

SERFF Tracking Number: AEGF-126412561 State: Arkansas
Filing Company: Monumental Life Insurance Company- State Tracking Number: 44285
Company Tracking Number: A09105AR
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2009 Reinstatement Application
Project Name/Number: /

Filing at a Glance

Company: Monumental Life Insurance Company-

Product Name: 2009 Reinstatement Application SERFF Tr Num: AEGF-126412561 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 44285
Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: A09105AR State Status: Approved-Closed
Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird
Author: Neil Tomas Disposition Date: 12/10/2009
Date Submitted: 12/09/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 10/26/2009

Requested Filing Mode: Review & Approval

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: 12/10/2009

Explanation for Other Group Market Type:

State Status Changed: 12/10/2009

Deemer Date:

Created By: Neil Tomas

Submitted By: Neil Tomas

Corresponding Filing Tracking Number:

Filing Description:

Re: Monumental Life Insurance Company - NAIC #468-66281 - FEIN #52-0419790

Form - Description

A09105 - Application for Reinstatement

To Whom It May Concern:

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We respectfully request that the above listed form be considered for approval. This is a new form that does not replace any previously approved form.

The Application for Reinstatement form will be used when a policyholder wants to reinstate an individual life or health policy that has lapsed for non-payment of premiums. Captive and general agents will use this form to market life and health insurance on an individual basis. No part of this filing contains any unusual or controversial items from normal company or industry standards.

Your prompt attention to this filing will be greatly appreciated. Please contact me if you have any questions.

Sincerely,

Neil Tomas
Compliance Analyst
Phone: 410-685-2900, ext. 2034
Fax: 410-576-4554
ntomas@monlife.com

Company and Contact

Filing Contact Information

Neil Tomas, Compliance Analyst NTomas@monlife.com
2 E Chase Street 410-685-2900 [Phone] 2034 [Ext]
Baltimore, MD 21202 410-576-4554 [FAX]

Filing Company Information

Monumental Life Insurance Company- CoCode: 66281 State of Domicile: Iowa
4333 Edgewood Rd NE Group Code: 468 Company Type: Life & Health
Cedar Rapids, IA 52499 Group Name: State ID Number:
(410) 685-2900 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: 20 x Amount of Applications = Total

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20 x 1 = 20

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company-	\$20.00	12/09/2009	32627152

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/10/2009	12/10/2009

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	Linda Bird	12/10/2009	12/10/2009	Neil Tomas	12/10/2009	12/10/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form (revised)	Application for Reinstatement		Yes
Form	Application for Reinstatement	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/10/2009
Submitted Date 12/10/2009
Respond By Date 01/11/2010

Dear Neil Tomas,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 12/10/2009
 Submitted Date 12/10/2009

Dear Linda Bird,

Comments:

We received your objection letter dated December 10, 2009 and can now respond as follows.

Response 1

Comments: Pursuant Ark. Code Ann. 23-66-503(a), we have included a statement in the application that is identical to the one found in the statute.

Related Objection 1

Comment:

Ark. Code Ann. 23-66-503(a) requires a statement in an application substantially the same as that included in the statute.

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
Application for Reinstatement	A09105A R		Application/Enrollment Form	Initial		50.100	A09105A R.pdf
Previous Version Application for Reinstatement	A09105		Application/Enrollment Form	Initial		50.100	A09105.p df

No Rate/Rule Schedule items changed.

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Form Schedule

Lead Form Number: A09105

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	A09105AR	Application/ Enrollment Form	Application for Reinstatement	Initial		50.100	A09105AR.pdf

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A - Only an application for reinstatement is being filed. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability.pdf		

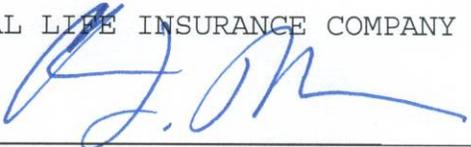
CERTIFICATION

THIS IS TO CERTIFY, that the forms listed below achieved the following Flesch Reading Ease Scores and are in compliance with the requirements of Arkansas Insurance Code ACA 23-80-206.

