

SERFF Tracking Number: FRCS-126178246 State: Arkansas  
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 42600  
Company Tracking Number: 5162  
TOI: L04G Group Life - Term Sub-TOI: L04G.103 Renewable - Single Life - Fixed/Indeterminate Premium  
Product Name: Military Benefit Assoc. Electronic App  
Project Name/Number: GPM/67/67

## Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: Military Benefit Assoc. SERFF Tr Num: FRCS-126178246 State: Arkansas

Electronic App

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 42600

Sub-TOI: L04G.103 Renewable - Single Life -  
Fixed/Indeterminate Premium

Co Tr Num: 5162

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Bob Motley, Aaron Clark

Disposition Date: 06/11/2009

Date Submitted: 06/05/2009

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GPM/67

Project Number: 67

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/11/2009

Deemer Date:

Submitted By: Bob Motley

Filing Description:

We have been retained by Government Personnel Mutual Life Insurance Company to file the enclosed form for approval in your state.

Our fee of \$50 has been sent by EFT on this same date.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted on or  
about this same date.

Market Type: Group

Group Market Size: Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 06/11/2009

Created By: Aaron Clark

Corresponding Filing Tracking Number:

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This is an electronic application for a group term product used by the Military Benefit Association, located in Chantilly, VA. The internet channel will use an electronic signature process and technology that will allow customers to review and sign their applications online electronically.

The application will be used, in addition to the paper application, MBA-VP-A (0606), for group certificates GP01 – VeteransPatriot, both previously approved by your Department on 04/19/2007. The online application, when printed, will appear slightly different from the previously approved paper application, MBA-VP-A (0606). However, there are no substantial changes in the content.

The user is required to review each page associated with their application, as it will be printed and attached to a certificate, before entering their initials to “sign” the document. The data is then submitted to the server where a secure hash, used to validate the form data, is calculated. This will ensure the data cannot be altered after submission. On the printed copy “signature submitted electronically” will print on signature line.

John Doe screenprints of application MBA VP-A (0606) web, showing all possible screens, are attached for information, one for marrieds and one for singles. For information, we have also included pop-up screen copies of the application, one for marrieds and one for singles, as they would appear when they are completed by the applicant.

When the applicant activates the “filing wizard,” he/she will be asked a series of questions. Answers to these will determine the applicable state variation.

Applicable notices and disclosures, based on the applicant’s state of residence, will print when the applicant prints the application for his records.

Website has been updated so the applicant may receive the replacement notices when they complete the application if the replacement question is answered “Yes”. They are able to print the form and keep for their records.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

## Company and Contact

### Filing Contact Information

Aaron Clark, Technician aaron.clark@firstconsulting.com  
1020 Central 800-927-2730 [Phone] 2835 [Ext]  
Suite 201 816-391-2755 [FAX]

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Kansas City, MO 64105

**Filing Company Information**

(This filing was made by a third party - FC01)

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas  
 Company  
 P.O. Box 659567 Group Code: Company Type: Life/Health  
 Insurers  
 San Antonio, TX 78265-9567 Group Name: State ID Number:  
 (210) 357-2222 ext. [Phone] FEIN Number: 74-0651020  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per policy times one policy equals \$50.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$50.00	06/05/2009	28399077

SERFF Tracking Number: FRCS-126178246 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/11/2009	06/11/2009

*SERFF Tracking Number:* FRCS-126178246      *State:* Arkansas  
*Filing Company:* Government Personnel Mutual Life Insurance      *State Tracking Number:* 42600  
*Company*  
*Company Tracking Number:* 5162  
*TOI:* L04G Group Life - Term      *Sub-TOI:* L04G.103 Renewable - Single Life -  
*Fixed/Indeterminate Premium*  
*Product Name:* Military Benefit Assoc. Electronic App  
*Project Name/Number:* GPM/67/67

## **Disposition**

Disposition Date: 06/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *FRCS-126178246* State: *Arkansas*  
 Filing Company: *Government Personnel Mutual Life Insurance* State Tracking Number: *42600*  
 Company  
 Company Tracking Number: *5162*  
 TOI: *L04G Group Life - Term* Sub-TOI: *L04G.103 Renewable - Single Life -*  
*Fixed/Indeterminate Premium*  
 Product Name: *Military Benefit Assoc. Electronic App*  
 Project Name/Number: *GPM/67/67*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Certification of Compliance		Yes
<b>Supporting Document</b>	Authorization		Yes
<b>Supporting Document</b>	MBA VP-A (0606) web Pop ups		Yes
<b>Supporting Document</b>	MBA VP-A (0606) web Screen shots		Yes
<b>Form</b>	Electronic Application		Yes

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## Form Schedule

### Lead Form Number: MBA VP-A (0606) web

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MBA VP-A (0606) web	Application/ Electronic Enrollment Form	Application/ Electronic Enrollment Form	Initial		54.600	MBA_VP-A_(0606) web - blank copy attached to certificate0527 dist.pdf

# Veterans Patriot Term Life

Underwritten by Government Personnel Mutual Life Insurance Company (GPM)

MILITARY BENEFIT ASSOCIATION ENROLLMENT APPLICATION FORM

For MBA Administrative

OFFICE USE ONLY

I hereby apply to the Military Benefit Association for membership and to Government Personnel Mutual Life Insurance Company for life insurance coverage under the group policy issued to the Military Benefit Association.

