

State: Arkansas **Filing Company:** The Lafayette Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 2013 LLIC Citizenship Questionnaires
Project Name/Number: 2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Filing at a Glance

Company: The Lafayette Life Insurance Company
Product Name: 2013 LLIC Citizenship Questionnaires
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 01/09/2013
SERFF Tr Num: LAFA-128841779
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 2013 LLIC CITIZENSHIP QUESTIONNAIRES

Implementation: On Approval
Date Requested:
Author(s): Tesha Wilburn, Kim Wright, Ramona Piercefield, Stacey Gipson, Angelea Underwood, Jaclyn Cox

Reviewer(s): Linda Bird (primary)
Disposition Date: 01/14/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: The Lafayette Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 2013 LLIC Citizenship Questionnaires
Project Name/Number: 2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

General Information

Project Name: 2013 LLIC Citizenship Questionnaires Status of Filing in Domicile: Pending
Project Number: 2013 LLIC Citizenship Questionnaires Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Ohio is domicile
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 01/14/2013
State Status Changed: 01/14/2013
Deemer Date: Created By: Jaclyn Cox
Submitted By: Jaclyn Cox Corresponding Filing Tracking Number:

Filing Description:

RE: LL-2632 (01/13), Supplement to Application, U.S. Citizen (With Foreign Residence)
LL-2631 (01/13) Supplement to Application, Non U.S. Citizen (With U.S. Residence)

The Lafayette Life Insurance Company, NAIC # 65242

Dear Reviewer,

This filing is being submitted on behalf of The Lafayette Life Insurance Company. The effective date of these forms is January 2013.

The following forms are being submitted for your review and approval:

LL-2632 (01/13), Supplement to Application, U.S. Citizen (With Foreign Residence), is a supplemental form that is to be used with the application to provide additional information on an applicant's citizenship if they are a U.S. Citizen residing in a foreign country. This form is

LL-2631 (01/13), Supplement to Application, Non U.S. Citizen (With U.S. Residence), is a supplemental form that is to be used with the application to provide additional information on an applicant's citizenship if they are a non U.S. Citizen residing in the U.S. This form is

The enclosed forms are replacing the approved Citizenship Questionnaire, Form 1690, which was approved by paper filing in 1994. The form is intended to be used with approved applications LL-1459 (1/13) and LL-1462-P, which previously approved information can be located in the supporting documentation. The Questionnaires may also be used with applications that may be approved in the future.

Lafayette Life intends to allow applications for life insurance to be signed electronically as well as in paper form. Please be aware that although the signing parties' signatures may be collected electronically, the application included in the policy at time of issue will be the same as if the form is signed by wet signature.

A Statement of Variability is attached explaining the bracketed items on the form.

Thank you for your consideration and we look forward to your approval.

State: Arkansas **Filing Company:** The Lafayette Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: 2013 LLIC Citizenship Questionnaires
Project Name/Number: 2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Jaclyn Cox
 Insurance Compliance Analyst
 The Lafayette Life Insurance Company
 1-800-446-0795 (6937)

Company and Contact

Filing Contact Information

Jaclyn Cox, Insurance Compliance Analyst jaclyn.cox@wslife.com
 400 Broadway 800-446-0798 [Phone] 6937 [Ext]
 MS 03 513-357-4161 [FAX]
 Cincinnati, OH 45202

Filing Company Information

The Lafayette Life Insurance Company	CoCode: 65242	State of Domicile: Ohio
400 Broadway	Group Code: 836	Company Type: Life and Annuity
Cincinnati, OH 45202	Group Name:	State ID Number:
(800) 446-0795 ext. 1060[Phone]	FEIN Number: 35-0457540	

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 50.00 per form filed separately from policy
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Lafayette Life Insurance Company	\$150.00	01/09/2013	66389714

SERFF Tracking #: LAFA-128841779

State Tracking #:

Company Tracking #: 2013 LLIC CITIZENSHIP
QUESTIONNAIRES

State: Arkansas

Filing Company: The Lafayette Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: 2013 LLIC Citizenship Questionnaires

Project Name/Number: 2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/14/2013	01/14/2013

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Foreign Travel Questionnaire	Jaclyn Cox	01/11/2013	01/11/2013
Supporting Document	Flesch Certification	Jaclyn Cox	01/11/2013	01/11/2013

SERFF Tracking #:

LAFA-128841779

State Tracking #:**Company Tracking #:**2013 LLIC CITIZENSHIP
QUESTIONNAIRES**State:**

Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

2013 LLIC Citizenship Questionnaires

Project Name/Number:

