

SERFF Tracking Number: AEGB-126399790 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 44208  
Company Tracking Number: APE56 1109M  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: APE56 1109M  
Project Name/Number: APE56 1109M/APE56 1109M

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: APE56 1109M

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGB-126399790 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44208

Co Tr Num: APE56 1109M

Author: Theresa Meyers

Date Submitted: 11/30/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 12/03/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: APE56 1109M

Project Number: APE56 1109M

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/03/2009

Deemer Date:

Submitted By: Theresa Meyers

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/03/2009

Created By: Theresa Meyers

Corresponding Filing Tracking Number:  
30822750

Filing Description:

Attn.: Policy Examination Division (Individual Life)

RE: MONUMENTAL LIFE INSURANCE COMPANY NAIC #468-66281

Form Number: APE56 1109M – Personal Supplement to Application for Life Insurance

Dear Sir/Madam:

SERFF Tracking Number: AEGB-126399790 State: Arkansas  
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Please find attached a copy of the above referenced form. This is a new form and is not intended to replace any forms previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, and adaptation to computer printing.

Personal Supplement to Application for Life Insurance – This form is used to disclose financial information for large issue term, universal and index universal life insurance policies.

This form is identical in content to form APE561008T, which was approved by your Department on August 28, 2008 for our sister company of Transamerica Life Insurance Company.

We would appreciate your review and approval of this form.

Sincerely,

MONUMENTAL LIFE INSURANCE COMPANY

Theresa Meyers  
Policy Analyst  
Contract Development  
(319) 355-7520 (collect)  
Fax #: (319) 355-2501  
thmeyers@aegonusa.com

## Company and Contact

### Filing Contact Information

Theresa Meyers, Policy Analyst thmeyers@aegonusa.com  
4333 Edgewood Rd. NE 319-355-7520 [Phone]  
MS 2225 319-355-2501 [FAX]  
Cedar Rapids, IA 52499

### Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa  
4333 Edgewood Road NE Group Code: 468 Company Type:  
Cedar Rapids, IA 52499 Group Name: State ID Number:  
(319) 355-7888 ext. [Phone] FEIN Number: 52-0419790

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation: \$20.00 per form X 1 form = \$20.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$20.00	11/30/2009	32356850

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/03/2009	12/03/2009

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## Disposition

Disposition Date: 12/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: APE56 1109M**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APE56 1109M	Application/ Personal Supplement Enrollment Form	to Application for Life Insurance	Initial		50.600	APE56 1109M.pdf



Monumental Life Insurance Company  
Administrative Office: [4333 Edgewood Road NE  
Cedar Rapids, IA 52499]

Personal Supplement to  
Application for  
Life Insurance

File # \_\_\_\_\_

Name of Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Additional Proposed Insured: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Section A. PURPOSE OF INSURANCE**

- 1.  Personal
  - Income
  - Estate Planning
- 2.  Business
  - Keyperson
  - Stock Repurchase
  - Buy-Sell
  - Creditor Amount of Loan \$ \_\_\_\_\_
  - Yes  No Is Insurance required by the Creditor?

3. How was the amount of insurance arrived at? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If applying for personal insurance, proceed to questions 7, 8, 9 & 10.)

**Section B. BUSINESS INFORMATION**

4.  Yes  No Are other Corporate Officers or partners insured or being insured?  
Give details and explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Percent of corporation or partnership owned by Proposed Insured? \_\_\_\_ % Additional Proposed Insured? \_\_\_\_ %

6. Corporation or Partnerships:

	Estimated Current Year	Past Year
Net Worth \$		
Gross Sales \$		
Net Income \$		

Current estimated market value of the business \$ \_\_\_\_\_

**FINANCIAL INFORMATION**

If a joint policy is being applied for, complete questions 7 through 10 jointly for both the Proposed Insured and the Additional Proposed Insured.

7.

	Estimated Current Year	Past Year		Estimated Current Year	Past Year
<b>ANNUAL INCOME</b>					
<b>Earned Income</b>			<b>ASSETS</b>		
Annual Salary or Wages	\$	\$	Cash	\$	\$
Bonuses	\$	\$	Real Estate	\$	\$
Other Earned Income	\$	\$	Stocks & Bonds	\$	\$
<b>Total Earned Income</b>	\$	\$	Autos	\$	\$
			Personal	\$	\$
<b>Unearned Income</b>			Business Equity	\$	\$
Dividends & Interest	\$	\$	Other	\$	\$
Net Real Estate Income	\$	\$	<b>Total Assets</b>	\$	\$
Net Business Investment Income	\$	\$			
Other:	\$	\$	<b>LIABILITIES</b>		
Other:	\$	\$	Mortgages	\$	\$
<b>Total Unearned Income</b>	\$	\$	Business	\$	\$
			All Other Personal	\$	\$
<b>TOTAL ANNUAL INCOME</b>	\$	\$	<b>Total Liabilities</b>	\$	\$

8. Estimated Net Worth \$ \_\_\_\_\_

9.  Yes  No At this time are you currently in bankruptcy or have you been the subject of any voluntary or involuntary bankruptcy proceeding pending within the past 12 months? If yes, please provide full details including Chapter 7, 11, or 13, date filed, and date of discharge and dismissal, if any.

10.  Yes  No Do you have a prepared financial statement? If yes, please attach a copy.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be a part of the application to the Company for insurance on the life of the Proposed Insured and any Additional Proposed Insured, and shall be the basis for any policy issued on this application.

Signed at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Additional Proposed Insured

\_\_\_\_\_  
Signature of Witness

**AGREEMENT OF OWNER IF OTHER THAN PROPOSED INSURED**

The Owner agrees to be bound by all statements, answers, and agreements made by the Proposed Insured and any Additional Proposed Insured in this supplement to the application.

Signed at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Witness

If Owner is a corporation, an authorized officer, other than the Proposed Insured, must sign as owner, give Corporate title and full name of Corporation. Corporation Name: \_\_\_\_\_

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

AR - Rule and Regulation 19.pdf

ML Flesch Score.pdf

**Item Status:**

**Status**

**Date:**

**Bypassed - Item:** Application

**Bypass Reason:** N/A

**Comments:**

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** ML Statement of Variability

**Comments:**

**Attachment:**

ML Statement of Variability.pdf

**Monumental Life Insurance Company  
Home Office: Cedar Rapids, Iowa**

**COMPLIANCE CERTIFICATION  
RULE AND REGULATION 19  
STATE OF ARKANSAS**

Form Number: APE56 1109M

Date: November 30, 2009

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

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Cheryl Bock, Director, Product Implementation

**MONUMENTAL LIFE INSURANCE COMPANY  
FLESCH READABILITY CERTIFICATION**

**Form Number** (may vary by state)

**Flesch Score**

APE56 1109M

50.6

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.



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**Cheryl Bock, Assistant Vice President**

**MONUMENTAL LIFE INSURANCE COMPANY**  
**STATEMENT OF VARIABILITY**  
**Form: APE56 1109M**

The variable item in this form is bracketed. No change in variability will be made which in any way expands the scope of the wording. We reserve the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

- 1) **Administrative Office:** This may change to another location in the future.