

SERFF Tracking Number: AEGX-126392914 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44154  
Company Tracking Number: TL AR0053415F01  
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Term Life  
Project Name/Number: Term Life/TL AR0053415F01

## Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126392914 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44154

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: TL AR0053415F01

State Status: Approved-Closed

Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI ADMSLH

Disposition Date: 11/23/2009

Date Submitted: 11/20/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Term Life

Status of Filing in Domicile: Not Filed

Project Number: TL AR0053415F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 11/23/2009

Explanation for Other Group Market Type:

State Status Changed: 11/23/2009

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

Filing Description:

November 20, 2009

Insurance Commissioner Jay Bradford

Compliance - Life and Health

Arkansas Department of Insurance

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1200 West Third Street  
Little Rock, AR 72201-1904

RE: Form Filing - GUL058 AR APPVER - Application Verification Form  
Life Term

Company Filing#: TL AR0053415F01

Stonebridge Life Insurance Company NAIC#: 468-65021 FEIN#: 03-0164230

Dear Commissioner Bradford:

Attached for your review and approval is a copy of the above captioned form. This form is new and does not replace any form previously approved by your Department. This form has been completed in "John Doe" fashion. Variable information is bracketed and printed in red.

Application Verification Form, GUL058 AR APPVER, will be used to solicit Group Term to Age 70 Life Insurance Certificate, GC228. The certificates are issued under Group Policy, form GM228, which is approved in Illinois. The certificate and related material was filed and approved by your Department on July 13, 1990. A copy of the completed application verification form will be issued with a certificate when an Insured applies via telemarketing methods.

We request approval of this form in various formats, dimensions, shading and colors. We certify that no dimension, format, shading or color change will affect the text content or product unacceptable print.

All SERFF filing submission requirements have been met.

We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.

Sincerely,

Kimberly Taylor, AIRC, ACS

## Company and Contact

### Filing Contact Information

Kimberly Taylor, Product Filing & Compliance kimtaylor@aegonusa.com



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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	11/23/2009	11/23/2009

*SERFF Tracking Number:* AEGX-126392914      *State:* Arkansas  
*Filing Company:* Stonebridge Life Insurance Company      *State Tracking Number:* 44154  
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*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
  
*Product Name:* Term Life  
*Project Name/Number:* Term Life/TL AR0053415F01

## **Disposition**

Disposition Date: 11/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



SERFF Tracking Number: AEGX-126392914 State: Arkansas  
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 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -  
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## Form Schedule

**Lead Form Number: GUL058 AR APPVER**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	GUL058 AR APPVER	Application/ Application Enrollment Verification Form Form	Initial		48.000	GUL058 AR APPVER.PDF

**Term Life Insurance  
Application Verification**

**Keep this form with your Certificate of Insurance. Your acceptance of this offer is on file at our Administrative Office.**

This document is a verification record of your telephone-recorded application for the Term To Age 70 Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, [date of birth], [gender], [height] and [weight] and the answers and information you provided to the health questions which qualified you for this plan.

**Our records indicate the following information:**

Name/Address: [John Q. Public]  
[1000 Anywhere Street]  
[Any Town, USA 75000]

Cover Amount you are applying for: [\$25,000]

Date of Birth: [01/05/1968] [Gender:] [ Male ]  
[Height:] [ 5'10" ] [Weight:] [ 185 lbs. ]

Will this insurance replace or change any life insurance or annuity contract that you now have?  Yes  No

**Health Questions**

<b>To the best of your knowledge and belief, have you:</b>	
1. had any medical or surgical advice, examination or treatment for any disorder, injury or sickness during the past 5 years, or now have any impairment, deformity or disease diagnosed by a licensed physician?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. ever received medical or surgical advice, examination or treatment for blood pressure, heart condition, diabetes, cancer or malignancy, alcoholism, drug habit, lung disease, nervous or mental disorder, liver disorder, sexually transmitted disease, digestive or intestinal disorder or blood disorder?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. ever been treated or diagnosed by a licensed physician for AIDS, HIV, AIDS Related Complex (ARC), immunodeficiency disorder or tested positive on an AIDS-related blood test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**PROVIDE FULL DETAILS TO QUESTIONS THAT YOU ANSWERED "YES"**

<b>QUES. NO.</b>	<b>REASON OR CONDITION</b>	<b>DATE(S)</b>	<b>RESULTS</b>	<b>NAMES, COMPLETE ADDRESSES AND TELEPHONE NUMBERS OF DOCTORS AND MEDICAL FACILITIES</b>

**STONEBRIDGE LIFE INSURANCE COMPANY**  
Administrative Offices: [2700 West Plano Parkway, Plano Texas 75075-8200]

I understand that in order to apply for this coverage, [I must be a JCPenney credit cardholder or the spouse of a JCPenney credit cardholder, age XX-XXX, and reside in a state in which this insurance coverage may legally be offered.]