2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Disposition

Disposition Date: 01/14/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Flesch Certification		Yes
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Previously Approved Information		Yes
Supporting Document	Statement of Variability		Yes
Form	Supplement to Application, U.S. Citizen (With Foreign Residence)		Yes
Form	Supplement to Application, Non U.S. Citizen (With U.S. Residence)		Yes
Form	Foreign Travel Questionnaire		Yes

SERFF Tracking #:

Lafa-128841779

State Tracking #:

Company Tracking #:

2013 LLIC CITIZENSHIP
QUESTIONNAIRES

State: Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: 2013 LLIC Citizenship Questionnaires

Project Name/Number: 2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Amendment Letter

Submitted Date: 01/11/2013

Comments:

A form was inadvertently left off of this filing. it is form LL-2219 (01/13) Foreign Travel Questionnaire, which is a supplemental form that provides details to an applicant's foreign travel.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes								
Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Foreign Travel Questionnaire	LL-2219 (01/13)	AEF	Initial		70.900	LL-2219-1301.pdf	Date Submitted: 01/11/2013 By:

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Flesch Certification
Comments:	
Attachment(s):	
LLIC Citizenship-Foreign Flesch Certification Standard.pdf	
<i>Previous Version</i>	
Satisfied - Item:	Flesch Certification
Comments:	
Attachment(s):	
LLIC Citizenship-Foreign Flesch Certification Standard.pdf	

State: Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other

Product Name: 2013 LLIC Citizenship Questionnaires

Project Name/Number: 2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Form Schedule

Lead Form Number: LL-2632 (01/13)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Supplement to Application, U.S. Citizen (With Foreign Residence)	LL-2632 (01/13)	AEF	Initial		52.100	LL-2632 (1-13) bracketed.pdf
2		Supplement to Application, Non U.S. Citizen (With U.S. Residence)	LL-2631 (01/13)	AEF	Initial		60.100	LL-2631 (1-13) bracketed.pdf
3		Foreign Travel Questionnaire	LL-2219 (01/13)	AEF	Initial		70.900	LL-2219-1301.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



Supplement to Application U.S. Citizen (With Foreign Residence)

PROPOSED INSURED: _____ DATE OF BIRTH: _____

1. List the foreign locations where you plan to live and travel and the duration:

Foreign Residence: _____ From: _____ To: _____ (City, Country) (mm/dd/yyyy) (mm/dd/yyyy)

Travel Destination: _____ From: _____ To: _____ (City, Country) (mm/dd/yyyy) (mm/dd/yyyy)

2. Indicate reason for foreign residence (Student, Missionary, Government Employee, etc.):

3. Indicate type of work environment anticipated (Metropolitan area; Rural/Agriculture area; Primitive/Native area; etc.):

4. Please provide any additional comments below:

To the best of my knowledge and belief all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Signed at _____ (City, State)

Date _____ (mm/dd/yyyy)

Signature of Witness

Signature of Proposed Insured



Supplement to Application Non U.S. Citizen (U.S. Residence)

PROPOSED INSURED: _____ DATE OF BIRTH: _____

1. Of what country are you now a citizen? _____

2. Indicate type of visa:

Permanent Visa: (Give Alien Registration Number) _____

Temporary Visa: (Give Expiration Date) _____

3. Indicate purpose of visa (work, student, government employee, etc.) _____

4. Have you applied for U.S. citizenship? Yes No

5. Do you also maintain a foreign residence? Yes No

If yes, what is the address? _____

6. Where does your immediate family (spouse & children) reside? _____

7. When do you plan to return to your native country or to travel to any foreign country destination (duration & expected frequency)? _____

8. How long have you lived in the United States? _____

9. Please provide any additional comments below:

To the best of my knowledge and belief all the statements and answers to the above questions are complete and true, and I agree that they shall form a part of my application for insurance.

Signed at _____ (City, State)

Date _____ (mm/dd/yyyy)

Signature of Witness

Signature of Proposed Insured



Foreign Travel Questionnaire

PROPOSED INSURED: _____

1. Country of origin: _____ Currently Citizen of what Country: _____

2. Non U.S. Citizens: Do you have a U.S. Green Card? _____

U.S. Visa type (letter, number and expiration date): _____

3. Please complete the following regarding any travel or residence outside of the USA or Canada planned or expected within the next two years.

Country to be Visited (& City)	Dates of Stay (duration)	Purpose of Travel (business, pleasure, family visits, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Will you travel outside of major cities? Yes No

If yes, provide details: _____

5. Accommodation:

Will you stay at a Hotel Private Home Other (details): _____

6. Assets (broken down between U.S. and International):

I acknowledge that the above answers are complete and true.