NAME \_\_\_\_\_  
(Please Print) First Middle Last

Applicant SSN \_\_\_\_\_ Spouse SSN (if applying for family life insurance coverage) \_\_\_\_\_

Actual Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr

Male  Married  Divorced  
 Female  Single  Legally Separated

Have you used ANY tobacco products during the past 12 months?  Yes  No

Has your spouse used ANY tobacco products during the past 12 months?  Yes  No

Current Mailing Address \_\_\_\_\_  
Zip \_\_\_\_\_

Home Phone No.: (\_\_\_\_) \_\_\_\_\_

Work Phone No.: (\_\_\_\_) \_\_\_\_\_

Alternate Phone No.: (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Rank (before separation) \_\_\_\_\_

Branch of Service (before separation) \_\_\_\_\_

Date of honorable separation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo Day Yr

Please attach a copy of DD214 or proof of NOAA or USPHS employment.

I want my life insurance coverage to begin the first day of the month coincident with or next following both (a) approval by Government Personnel Mutual Life Insurance Company of my application for insurance and (b) receipt by MBA of the required premium. **Receipt of required premium expected:** \_\_\_\_/\_\_\_\_

**I am enclosing with this application:** (Check one) (Mo. / Yr.)

A completed EFT authorization form for my checking account.  
(I have attached a voided check.)

A completed Credit and Debit Card authorization form for payment to be automatically charged on a recurring schedule. (I want future premiums to be billed [quarterly/semi-annually/annually].)

A check or money order for my first 3 months premiums. DO NOT SEND CASH.  
(I want to be billed [quarterly/semi-annually] for future premiums.)

**I want immediate coverage FOLLOWING APPROVAL.**

(I am enclosing **the required** check or money order for 3 months premium.) DO NOT SEND CASH.

CHECK ONE:  New Member  Coverage Addition  Coverage Change

## YOUR COVERAGE

Check Box

\$50,000  \$100,000  \$150,000  \$200,000  \$250,000

Your monthly premium = \$ \_\_\_\_\_

If you elect a minimum of 2 units (\$100,000) on your life, each child may be covered, AT NO EXTRA COST, for \$2,500 per unit you purchased on your life. Child coverage is \$500 per unit at age 14 days to 6 months, then \$2,500 per unit to age 21, or age 25 if a full-time student in an accredited school. A maximum of \$12,500 is available for each child.

## SPOUSE COVERAGE\*

Check Box and list spouse information in FAMILY LIFE INSURANCE COVERAGE section below.

\$25,000  \$50,000  \$75,000  \$100,000  \$125,000  
 \$150,000  \$175,000  \$200,000  \$225,000  \$250,000

Spouse's monthly premium = \$ \_\_\_\_\_

\*The amount of spouse coverage may not exceed the amount of Member coverage.  
Wyoming Applicants: spouse coverage may not exceed 50% of insured Member coverage.

**TOTAL MONTHLY COST:** Your Premium \$ \_\_\_\_\_

Spouse Premium + \$ \_\_\_\_\_

Total Monthly Cost \$ \_\_\_\_\_

## FAMILY LIFE INSURANCE COVERAGE

If applying for this coverage, please list your spouse and all unmarried dependent children under age 21, or age 25 if enrolled full-time in an accredited school. Specify relationship if other than your natural child.

NAME	DATE OF BIRTH	DEPENDENT'S RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**NAME** \_\_\_\_\_ SSN \_\_\_\_\_  
(Please Print) First Middle Last

**INSURABILITY QUESTIONS:** Failure to completely and correctly answer the questions below may result in coverage being voided from its effective date. These questions pertain to **everyone** to be insured for life insurance coverage. (For South Carolina residents: Failure to completely and correctly answer the questions below may result in coverage being contested from its effective date)

Applicant's Height \_\_\_\_\_ Weight \_\_\_\_\_ Spouse's Height \_\_\_\_\_ Weight \_\_\_\_\_  
(If applying for family life insurance coverage)

Child's Name, Height and Weight \_\_\_\_\_  
(If applying for family life insurance coverage)

	Yourself		Dependents	
1. Has <b>any person to be insured</b> ever had or been treated for cancer, heart or circulatory trouble, high blood pressure, diabetes, psychiatric conditions, neurological impairment, disorders of the kidney, liver, gastrointestinal system or blood, respiratory disorders, alcohol or drug abuse, Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the antibodies to the HIV virus?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Yes	No
2. Currently, or during the past 5 years, has <b>any person to be insured</b> consulted any physician or other practitioner, been hospitalized, had an operation or been under any kind of prescribed medication? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Yes	No
3. In the past 5 years, has <b>any person to be insured</b> been convicted of 2 or more moving violations, or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver's License No./State _____	Yes	No	Yes	No
4. In the past 5 years, has <b>any person to be insured</b> engaged in: ballooning, cave exploration, parachuting, hang gliding, vehicle racing, scuba diving, mountain climbing or made any flight other than as a passenger? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Yes	No

If the answer to any of the above questions is "Yes", give complete details below. (If necessary, use a separate sheet of paper and attach it to the application.)