<u>Form</u>	<u>Flesch Score</u>
A09105	50.1

MONUMENTAL LIFE INSURANCE COMPANY

Date: 12/09/2009

By: 
Christopher L. Wilhelm
Assistant General Counsel &
Assistant Vice President

**STATEMENT OF VARIABILITY FOR
REINSTATEMENT APPLICATION A09105**

The only part of A09105 that is variable is the address information for our Home Office and Administrative Office.

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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	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/09/2009	Form	Application for Reinstatement	12/10/2009	A09105.pdf (Superceded)

APPLICATION FOR
REINSTATEMENT
OF POLICY

MONUMENTAL LIFE INSURANCE COMPANY

[Home Office: Cedar Rapids, Iowa]

[Administrative Office: 2 E Chase Street, MS #37]

[Baltimore, Maryland 21202] 800-638-3080

SEE INSTRUCTIONS FOR COMPLETION OF FORM ON REVERSE SIDE

A DISTRICT #	STAFF	AGENCY#	ACCOUNT #	DATE SENT FROM DISTRICT
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ADDRESS OF INSURED

B	POLICY NUMBERS ON THIS ACCOUNT	INSURED'S NAME(S)	LAPSED ON AGENCY	LAPSE DATE	PAID TO DATE	MODE	PREMIUM	TOTAL COLLECTION
			REVIVING AGENT				AGENT ML #	

C	WEEKLY REVIVALS <input type="checkbox"/>	POL. CLASS	ISSUE DATE	BIRTHDATE	AGE	AMT. OF INS.	DATE PAID-UP

D USE THIS SECTION ONLY IF EACH OF THE FOLLOWING CONDITIONS IS TRUE:

- Amount of insurance is less than \$50,000
- Policy has been lapsed less than 6 months
- Policy is not rated
- Policy is not an A&H contract
- The insured has been questioned concerning health

I certify that I have questioned (indicate the appropriate party):
 Insured, Insured's Spouse, Insured's Parent-if insured is under age 15, concerning any illness occurring or medical treatment received during the past 12 months. Based on the given information, it is my judgement that the Insured(s) is qualified for reinstatement.

AGENT

IF ANY OF THE CONDITIONS ABOVE DO NOT APPLY, COMPLETE MEDICAL SECTION E (PREVIOUS 137G REQUIREMENTS) ON REVERSE SIDE

AUTHORIZATION

TO: Any licensed physician, medical practitioner, hospital, clinic or other medically related facility, or other organization, institution or person.

I authorize you to give the Monumental Life Insurance Company or its reinsurers any information you may have about me or my physical or mental health. This information will be used to determine my eligibility for life insurance and/or benefit payments. It may be obtained from, or shared with, other insurance companies or the Medical Information Bureau but it may not be disclosed to any other person without my written consent. I have a right to inspect and copy any mental health information received. This authorization extends to all records and information in existence on the date hereof. It shall remain valid for two years from the date of any policy issued as a result of my application for insurance. Subject to state law, I may revoke it; but revocation may be grounds for declining the application.

A photographic copy of this authorization shall be as valid as the original. I have received a copy of this authorization.

Date _____ Signature of Proposed Insured (or parent)

If Child _____ Name _____

MONUMENTAL LIFE INSURANCE COMPANY

Administrative Office: 2 E Chase Street, Baltimore, MD 21202

TEMPORARY RECEIPT TO BE GIVEN ON APPLICATION FOR REINSTATEMENT OF POLICY

Received from _____ Date _____ Amount _____ which is a payment made in connection with an application for reinstatement of Policy No(s) _____

_____ it being understood and agreed that no obligation is incurred by said Company by reason of this payment, unless and until the same be received and reinstatement of said Policy be granted by said Insurance Company at its Administrative Office, while all the insured persons covered thereunder are alive and still insurable; otherwise this receipt is null and void and said payments shall be returned.

District or Agency

Agent