Applicants Signature

Date _____
(mm/dd/yyyy)

Signature of Witness

SERFF Tracking #:

LAF-128841779

State Tracking #:**Company Tracking #:**2013 LLIC CITIZENSHIP
QUESTIONNAIRES**State:**

Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

2013 LLIC Citizenship Questionnaires

Project Name/Number:

2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
LLIC Citizenship-Foreign Flesch Certification Standard.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:			
Attachment(s):			
LL-1459-AR (1-13).pdf 1462-P-AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Previously Approved Information		
Comments:			
Attachment(s):			
LLIC 1690 APPROVAL DATES.pdf LLIC Previously approved applications 1462-P.pdf LLIC Previously approved applications 1459.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability Citizenship 1-8-13 .pdf			

The Lafayette Life Insurance Company

NAIC CODE # 65242

CERTIFICATION

I, Michael Moser, an officer of Columbus Life Insurance Company hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state Statutes and Regulations.

Form Numbers	Readability Score
LL-2631 (01/13)	60.1
LL-2632 (01/13)	52.1
LL-2219 (01/13)	70.9



Michael Moser
Vice President and Chief Compliance Officer

Date: 01/08/2012



Part 1 of Application for Individual Life Insurance to The Lafayette Life Insurance Company

Pension: Simplified Issue Guaranteed Issue

Proposed Insured

1 Proposed Insured's Name: 2 Address: 3 Primary Phone Number: 4 Email Address: 5 Sex: Height: Weight: Marital Status: 6 Date of Birth: Place of Birth: Backdate to Save Age: 7 SSN: Driver's License Number: DL State: 8 Occupation: Duties: 9 Employer Name: Length of Employment: 10 Employer Address: 11 Employer Phone Number: Annual Income: Net Worth:

Others Proposed for Insurance - Indicate Spouse, Payor, Child(ren)

Table with 8 columns: First, M.I., Last Name; Relationship to Proposed Insured; Birth Date; Birth State; Sex; Height; Weight; Insurance In Force

Complete lines 13-18 if Proposed for Insurance is Spouse and/or Payor.

13 Spouse/Payor Address: 14 Spouse/Payor Email Address: 15 Spouse/Payor Occupation: Duties: 16 Spouse/Payor Employer Name: Length of Employment: 17 Spouse/Payor Employer Address: 18 Spouse/Payor SSN/Tax ID:

39 Index UL Option: _____ % Method A: Annual Point to Point
 _____ % Method B: Monthly Average
 _____ % Fixed
 (TOTAL MUST EQUAL 100%)

40 Automatic Premium Loan Provision will be in effect, if available, unless "No" is selected. No
 (Under a Pension Plan/Trust, the non-forfeiture option will be reduced paid-up.)

Optional Benefits and Riders

41 WHOLE LIFE ONLY

- Single Paid-Up Additions (SPUA) \$ _____
- Level Paid-Up Additions (LPUA)
 - Initial Annual LPUA Premium \$ _____
 - Maximum Annual LPUA Premium \$ _____
- Term Rider
 - 10 Year \$ _____
 - 20 Year \$ _____
 - 30 Year \$ _____
 - _____ \$ _____
- Long Term Care (LTC rider Packet needed)
 (Not available in KS, MN, TX, UT, VT)
- Waiver of Premium Disability
- Payor Benefit
- Accidental Death Benefit \$ _____
- Guaranteed Purchase Option \$ _____
- Spouse Insurance \$ _____
- Children's Insurance \$ _____
- Extended Care Benefit (TX only) \$ _____
- Accelerated Benefit Plus
 (KS, MN, UT, VT only) \$ _____
- Blended Term \$ _____
- Blended Term Waiver \$ _____
- Blended Term Purchase Option \$ _____
- Blended Term Payor of
 Waiver Premium \$ _____
- _____ \$ _____
- _____ \$ _____

TERM ONLY

- Waiver of Premium Disability
- Children's Insurance
- _____

UL (Pension Plan Only)

- Waiver of Monthly Deduction
- _____

IUL Only

- Waiver of Monthly Deduction
- No Lapse Premium Waiver Benefit
- Term \$ _____
- Accidental Death Benefit \$ _____
- Guaranteed Increase Option \$ _____
- Spouse Insurance \$ _____
- Children's Insurance \$ _____
- _____ \$ _____

Existing Insurance

42 Do you have any existing individual life insurance policies and/or annuity contracts in force? Yes No
 If yes, the total amount of existing insurance in force is \$ _____

43 List all life insurance and annuities in force or application pending on any Proposed Insured(s):

Proposed Insured and Company	Amount	Year Issued	Accidental Death
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

44 Is the policy applied for intended to replace, in whole or in part, any existing life insurance or annuity? Yes No
 If yes, list the Company: _____

Please complete and submit the appropriate replacement form.