Name of Person	Illness or Condition — Date of Onset — Duration — Treatment — Operations — Medication — Degree of Recovery and Date	Name and address of Physician or other Practitioners and Hospitals where confined or treated

**I designate as my BENEFICIARY (List full given name; i.e., Mary L. Smith, not Mrs. John Smith.)**

Primary Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
 Contingent Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_  
(If primary beneficiary does not survive me)

Continued on next page....

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 may be guilty of a crime and may be subject to fines and confinement in prison.

For residents of **Pennsylvania**: Any person who knowingly and with intent to defraud any insurance company or any person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For residents of **New Mexico**: 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 may be guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of **Washington**: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For residents of **Virginia**: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For residents of **Colorado**: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

I understand that rates are based on current age on effective date of coverage and apply for the first twelve months, excluding age group changes. Although rates have not changed in the past, the rates can be changed in any year after issuance of coverage. Group premium rates may be increased but only if they are increased for all insureds of the same risk class and coverage category. It will be necessary for you to increase your premium payment when premiums increase. If you fail to pay the increase in premium, your coverage will be continued, but in a reduced amount.

I agree that coverage will not become effective for me or my dependents until the first day of the month coincident with or next following both (a) approval by Government Personnel Mutual Life Insurance Company of this application for insurance and (b) receipt by MBA of the required premium, unless I requested immediate coverage on the application and it is approved by Government Personnel Mutual Life Insurance Company. I understand that if I am under medical care requiring absence from regular duties or full-time employment, or normal activities on the scheduled effective date, the insurance will not become effective until the day after completion of the next day of regular duties or full-time employment or normal activities, and that if my dependent is confined in a hospital or other institution for medical care or treatment on the date he or she would otherwise become insured, insurance will not become effective until the day following his or her release from the hospital or other institution.

No sales agent or broker may make or modify the insurance contract or waive any requirement for coverage. Only an officer of Government Personnel Mutual Life Insurance Company can do these things.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, employer, insurer or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, consumer reporting agency, or other insurance support organization having information as to the mental

or physical health, occupation, avocation, other insurance, character, habits, driving record, finances, or age of me or my minor children, to give such information to Government Personnel Mutual Life Insurance Company or its reinsurer(s) at any time, including after my death. I further authorize all said sources, except Medical Information Bureau, Inc., to give such information to any agent or insurance support organization acting for Government Personnel Mutual Life Insurance Company or its reinsurer(s).

Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by Government Personnel Mutual Life Insurance Company to its reinsurer(s), the Medical Information Bureau, Inc. or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required.

I agree that a photocopy of this form will be as valid as the original. I also agree that this form will be valid for (1) 30 months (24 months for **Kentucky, Missouri, and Wyoming** residents. Not more than two years for **New Mexico** residents.) from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. (For **Virginia** residents: I agree that this form will remain valid for 30 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, and for the duration of a claim for benefits.) I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices," "Investigative Consumer Reports," and "Medical Information Bureau, Inc." from Government Personnel Mutual Life Insurance Company.

Do you now have any life insurance or annuity contract?  Yes  No.

Is the insurance applied for intended to replace any existing insurance or annuity contract?  Yes  No.

**By my signature below, I attest that the answers and statements, each of which I have made and read, are complete and true and shall form the basis for the issuance of insurance.**

Signed signature submitted electronically \_\_\_\_\_ Date \_\_\_\_\_  
Signature of APPLICANT

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of the SPOUSE

If you made any corrections on this form, please initial each correction. Please make check or money order payable to: **MBA**  
Send the application to: **MILITARY BENEFIT ASSOCIATION, 14605 Avion Parkway, P.O. Box 221110, Chantilly, VA 20153-1110**

MBA VP-A (0606) web

**FIELD UNDERWRITER (F.U.) SECTION** (if applicable)

I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of any person proposed for insurance which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notice regarding Information Practices, the Federal Fair Credit Reporting Act, and Medical Information Bureau, Inc. were given to the Primary Proposed Insured.

To the best of your knowledge, a) has the applicant any existing life insurance or annuity contract?  Yes  No. b) is any insurance or annuity in this or any other company being replaced as a result of this application?  Yes  No. If either answer is "Yes", F.U. must attach completed replacement form(s) required by your state.

F.U. Signature \_\_\_\_\_  
F.U. Name \_\_\_\_\_  
F.U. Code # \_\_\_\_\_

Agency/Marketing Director Code # \_\_\_\_\_  
Agency Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_



**MILITARY BENEFIT ASSOCIATION**

14605 Avion Parkway, P.O. Box 221110  
Chantilly, VA 20153-1110  
(703) 968-6200

[www.militarybenefit.org](http://www.militarybenefit.org)



*This coverage is underwritten by  
Government Personnel Mutual Life Insurance  
Company (GPM) under policy number GP01.*

[www.gpmlife.com](http://www.gpmlife.com)

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> AR RDB DIST.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Attached under the Form schedule tab. <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certification of Compliance <b>Comments:</b> <b>Attachment:</b> AR COC DIST.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization <b>Comments:</b> <b>Attachment:</b> First Consulting Authorization 2009.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> MBA VP-A (0606) web Pop ups		

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Product Name: Military Benefit Assoc. Electronic App  
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**Comments:**

**Attachments:**

- A - PopUp Screens for MBA\_VP-A\_(0606) web married dist.pdf
- B - PopUp Screens for MBA\_VP-A\_(0606) web single dist.pdf

