

SERFF Tracking Number: AEGB-126550523 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 45267
Company Tracking Number: L120 0210
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Life Application (Sr. Market)
Project Name/Number: Life Application (Sr. Market)/L120 0210

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Life Application (Sr. Market)

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: AEGB-126550523 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45267

Co Tr Num: L120 0210

State Status: Approved-Closed

Author: Tim O'Reilly

Date Submitted: 03/25/2010

Reviewer(s): Linda Bird

Disposition Date: 03/29/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: Life Application (Sr. Market)

Project Number: L120 0210

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/29/2010

Deemer Date:

Submitted By: Tim O'Reilly

Filing Description:

L120 0210 – Life Application

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Domicile state of
IOWA has been simultaneously submitted.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/29/2010

Created By: Tim O'Reilly

Corresponding Filing Tracking Number:
30822770

Dear Sir/Madam:

Please find attached a copy of the above-referenced form. This is a new form and does not replace any form previously

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approved by your Department. This form has been submitted in final printed form in which it will be distributed to Proposed Insureds/Owners. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, and adaptation to computer printing.

Application L120 0210 is a single life application for use with our life portfolio. Our field force will use this form to market life insurance on an individual basis.

We also plan to make this form available electronically. It is our intent to use the form in a variety of electronic environments, including laptop, voice stamp and web-based application process. Regardless of the application process used, we will adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via secured socket layer/secured line. Information contained in the supplement will be transmitted to our administrative office electronically as well as the electronic signature of the Proposed Insured/Owner. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

We hereby certify that for the voice stamp process, a recording of the application and signature process will be maintained in accordance with our normal record retention procedures. This recording will be stored securely and be available for recall and review upon request.

A copy of the application, identical to the filed form, will be printed and made part of any policy issued.

We would appreciate your review and approval of this form.

Thank you for your assistance.

Company and Contact

Filing Contact Information

Tim O'Reilly, Senior Analyst tim.oreilly@transamerica.com
1150 South Olive Street 213-742-2860 [Phone]
Contract Development LAT-24-0305
Los Angeles, CA 90015

Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
4333 Edgewood Road NE Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:

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Product Name: Life Application (Sr. Market)
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(319) 355-7888 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: \$20 per form (filed separate from a policy) X 1 form = \$20.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$20.00	03/25/2010	35179037

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/29/2010	03/29/2010

SERFF Tracking Number: AEGB-126550523 *State:* Arkansas
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Product Name: Life Application (Sr. Market)
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Disposition

Disposition Date: 03/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *AEGB-126550523* *State:* *Arkansas*
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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 - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	LIFE APPLICATION		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L120 0210	Application/LIFE APPLICATION Enrollment Form		Initial		50.600	L120 0210.pdf



Agent ID #	State Application Taken	Policy # (H.O. Use Only)
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Part A1 - Proposed Insured

Name (First, M.I., Last)		Address, City, State, Zip Code (cannot be a P.O. Box)			
SSN	Gender	D.O.B. (MM/DD/YYYY)	Age	U.S. State or Country of Birth	Phone Number ()
<p>1) Within the last 12 months has the proposed Insured used tobacco products in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Life Insurance Face Amount \$ _____ a) Plan: _____ b) Accidental Death Benefit Rider Face Amount \$ _____ c) Total Premium \$ _____ d) If a policy cannot be issued as applied for, would you accept a rated policy if available? <input type="checkbox"/> Yes <input type="checkbox"/> No e) If 'yes,' adjust face amount to premium? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) Does the applicant have any existing life insurance or annuity contracts with the company or any other company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4) Is this insurance intended to replace or change any life insurance or annuity contract in force with the company or any other company? (If yes, submit the state required forms) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					

Part A2 - Owner (If Other Than Proposed Insured)

Name (First, MI, Last)	SSN	Gender	Relationship to Insured	D.O.B. (MM/DD/YYYY)
Address, City, State, Zip Code (If different from Insured) (cannot be a P.O. Box)			Are you a citizen of the U.S.? If not, what country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part A3 - Beneficiary

Primary Name (First, MI, Last)	SSN	Gender	Relationship to Insured	D.O.B. (MM/DD/YYYY)
Contingent Name (First, MI, Last)	SSN	Gender	Relationship to Insured	D.O.B. (MM/DD/YYYY)

Part B1 - If Any Question In This Section Is Answered "Yes," The Proposed Insured Is Not Eligible For Any Coverage.

