that materially relates to insurability after the policy has been in force for two years from the date of issue and during the lifetime of the insured.

Is this insurance intended to replace any life insurance or annuity policies you presently own? Yes  No

First Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Second Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**



**INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT**

(herein called "Company")

[Administrative Office: 2400 W. 75th Street, Suite 201, Prairie Village, Kansas 66208-3509]

[Phone: 800-821-5434 Fax: 913-236-0695]

**Authorization for Release of Information – Life Insurance Underwriting**

Primary Insured/Applicant (please print)		Joint Insured/Applicant (please print)	
Date of Birth	Social Security # (last 4 digits) XXX-XX-_____	Date of Birth	Social Security # (last 4 digits) XXX-XX-_____

I (the undersigned) authorize any physician or medical practitioner, any hospital, clinic, other health care facility, pharmacy, pharmacy benefit manager, employer or benefit plan administrator, any insurance or reinsurance company, any consumer reporting agency or the Medical Information Bureau (MIB) to release information from the records of:

Information to be released: Any and all individually identifiable health information including:

- Information about the diagnosis, treatment or prognosis of my medical condition (including referral documents from other facilities); and
- Prescription drug records and related information maintained by physicians, pharmacy benefit managers and other sources.

Information is to be released to **[Underwriting Department, Individual Assurance Company (IAC), at 2400 W. 75<sup>th</sup> Street in Prairie Village, Kansas]** and its reinsurers; any insurance support organization; any consumer reporting agency; and all persons authorized to represent these organizations.

I understand that the purpose of disclosing this information is to evaluate my application for insurance. The Company will use the information obtained with this Authorization to determine eligibility for insurance; and will only release such information:

- To reinsurance companies, the MIB or providers of a business or legal service concerned with my application; and
- As otherwise may be required by law or may be further authorized by me.

I authorize Individual Assurance Company, or its reinsurers, to make a brief report of my personal health information to MIB.

I further understand that refusal to sign this Authorization may result in denial of eligibility for this insurance coverage.

I understand the information used or disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal law, however, the Company contractually requires the recipient to protect the information.

I understand that I may revoke this Authorization in writing at any time, except to the extent: 1) the Company has taken action in reliance on this Authorization; or 2) the Company is using this Authorization in connection with a contestable claim under my coverage with the Company. If written revocation is not received, this Authorization will be considered valid for a period of time not to exceed 24 months from the date of signing. To initiate revocation of this Authorization, direct all correspondence to the Company at the above address.

A photocopy of this Authorization is to be considered as valid as the original. I understand that I am entitled to receive a copy of this Authorization. I acknowledge that I have received the attached Consumer Protection Notices.

**Signature of Primary Insured/Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Joint Insured/Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSUMER PROTECTION NOTICES FOR THE APPLICANT

**Investigative Consumer Report Notice** – In connection with your application for insurance, an investigative consumer report may be prepared, in which information is obtained from public records and through personal interviews with your neighbors, friends, employers, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. You may make a written request to be interviewed in connection with the preparation of this report. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. Either of these written requests should be directed to the [Underwriting Department, Individual Assurance Company, 2400 West 75<sup>th</sup> Street, Prairie Village, Kansas 66208.]

**MIB, Inc. Notice** – Information regarding your insurability will be treated as confidential. We, or our reinsurers, may make a brief report to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of 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 in your file. Please contact the MIB at 866.692.6901 (TTY 866.346.3642 for hearing impaired). If you question the accuracy of the information in the MIB's file, you may contact the MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

We, or our reinsurers, may also release information in our file to other 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](http://www.mib.com).

**Detach these notices and keep for your records**

SERFF Tracking #:

IACO-128814887

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

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TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other

Product Name: Group Mortgage

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## Supporting Document Schedules

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



Individual Assurance Company • 2400 W. 75<sup>th</sup> Street, Suite 201 • Prairie Village, KS 66208-3511  
800.821.5434 • www.iac-group.com

## FLESCH SCORE CERTIFICATION

STATE OF: Arkansas

Individual Assurance Company, Life, Health & Accident  
NAIC#: 81779

FORM NUMBER	FORM DESCRIPTION	COMBINED FLESCH SCORE
IA 1405IA(Rev. 01/2013)	Application	41
UAF 20120830	Authorization for Release of Information	
IA-PNC(2012)	Consumer Protection Notices	
IA 1405C	Certificate of Insurance (previously approved)	

To the best of my knowledge and belief, I certify that the above captioned information is true and correct.

  
By: Suzanne Elliott  
Assistant Vice President

Date: December 18, 2012