Part 2 of Application for Individual Life Insurance

– Non-Medical Questions Must be answered on all Applications

- | | YES | NO |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <p>1 Have you or any other person proposed for insurance within the past five years:</p> <p>a flown as a pilot, student pilot, or crew member, or is such flying intended within the next two years?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, complete the Supplement to Application-Aviation Questionnaire.)</p> <p>b engaged in racing, scuba diving, hang gliding, sky diving, ballooning, mountain or rock climbing or other hazardous sport or avocation, or is such activity intended within the next two years?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, complete the applicable Supplement to Application Questionnaire.)</p> <p>c had a driver's license revoked or suspended, had three or more moving violations or accidents, or been convicted or pled guilty to driving under the influence of alcohol or drugs?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, give details: DL State: _____ Driver's License Number: _____
Details: _____)</p> <p>d been convicted or pled guilty to any criminal offense, or currently on parole or probation, or have charges currently pending?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, give details: _____)</p> | | |
| <p>2 Are you or any other person proposed for insurance on active or inactive duty with any branch of the Armed Forces, National Guard or Reserve Unit or will be at a future date?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, complete the Supplement to Application-Military Questionnaire.)</p> | | |
| <p>3 Are all persons proposed for insurance United States Citizens?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If no, complete the Supplement to Application-Citizenship Questionnaire.)</p> | | |
| <p>4 Have you or any other person proposed for insurance traveled or resided outside the United States or Canada within the last two years or intend to in the next two years?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, complete the applicable Supplement to Application.)</p> | | |
| <p>5 Have you or any other person proposed for insurance ever had life or health insurance declined, modified, or rated?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, provide the company name, year of action, amount applied for or reason of action.

_____)</p> | | |
| <p>6 Have you or any other person proposed for insurance made a claim for or received benefits, compensation or pension for any injury, sickness, disability or impaired condition in the past five years?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, provide the date claim filed, type of benefits claimed, amounts and dates of payments received, contact information for the payor of the benefits, type of injury, sickness, disability or impaired condition, duration of these, and contact information for the treating physician.

_____)</p> | | |
| <p>7 Have you or any other person proposed for insurance used any form of tobacco in the past three years? (Tobacco includes: cigarettes, cigars, pipe, smokeless, nicotine gum, patch, nasal spray, etc.)<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, list when and what types? Date Last Used: _____
(mm/dd/yyyy)</p> <p>Types: _____)</p> | | |
| <p>8 Have you participated in any discussions about possible sale or assignment of this policy to any person or entity, including a life settlement, viatical or other secondary market provider?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, give details: _____)</p> | | |
| <p>9 Have you ever transferred (for any consideration including a sale) a policy to any person or entity, including a life settlement, viatical or other secondary market provider?<input type="checkbox"/> <input type="checkbox"/></p> <p>(If yes, give details: _____)</p> | | |

YES NO

10 Will any portion of the premiums for this policy be financed or borrowed?
(If yes, give details: _____)

11 Will any insured or policy owner receive any payment or other consideration in connection with insurance issued on the basis of this application?
(If yes, give details: _____)

NOTICE: State insurance law may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date of the policy was issued. You should consult with legal advisors if you have any questions about these matters.

Part 3 of Application for Individual Life Insurance – Medical Questions Required for Simplified Issue and Regular Underwriting

YES NO

1 Have you or any other person proposed for insurance in the past ten years been diagnosed, treated by or consulted with a medical professional for:
a diabetes, cancer, tumors, high blood pressure, heart disease or heart disorder, circulatory system disorder, disorder of brain, mental or nervous disorder, dementia or cognitive impairment, skin disease, arthritis, connective tissue disease, asthma, chronic obstructive pulmonary disease, disorder of the blood, bladder, intestines, kidneys, liver, lungs, pancreas, stomach or reproductive organs?
b an Immune Deficiency Disorder, AIDS or AIDS Related Complex (ARC)?

2 Have you or any other person proposed for insurance received medical or surgical treatment or advice from a medical professional for any condition not listed in Part 3 1a in the past five years, including a routine examination?

3 Have you or any other person proposed for insurance in the past ten years used drugs illegally or been advised by a medical professional to seek treatment or have you been treated for alcohol or drug abuse? ...
(If yes, complete the Supplement to Application-Alcohol / Drug Questionnaire.)

4 Is anyone proposed for insurance now under treatment, observation, taking any medication, or on a prescribed diet?

5 Is anyone proposed for insurance now pregnant?
(If yes, when is the anticipated delivery date? _____)

6 Personal Physician Name: _____

7 Physician Address: _____
Street/Apt. No. City State Zip Code

8 Physician Phone Number: () _____ Fax Number: () _____

If any of the questions in Part 3 are answered “Yes” and no Supplement is required, please give complete details in Part 4.