**Item Status:**

**Status  
Date:**

**Satisfied - Item:** MBA VP-A (0606) web Screen  
shots

**Comments:**

**Attachments:**

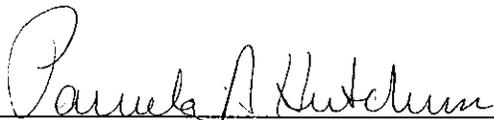
- A - Screen prints - John Doe married copy0527 dist.pdf
- B - Screen prints - John Doe single 0601 dist.pdf

**STATE OF ARKANSAS  
READABILITY CERTIFICATION**

**COMPANY NAME:** Government Personnel Mutual Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
Basic Application, Form MBA VP-A (0606) web	54.6 when scored with certificate



Pamela Hutchins, FSA, MAAA  
Senior Vice President and Chief Actuary

MAY 15 2009

Date

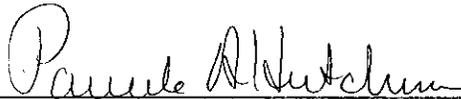
**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

**Company Name:** Government Personnel Mutual Life Insurance Company

**Form Title(s):** Electronic Application

**Form Number(s):** MBA VP-A (0606) web

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



\_\_\_\_\_  
Pamela Hutchins, FSA, MAAA  
Senior Vice President and Chief Actuary  
MAY 15 2009

\_\_\_\_\_  
Date

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY**

GPM LIFE Building, 2211 NE Loop 410, P.O. Box 659567, San Antonio, Texas 78265-9567

(210) 357-2222 Fax (210) 357-6722 (800) 929-4765

FEB 23 2009

\_\_\_\_\_  
Date

To The Insurance Commissioner

**AUTHORIZATION**

This letter, or a copy thereof, authorizes the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, and its employees, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Government Personnel Mutual Life Insurance Company  
Company

Signature: 

Name: Pamela Hutchins, FSA, MAAA

Title: Senior Vice President and Chief Actuary

Estimated premium  
\$0.00

# Veterans Patriot Term Life Insurance Application

## Welcome!



Hi, my name is Debbie. I am your virtual agent and will be assisting you throughout our automated application process. Military Benefit Association uses advanced cryptography to protect your personal information. You can confirm cryptography is enabled and operational and review our security certification by looking for the lock icon at the bottom corner of your web browser.

Of course, if you prefer, you can still do business with us the old fashioned way by calling 1-800-336-0100 or via e-mail or postal mail. Our goal is to make the application process as straight-forward and convenient as possible.

I need to confirm your eligibility for this coverage before we can start the interview process.

Please confirm the following statements by checking the box next to each.

- I have my DD214 Military Discharge Certificate or proof NOAA or USPHS employment and can provide it to Military Benefit Association upon request.
- I have my social security number (spouse SSN also required if married and applying for joint coverage).

At the end of the interview, you will be asked to review and electronically sign your application forms. You will be given an opportunity to print each of these documents for your records.

We appreciate the opportunity to serve your insurance needs.

MBAVP-A VAg1 (0509)

Continue

Applicant

Let's get started  
input error

Current coverage

Please the

I am

Contact information

First name

Home phone

E-mail address

Street number

(1234 Main

City

State

Zip

Personal information

# Veterans Patriot Term Life Insurance Application

Estimated premium  
**\$0.00**

Applicant Spouse Family Health Other Payment Review

Let's get started by collecting information. We'll ask you a series of questions, one by one, and we'll provide you with feedback on each question in order to alert you to input errors and hide questions that are not applicable to you.

### Advice from your virtual agent...



If you already have an account with MBA, simply login using your e-mail address and password and I'll complete most of the fields on this form for you.

MBAVP-A VAg12 (0509)

OK

### Current coverage

Please select the option that best describes you:

I am a new member.  I am a returning member.

### Contact information

First name

Home phone

E-mail address

Street number and name

(1234 Main St.)

City

State

Zip

### Personal information

**Personal information**

Sex:  Male  Female  
Marital status:  Single  Married  Divorced  Legally Separated  
Date of birth:  (mm/dd/yyyy)  
Social Security Number (SSN):  (xxx-xx-xxxx)

Height:  (5' 10")

Weight:

Have you used any tobacco products during the past 12 months?  
 Yes  No

**Service information**

Branch of service:  Army  Coast Guard  Marine  Navy  Air Force  
Rank:

**Requested coverage**

Coverage Amount:  \$50,000  \$100,000  \$150,000  \$200,000  \$250,000

Primary beneficiary:   
(full given name; i.e., Mary L. Smith, not Mrs. John Smith)  
Relationship:

Contingent beneficiary:   
(if primary beneficiary does not survive me)  
Relationship:

MBA VP-A (0606) web

**Advice from your virtual agent...**



If you elect a minimum of 2 units (\$100,000) on your life, each child may be covered, AT NO EXTRA COST, for \$2,500 per unit you purchased on your life.

Child coverage is \$500 per unit at age 14 days to 6 months, then \$2,500 per unit to age 21, or age 25 if a full-time student at an accredited school.

A maximum of \$12,500 is available for each child.

