

SERFF Tracking Number: STAR-126228008 State: Arkansas
 Filing Company: Starmount Life Insurance Company State Tracking Number: 43544
 Company Tracking Number:
 TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
 Product Name: Accidental Death Rider for Health Products
 Project Name/Number: /ADH RDR 09

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Accidental Death Rider for Health Products SERFF Tr Num: STAR-126228008 State: Arkansas

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed-Approved-Closed State Tr Num: 43544

Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Natka Varisco

Reviewer(s): Rosalind Minor

Date Submitted: 09/21/2009

Disposition Date: 10/02/2009

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: ADH RDR 09

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

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: Natka Varisco

Submitted By: Natka Varisco

Corresponding Filing Tracking Number:

Filing Description:

We are pleased to file the above referenced form in Arkansas. This is a new filing and is being filed without an illustration. The form is an Accidental Death Benefit Rider for Health Products.

It will be sold with the following individual products: Hospital Indemnity Policy 06-002, Accidental Death & Dismemberment 02-005, and Individual Dental IDN-2005. I have listed the approval dates below:

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Form No.	Policy Name	Approval Date
06-002	Hospital Indemnity Policy	January 18, 2008
02-005	Accidental Death & Dismemberment	August, 2005
IDN-2005	Individual Dental	February 25, 2008

To market this rider in Arkansas, Starmount Life Insurance Company will buy lists of recent mail order purchasers, place the application on the website, use third party inserts, place information on grocery store racks seek referrals from friends and/or family members of insured, and use any other methods of direct marketing that the company may subsequently develop. At this time, Starmount has no plans to market this policy through agents.

Company and Contact

Filing Contact Information

Natka Varisco, compliance specialist	natkav@starmountlife.com
7800 Office Park Blvd.	225-926-2888 [Phone] 219 [Ext]
Baton Rouge, LA 70809	225-610-1419 [FAX]

Filing Company Information

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
7800 Office Park Boulevard	Group Code: 68985	Company Type:
Baton Rouge, LA 70809	Group Name:	State ID Number:
(225) 926-2888 ext. [Phone]	FEIN Number: 72-0977315	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	09/21/2009	30693424

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Correspondence Summary

Dispositions

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

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/25/2009	09/25/2009	Natka Varisco	10/01/2009	10/01/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accident Death Rider	Natka Varisco	10/01/2009	10/01/2009

SERFF Tracking Number: STAR-126228008 *State:* Arkansas
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Disposition

Disposition Date: 10/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STAR-126228008 State: Arkansas
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Project Name/Number: /ADH RDR 09

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/25/2009
Submitted Date 09/25/2009
Respond By Date 10/25/2009

Dear Natka Varisco,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accident Death Rider, ADH 09 (Form)

Comment:

Under Risk Assumed, the rider refers to external and violent means and visible contusion or wound.

The above is not in compliance with Rule 18, Section 5 D which defines the words "Accident", "Accidental Injury," & "Accidental Means" as follows:

" Accident , " " Accidental Injury , " " Accidental Means , " may be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/01/2009
Submitted Date 10/01/2009

SERFF Tracking Number: STAR-126228008 State: Arkansas
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 Dismemberment
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 Project Name/Number: /ADH RDR 09

Dear Rosalind Minor,

Comments:

Response 1

Comments: The Risks provisions has been revised.

Related Objection 1

Applies To:

- Accident Death Rider, ADH 09 (Form)

Comment:

Under Risk Assumed, the rider refers to external and violent means and visible contusion or wound.

The above is not in compliance with Rule 18, Section 5 D which defines the words "Accident", "Accidental Injury," & "Accidental Means" as follows:

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The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accident Death Rider	ADH 09		Policy/Contract/Fraternal Certificate: Amendment,	Initial		42.500	ADH 09 ARrev1.pd

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Amendment Letter

Submitted Date: 10/01/2009

Comments:

I attached the wrong version.

Correct one now attached.

