

SERFF Tracking Number: AEGX-126328783 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 43571  
Company Tracking Number: GH AR0032955F02  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Accidental Death  
Project Name/Number: Accidental Death/GH AR0032955F02

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Accidental Death

SERFF Tr Num: AEGX-126328783 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-  
Closed State Tr Num: 43571

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: GH AR0032955F02 State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Rosalind Minor

Date Submitted: 10/01/2009

Disposition Date: 10/02/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Accidental Death

Status of Filing in Domicile:

Project Number: GH AR0032955F02

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/02/2009

Explanation for Other Group Market Type:

State Status Changed: 10/02/2009

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

Filing Description:

RE: Monumental Life Insurance Company

NAIC # 66281

FEIN: 52-0419790

AD1100GEM (Rev. 10-09) EOVS

Attached for your review and approval is the above captioned form. It is a revised Explanation of Variables form for use with our AD1100GEM (Rev. 07-07) AD Enrollment Form approved by your department August 2, 2007. The enrollment form was not changed.

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AD1100GEM (Rev. 10-09) EOVS form was revised to include the word [and] at the end of Section 1 and to add Section 19.

I look forward to your review and favorable approval. Should you have any questions, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Cathy Wynn, Filing Specialist cwynn@aegonusa.com  
 400 Galleria Parkway 678-402-2085 [Phone]  
 Suite 1000 678-402-2105 [FAX]  
 Atlanta, GA 30339

### Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa  
 4333 Edgewood Road, N.E. Group Code: 468 Company Type: Life and Health  
 Cedar Rapids, IA 52499 Group Name: State ID Number:  
 (800) 553-5957 ext. [Phone] FEIN Number: 52-0419790

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$20.00	10/01/2009	30996990

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/02/2009	10/02/2009

*SERFF Tracking Number:* AEGX-126328783      *State:* Arkansas  
*Filing Company:* Monumental Life Insurance Company      *State Tracking Number:* 43571  
*Company Tracking Number:* GH AR0032955F02  
*TOI:* H02G Group Health - Accident Only      *Sub-TOI:* H02G.000 Health - Accident Only  
*Product Name:* Accidental Death  
*Project Name/Number:* Accidental Death/GH AR0032955F02

## **Disposition**

Disposition Date: 10/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: AEGX-126328783 State: Arkansas  
 Filing Company: Monumental Life Insurance Company State Tracking Number: 43571  
 Company Tracking Number: GH AR0032955F02  
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
 Product Name: Accidental Death  
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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/02/2009	AD1100GE M (Rev. 10-09)	Other	Explanation of Variables	Revised	Replaced Form #: 36488 Previous Filing #:	0.000	AD1100GEM (Rev_ 10-09) EOV.PDF

## AD1100GEM (Rev. 10-09) Variables

1	<p>We use various marketing names for our AD product based upon optional riders included with the base plan and/or non-insurance benefits being included with the plan. An Association or Credit Union logo may be placed at the top of the enrollment form. Below are the options we may use as marketing names</p> <p>[Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [\$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] [Activation] [Acceptance] [Authorization] [Enrollment] [Form] [and]</p>
2	<p>Any or all of the following phrases may appear in this section.</p> <p>[Important] [Please] [Respond] [Return] [this] [form] [Reply] [Mail] By: [Month XX, XXXX]</p> <p>[Exclusively for you]</p> <p>[Prepared for:]</p> <p>[Eligible [ABC Bank] [checking account] [cardholder] [mortgage] [auto] [loan] [accountholder] [customer] [member]:]</p> <p>[Note to Plan Administrator: The monthly cost for the first [30] [60] [90] days of coverage will be paid for by [ABC Bank].]</p> <p>[Note: the monthly cost for the first [30] [60] [90] days of coverage will be paid for by [ABC Bank]]</p> <p>[No Cost To You] [Coverage] [provided by] [made available by] [paid at ABC Bank's expense] [expense of ] [ABC Bank]</p> <p>[Note] [Benefits] [Pending] [Your] [Signature] [Required] [ to] [activate]</p>
3	<p>Check here or below will be used based upon the placement of the activation check box. The marketing name will be indicated for the plan being marketed. The final sentence will be included only when we are offering no-cost (paid by the group) with the plan.</p> <p>[Please] [enroll] [me] [Add] [to] Check [here] [below] [to activate] [to select] [your] [my] [current] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [\$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] coverage: [(check one)]</p> <p>[To activate your no-cost-to-you coverage,] [check] [here] [below]:</p> <p>[Coverage Selection]</p>
4	<p>This section will only be included when offering no-cost coverage to the group members. The term ABC Bank will be changed to indicate the group name when included – it could be a financial institution, association, credit union or credit card company.</p>