Part 4 of Application for Individual Life Insurance – Additional Details and Explanations

Part and Ques. No.	Proposed Insured Name	Condition, Injury, Symptom of ill Health or Findings of Examination (If operation performed, state type)	Date and Duration of Condition, Injury, Symptom of ill Health or Findings of Examination	Name, Address, Zip Code of Hospital/ Attending Physician

Authorization and Signatures

HIPAA Compliant Medical Authorization: I (We), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health care provider that has provided payment, treatment or services to me or on my behalf (hereafter, My Providers) to disclose my entire medical record, prescription history, medications prescribed and any other health information concerning me (protected health information) to The Lafayette Life Insurance Company (hereafter, "the Company"). I (We) also authorize any insurance company or agent from which I (we) have applied for or obtained insurance, MIB, Inc., consumer reporting agency, my employer, or other company or institution that has provided payment, treatment or services, or who has information about me, to disclose it to the Company. Protected health information includes information on the diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment related to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes. The signature(s) below acknowledge that any agreements I (we) have made to restrict my protected health information do not apply to this Authorization and I (we) instruct any of My Providers and other entities or persons referred to above to release and disclose my/our health information without restriction. This protected health information is to be used or disclosed under this Authorization so that the Company may: 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I (we) have or have applied for with the Company. I (We) also authorize the Company or its reinsurers to release any information collected about me to MIB, Inc. and to other insurance companies with whom I (we) may apply for insurance. This authorization shall remain in effect for 24 months following the date of signature(s) below. A copy of the authorization is as valid as the original. I, and each Proposed Insured, understand that I (we) have the right to obtain a copy of and revoke this authorization at any time by notifying the Company in writing at 400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737, Attention: Privacy Officer. I (We) understand that a revocation is not effective to the extent that any person or entity has already relied on this Authorization to disclose or use information about me or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I (We) understand that if any of my protected health information is re-disclosed, it may no longer be protected by federal rules governing privacy and confidentiality of health information. Health Care and payment for health care will not be affected by refusal to sign this authorization. I (We) further understand that if I (we) refuse to sign this Authorization, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit determinations or payments. I (We) understand that I (we) or any authorized representative will receive a copy of this Authorization.

W-9 Certification: *Under penalties of perjury*, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a US Citizen or resident alien.

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax return.

Applicant Statement: I (We) **Agree:** a) that this Application (Part 1; Part 2; Part 3; and Part 4, if required; and any Supplement(s) or Amendment(s) to the Application) shall form a part of any policy issued and constitute the basis for its issue; b) that no agent of the Company has the authority to approve a policy or waive the provisions of a policy except an officer of the Company; c) changes or corrections made by the Company, if any, will be ratified by my (our) acceptance of the policy unless written consent is required; and d) **Except as stated in the Company's Conditional Receipt for Life Insurance Application signed by the proposed policy owner, proposed insured and the Company's agent, the Company grants no insurance under this application unless and until, during the continued insurability of all persons proposed for insurance as stated in the application, the applied-for policy is issued, delivered to the policy owner and the first premium therefor is paid.**

I acknowledge that I have received and read the below fraud notice.

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 (We) have read the above questions and answers including any Supplements to Application, and declare that they are complete and true to the best of my knowledge and belief. A faxed or electronically transmitted signed document to the Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

\$ _____ has been paid to the agent named below. This payment can in no way obligate the Company unless and until all terms or conditions of the corresponding conditional receipt are met.

Signed at _____ this date _____
(City, State) (mm/dd/yyyy)

Signature of Proposed Insured (age 15 or older)

Signature of Proposed Insured Spouse

Signature of Parent (if Proposed Insured is under age 18)

Signature of Proposed Insured Payor

Signature of Individual Owner(s) or Authorized Individual of Entity Owner – Authorized Individual must be one of the following:

- President/Vice President Secretary/Treasurer Managing Member Trustee General Partner

Agent Information and Signature

Agent Statement: Does the applicant have any existing individual life insurance policies and/or annuity contracts in force to the best of your knowledge? Yes No The insurance applied for will / will not replace any existing life insurance or annuity. The information contained in this application is true and accurate to the best of my knowledge. I have delivered to the proposed insured the Insurance Information Practices which includes the Medical Information Bureau Pre-Notice and the Fair Credit Reporting Act Notice.