# Veterans Patriot Term Life Insurance Application

Estimated premium  
**\$11.77**

- Applicant
- Spouse
- Family
- Health
- Other
- Payment
- Review

Please tell us about any existing life insurance policies you own.

### Other Coverage

Do you now have any life insurance or annuity?

Yes  No

Is the insurance applied for intended to replace an existing policy?

Yes  No

The existing policy or contract is being replaced by this new policy or contract.

*This field is required.*

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes  No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes  No

### Policy or Contract #1

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

### Oops!



There are several minor issues we need to address before we can continue.

I have marked the problem fields with red text indicating why the field is invalid and how to correct it.

Please make the required corrections and press the continue button again.

MBAVP-A VAgE (0509)

OK

Apply for Veterans Patriot Term Life online - Microsoft Internet Explorer provided by GPM Life Insurance Company

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Print Mail New Tab

Address <https://dev.www.militarybenefit.org/ApplyNow/Wizard/index.cfm?form=MBA%5FVP%2DA%5F%280606%29> Go Links

Check or Money Order. You will have the option to pay quarterly, semi-annually or annually and will receive premium due notices four to six weeks prior to premium due date.

### Checking account information

Each month, MBA will debit your personal checking account for the amount due for your premium payment. All you have to do is simply record the debit in your check register the first five days of each month. The debit will appear on your monthly statement from your bank.

You may transfer your account to a different bank or another branch of the same bank at any time. Just give us a few weeks notice so we can send you a new EFT authorization form to process the paperwork.

If there are insufficient funds in your account on the day of the automatic debit, or if the debit is rejected for any reason, your life insurance may lapse and your EFT authorization may be revoked.

This service is available only for United States residents.

To take advantage of EFT, you will need a checking account with a routing/transit number and a checking account number. For more information, call 1-800-336-0100, ext. 2211.

Name and address of financial institution  
 Association, 14605 Avion Parkway, PO Box 221111, Anytown, VA 20153-1110

Routing/transit number (first 9 digits from the top left of the check)  
 (if your checking account is through a credit union, use the routing number from the top left of the check)

Checking account number

#### Important information



Coverage normally begins on the next regular billing cycle following approval of your application.

You will need to send a check or money order for your first three months premiums to obtain immediate coverage following approval when paying by electronic funds transfer.

MBAVP-A VAgtef(0509)

I request immediate coverage FOLLOWING APPROVAL and authorize the first deduction on that date.

MBA VP-A (0606) web

Done Internet

start Info... Inbo... Sessi... Pole... FW: ... Revi... Appl... Desktop My Computer 4:05 PM

Military Benefit Association offers a number of convenient ways to pay your premium. Please choose a payment method and complete the required fields.

**Payment options**

How would you like to pay your premium?

- Electronic Funds Transfer (EFT) directly from my personal checking account.
- VISA, Master Card or Discover credit/debit card to be charged automatically on a recurring schedule.
- Check or Money Order. You will have the option to pay quarterly, semi-annually or annually and will receive premium due notices four to six weeks prior to premium being due.

**Credit/debit card information**

Name on card  
John A Doe

Billing address  
1234 Main St.  
(1234 Main St.)

City  
Anytown

Credit card number  
1321-6549-8798-7456  
(XXXX-XXXX-XXXX-XXXX)

*Please verify your account number.*

- I want future premiums to be billed
- Quarterly
  - Semi-annually
  - Annually

I request immediate coverage FOLLOWING APPROVAL and authorize the first deduction on that date.

MBA VP-A (0606) web

**Important information**



Coverage normally begins on the next regular billing cycle following approval of your application.

To receive immediate coverage, you are authorizing automatic payment of your first premium immediately following approval rather than waiting for the next monthly billing cycle.

MBAVP-A VAgtCC(0509)



CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium  
**\$0.00**

### Welcome!



Hi, my name is Debbie. I am your virtual agent and will be assisting you throughout our automated application process. Military Benefit Association uses advanced cryptography to protect your personal information. You can confirm cryptography is enabled and operational and review our security certification by looking for the lock icon at the bottom corner of your web browser.

Of course, if you prefer, you can still do business with us the old fashioned way by calling 1-800-336-0100 or via e-mail or postal mail. Our goal is to make the application process as straight-forward and convenient as possible.

I need to confirm your eligibility for this coverage before we can start the interview process.

Please confirm the following statements by checking the box next to each.

- I have my DD214 Military Discharge Certificate or proof NOAA or USPHS employment and can provide it to Military Benefit Association upon request.
- I have my social security number (spouse SSN also required if married and applying for joint coverage).

At the end of the interview, you will be asked to review and electronically sign your application forms. You will be given an opportunity to print each of these documents for your records.

We appreciate the opportunity to serve your insurance needs.

MBAVP-A VAg1 (0509)

Continue

Applicant

Let's get started  
input error

Current coverage

Please the

I am

Contact information

First name

Home phone

E-mail address

Street number

(1234 Main

City

State

Zip

Personal information

# Veterans Patriot Term Life Insurance Application

Estimated premium  
**\$0.00**

Applicant Spouse Family Health Other Payment Review

Let's get started by collecting information. We'll ask you a series of questions, one by one, and we'll provide you with feedback on each question in order to alert you to input errors and hide questions that are not applicable to you.