	<p>[Yes I'd like] [<input type="radio"/>Activate] [Up to] [As much as] [\$1,000] of [complimentary] [no-cost-to-you] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [\$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [plan] [coverage] [program] [Plus] [plan] [for 30 days] [paid for] [provided by] [compliments of] [ABC Bank] [at no cost to] [you] [me].</p> <p>[Please] [send me a] [activate my] [complimentary] [\$1,000] [provided by] [paid for by] [compliments] [courtesy] [of] [ABC BANK] [at] [no cost] [no charge] [to] [you] [me]</p> <p>[If you have a joint account, circle the name of the person shown above to be insured. Limit: one no cost-to-you \$1,000 Certificate per joint account]</p>
5	<p>This section will be tailored to the plan being offered to allow the individual to choose his or her coverage amount</p> <p>[Note:] [Benefits begin decreasing at age [70].]</p> <p>[Please check one box only.]</p> <p>[1.] [Please] [Select] [Choose] [your] [coverage amount] [Family] [or] [Single] [Individual] [Customer Only] [Customer and Spouse] [Single Parent] [Please add all eligible children] [Check [here] [below] [to] [activate] [receive] [select] [your] [coverage] [plan] [level] [that's right for you] [desired] [up to] [as much as] [\$1,000,000] [of] [additional] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [motor vehicle] [common carrier] [flight] [\$X] [Million] [Travel] [Total] [Disability] [Accident] [al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [plan] [coverage] [program] [plus] [other] [additional] [below] [(check one)] [Insured Information] and [Dependent Information] – If Family Plan Selected] [Insured[Only]] and [Family Plan]</p> <p>[ACCIDENT[AL] INSURANCE BENEFIT DESIRED: \$____.00 [\$25,000] to [\$250,000] (in [\$25,000] increments)]</p> <p>This note will be included when no-cost coverage is provided by the group. The specific period of time the no-cost coverage is offered will be indicated.</p> <p>[Note: After[30 days] [first month] [two months] [90 days] [3 months] coverage continues at rate shown]</p>
6	<p>The first or second phrase will be included when offering Family coverage on the plan. The last sentence may be when offering child (dependent) coverage under the plan.</p> <p>[2.] [Check] [here] [below] to select Family Plan [(available only with additional coverage)]</p> <p>[For Family Plan, check [here] [below]: [(available only with additional coverage)]</p> <p>[Please add my children to the plan that I have selected for an additional [\$4.00] per month. Covers all eligible children.]</p>

	[Please add all eligible children] [If selecting Family Plan, include my <input type="radio"/> spouse <input type="radio"/> children]
7	<p>This section will only be included if section 6 is excluded. It will serve the same purpose to select either single, family or child (dependent) coverage based upon what is being offered to the group. The premium mode will be indicated if the premium section is set alone.</p> <p>Primary coverage  [Single] [Individual] [Coverage] [Individual] [Customer Only] [Customer and Spouse] [Single Parent] [Please add all eligible children] [(Covers you only)]: [\$13.95] [a month]  [Joint] [Spouse] [Coverage] [(Covers you and your spouse)]: [\$13.95] [a month]  Family [Plan] [Coverage] [(Covers you, your spouse and all eligible children)]: [\$13.95] [a month]  [Please add my children to the plan that I have selected for an additional [\$4.00] per month. Covers all eligible children.]</p> <p>[Monthly premium:] [\$X.XX]  [Single Coverage] [Family Coverage]</p>
8	<p>Below will be included or excluded based upon the preference of the group policyholder.</p> <p>[Complete] [and] [Sign] [and] [date] [Below] [Please read and sign below]</p>
9	<p>Home Phone number may or may not be requested. Other wording as indicated.  [Customer] [Insured] [Information] [Spouse] [Family] [Information]</p> <p>[Please complete:]  [Gender] ·· M[ale] ·· F[emale] [Insured's] [Your] Birth Date _____  [MM/DD/YYYY] [Home Phone: _____ ] [required]  [Beneficiary] [If you do not name a beneficiary, the beneficiary is named as per the Certificate of Insurance]</p>
10	<p>An automatic Deduction option from a check or savings account may be offered for the premium payment to the group. Or, payroll deduction may be offered to the group for premium payment.</p> <p>NOTE; It may be necessary to request a payment method.</p> <p>[Choose Payment Option] [You would like] [Below] [Required] [to] [activate] [your] [additional] [coverage] [insurance] [benefits]</p> <p>[Option 1:] [Please charge my] [Visa] [Mastercard] [Discover] [American Express] [credit] [card] [Fill in your card] [Account] [Number] [#] [Expiration Date]  [Option 2:] [I authorize the Plan Administrator to deduct the monthly charge from my checking account.] [Please include a voided check] [Please write "VOID" on one of your blank checks] [and mail] [include] [with your completed] [Activation] [Authorization] [Enrollment Form]</p> <p>[This authorization will remain in effect until cancelled by me]  [Required] [for processing and activation of your] [to activate] [your insurance] [coverage] [benefits].</p>