Witness _____
Signature of Agent

Agent's State License Number _____ (If Required) Agent's Name _____ (Please Print)

THE LAFAYETTE LIFE INSURANCE COMPANY

1905 Teal Road, P.O. Box 7007, Lafayette, Indiana 47903, Phone: 800-243-6631 Fax: 888-558-9329

Application for Life Insurance - The Protector

Part 1: Section I: Proposed Insured

Name: _____ Street Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Birth Date: _____ Birth State: _____ Age: _____ Sex: _____ Marital Status: _____

Height / Weight: _____ Social Security Number: _____

Home Phone Number: _____ E-mail Address: _____

Has the proposed insured used tobacco in any form in the past 12 months? () Yes () No

Is the proposed insured a United States citizen? () Yes () No (If no, complete Citizenship Questionnaire)

Section II: Beneficiary:

Primary Beneficiary _____ Relationship to Insured _____ Age _____

Contingent Beneficiary _____ Relationship to Insured _____ Age _____

Section III: Proposed Owner (if blank, Proposed Insured is Owner)

Primary Owner: _____ Street Address: _____

City, State: _____ Zip Code: _____ Telephone No.: _____ Email: _____

SSN/Tax ID: _____ Relationship to Insured: _____ Owner's Age: _____

Contingent Owner: (if blank, Proposed Insured is Contingent Owner) _____

Street Address: _____ City, State: _____ Zip Code: _____ - _____

SSN/Tax ID: _____ Relationship to Insured: _____

Section IV: Insurance Plan

Plan _____ Face Amount \$ _____ Premium with Application \$ _____

Premium Billing: Billed Premium Amount \$ _____ Premium Billing Frequency: _____ (indicate frequency)

All premium checks must be made payable to The Lafayette Life Insurance Company. DO NOT make checks payable to the agent or leave the payee blank.

Existing Policies: Do you have any existing individual life insurance policies and/or annuity contracts in force? () Yes () No

If yes, total amount of existing insurance in force \$ _____.

Replacement: Is the policy applied for intended to replace, in whole or in part, any existing life insurance or annuity?

() Yes () No If Yes, list Company(ies): _____.

Part 2: Medical Questions

YES NO

1. In the past ten (10) years has the proposed insured been treated or diagnosed by a physician as having Acquired Immune Deficiency Syndrome (AIDS), or been diagnosed as having the HIV virus as indicated by the results of the ELISA-ELISA Western Blot test series? () ()

2. Does the proposed insured need any assistance performing any regular activities of daily living (ADLs) such as eating, bathing, dressing, walking, toileting or taking medications. () ()

3. During the past 24 months, has the proposed insured been diagnosed as having, or been treated, or taken medication for:
a. Alzheimer's disease, dementia, epilepsy, paralysis, or any disease or disorder of the nervous system; melanoma, leukemia, or other cancer, liver disease including cirrhosis, chronic obstructive pulmonary disease (COPD), kidney failure, kidney dialysis, or renal insufficiency? () ()

b. Heart attack, stroke, congestive heart failure, irregular heart rhythm, pacemaker implant or any procedure to improve circulation to the heart or brain? () ()

c. Alcohol or drug abuse; diabetes requiring insulin, diabetic complications, diabetic coma or insulin shock? () ()

4. Has the proposed insured had any type of amputation caused by disease or any type of organ transplant? () ()

5. During the past 12 months has the proposed insured used oxygen equipment to assist in breathing, or rejected advice to have any type of medical tests, surgery, or admission to a hospital or nursing facility? () ()

6. During the past 6 months has the proposed insured been declined for life or health insurance, been a patient in the hospital for two or more days, or been admitted to a nursing facility, extended care or assisted living facility? () ()

Medical Authorization: I (We) **Authorize** any licensed physician, medical professional or health care provider, hospital, clinic, health care facility or other medical care institution, the Veterans Administration or other institutional source, insurance or reinsuring company, the Medical Information Bureau, Inc., insurance support organization or consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me and any other personal or non-medical information of me, to give to The Lafayette Life Insurance Company, its legal representative(s), or any consumer reporting agency employed by the Company, any and all such information. I (We) **Understand** the purpose of the authorization is to allow The Lafayette Life Insurance Company to determine eligibility for life insurance or a claim for benefits under a life policy. Any information obtained will not be released by the Company to any persons or organizations **Except** to the Company's reinsurers, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services for the Company in connection with my (our) application or claim. No other release of information may be made except as may be allowed by law or as I (we) may further authorize. I (We) **Know** that I (we) and my (our) authorized representative may receive a copy of this Authorization by requesting it from the Company. I (We) **Acknowledge** receipt of the Insurance Information Practices, which includes the Medical Information Bureau Pre-Notice and the Fair Credit Reporting Act Notice. I (We) **Agree** that a photocopy of this Authorization shall be as valid as the original and that this Authorization will be valid from the date signed below for a period of twenty-four (24) full months, or less if required by applicable state law. I acknowledge that I have received and read the below fraud notice.