<p>1) Is the proposed Insured hospitalized, bedridden, residing in a nursing home or long term care facility, receiving hospice or home health care, confined to a wheelchair, been advised or planning to have inpatient surgery or currently waiting for an organ transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) Has the proposed Insured ever: a) Been diagnosed with, been treated for or advised to receive treatment for Alzheimer's disease, senile dementia, organic brain disease, mental incapacity, Lou Gehrig's disease (ALS), Down's Syndrome, Huntington's disease, sickle cell anemia, Spina Bifida not surgically corrected, cystic fibrosis, cerebral palsy or any terminal medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Tested positive for the antibodies to the AIDS (HIV) virus or been medically diagnosed with or received treatment for HIV, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Been in a diabetic coma or had or been advised to have an amputation due to disease or disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3) Within the past 2 years has the proposed Insured: a) Been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Undergone testing by a medical professional for which the results have not been received? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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Part B2

<p>4) Has the proposed Insured been diagnosed with, been treated for or advised to receive treatment for diabetes (other than gestational diabetes) before the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5) Within the past 4 years has the proposed Insured been diagnosed with, been treated for or advised to receive treatment for cancer (other than basal cell carcinoma)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6) Within the past 1 year has the proposed Insured: a) Used illegal drugs or been diagnosed with, been treated for or advised to receive treatment for alcohol abuse, drug abuse or muscular dystrophy? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Had more than 12 seizures or been diagnosed with, been treated for or advised to receive treatment for congestive heart failure, cirrhosis, hepatitis B or C or other liver disease? <input type="checkbox"/> Yes <input type="checkbox"/> No c) Been diagnosed with, been treated for or advised to receive treatment for heart attack, stroke (CVA), transient ischemic attack (TIA), aneurysm, angina, or had or been advised to have heart surgery of any kind including bypass surgery or pacemaker implant? <input type="checkbox"/> Yes <input type="checkbox"/> No d) Used oxygen to assist in breathing due to a disease or disorder, received kidney dialysis or been diagnosed with, been treated for or advised to receive treatment for kidney failure due to a disease or disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
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- If All Questions in Part B2 Are Answered "No," Proceed to Part B3.
- If One Question in Part B2 Is Answered "Yes," The proposed Insured Is Eligible For The Graded Death Benefit Product. Proceed to Part C1.
- If Two Or More Questions in Part B2 Are Answered "Yes," The proposed Insured Is Not Eligible For Any Coverage.

Agent's Report

I represent that:

1) I have personally seen the proposed Insured. Yes No

2) I have truly and accurately recorded on this application the information as supplied by the Owner and the proposed Insured. Yes No

Is the person proposed for insurance related to you? Yes No Relationship _____

Is the policy applied for in this application intended to replace any insurance or annuity now in force? Yes No

Best time to call for a Personal History Interview _____ a.m. _____ p.m.

Home or work phone number _____

Agent Signature _____

AGREEMENT / AUTHORIZATION

This application consists of all Parts A, B, and C, and is not a contract of insurance. A contract of insurance shall take effect only if a policy is issued on this application and the first premium is paid in full (a) during the lifetime of the proposed Insured and (b) while there is no change in the insurability and health of the proposed Insured from that stated in this application. It is represented that all statements and answers in this application are true, full and complete and bind all parties in interest under any policy applied for. Only an authorized officer of our Company can make void, waive or change any of the conditions or provisions of any application, policy or receipt or accept risks or pass on insurability. Acceptance of any policy issued on this application shall mean acceptance of any change, correction, addition or amendment noted by any amendments and corrections. The proposed Insured shall be the policyowner unless another owner is named above.