Thanks,
 Natka Varisco

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ADH 09	Policy/Contr	Accident act/Fraternal Death Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial				42.500	ADH 09 ARrev1.pdf

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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	ADH 09	Policy/Cont	Accident Death Rider Initial ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		42.500	ADH 09 ARrev1.pdf

STARMOUNT LIFE INSURANCE COMPANY
Baton Rouge, Louisiana
ACCIDENTAL DEATH BENEFIT RIDER FOR HEALTH PRODUCTS
Indemnity for Death by Accidental Means

POLICY/CERTIFICATE. This Rider is to be attached to the Policy or Certificate _____ issued by Starmount Life Insurance Company and is hereby made a part thereof as if recited therein. The Effective Date of this Rider is as indicated below.

RISKS ASSUMED – AMOUNTS PAYABLE. If the death of the insured shall have resulted directly, independently and exclusively from bodily injury effected solely through accidental, and provided that the death shall occur within 90 days after the date of the injury, the amount payable under said policy shall be as indicated below.

Following the first billing date after age [seventy-five (75)], the accidental death benefit continues at half the amount referenced in the preceding paragraph and set forth below. This policy is subject to the Company's right to cancel all policies by class.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

INSURED: An eligible person who is named in the Policy Schedule of the Main Policy.

FAMILY means the following persons, provided coverage has become effective:

1. your spouse
2. your unmarried children (including step-children and adopted children) not more than 21 years of age,
3. your grandchildren not more than 21 years of age, unmarried and in your legal custody and residing with you and;
4. your unmarried child or unmarried grandchild in the legal custody of and residing with the grandparent who reaches the 21 years of age limit but is less than 24 years of age and is attending an accredited college, university or at a vocational technical, vocational-technical or trade school or institute or secondary school full-time as described above, is a full-time student.
5. Protection for children (or grandchildren) ceases after the above shown ages.

OWNER: Unless provided otherwise, the person who completes the application applying for insurance coverage on an Insured and pays the premium is the Owner. The Owner has the right to exercise every right regarding the insurance under his or her policy. If the Owner dies, all rights will be vested in the Primary Insured.

WE, OUR, US, or COMPANY: Starmount Life Insurance Company at Our Administrative Office in Baton Rouge, Louisiana.

YOU, YOUR, or YOURS: The Owner of this policy.

LIMITATIONS/EXCLUSIONS. Accidental death is not a risk hereby assumed and Rider benefits are not paid if death results directly or indirectly from:

This Policy does not cover death caused by:

1. Sickness, Disease, or bodily infirmity. (Bacterial infection resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance are not excluded);
2. Suicide or intentionally self-inflicted injuries, while sane or insane (reference to insane not applicable in Missouri);
3. Injuries received while intoxicated, or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician.;
4. Accident occurring while the Insured is serving on full-time active duty or reserve duty for more than 30 days in any Armed Forces. (Send us proof of service. We will refund any premium paid for this time.);
5. travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
 - A. the aircraft or device is being used:
 - (1) for test or experimental purposes; or
 - (2) by or for any military authority (Aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country are not excluded); or
 - (3) for travel, or is designed for travel, beyond the earth's atmosphere.
 - B. the insured is:
 - (1) serving as pilot or crew member (or student taking a flying lesson) or is not riding as a fare-paying passenger in a regularly scheduled, commercial airline; or
 - (2) hang-gliding; or
 - (3) parachuting, except where the Insured has to make a parachute jump for self-preservation.
6. Commission of a felony by the Insured;
7. Declared or undeclared war or act of war;
8. Loss due to an injury which occurred prior to the date the rider is in force; or

9. Death must occur within 90 days of the accident.

PHYSICAL EXAMINATION AND AUTOPSY. The company shall have the right and opportunity to examine the body of the insured and, unless prohibited by law, to make an autopsy before or after the burial.

PREMIUM. This agreement is issued in consideration of the premium of [\$0.00] per [month] for benefits as shown below for coverage before age [seventy-five (75)] (coverage is one-half this amount at or after age [seventy-five (75)], payable with and in addition to each of the premiums provided for in the attached policy or certificate and subject to the same conditions, and provided that said additional premiums shall not affect other policy or certificate values, if any. Said premiums shall cease on the completion of the premium payment requirement by the terms of the policy or certificate.