Applicant Statement: I (We) **Agree:** a) that this Application (pages 1 and 2 and any Supplement to the Application) shall form a part of any Policy issued and constitute the basis for its issue; b) that no agent of Lafayette Life has the authority to approve a policy or waive the provisions of a policy except an officer of the Company; c) changes or corrections made by the Company, if any, will be ratified by my (our) acceptance of the Policy unless written consent is required; and d) **Except as stated in a conditional receipt completed by the company's agent, Lafayette Life grants no insurance under this application unless and until, during the continued insurability of all persons proposed for insurance as stated in the application, the applied-for policy is issued, delivered to the applicant and the first premium therefore is paid.**

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 (We) elect to be interviewed if an investigative consumer report is prepared in connection with the application for insurance. I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief.

\$ (Must Always Be Answered)

 has been paid to the agent named below. This payment can in no way obligate The Lafayette Life Insurance Company unless and until all terms or conditions of the corresponding conditional receipt are met.

Signed at _____ State of _____ this _____ day of _____, year _____

Signature of Proposed Insured

Signature of Individual Owner, or Authorized Officer if Corporate Owner

Agent Statement: Does the applicant have any existing individual life insurance policies and/or annuity contracts in force to the best of your knowledge? (Yes___) (No___) The insurance applied for (will___) (will not___) replace any existing life insurance or annuity. The information contained in this application is true and accurate to the best of my knowledge. I have delivered to the proposed insured the Insurance Information Practices which includes the Medical Information Bureau Pre-Notice and the Fair Credit Reporting Act Notice.

Witness _____
Signature of Agent

Agent State License # _____ Agent's Name _____
(if required) Please print

Agent code number _____

Was Point of Sale Inspection done? () Yes () No

Was this application taken in person? () Yes () No

LLIC 1690 APPROVAL DATES (Paper filing)

STATE	APPROVAL DATE
AL	11/16/1994
AZ	1/11/1995
AR	11/23/1994
CA	EXEMPT – 11/3/1994
CO	EXEMPT – 11/3/1994
CT	6/2/1995
DE	1/17/1995
DC	6/27/1995
FL	5/16/1996
GA	12/21/1994
HI	1/3/1995
ID	3/22/1995
IL	11/18/1994
IN	11/3/1994
IA	12/20/1994
KS	2/17/1995
KY	11/17/1994
LA	2/2/1995
ME	12/12/1994
MD	5/22/1995
MA	WITHDRAWN
MI	EXEMPT – 11/3/1994
MN	5/18/1995
MS	11/29/1994
MO	3/13/1995
MT	1/9/1995
NE	12/20/1994
NV	12/22/1994
NH	12/5/1994
NJ	12/29/1994
NM	12/12/1994
NC	1/25/1995
ND	8/17/1995
OH	12/1/1994
OK	11/22/1994
OR	12/15/1994
PA	6/27/1995
RI	12/29/1994
SC	2/15/1995
SD	1/10/1995
TN	12/7/1994
TX	12/29/1994
UT	1/24/1995
VT	5/17/1995
VA	12/6/1994
WA	12/21/1994
WV	2/9/1995
WI	2/13/1995
WY	12/19/1994

