

SERFF Tracking Number: AEGF-126602669 State: Arkansas
Filing Company: Monumental Life Insurance Company- State Tracking Number: 45527
Company Tracking Number: A10105AR
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2010 Reinstatement Application
Project Name/Number: /

Filing at a Glance

Company: Monumental Life Insurance Company-

Product Name: 2010 Reinstatement Application SERFF Tr Num: AEGF-126602669 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 45527
Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: A10105AR State Status: Approved-Closed
Premium - Single Life

Filing Type: Form

Author: Neil Tomas

Date Submitted: 04/28/2010

Reviewer(s): Linda Bird

Disposition Date: 04/29/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/29/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/30/2010

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/29/2010

Created By: Neil Tomas

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Neil Tomas

Filing Description:

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

Form - Description - Replaces Form - Approved

A10105AR - Application for Reinstatement - A09105AR - 12/10/2009

To Whom It May Concern:

SERFF Tracking Number: AEGF-126602669 State: Arkansas
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We respectfully request that the above listed form be considered for approval. This is a revised form that replaces the previously approved form indicated above. Only one revision was made to A09105AR. In Section E, the sentence regarding contestability was revised to conform with any Monumental Life policy.

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

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

Sincerely,

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

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

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Product Name: 2010 Reinstatement Application
Project Name/Number: /
Fee Explanation: 50 x Amount of Applications = Total
50 x 1 = 50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company-	\$50.00	04/28/2010	36019216

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/29/2010	04/29/2010

SERFF Tracking Number: *AEGF-126602669* *State:* *Arkansas*
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Company Tracking Number: *A10105AR*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *2010 Reinstatement Application*
Project Name/Number: */*
Life

Disposition

Disposition Date: 04/29/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGF-126602669 State: Arkansas
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Product Name: 2010 Reinstatement Application

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	A10105AR Redline Comparison		Yes
Form	Application for Reinstatement		Yes

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Form Schedule

Lead Form Number: A10105AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	A10105AR	Application/ Application for Enrollment Reinstatement Form	Initial		50.200	A10105AR.pdf

APPLICATION FOR
REINSTATEMENT
OF POLICY

MONUMENTAL LIFE INSURANCE COMPANY

[Home Office: Cedar Rapids, Iowa]

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

[Baltimore, Maryland 21202] 800-638-3080

SEE INSTRUCTIONS FOR COMPLETION OF FORM ON REVERSE SIDE

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

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

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

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

--Amount of insurance is less than \$50,000

--Policy has been lapsed less than 6 months

--Policy is not rated

--Policy is not an A&H contract

--The insured has been questioned concerning health

I certify that I have questioned (indicate the appropriate party):

Insured, Insured's Spouse, Insured's Parent-if insured is under age 15, concerning any illness occurring or medical treatment received during the past 12 months. Based on the given information, it is my judgment that the Insured(s) is qualified for reinstatement.

AGENT

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

AUTHORIZATION

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

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

Subject to state law, I may revoke it; but revocation may be grounds for declining the application.

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

Date _____ Signature of Proposed Insured (or parent)

If Child _____ Name _____

MONUMENTAL LIFE INSURANCE COMPANY

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

TEMPORARY RECEIPT TO BE GIVEN ON APPLICATION FOR REINSTATEMENT OF POLICY

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

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

District or Agency

Agent

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Supporting Document Schedules

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

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

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: N/A - Only an application for reinstatement is being filed.		
Comments:		

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

	Item Status:	Status Date:
Satisfied - Item: A10105AR Redline Comparison		
Comments:		
Attachment:		

CERTIFICATION

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

Form

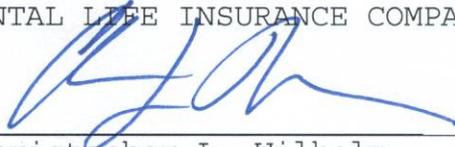
Flesch Score

A10105AR

50.1

MONUMENTAL LIFE INSURANCE COMPANY

Date: 04/27/2010

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

CRTARR.DOC

**STATEMENT OF VARIABILITY FOR
REINSTATEMENT APPLICATION A10105AR**

The only part of A10105AR that is variable is the address information for our Home Office and Administrative Office.

APPLICATION FOR
REINSTATEMENT
OF POLICY

MONUMENTAL LIFE INSURANCE COMPANY

[Home Office: Cedar Rapids, Iowa]

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		REVIVING AGENT				AGENT ML #	

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

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

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

AGENT

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

AUTHORIZATION

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

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

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

Date Signature of Proposed Insured (or parent)

If Child _____
Name

MONUMENTAL LIFE INSURANCE COMPANY

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

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 which is a payment made in connection with an application for reinstatement of Policy No(s). _____

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

District or Agency

Agent