I have received the MIB Disclosure Notification, Notice to Persons Applying For Insurance, Accelerated Death Benefit Disclosure and Conditional Receipt. I hereby authorize any licensed physician, medical practitioner, or the Medical Information Bureau or other institution that has any records or knowledge of the proposed Insured to give any such information, including medical information, to the life insurance company. A photocopy or facsimile of this authorization shall be made as valid as the original.

FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at City _____ State _____ Proposed Insured Signature _____

Date _____ Owner Signature _____
(If Owner other than Insured)

Witness _____
(Agent Signature) (Print Agent's Name and I.D. Number)

If The EFT Premium Payment Method Is Chosen, Please Tape A Voided Check In This Box.

NOTICE TO PERSONS APPLYING FOR INSURANCE

As part of the Company's procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through physicians, hospitals, clinics, and other medically-related facilities, who may be contacted using your signed authorization, to obtain details of your past medical treatment.

You have the right to be interviewed as part of any investigative consumer report that may be prepared. If you desire to be interviewed, you must indicate this to the Company. You also have the right to request access to, and correction and amendment of, any personal information collected. Additionally, you are entitled to receive a description of procedures which allow access to and correction of personal information which may be obtained, the nature and scope of the investigation requested, and a description of the circumstances under which personal information may be disclosed without prior authorization. Your written request should be addressed to the Company.

MONUMENTAL LIFE INSURANCE COMPANY

Home Office: [4333 Edgewood Road NE, Cedar Rapids, IA 52499]

MIB DISCLOSURE NOTIFICATION

Information regarding your insurability will be treated as confidential. Monumental Life Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 or (TTY 866-346-3642). If you question the accuracy of information in the MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734.

Monumental Life Insurance Company, or its reinsurers may also release information from its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

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CONDITIONAL RECEIPT

No coverage will be effective prior to delivery of the policy applied for unless and until all the following conditions are met:

Conditions of Coverage

1. On the Effective Date indicated below, the state of health and all factors affecting insurability of each person proposed for coverage must be stated in the application required by the Company;
2. An amount equal to the first full premium required is paid on the plan and any check, money order, or Authorization for Electronic Funds Transfer (EFT) given in payment is honored when first presented; and,
3. Each person proposed for coverage is on the Effective Date insurable and acceptable to the Company under its rules, limits and underwriting standards for the plan and for the amount applied for, without modification of plan, premium of rates or amount of coverage.

Effective Date

If all of the above conditions are met, insurance in the amount applied for or \$25,000, whichever is lower, will become effective on the date the application is completed. If any of the above conditions are not met, or the application contains a material misrepresentation, or if the proposed Insured dies by suicide, this receipt provides no coverage, and the liability of the Company is the return of the amount remitted with this receipt. Coverage which takes effect through this receipt will terminate at the EARLIEST of the following: (a) the effective date of the policy; (b) thirty (30) days after the date of the application; (c) three (3) days after the date the Company sends written notice that the receipt is terminated.

Agent Instructions: Please leave this page with the Proposed Insured/Owner

<i>SERFF Tracking Number:</i>	<i>AEGB-126550523</i>	<i>State:</i>	<i>Arkansas</i>
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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments: Certifications attached.</p> <p>Attachments: AR - Rule and Regulation 19 (L120).pdf Flesch Score L120.pdf</p>		

	Item Status:	Status Date:
<p>Bypassed - Item: Application</p> <p>Bypass Reason: NA, this is an application filing.</p> <p>Comments:</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Statement of Variability</p> <p>Comments: Statement of Variability attached.</p> <p>Attachment: Statement of Variability L120.pdf</p>		

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

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

Form Number: L120 0210

Date: March 25, 2010

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

Cheryl Bock, Assistant Vice President

**MONUMENTAL LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

L120 0210

50.6

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



Cheryl Bock, Assistant Vice President

**MONUMENTAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY
L120 0210 – LIFE APPLICATION**

The variable items in this form are bracketed. No change in variability will be made which in any way expands the scope of the wording. Monumental Life Insurance Company reserves the right to correct at any time any and all typographical errors that do not impact benefits or intent of language.

Home Office Address: This may change to another location in the future.