### Advice from your virtual agent...



If you already have an account with MBA, simply login using your e-mail address and password and I'll complete most of the fields on this form for you.

MBAVP-A VAg12 (0509)

OK

### Current coverage

Please select the option that best describes you:

I am a new member.  I am a returning member.

### Contact information

First name

Home phone

E-mail address

Street number and name

(1234 Main St.)

City

State

Zip

### Personal information

Sex:  Male  Female

Marital status:  Single  Married  Divorced  Legally Separated

Date of birth:  (mm/dd/yyyy)

Social Security Number (SSN):  (xxx-xx-xxxx)

Height:  (5' 10")

Weight:  (lbs)

Have you used any tobacco products during the past 12 months?  
 Yes  No

**Service information**

Branch of service:  
 Army  Coast Guard  Marine

Rank:

**Requested coverage**

Coverage Amount:  
 \$50,000  \$100,000  \$150,000

Primary beneficiary:

(full given name; i.e., Mary L. Smith, not Mrs. John Smith)

Contingent beneficiary:

(if primary beneficiary does not survive me)

Relationship:

MBA VP-A (0606) web

CONTINUE >>

**Advice from your virtual agent...**



If you elect a minimum of 2 units (\$100,000) on your life, each child may be covered, AT NO EXTRA COST, for \$2,500 per unit you purchased on your life.

Child coverage is \$500 per unit at age 14 days to 6 months, then \$2,500 per unit to age 21, or age 25 if a full-time student at an accredited school.

A maximum of \$12,500 is available for each child.

MBAVP-A VAgT3 (0509)

# Veterans Patriot Term Life Insurance Application

Estimated premium  
\$11.77

- Applicant
- Spouse
- Family
- Health
- Other
- Payment
- Review

Please tell us about any existing life insurance policies.

### Other Coverage

Do you now have any life insurance or annuity?

Yes  No

Is the insurance applied for intended to replace an existing policy?

Yes  No

The existing policy or contract is being replaced by this new policy or contract.

*This field is required.*

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes  No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes  No

### Policy or Contract #1

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

### Oops!



There are several minor issues we need to address before we can continue.

I have marked the problem fields with red text indicating why the field is invalid and how to correct it.

Please make the required corrections and press the continue button again.

MBAVP-A VAgE (0509)

OK

Apply for Veterans Patriot Term Life online - Microsoft Internet Explorer provided by GPM Life Insurance Company

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites

Address <https://dev.www.militarybenefit.org/ApplyNow/Wizard/index.cfm?form=MBA%5FVP%2DA%5F%280606%29> Go Links

Check or Money Order. You will have the option to pay quarterly, semi-annually or annually and will receive premium due notices four to six weeks prior to premium due date.

### Checking account information

Each month, MBA will debit your personal checking account for the amount due for your premium payment. All you have to do is simply record the debit in your check register the first five days of each month. The debit will appear on your monthly statement from your bank.

You may transfer your account to a different bank or another branch of the same bank at any time. Just give us a few weeks notice so we can send you a new EFT authorization form to process the paperwork.

If there are insufficient funds in your account on the day of the automatic debit, or if the debit is rejected for any reason, your life insurance may lapse and your EFT authorization may be revoked.

This service is available only for United States residents.

To take advantage of EFT, you will need a checking account with a routing/transit number and a checking account number. For more information, call 1-800-336-0100, ext. 2211.

Name and address of financial institution  
 Association, 14605 Avion Parkway, PO Box 221111, Arlington, VA 22202-1111

Routing/transit number (first 9 digits from front of check)  
 (if your checking account is through a credit union, use the routing number from the back of the check)

Checking account number

#### Important information



Coverage normally begins on the next regular billing cycle following approval of your application.

You will need to send a check or money order for your first three months premiums to obtain immediate coverage following approval when paying by electronic funds transfer.

MBAVP-A VAgTEF(0509)

I request immediate coverage FOLLOWING APPROVAL and authorize the first deduction on that date.

MBA VP-A (0606) web

Done Internet

start Info... Inbo... Sessi... Pole... FW: ... Revi... Appl... Desktop My Computer 4:05 PM

Military Benefit Association offers a number of convenient ways to pay your premium. Please choose a payment method and complete the required fields.

**Payment options**

How would you like to pay your premium?

- Electronic Funds Transfer (EFT) directly from my personal checking account.
- VISA, Master Card or Discover credit/debit card to be charged automatically on a recurring schedule.
- Check or Money Order. You will have the option to pay quarterly, semi-annually or annually and will receive premium due notices four to six weeks prior to premium being due.

**Credit/debit card information**

Name on card  
John A Doe

Billing address  
1234 Main St.  
(1234 Main St.)

City  
Anytown

Credit card number  
1321-6549-8798-7456  
(XXXX-XXXX-XXXX-XXXX)

*Please verify your account number.*

How often do you want future premiums to be billed

- Quarterly
- Semi-annually
- Annually

I request immediate coverage FOLLOWING APPROVAL and authorize the first deduction on that date.

MBA VP-A (0606) web

**Important information**



Coverage normally begins on the next regular billing cycle following approval of your application.

To receive immediate coverage, you are authorizing automatic payment of your first premium immediately following approval rather than waiting for the next monthly billing cycle.

