

SERFF Tracking Number: FIVE-126133518 State: Arkansas  
Filing Company: 5 Star Life Insurance Company State Tracking Number: 42243  
Company Tracking Number: 509  
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
Product Name: Group Life - Term  
Project Name/Number: /

## Filing at a Glance

Company: 5 Star Life Insurance Company

Product Name: Group Life - Term

TOI: L04G Group Life - Term

Sub-TOI: L04G.500 Other

Filing Type: Form

SERFF Tr Num: FIVE-126133518

SERFF Status: Closed-Approved-Closed

Co Tr Num: 509

Author: Mildred Hunt

Date Submitted: 04/29/2009

State: Arkansas

State Tr Num: 42243

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/07/2009

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/07/2009

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 05/07/2009

Created By: Mildred Hunt

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mildred Hunt

Filing Description:

ESP/Gov't App R509: Emergency Service Personnel and Government Enrollment Form

## Company and Contact

### Filing Contact Information

Mildred Hunt, Compliance Manager

909 North Washington Street

Alexandria, VA 22314

mhunt@afba.com

703-706-5975 [Phone]

703-224-0214 [FAX]

### Filing Company Information

<i>SERFF Tracking Number:</i>	<i>FIVE-126133518</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>5 Star Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42243</i>
<i>Company Tracking Number:</i>	<i>509</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.500 Other</i>
<i>Product Name:</i>	<i>Group Life - Term</i>		
<i>Project Name/Number:</i>	<i>/</i>		
<b>5 Star Life Insurance Company</b>	<b>CoCode: 77879</b>	<b>State of Domicile: Louisiana</b>	
<b>909 North Washington Street</b>	<b>Group Code: 77879</b>	<b>Company Type: Life Insurance Company</b>	
<b>Alexandria, VA 22314</b>	<b>Group Name: NAIC</b>	<b>State ID Number:</b>	
<b>(703) 706-5975 ext. [Phone]</b>	<b>FEIN Number: 54-1829709</b>		
<b>-----</b>			

## **Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
5 Star Life Insurance Company	\$20.00	04/29/2009	27520953

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/07/2009	05/07/2009

*SERFF Tracking Number:* FIVE-126133518      *State:* Arkansas  
*Filing Company:* 5 Star Life Insurance Company      *State Tracking Number:* 42243  
*Company Tracking Number:* 509  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.500 Other  
*Product Name:* Group Life - Term  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 05/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Form	Emergency Service Personnel and Government Enrollment Form		Yes

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## Form Schedule

### Lead Form Number: ESP-Gov't App R509

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ESP/Gov't App R509	Application/Enrollment Form	Emergency Service Personnel and Government Enrollment Form	Initial			ESP-Govt App R509 (Generic).pdf



**Beneficiary(ies)**

As applicant, I designate beneficiary(ies) to receive benefits as indicated below. Spouse and children's beneficiary is the applicant unless otherwise designated.



ESP 2 509

Beneficiary of:
Applicant
Spouse
Name SSN Relationship DOB

**Other Insurance**

**Answer only if this is an agent or broker initiated sale:**

Do you have any existing life insurance or annuity contracts? Yes No
If yes, and you live in AK, AL, AZ, CO, HI, IA, KY, LA, MD, ME, MS, MT, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VA, VT or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be presented and read to you by your agent at the time he/she takes your application. Will the coverage applied for replace any existing life insurance or annuities? Yes No
If yes, and you do not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

**Statement of Health**

Answer each question and initial below to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers on a separate 8 1/2 x 11 piece of paper.

I. In the last 10 years, has any Applicant under this application for coverage:
A. Had a life or health insurance application declined or rated?
B. Been diagnosed or treated by a physician for any of the following: High blood pressure, high cholesterol, cardiac chest pain, heart attack, vascular disease (plaque in arteries), or any heart or blood vessel disorder; cancer or blood disorder; stroke, seizures, progressive neuropathy, or any nervous system disease; shortness of breath, asthma, chronic obstructive pulmonary disease (COPD), or any respiratory tract disorder; ulcers, hepatitis, colitis, disorder of the pancreas, liver, esophagus, stomach, or intestines; depression, schizophrenia, or any mental condition; diabetes, thyroid, pituitary, adrenal, or hormone disorder; disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system; or any significant medical disorders?
II. In the past 5 years, has any Applicant:
A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?
B. Been convicted for driving under the influence of alcohol or drugs or while intoxicated?
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics or any drug except as medication prescribed by a physician?
III. Has any Applicant been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?
IV. List each prescribed medication taken regularly or frequently by any Applicant:

\* Number of Children If you answer "yes" to any of the above questions regarding a child(ren), please provide the child(ren)'s name, date of birth and the question # the answer refers to on a 8 1/2 x 11 piece of paper. Initial Here