RENEWABILITY. After the first policy year, this rider is renewable at the option of the company and, if the company's option to non-renew is exercised, you will be notified at least 60 days prior to the date of non-renewal. This rider is optionally renewable for the life of the Main Insured subject to the Company's right to cancel all riders by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.

We reserve the right to increase rates, from time to time, by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

AMOUNT OF BENEFIT (ONLY ONE APPLIES): Benefit varies depending on those covered by the policy to which this Rider is attached.

<u>Main Insured Only</u>	<u>[\$10,000.00]</u>
<u>Main Insured plus Spouse</u>	<u>[\$ 5,000.00 each]</u>
<u>Main Insured and Children</u>	<u>[\$ 9,000.00 for Main Insured, plus \$1,000.00 for each child]</u>
<u>Family (Main Insured, Spouse, Children):</u>	
<u> Main Insured</u>	<u>[\$ 5,000.00]</u>
<u> Spouse</u>	<u>[\$ 4,000.00]</u>
<u> Child</u>	<u>[\$ 1,000.00 each]</u>

DATE. Executed in Baton Rouge, LA, this [1st] day of [August, 2009].



Chairman & CEO

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/02/2009
Comments:			
Attachment:			
Flesch Readability.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	10/02/2009
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	10/02/2009
Bypass Reason:	n/a		
Comments:			

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
ADH 09	1108	52	43	42.5

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: ___September 16, 2009_____

STARMOUNT LIFE INSURANCE COMPANY
Baton Rouge, Louisiana
ACCIDENTAL DEATH BENEFIT RIDER FOR HEALTH PRODUCTS
Indemnity for Death by Accidental Means

POLICY/CERTIFICATE. This Rider is to be attached to the Policy or Certificate _____ issued by Starmount Life Insurance Company and is hereby made a part thereof as if recited therein. The Effective Date of this Rider is as indicated below.

RISKS ASSUMED – AMOUNTS PAYABLE. If the death of the insured shall have resulted directly, independently and exclusively of all other causes from bodily injury effected solely through accidental, and provided that the death shall occur within 90 days after the date of the injury, the amount payable under said policy shall be as indicated below.

Following the first billing date after age [seventy-five (75)], the accidental death benefit continues at half the amount referenced in the preceding paragraph and set forth below. This policy is subject to the Company's right to cancel all policies by class.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

INSURED: An eligible person who is named in the Policy Schedule of the Main Policy.

FAMILY means the following persons, provided coverage has become effective:

1. your spouse
2. your unmarried children (including step-children and adopted children) not more than 21 years of age,
3. your grandchildren not more than 21 years of age, unmarried and in your legal custody and residing with you and;
4. your unmarried child or unmarried grandchild in the legal custody of and residing with the grandparent who reaches the 21 years of age limit but is less than 24 years of age and is attending an accredited college, university or at a vocational technical, vocational-technical or trade school or institute or secondary school full-time as described above, is a full-time student.
5. Protection for children (or grandchildren) ceases after the above shown ages.

OWNER: Unless provided otherwise, the person who completes the application applying for insurance coverage on an Insured and pays the premium is the Owner. The Owner has the right to exercise every right regarding the insurance under his or her policy. If the Owner dies, all rights will be vested in the Primary Insured.

WE, OUR, US, or COMPANY: Starmount Life Insurance Company at Our Administrative Office in Baton Rouge, Louisiana.

YOU, YOUR, or YOURS: The Owner of this policy.