11	<p>Again the marketing name will be indicated on the enrollment form based upon the riders used for the plan. Also the ABC Bank will be the actual group policyholder name if used.</p> <p>GENERIC APPLICATION:</p> <p>I hereby [enroll in] [apply for] in the [[Group] [Additional] [Group] [Bonus] [Survivor] [Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] Accidental Death Insurance [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [\$X] [Million] [Travel] [Total] [Disability] [Accident] [al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] ... I authorize [ABC BANK] to provide the [Insurance Company] [Plan Administrator]...</p> <p>The last sentence of the authorization may be bold or not bold depending on the policyholder preference.</p> <p>[SIGN, DATE AND MAIL] I [(and, if indicated below, my [co-insured])] hereby [enroll] [in] [apply] [for] [the] [Additional] [Group] [Bonus] [Survivor][Survivor's] [Monthly] [Income] [Surviving] [Family] [Fund] [Senior] [Plan] [Extras] [Hospital] [Automobile] [Auto] [Motor Vehicle] [Common Carrier] [\$X] [Million] [Travel] [Total] [Disability] [Accident][al] [Death] [Insurance] [Benefit] [Benefits] [Protection] [Plan] [Coverage] [Program] [Plus] underwritten by Monumental Life Insurance Company [of Baltimore, MD]. [By signing below, I authorize [ABC BANK] to provide the Insurance Company with my [ABC BANK] [checking] account number and any other information required to activate my coverage.] [[If selecting additional insurance coverage,] I authorize my premium to be [processed] [billed] [monthly] and [electronically] remitted to the Insurance Company from my [ABC BANK][ABC Credit Union][credit card][checking][savings][share][share draft] account.] [my premium to be paid in the same method as my current coverage] [which may include electronic debit from my] [checking] [account] [my premium to be paid per the method of payment I've selected] [through the payment method selected] [above] [below] [[If selecting additional insurance coverage,] I authorize my lending institution to collect the premium with my monthly mortgage payment [after my first [2 months] of no-cost coverage].] [If I have selected additional insurance coverage above, I hereby consent to the release of my [ABC Bank] checking account number to third parties for the purpose of billing and processing in connection with my request for additional Accident Death Coverage.] [I understand that if I do not select a coverage amount, that I will be automatically enrolled [in] [for] [\$X] of [Individual] [Single] [Family] [Coverage] [This authority is to remain in effect until I cancel it by written notification to the [Insurance] Company at least 30 days in advance of the intended termination date of my coverage. Coverage begins on the Effective Date stated on the Certificate of Insurance [provided the first premium is paid]. [Note: Coverage amounts begin to decrease at age [70].] [I understand that the] [Monthly cost includes the premium for insurance and [the] non-insurance benefits] [A [\$0.50] administrative fee will be added for each automatic account billing.] [I understand I am providing the information on this form directly to the plan administrator, which is [not affiliated] [a non affiliate of] with Bank of America, to activate my coverage.] I acknowledge that I have received, read and understand the insurance disclosure[s] [on the reverse side of this form] [below]. [I acknowledge that I have received, read and understand the following Consumer Protection Disclosure]. [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a</p>
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	deposit of other obligation of the bank or its affiliates; and is not issued, guaranteed, or underwritten by the bank, its affiliates or the FDIC.]
12	Signature of [the] [Insured] [Accountholder] [Member] [Customer] [Cardholder] [Mortgagor] [Co-Mortgagor]
13	This section will be customized for marketing to indicate to the enrollee the exact steps needed to activate the coverage. It may or may not be included in all marketing efforts.  How to Activate Coverage – all should be variable and totally flexible
14	[Please] [do] [not] [send] money.] [Complete] [the other side of this form], [sign and mail] [this form] in the [postage-paid] envelope provided. [Mail to the] [Plan Administrator] [in the] [postage paid] [free] [enclosed] [envelope] [provided] [included]
15	Some sections may be bold for specific accounts. Ratings will be updated when changed. The Acceptance Guaranteed section and/or the Satisfaction Guaranteed section may or may not be included.  [Automatic] [Acceptance] [is] [Guaranteed] – [100%] [Satisfaction] [Guaranteed] – Underwriter: Monumental Life Insurance Company [is currently rated ["A+" (Superior)] for financial strength and operating performance by the A.M. Best Company] [and] [{"AA+" (Very Strong)}] for claims paying ability by Standard & Poor's Insurance Rating Services.] [The A.M. Best rating is the [second highest] out of [13] given] [and] [the Standard and Poor's rating is [second highest] out of [17] given.] [Both] rating[s] [were][was] given in [2000].
16	FDIC language will be one of the following based upon policyholder requirements.  [This insurance product is not a deposit; not FDIC insured; not insured by any federal government agency; and is not guaranteed by the financial institution/affiliate.]  [The insurance product is: not FDIC or other government agency insured; not a deposit in, obligation of, guaranteed or underwritten by any bank or bank affiliate; not a condition of any banking service.]  [Insurance products are not insured by the FDIC or any other federal government agency, the bank or any other affiliate of the bank; and are not a deposit or other obligation of, or guaranteed by, the bank or any affiliate of the bank.]  FDIC for all states except GA: [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit or other obligation of the bank or its affiliates; and is not issued, guaranteed, or underwritten by the bank, its affiliates or the FDIC.]  FDIC statement for GA: [Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit or other obligation of the bank or its affiliates; is not guaranteed or underwritten by the bank or its affiliates; and is not a condition to the provision or term of any banking service or activity.]
17	[Mail to the] [Plan Administrator] [in the] [postage paid] [free] [enclosed] [envelope] [provided] [included] [Plan Administrator] [P.O. Box] [16] [17] [Minneapolis, MN XXXXX]