State	Product	Approval Date	SERFF tracking Number
AL	1462-P	02/14/07	LAFa-125098923
AR	1462-P-AR	04/09/07	LAFa-125141214
AZ	exempt	exempt	exempt
CA	1462-P	2/20/2007	paper filing
CT	1462-P-CT	04/13/07	LAFa-125141487
DE	1462-P	03/20/07	LAFa-125102110
DC	1462-P-DC	04/23/07	LAFa-125146372
FL	1462-P-FL	03/26/07	FLA 07-04029
GA	1462-P	03/08/07	LAFa-125100854
HI	1462-P	03/05/07	LAFa-125120774
ID	1462-P	03/06/07	LAFa-125120937
IL	1462-P	8/31/2007	LAFa-125098944
IN	1462-P	02/02/07	LAFa-125086812
IA	1462-P	04/06/07	LAFa-125143200
KY	1462-P-KY	04/17/07	LAFa-125143218
LA	1462-P-LA	04/04/07	LAFa-125142537
ME	1462-P-ME	03/30/07	LAFa-125143268
MD	1462-P-MD	09/24/07	LAFa-125147171
MA	1462-P-MA	03/06/07	LAFa-125108606
MI	exempt	exempt	exempt
MN	1462-P-MN	04/25/07	LAFa-125112211
MS	1462-P	06/07/07	LAFa-125102224
MO	1462-P-MO	03/08/07	LAFa-125103349
MT	1462-P	05/18/07	LAFa-125121550
NE	1462-P	05/01/07	LAFa-125144502
NV	1462-P-NV	05/21/07	LAFa-125144561
NH	1462-P-NO-GB	05/02/07	LAFa-125165346
NJ	1462-P	8/17/2007	paper filing
NM	1462-P NM	04/11/07	LAFa-125140871
NC	1462-P NC	02/19/07	LAFa-125101358
ND	1462-P	04/11/07	LAFa-125144478
OH	1462-P-OH	02/07/07	LAFa-125099036
OK	1462-P-OK	07/25/07	LAFa-125170091
OR	1462-P-OR	07/25/07	LAFa-125166084
PA	1462-P-PA	02/21/07	LAFa-125101476
RI	1462-P	03/20/07	LAFa-125121651
SC	1462-P-NO-GB	5/21/2007	LAFa-125165385
SD	1462-P	3/12/2007	LAFa-125122790
TN	1462-P-TN	3/2/2007	paper filing
TX	exempt	exempt	exempt
UT	1462-P	04/27/07	LAFa-125165846
VT	1462-P-VT	05/07/07	LAFa-125165988
VA	1462-P-VA	10/09/07	LAFa-125146248
WA	1462-P-NO-GB	05/21/07	LAFa-125144485
WV	1462-P	3/19/2007	LAFa-125122644
WI	1462-P WI	3/30/2007	LAFa-125139040
WY	1462-P	5/2/2007	LAFa-125165880

State	Product	Approval Date	SERFF tracking Number
AL	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
AR	LL-1459-AR (1/13)	10/16/2012	LAFa-128710370
AZ	LL-1459-AZ (1/13)	11/9/2012	LAFa-128710369
CA	LL-1459-CA (1/13)	11/28/2012	MICH-128723172
CT	LL-1459 (1/13)	pending	LAFa-128710371
DE	LL-1459 (1/13)	11/1/2012	LAFa-128710412
DC	LL-1459-DC (1/13)	10/22/2012	LAFa-128710413
FL	LL-1459-FL (1/13)	11/13/2007	FLA 12-16772
GA	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
HI	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
ID	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
IL	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
IN	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
IA	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
KY	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
LA	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
ME	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
MD	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
MA	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
MI	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
MN	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
MS	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
MO	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
MT	LL-1459 (1/13)	11/5/2012	LAFa-128710414
NE	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
NV	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
NH	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
NJ	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
NM	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
NC	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
ND	LL-1459 (1/13)	11/6/2012	LAFa-128710415
OH	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
OK	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
OR	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
PA	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
RI	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
SC	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
SD	LL-1459 (1/13)	10/12/2012	LAFa-128710416
TN	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
TX	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
UT	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
VT	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
VA	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
WA	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
WV	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
WI	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245
WY	ICC12 LL-1459 (1/13)	11/16/2012	LAFa-128702245

Statement of Variability

The variable information is identified by brackets and may change as indicated below. Any changes will be submitted for prior approval in a revised Memorandum of Variable Material.

Company Logo: The flexibility to change our logo does include the Company name. We understand if our Company name changes for any reason, we must notify the department accordingly.

Company Address, website and customer service: The flexibility to change our company address, website and contact telephone number, should such items change in the future.

Page Numbers: Page numbers will vary based on formatting.

Any change or modification to a variable item shall be administered in accordance with the requirements in the Variability of Information section, including any requirements for prior approval of a change or modification.



Jaclyn Cox, ACS
Insurance Compliance Analyst
The Lafayette Life Insurance Company
01/08/2013

SERFF Tracking #:

LAFA-128841779

State Tracking #:**Company Tracking #:**2013 LLIC CITIZENSHIP
QUESTIONNAIRES**State:**

Arkansas

Filing Company:

The Lafayette Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

2013 LLIC Citizenship Questionnaires

Project Name/Number:

2013 LLIC Citizenship Questionnaires /2013 LLIC Citizenship Questionnaires

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/09/2013		Supporting Document	Flesch Certification	01/11/2013	LLIC Citizenship-Foreign Flesch Certification Standard.pdf (Superseded)

The Lafayette Life Insurance Company

NAIC CODE # 65242

CERTIFICATION

I, Michael Moser, an officer of Columbus Life Insurance Company hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state Statutes and Regulations.

Form Numbers	Readability Score
LL-2631 (01/13)	60.1
LL-2632 (01/13)	52.1



Michael Moser
Vice President and Chief Compliance Officer

Date: 01/08/2012