MBAVP-A VAgtCC(0509)



CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

\$8.75

Applicant	Spouse	<b>Family</b>	Health	Other	Payment	Review
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Let's get started by collecting information about you, the applicant. This form will adjust dynamically as you respond to each question in order to alert you to input errors and hide questions that are not relevant to your application.

## Current coverage

Please select the option that best describes your current relationship with MBA.

- I am a new member.
  I am requesting additional coverage.
  I am requesting a change in coverage.

## Contact information

First name John	Middle initial A	Last name Doe
Home phone 210-357-3578	Work phone 210-357-6546	Alternate phone 210-357-6465
E-mail address jdoe@yahoo.com		
Street number and name 1234 Main St. (1234 Main St.)		
City Anytown	State VA	Zip 12324-8889

## Personal information

Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Marital status <input type="radio"/> Single <input checked="" type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Legally Separated
Date of birth 05/01/1974 (mm/dd/yyyy)	Social Security Number (SSN) 123-45-6878 (xxx-xx-xxxx)
Height 6' 1" (5' 10")	Weight 210 (lbs)
Have you used any tobacco products during the past 12 months? <input type="radio"/> Yes <input checked="" type="radio"/> No	

## Service information

Branch of service <input type="radio"/> Army <input type="radio"/> Coast Guard <input type="radio"/> Marine Corps <input type="radio"/> Navy <input checked="" type="radio"/> Air Force	Rank COL	Date of honorable separation 05/01/2009 (mm/dd/yyyy)
--	-------------	--

## Requested coverage

Coverage Amount <input checked="" type="radio"/> \$50,000 <input type="radio"/> \$100,000 <input type="radio"/> \$150,000 <input type="radio"/> \$200,000 <input type="radio"/> \$250,000	Primary beneficiary	Relationship
--	---------------------	--------------

Jane Doe

(full given name; i.e., Mary L. Smith, not Mrs. John Smith)

Wife

Contingent beneficiary

(if primary beneficiary does not survive me)

Relationship

MBA VP-A (0606) web

CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

**\$11.77**

Applicant	Spouse	<b>Family</b>	Health	Other	Payment	Review
-----------	--------	---------------	--------	-------	---------	--------

Please provide information about your spouse. Note that spouse coverage limits are based on your applicant coverage selection. For additional coverage options return to the applicant tab and increase your coverage.

## Coverage

Spouse's coverage amount

- \$25,000    \$50,000    \$75,000    \$100,000    \$125,000    \$150,000    \$175,000  
 \$200,000    \$225,000    \$250,000    None

## Personal information

Name

Date of birth

(mm/dd/yyyy)

Social Security Number (SSN)

(xxx-xx-xxxx)

Height

(5' 7")

Weight

(lbs)

Has your spouse used any tobacco products during the past 12 months?

- Yes    No

MBA VP-A (0606) web

CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

\$11.77

Applicant	Spouse	Family	Health	Other	Payment	Review
-----------	--------	--------	--------	-------	---------	--------

## Health information

Has **any person to be insured** ever had or been treated for cancer, heart or circulatory trouble, high blood pressure, diabetes, psychiatric conditions, neurological impairment, disorders of the kidney, liver, gastrointestinal system or blood, respiratory disorders, alcohol or drug abuse, Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the antibodies of the HIV virus?

Yourself

 Yes  No

Dependents

 Yes  No

Currently, or during the past 5 years, has **any person to be insured** consulted any physician or other practitioner, been hospitalized, had an operation or been under any kind of prescribed medication?

Yourself

 Yes  No

Dependents

 Yes  No

In the past 5 years, has **any person to be insured** been convicted of 2 or more moving violations, or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked?

Yourself

 Yes  No

Dependents

 Yes  No

In the past 5 years, has **any person to be insured** engaged in: ballooning, cave exploration, parachuting, hang gliding, vehicle racing, scuba diving, mountain climbing or made any flight other than as a passenger?

Yourself

 Yes  No

Dependents

 Yes  No

MBA VP-A (0606) web

CONTINUE &gt;&gt;

# Veterans Patriot Term Life Insurance Application

Estimated premium

**\$11.77**

Applicant	Spouse	<b>Family</b>	Health	Other	Payment	Review
-----------	--------	---------------	--------	-------	---------	--------

Please tell us about any existing life insurance or annuity contracts you may hold.

**Other Coverage**

Do you now have any life insurance or annuity contract?

Yes  No

MBA VP-A (0606) web

CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

\$11.77

Applicant	Spouse	Family	Health	Other	Payment	Review
-----------	--------	--------	--------	-------	---------	--------

Military Benefit Association offers a number of convenient ways to pay your premium. Please choose a payment method and complete the required fields.

**Payment options**

How would you like to pay your premium?

Electronic Funds Transfer (EFT) directly from my personal checking account.  VISA, Master Card or Discover credit/debit card to be charged automatically on a recurring schedule.

Check or Money Order. You will have the option to pay quarterly, semi-annually or annually and will receive premium due notices four to six weeks prior to premium being due.

MBA VP-A (0606) web

CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

**\$11.77**

Applicant	Spouse	<b>Family</b>	Health	Other	Payment	Review
-----------	--------	---------------	--------	-------	---------	--------

Please review your completed forms and provide an electronic signature to submit your application. Take your time and review these documents thoroughly. By electronically signing them, you will be entering into a legally binding agreement with Military Benefit Association. You should save or print a copy of each of these forms for your records.