18	Authorization language will follow the benefit specifications of the plan(s) available to eligible applicants pursuant to the plans selected by the group policyholder.
19	<p>This section will be included to allow the customer to tailor the plan based on their individual preferences. The customer can choose from a bundle of optional riders that will be made available under each lifestyle stage.</p> <p>[Select one of the additional benefits below:]</p> <p>[Just Starting Out] [I have a Family] [I want to live Care-Free] [Option 1] [Option 2]  [Option 3] [Plan A] [Plan B] [Plan C]</p>

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Application	Approved-Closed	10/02/2009
<b>Bypass Reason:</b>	See Filing Description for form number and approval date.		
<b>Comments:</b>			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	10/02/2009

**Comments:**

**Attachments:**

AR - NAIC TRANSMITTAL DOCUMENT.PDF  
 AR - NAIC FORM FILING ATTACHMENT.PDF

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b>	Flesch Certification	Approved-Closed	10/02/2009
<b>Bypass Reason:</b>	Not Applicable		
<b>Comments:</b>			

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Monumental Life Insurance Company 4333 Edgewood Road, N.E. Cedar Rapids IA 52499	IA	L&H	468	66281	52-0419790	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Cathy L. Wynn, HIA, FLMI, ACS, ALHC 400 Galleria Parkway, Suite 1000 Atlanta GA 30339	800-521-1670	678-402-2105	cwynn@aegonusa.com

<b>5. Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	GH AR0032955F02
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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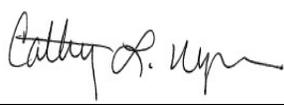
<b>8. Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	<b>Group</b>	<input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____

<b>9. Type of Insurance</b>	H02G Group Health - Accident Only
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<b>10. Product Coding Matrix Filing Code</b>	H02G.000 Health - Accident Only
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<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input checked="" type="checkbox"/> Other: <u>Explanation of Variables</u>
	<input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____
	<b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	<b>Filing Submission Date</b>	09/29/2009
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
<p>RE: Monumental Life Insurance Company          NAIC # 66281          FEIN: 52-0419790          AD1100GEM (Rev. 10-09) EOVS</p> <p>Attached for your review and approval is the above captioned form. It is a revised Explanation of Variables form for use with our AD1100GEM (Rev. 07-07) AD Enrollment Form approved by your department August 2, 2007. The enrollment form was not changed.</p> <p>AD1100GEM (Rev. 10-09) EOVS form was revised to include the word [and] at the end of Section 1 and to add Section 19.</p> <p>I look forward to your review and favorable approval. Should you have any questions, please feel free to contact me.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Cathy L. Wynn, HIA, FLMI, ACS, ALHC</u> Title <u>Filing Specialist</u></p>		
<p>Signature <u></u> Date <u>09/29/2009</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	GH AR0032955F02	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Explanation of Variables	AD1100GEM (Rev. 10-09) EOVS	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Other _____	36488
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	