**Conditions Relating to this Enrollment Form**

Group Eligibility: I am eligible to apply for this group level term life insurance coverage as a Member or an Associate Member as defined in the Master Group Policy and described in the Certificate of insurance coverage. Agreement: In the absence of my spouse, I, as sponsor, have the appropriate knowledge to answer the questions for my spouse and children. I represent that all statements and answers in this enrollment form are complete, true and correctly recorded TO THE BEST OF MY KNOWLEDGE AND BELIEF. I agree that 1) upon approval of this enrollment form by 5Star Life Insurance Company, it and the Certificate of insurance coverage issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by 5Star Life Insurance Company and is subject to each covered person's health being as described in this enrollment form, and upon receipt of the full first contribution, in which case the coverage shall take effect as of the effective date as shown in the Certificate of insurance coverage; 3) if within 60 days of receipt of all required documentation this enrollment form is not approved, it will become void and any contributions paid will be refunded; I will be so notified. Note: Within the time limits prescribed by the law of the state where you live, no benefits will be paid and contributions will be refunded if the covered person commits suicide while sane or insane. Refer to your Certificate of insurance coverage for details. Authorization: I hereby authorize any licensed physician; medical practitioner; hospital; clinic; insurance company; employer; financial institution; Medical Information Bureau; or Motor Vehicle Administration that may have records of my financial, physical, or mental health condition to give 5Star Life Insurance Company, its authorized representative, and its reinsurers any such information. I understand that this information will be used to determine my eligibility for coverage and that I may revoke this authorization and enrollment form at any time by providing written notice. A photocopy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from the date below. I acknowledge that I, or my authorized representative is entitled to receive a copy of this authorization. Signature must be personal.

Sponsor's Signature Date
Spouse's Signature Date
Agent Name Agent Signature Date
Agent Certification: I certify that I asked all the questions and had the Sponsor sign in my presence. Is Sponsor or Spouse replacing existing coverage? Yes No
Paramed Ordered? Yes No

NOTE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime and may be subject to fines and confinement to prison.
ESP/Gov't App R509 Not available in all states • Admin Office: 909 N. Washington St, Alexandria, VA 22314 • 1-800-776-2322 • www.afba.com 5/09

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

ARKANSAS Certificate of Readability.pdf

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Application

**Comments:**

The application is provided under the Form Tab.

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Cover Letter

**Comments:**

**Attachment:**

ARKANSAS.pdf



ARKANSAS INSURANCE DEPARTMENT

READABILITY CERTIFICATION

Re: *ESP/Gov't App R509: Emergency Service Personnel and Government Enrollment Form*

The undersigned, authorized as Vice President of Compliance, is responsible for policy and related material filings by the officers of 5 Star Life Insurance Company, hereby certifies that each form in this filing meets the Flesch minimum reading ease score of 40.

A handwritten signature in blue ink, appearing to read 'Glenn R. Jones', written over a horizontal line.

Glenn R. Jones, Esq.  
Vice President, Compliance

Dated: April 29, 2009



April 29, 2009

Mildred E. Hunt  
Compliance Manager

VIA SERFF

Mr. Joe Musgrove  
Director, Life and Health  
Policy and Form Filing – Life and Health  
Arkansas Insurance Department  
1200 West 3<sup>rd</sup> Street  
Little Rock, Arkansas 72201-1904

Re: *5 Star Life Insurance Company, NAIC 77879; NAIC Code: 0000;  
FEIN: 54-1829709*

<i>Form Number</i>	<i>Description</i>
ESP/Gov't App R509	Emergency Service Personnel and Government Enrollment Form

Dear Mr. Musgrove:

Submitted for filing and approval is the above referenced form. Form numbers ESP App R608 and Gov't App R608 were approved by the Insurance Department on June 27, 2008. The SERFF Tracking Number is FIVE-125711891.

This filing combines the two enrollment forms.

The applications are submitted in conjunction with the Group Level Term Insurance Policy (LT 050197) stamped approved by the Insurance Department on November 13, 1997.

This is not an illustrated product.

A redline depicting the deletions and the changes to various sections of the application is outlined below: (Note: ~~Strikethroughs~~ indicate deletions, **bold**, underline, and *italic* indicate new language.)

909 North Washington Street, Alexandria, VA 22314

(703) 706-5975  
(800) 776-2322 x2204

mhunt@afba.com

Mr. Joe Musgrove

April 29, 2009

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<i>Form Number</i>	<i>Description of Change</i>
ESP App R 608 Gov't App R 608 <u>ESP/Gov't</u> <u>App R509</u>	Page 1 of 2, Title <ul style="list-style-type: none"><li>Title now reads: "Emergency Service Personnel <u>and Government</u> Enrollment Form."</li><li>Inserted: "<u>Choose One: O Emergency Service Provider O Government</u>"</li></ul> Page 2 of 2, Other Insurance <ul style="list-style-type: none"><li>Inserted the state <u>AK</u>.</li><li>Revised question 2 to read as follows: "<del>Do you intend to replace them</del> <u>Will the coverage applied for replace any existing life insurance annuities?</u>"</li></ul>

Coverage will be marketed on a direct mail basis, and via licensed agents and brokers. Once approved, 5 Star Life reserves the right to use the forms in their approved format in a variety of media, such as the Internet, with the understanding that there may be slight accommodations made for electronic viewing.

Should you require additional information, please do not hesitate to contact the undersigned.

Very truly yours,