LIMITATIONS/EXCLUSIONS. Accidental death is not a risk hereby assumed and Rider benefits are not paid if death results directly or indirectly from:

This Policy does not cover death caused by:

1. Sickness, Disease, or bodily infirmity. (Bacterial infection resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance are not excluded);
2. Suicide or intentionally self-inflicted injuries, while sane or insane (reference to insane not applicable in Missouri);
3. Injuries received while intoxicated, or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician.;
4. Accident occurring while the Insured is serving on full-time active duty or reserve duty for more than 30 days in any Armed Forces. (Send us proof of service. We will refund any premium paid for this time.);
5. travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
 - A. the aircraft or device is being used:
 - (1) for test or experimental purposes; or
 - (2) by or for any military authority (Aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country are not excluded); or
 - (3) for travel, or is designed for travel, beyond the earth's atmosphere.
 - B. the insured is:
 - (1) serving as pilot or crew member (or student taking a flying lesson) or is not riding as a fare-paying passenger in a regularly scheduled, commercial airline; or
 - (2) hang-gliding; or
 - (3) parachuting, except where the Insured has to make a parachute jump for self-preservation.
6. Commission of a felony by the Insured;
7. Declared or undeclared war or act of war;
8. Loss due to an injury which occurred prior to the date the rider is in force; or

9. Death must occur within 90 days of the accident.

PHYSICAL EXAMINATION AND AUTOPSY. The company shall have the right and opportunity to examine the body of the insured and, unless prohibited by law, to make an autopsy before or after the burial.

PREMIUM. This agreement is issued in consideration of the premium of [\$0.00] per [month] for benefits as shown below for coverage before age [seventy-five (75)] (coverage is one-half this amount at or after age [seventy-five (75)], payable with and in addition to each of the premiums provided for in the attached policy or certificate and subject to the same conditions, and provided that said additional premiums shall not affect other policy or certificate values, if any. Said premiums shall cease on the completion of the premium payment requirement by the terms of the policy or certificate.

RENEWABILITY. After the first policy year, this rider is renewable at the option of the company and, if the company's option to non-renew is exercised, you will be notified at least 60 days prior to the date of non-renewal. This rider is optionally renewable for the life of the Main Insured subject to the Company's right to cancel all riders by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.

We reserve the right to increase rates, from time to time, by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

AMOUNT OF BENEFIT (ONLY ONE APPLIES): Benefit varies depending on those covered by the policy to which this Rider is attached.

<u>Main Insured Only</u>	<u>[\$10,000.00]</u>
<u>Main Insured plus Spouse</u>	<u>[\$ 5,000.00 each]</u>
<u>Main Insured and Children</u>	<u>[\$ 9,000.00 for Main Insured, plus \$1,000.00 for each child]</u>
<u>Family (Main Insured, Spouse, Children):</u>	
<u>Main Insured</u>	<u>[\$ 5,000.00]</u>
<u>Spouse</u>	<u>[\$ 4,000.00]</u>
<u>Child</u>	<u>[\$ 1,000.00 each]</u>

DATE. Executed in Baton Rouge, LA, this [1st] day of [August, 2009].



Chairman & CEO

STARMOUNT LIFE INSURANCE COMPANY
Baton Rouge, Louisiana
ACCIDENTAL DEATH BENEFIT RIDER FOR HEALTH PRODUCTS
Indemnity for Death by Accidental Means

POLICY/CERTIFICATE. This Rider is to be attached to the Policy or Certificate _____ issued by Starmount Life Insurance Company and is hereby made a part thereof as if recited therein. The Effective Date of this Rider is as indicated below.

RISKS ASSUMED – AMOUNTS PAYABLE. If the death of the insured shall have resulted directly, independently and exclusively of all other causes from bodily injury effected solely through accidental, external and violent means, and if such injury is evidenced by a visible contusion or wound on the exterior of the body (except in cases of drowning and internal injuries revealed by an autopsy), and provided that the death shall occur within 90 days after the date of the injury, the amount payable under said policy shall be as indicated below.

Following the first billing date after age [~~seventy-five (75)~~], the accidental death benefit continues at half the amount referenced in the preceding paragraph and set forth below. This policy is subject to the Company's right to cancel all policies by class.

BENEFICIARY: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

INSURED: An eligible person who is named in the Policy Schedule of the Main Policy.