I understand that the issuing of my Certificate is based on all statements and answers above, and I affirm that they are complete and true to the best of my knowledge and belief. If accepted and premiums are paid, I understand the Certificate is not effective until the effective date specified on my Certificate Schedule Page.

I authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, consumer reporting agency (CRA), insurance support organization (ISO), or the MIB Inc. to give to Stonebridge Life Insurance Company (company) or its reinsurers any information it has in its records on me to use for underwriting insurance. The company may disclose information to MIB Inc and, except for information received from MIB Inc, to any CRA, ISO, or to any life insurance company to whom I apply for insurance or request benefits. This authorization shall be valid from the date of this application form. A photocopy of this authorization shall be as valid as the original, and a copy is available to me on request. I have received and read the Medical Information Bureau Notice accompanying this application form.

**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.**

**FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.**

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [ 01/06/2009 ]  
Applicant's Signature Date Application signed

**STONEBRIDGE LIFE INSURANCE COMPANY**  
**Administrative Offices: [2700 West Plano Parkway, Plano Texas 75075-8200]**

**GUL058 AR APPVER**



READABILITY CERTIFICATION

**Name of Company: Stonebridge Life Insurance Company**

**Re: Application Verification Form**

This will certify that the submission meets readability requirements and complies with the Life and Health Policy Language Simplification Act. The Flesch Reading Ease Score for this form is:

FORM NUMBER

FLESH SCORE

**GUL058 AR APPVER**

**48**

Date: November 20, 2009



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Edward G. Weigand  
Assistant Secretary

**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 #
Stonebridge Life Insurance Company 29 South Main Street Rutland VT 05701-5014	VT	A&H	468	65021	03-0164230	N/A

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Kimberly Taylor, AIRC, ACS 520 Park Avenue, MS #A507 Baltimore MD 21201	800-233-4624, ext. 5261	410-209-5910	kimtaylor@aegonusa.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	TL AR0053415F01
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7. <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input 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 type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	L04G Group Life - Term
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10. Product Coding Matrix Filing Code	L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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11. Submitted Documents	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <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: _____
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12.	<b>Filing Submission Date</b>	11-20-09
13.	<b>Filing Fee (If required)</b>	Amount <u>\$50.00</u> Check Date <u>Submitted via EFT</u> Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>Submitted via EFT</u>
14.	<b>Date of Domiciliary Approval</b>	Not filed in domicile state.
15.	<b>Filing Description:</b>	
<p>Attached for your review and approval is a copy of the above captioned form. This form is new and does not replace any form previously approved by your Department. This form has been completed in "John Doe" fashion. Variable information is bracketed and printed in red.</p> <p>Application Verification Form, GUL058 AR APPVER, will be used to solicit Group Term to Age 70 Life Insurance Certificate, GC228. The certificates are issued under Group Policy, form GM228, which is approved in Illinois. The certificate and related material was filed and approved by your Department on July 13, 1990. A copy of the completed application verification form will be issued with a certificate when an Insured applies via telemarketing methods.</p> <p>We request approval of this form in various formats, dimensions, shading and colors. We certify that no dimension, format, shading or color change will affect the text content or product unacceptable print.</p> <p>All SERFF filing submission requirements have been met.</p> <p>We trust with the enclosed information, you will be able to review our filing and grant an approval. If you have any questions, please contact the undersigned. Thank you in advance for your help and attention to this matter.</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>Kimberly Taylor, AIRC, ACS</u> Title <u>Product Filing &amp; Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>11-20-09</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	TL AR0053415F01	
<b>This filing corresponds to rate filing company tracking number</b>	N/A	

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Application Verification Form Application	GUL058 AR APPVER	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	