Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: Secure 12 - Mortgage Payment Protection Insurance

SERFF Tr Num: MNNL-126471350

State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-Closed

State Tr Num: 44695

Sub-TOI: L04G.500 Other

Co Tr Num: PJM-401

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Jeanine Berfeldt, Paula Moris

Disposition Date: 02/01/2010

Date Submitted: 01/26/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 02/01/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Secure 12 - Application Filing - Trust

Project Number: PJM-401

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/01/2010

Deemer Date:

Submitted By: Paula Moris

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Trust

Explanation for Other Group Market Type:

State Status Changed: 02/01/2010

Created By: Paula Moris

Corresponding Filing Tracking Number:

Filing Description:

Copies of the above-referenced form are attached for your review and approval. This form is new and will not replace any forms previously approved by your Department.

Form 09-50597 DM is an insured’s application intended to be used by eligible debtors of participating financial institutions who are applying for coverage under group monthly benefit mortgage life insurance policy 06-50456T, which was approved by your Department on December 22, 2006 under SERFF Tracking No. MNNL-125056558.

Variable text has been marked with brackets. If text is changed, it will never be less favorable than your state's laws allow. An Explanation of Variables is also being provided describing the bracketed material. Minnesota Life Insurance Company reserves the right to change the color, font, sequential order and layout of the attached form.

I look forward to your approval of the above-referenced form in the State of Arkansas. If you have any questions, please contact me. Thank you.

Company and Contact

Filing Contact Information

Paula Moris, Sr. Product Compliance Specialist paula.moris@securian.com
400 Robert Street North 651-665-1273 [Phone]
St. Paul, MN 55101-2098 651-665-5424 [FAX]

Filing Company Information

Minnesota Life Insurance Company	CoCode: 66168	State of Domicile: Minnesota
400 Robert Street North	Group Code: 869	Company Type:
Law Department	Group Name:	State ID Number:
St. Paul, MN 55101-2098	FEIN Number: 41-0417830	
(651) 665-3500 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$125.00
Retaliatory?	Yes
Fee Explanation:	The filing fee for an applicaiton form filing submission in the state of Minnesota, which is the domicile state, is $125.00. The filing fee for an applicaiton form filing submission in the state of Arkansas is $50.00 per form. The filing fee for MN in the amount of $125.00 is greater.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	$125.00	01/26/2010	33792053

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/01/2010	02/01/2010

Disposition

Disposition Date: 02/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MNNL-126471350*	*State:*	*Arkansas*
Filing Company:	*Minnesota Life Insurance Company*	*State Tracking Number:*	*44695*
Company Tracking Number:	*PJM-401*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*Secure 12 - Mortgage Payment Protection Insurance*		
Project Name/Number:	*Secure 12 - Application Filing - Trust /PJM-401*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Explanation of Variable Text		Yes
Form	Application for Mortgage Accidental Death Insurance		Yes

Form Schedule

Lead Form Number: 09-50597 DM

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	09-50597 DM	Application/ Enrollment Form	Application for Mortgage Accidental Death Insurance	Initial			09-50597 DM.jd.pdf

Mortgage Payment Insurance Application

Minnesota Life Insurance Company - A Securian Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

[MONTHLY PREMIUM [$30.00]]

JOHN C. DOE
123 MAIN STREET
ANYTOWN, USA 12345

[**Apply by phone (toll-free): 1-800-328-9343**]

FIRST APPLICANT (Please Print)		SECOND APPLICANT (Please Print)	
Name (first, middle, last) JOHN C. DOE	Date of birth 01/01/70	Name (first, middle, last)	Date of birth
Address (street, city, state, zip) 123 MAIN STREET, ANYTOWN, US		Address (street, city, state, zip)	
By applying for this insurance, do you intend to replace, discontinue or change an existing policy or contract? ☐ Yes ☒ No		By applying for this insurance, do you intend to replace, discontinue or change an existing policy or contract? ☐ Yes ☐ No	

ELIGIBILITY QUESTION:

First Applicant Yes	First Applicant No	Second Applicant Yes	Second Applicant No	
☐	☒	☐	☐	During the last two years, have you been diagnosed or treated by a medical doctor for: cancer, heart attack or coronary artery disease, stroke, cirrhosis, Acquired Immune Deficiency Syndrome(AIDS) or AIDS related conditions?* (**ME Residents:** Answer this question "No" if you have tested positive for HIV and have not developed symptoms of AIDS)

***My (our) answer to the above question is true to the best of my (our) knowledge and belief. If I (we) answer this question "yes", I (we) understand that the person answering "yes" is not eligible for insurance and will not be insured.**

By signing below I:

1. Verify that I am between the ages of [18 and 69] and would like to apply for this mortgage payment insurance coverage underwritten by Minnesota Life Insurance Company which is designed to pay monthly benefits at the earlier of my death or certification by a licensed physician of my terminal illness for a benefit period of [12] months;
2. Understand that the Company shall incur no liability because of this application unless and until it is approved by the Company and the first premium is paid and received by Minnesota Life;
3. Understand that the maximum monthly benefit payable will not exceed [$4,000] and the total amount of benefits payable will not exceed [$48,000];
4. Understand that fees may be paid by the insurer in connection with this coverage to the plan sponsor and/or its affiliates or designates;
5. Attest that answers given are true and complete to the best of my knowledge and belief, and are representations made by me;
6. Understand that false or incorrect answers to the above questions may lead to rescission of coverage and an otherwise valid claim will be denied;
7. Authorize [my lender] to [bill and collect premium with my mortgage payment] [and to provide the information contained on this application including my mortgage loan number and initial loan amount to Minnesota Life Insurance Company, a non-affiliate of [lender] to activate my coverage];
8. [Acknowledge that I have reviewed the fraud statement [on the back of this application]]; and
9. Acknowledge that I have received, read and understand the [Consumer Protection Disclosures] [on the back of this application].

VT residents only: This authorization EXCLUDES the release of information about previously administered tests for HIV antibodies, sero-positivity, T-cell counts or AIDS.

First applicant signature	Date (mm/dd/yy)	Second applicant signature	Date (mm/dd/yy)
X /S/ JOHN C. DOE	02/01/2010	X	

For Office Use Only

Plan sponsor	Group policy number	Term of loan
ABC FINANCIAL INSTITUTION	123456	30 YEARS

Account number	Monthly premium	Benefit period
987654321	$30.00	12 months

Initial loan amount	Initial monthly mortgage payment	Initial monthly benefit
$300,000	$1,600.00	$1,600.00

[**Fraud Warning: (applies to all states unless specified below)**: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **AR, LA, RI, WV**: 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. **CO**: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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. **DC**: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny benefits if false information materially related to a claim was provided by the applicant. **FL**: 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 is guilty of a felony of the third degree. **KY**: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. **ME, WA**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **MD**: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NM**: 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 civil fines and criminal penalties. **OK**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **PA**: Any person who knowingly and with intent to defraud any insurance company or other 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. **TN**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. *Penalties include imprisonment, fines and denial of coverage.* **VA**: 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. The fraud statements above do not apply to residents of **OR**.]

[Consumer Protection Disclosures

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.]

Supporting Document Schedules

Item Status: **Status Date:**

Bypassed - Item: Flesch Certification

Bypass Reason: This is an application only filing submission. Therefore, this requirement is not applicable and has been bypassed.

Comments:

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: This is an application only filing. Please see the general description for the policy to be issued with the application, if needed.

Comments:

Item Status: **Status Date:**

Satisfied - Item: Explanation of Variable Text

Comments:

Attached is the Explanation of Variable Text.

Attachment:

Explanation of Variables.pdf

Explanation of Variables
Minnesota Life Insurance Company
Form 09-50597 DM

1. **[**MONTHLY PREMIUM [$30.00]] may be removed if it is a client's preference to show the premium rates elsewhere in the marketing package, such as on a rate card.

2. [Apply by phone (toll-free): 1-800-328-9343] may be removed if application by telephone is not being offered. This section is also bracketed in case the toll-free number changes.

3. The replacement question is bracketed to allow it to be removed when marketing in a state that hasn't adopted the NAIC Model Replacement Regulation.

4. **Authorization:**

   - The phrase **[**18 and 69**]** will be removed if there is no maximum eligibility age, or if a different eligibility age is being used.

   - **[**12**]** months is bracketed to allow for a different benefit period. The available options are 12, 24, 36, 48 or 60 months.

   - **[**$4,000**]** and **[**$48,000**]** are bracketed to allow for a different minimum and maximum benefit amounts.

   - The text "Authorize **[**my lender**]** to **[**bill and collect premium with my mortgage payment**]** **[**and to provide the information contained on this application including my mortgage loan number and current outstanding loan balance to Minnesota Life Insurance Company, a non-affiliate of **[**lender**]** to activate my coverage" will vary based on marketing approach used for a specific client.

     The premium payment options that are available for this plan include escrow, EFT (electronic funds transfer), credit card or direct billing.

   - The text "**[**Acknowledge that I have reviewed the fraud statement **[**on the back of this application**]]**" will vary based on the location of the fraud statement within the marketing package. That item might appear on a separate page, or it may be included on the back page of the application.

   - The text **[**Consumer Protection Disclosures**]**" will vary if a client chooses to re-title the disclosures to be something similar, such as "Federal Disclosures".

   - The phrase "**[**on the back of this application**]**" will vary based on the location of the Consumer Protection Disclosures within the marketing package. Those disclosures may appear on the front of the application, the back of the application, or on a separate piece within the marketing package.

5. **General Variability:**

   - The general placement and format of information may vary depending on marketing and client needs (i.e. paper size, organization of information, method of distribution or production, etc.)

   - Various sections of the form may be printed in color.

   - Graphics or images may be added depending on marketing and client needs.