FAMILY means the following persons, provided coverage has become effective:

1. your spouse
2. your unmarried children (including step-children and adopted children) not more than 21 years of age,
3. your grandchildren not more than 21 years of age, unmarried and in your legal custody and residing with you and;
4. your unmarried child or unmarried grandchild in the legal custody of and residing with the grandparent who reaches the 21 years of age limit but is less than 24 years of age and is attending an accredited college, university or at a vocational technical, vocational-technical or trade school or institute or secondary school full-time as described above, is a full-time student.
5. Protection for children (or grandchildren) ceases after the above shown ages.

OWNER: Unless provided otherwise, the person who completes the application applying for insurance coverage on an Insured and pays the premium is the Owner. The Owner has the right to exercise every right regarding the insurance under his or her policy. If the Owner dies, all rights will be vested in the Primary Insured.

WE, OUR, US, or COMPANY: Starmount Life Insurance Company at Our Administrative Office in Baton Rouge, Louisiana.

YOU, YOUR, or YOURS: The Owner of this policy.

LIMITATIONS/EXCLUSIONS. Accidental death is not a risk hereby assumed and Rider benefits are not paid if death results directly or indirectly from:

This Policy does not cover death caused by:

1. Sickness, Disease, or bodily infirmity. (Bacterial infection resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance are not excluded);
2. Suicide or intentionally self-inflicted injuries, while sane or insane (reference to insane not applicable in Missouri);
3. Injuries received while intoxicated, or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician.;
4. Accident occurring while the Insured is serving on full-time active duty or reserve duty for more than 30 days in any Armed Forces. (Send us proof of service. We will refund any premium paid for this time.);
5. travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth's surface, if:
 - A. the aircraft or device is being used:
 - (1) for test or experimental purposes; or
 - (2) by or for any military authority (Aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country are not excluded); or
 - (3) for travel, or is designed for travel, beyond the earth's atmosphere.
 - B. the insured is:
 - (1) serving as pilot or crew member (or student taking a flying lesson) or is not riding as a fare-paying passenger in a regularly scheduled, commercial airline; or
 - (2) hang-gliding; or
 - (3) parachuting, except where the Insured has to make a parachute jump for self-preservation.
6. Commission of a felony by the Insured;

7. Declared or undeclared war or act of war;
8. Loss due to an injury which occurred prior to the date the rider is in force; or
9. Death must occur within 90 days of the accident.

PHYSICAL EXAMINATION AND AUTOPSY. The company shall have the right and opportunity to examine the body of the insured and, unless prohibited by law, to make an autopsy before or after the burial.

PREMIUM. This agreement is issued in consideration of the premium of [\$0.00] per [month] for benefits as shown below for coverage before age [seventy-five (75)] (coverage is one-half this amount at or after age [seventy-five (75)], payable with and in addition to each of the premiums provided for in the attached policy or certificate and subject to the same conditions, and provided that said additional premiums shall not affect other policy or certificate values, if any. Said premiums shall cease on the completion of the premium payment requirement by the terms of the policy or certificate.

RENEWABILITY. After the first policy year, this rider is renewable at the option of the company and, if the company's option to non-renew is exercised, you will be notified at least 60 days prior to the date of non-renewal. This rider is optionally renewable for the life of the Main Insured subject to the Company's right to cancel all riders by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.

We reserve the right to increase rates, from time to time, by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

AMOUNT OF BENEFIT (ONLY ONE APPLIES): Benefit varies depending on those covered by the policy to which this Rider is attached.

<u>Main Insured Only</u>	[\$10,000.00]
<u>Main Insured plus Spouse</u>	[\$ 5,000.00 each]
<u>Main Insured and Children</u>	[\$ 9,000.00 for Main Insured, plus \$1,000.00 for each child]
Family (Main Insured, Spouse, Children):	
<u> Main Insured</u>	[\$ 5,000.00]
<u> Spouse</u>	[\$ 4,000.00]
<u> Child</u>	[\$ 1,000.00 each]

DATE. Executed in Baton Rouge, LA, this [1st] day of [August, 2009].



Chairman & CEO