The information you've entered during the interview process will be available until you close your web browser or navigate away from this page. If you need to make corrections to any of your answers, simply click the appropriate tab, make the desired changes and return to the review tab to preview the changed documents.

## Application Forms

### Brochure and Application

I have taken all the information you provided and completed the application form for you. Please read your completed application from start to finish as it contains the full details of your agreement with Military Benefit Association.



### Applicant Health-Related Information Release

This form authorizes the release of your medical records, if necessary, from your care providers for the purpose of determining insurability and is required by federal law.



### Spouse Health-Related Information Release

This form authorizes the release of your spouse's medical records, if necessary, from your care providers for the purpose of determining insurability and is required by federal law if spouse coverage is requested.



## Signature

You must enter your initials to electronically sign these forms.

Please enter "JAD" into this box before submitting this form:

MBA VP-A (0606) web

# Veterans Patriot Term Life Insurance Application

Estimated premium

**\$8.75**

Applicant Spouse Family Health Other Payment Review

Let's get started by collecting information about you, the applicant. This form will adjust dynamically as you respond to each question in order to alert you to input errors and hide questions that are not relevant to your application.

## Current coverage

Please select the option that best describes your current relationship with MBA.

- I am a new member.  I am requesting additional coverage.  I am requesting a change in coverage.

## Contact information

First name John	Middle initial A	Last name Doe
Home phone 210-357-3578	Work phone 210-357-6546	Alternate phone 210-357-6465
E-mail address jdoe@yahoo.com		
Street number and name 1234 Main St. (1234 Main St.)		
City Anytown	State VA	Zip 12324-8889

## Personal information

Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Marital status <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Legally Separated
Date of birth 05/01/1974 (mm/dd/yyyy)	Social Security Number (SSN) 123-45-6878 (xxx-xx-xxxx)
Height 6' 1" (5' 10")	Weight 210 (lbs)
Have you used any tobacco products during the past 12 months? <input type="radio"/> Yes <input checked="" type="radio"/> No	

## Service information

Branch of service <input type="radio"/> Army <input type="radio"/> Coast Guard <input type="radio"/> Marine Corps <input type="radio"/> Navy <input checked="" type="radio"/> Air Force	Rank COL	Date of honorable separation 05/01/2009 (mm/dd/yyyy)
--	-------------	--

## Requested coverage

Coverage Amount <input checked="" type="radio"/> \$50,000 <input type="radio"/> \$100,000 <input type="radio"/> \$150,000 <input type="radio"/> \$200,000 <input type="radio"/> \$250,000	Primary beneficiary	Relationship
--	---------------------	--------------

Jane Doe

(full given name; i.e., Mary L. Smith, not Mrs. John Smith)

Sister

Contingent beneficiary

(if primary beneficiary does not survive me)

Relationship

MBA VP-A (0606) web

CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

**\$8.75**

Applicant

Spouse

Family

Health

Other

Payment

Review

**Health information**

Has **any person to be insured** ever had or been treated for cancer, heart or circulatory trouble, high blood pressure, diabetes, psychiatric conditions, neurological impairment, disorders of the kidney, liver, gastrointestinal system or blood, respiratory disorders, alcohol or drug abuse, Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the antibodies of the HIV virus?

Yes  No

Currently, or during the past 5 years, has **any person to be insured** consulted any physician or other practitioner, been hospitalized, had an operation or been under any kind of prescribed medication?

Yes  No

In the past 5 years, has **any person to be insured** been convicted of 2 or more moving violations, or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked?

Yes  No

In the past 5 years, has **any person to be insured** engaged in: ballooning, cave exploration, parachuting, hang gliding, vehicle racing, scuba diving, mountain climbing or made any flight other than as a passenger?

Yes  No

MBA VP-A (0606) web

CONTINUE &gt;&gt;

# Veterans Patriot Term Life Insurance Application

Estimated premium

**\$8.75**

Applicant Spouse Family Health Other Payment Review

Please tell us about any existing life insurance or annuity contracts you may hold.

### Other Coverage

Do you now have any life insurance or annuity contract?

Yes  No

MBA VP-A (0606) web

CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

\$8.75

Applicant	Spouse	Family	Health	Other	Payment	Review
-----------	--------	--------	--------	-------	---------	--------

Military Benefit Association offers a number of convenient ways to pay your premium. Please choose a payment method and complete the required fields.

**Payment options**

How would you like to pay your premium?

Electronic Funds Transfer (EFT) directly from my personal checking account.  VISA, Master Card or Discover credit/debit card to be charged automatically on a recurring schedule.

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MBA VP-A (0606) web

CONTINUE >>

# Veterans Patriot Term Life Insurance Application

Estimated premium

**\$8.75**

Applicant

Spouse

Family

Health

Other

Payment

Review

Please review your completed forms and provide an electronic signature to submit your application. Take your time and review these documents thoroughly. By electronically signing them, you will be entering into a legally binding agreement with Military Benefit Association. You should save or print a copy of each of these forms for your records.

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## Signature

You must enter your initials to electronically sign these forms.

Please enter "JAD" into this box before submitting this form:

MBA VP-A (0606) web

**SUBMIT MY APPLICATION**