

SERFF Tracking Number: SMNY-126633836 State: Arkansas
 Filing Company: Security Mutual Life Insurance Company of New State Tracking Number: 45770
 York
 Company Tracking Number: 0012558AR 05/2010
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single
 Life
 Product Name: Application for Individual Whole Life Insurance
 Project Name/Number: /

Filing at a Glance

Company: Security Mutual Life Insurance Company of New York

Product Name: Application for Individual Whole SERFF Tr Num: SMNY-126633836 State: Arkansas
 Life Insurance

TOI: L07I Individual Life - Whole

SERFF Status: Closed-Approved- State Tr Num: 45770
 Closed

Sub-TOI: L07I.101 Fixed/Indeterminate
 Premium - Single Life

Co Tr Num: 0012558AR 05/2010 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Alana Mautone,
 Jacqueline Ayres, Aimee Sharland,
 Lynn Smith, Janet Esposito, Derick
 Deisinger

Disposition Date: 05/26/2010

Date Submitted: 05/25/2010

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/26/2010

Explanation for Other Group Market Type:

State Status Changed: 05/26/2010

Deemer Date:

Created By: Jacqueline Ayres

Submitted By: Jacqueline Ayres

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for review and approval is application form 0012558AR 05/2010. When approved, form 0012558AR 05/2010 will replace form 0011940AR 04/2008, approved May 14, 2008 under SERFF Tracking Number SMNY-125626005.

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Form 0012558AR 05/2010 will be used with policy form 2093-G, also approved May 14, 2008 under SERFF Tracking Number SMNY-125626005. It will be used where there are more than 50 eligible employees or members. Form 0012558AR 05/2010 will be used in the simplified issue market.

We have not included a Statement of Variability as there are no variable items in the form. We have not included certifications for Rule and Regulation 19, Rule and Regulation 49 and Bulletin 11-88, as they are not applicable to application filings.

The forms are submitted in final print and are subject to only minor modification in paper size and stock, ink, border, Company logo and adaption to computer printing.

Please advise if any additional information is required in order to complete your review.

Company and Contact

Filing Contact Information

Alana Mautone, Manager-Product Compliance amautone@smlny.com
 100 Court St. 607-723-3551 [Phone] 7297 [Ext]
 P. O. Box 1625 607-338-7562 [FAX]
 Binghamton, NY 13902

Filing Company Information

Security Mutual Life Insurance Company of New York	CoCode: 68772	State of Domicile: New York
100 Court Street	Group Code:	Company Type: Life Insurance
P. O. Box 1625	Group Name:	State ID Number:
Binghamton, NY 13902-1625	FEIN Number: 15-0442730	
(607) 723-3551 ext. 7297[Phone]		

Filing Fees

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

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Fee Explanation: 1 form @ \$50 = \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Security Mutual Life Insurance Company of New York	\$50.00	05/25/2010	36803846

SERFF Tracking Number: SMNY-126633836 State: Arkansas
Filing Company: Security Mutual Life Insurance Company of New York Tracking Number: 45770
Company Tracking Number: 0012558AR 05/2010
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Application for Individual Whole Life Insurance
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/26/2010	05/26/2010

SERFF Tracking Number: SMNY-126633836 *State:* Arkansas
Filing Company: Security Mutual Life Insurance Company of New York *Tracking Number:* 45770
Company Tracking Number: 0012558AR 05/2010
TOI: L07I Individual Life - Whole *Sub-TOI:* L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Application for Individual Whole Life Insurance
Project Name/Number: /

Disposition

Disposition Date: 05/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SMNY-126633836 State: Arkansas
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 Company Tracking Number: 0012558AR 05/2010
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 Product Name: Application for Individual Whole Life Insurance
 Project Name/Number: /

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	Exhibit 1		Yes
Form	Application for Individual Whole Life Insurance		Yes

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 Product Name: Application for Individual Whole Life Insurance
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Form Schedule

Lead Form Number: 0012558AR 05/2010

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	0012558AR 05/2010	Application/ Enrollment Form	Application for Individual Whole Life Insurance	Initial			0012558AR_052010.pdf



Application for Individual WHOLE LIFE INSURANCE

Section I – (Complete Section I for Every Application – Please Print)

APPLICANT/EMPLOYEE/OWNER		Social Security Number - -		(Home Office Use)
Last Name First Name Initial		Home Phone: ()		
Home Address				
Street		Apt. No.		City State Zip Code
Employer:			Dept. or I.D. #:	
Occupation:			Work Phone: ()	
Date of Hire:	Pay Frequency:	<input type="checkbox"/> Weekly (52)	<input type="checkbox"/> Bi-Weekly (26)	Sponsoring Organization:
	<input type="checkbox"/> Monthly (12)	<input type="checkbox"/> Semi-Monthly (24)	<input type="checkbox"/> Other _____	
Have you for the last 90 days been continuously employed for pay at the regular place of business of the employer stated above for 17 1/2 hours or more per week? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No": Are you retired and age 45 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "Yes": Is retirement due to illness or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No": (1) In the last 24 months, have you been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No. (2) Have you ever been treated for or diagnosed with any form of cancer or tumor (excluding basal cell carcinoma), or any disease or disorder of the heart or circulatory system? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Section II – Applicant/Employee (Complete Section II if Employee is Proposed Insured)

Date of Birth: (mm) (dd) (yyyy)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Dividend Option		Face Amount \$ or amount purchased by \$	
<input type="checkbox"/> Additions <input type="checkbox"/> Cash <input type="checkbox"/> Reduce Premium		<input type="checkbox"/> Waiver of Premium Benefit for Insureds Under Age 56 \$	
<input type="checkbox"/> Accumulations; Dividend Accumulations to be applied to unpaid premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Accidental Death Benefit \$	
Automatic Premium Loan, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Dependent Child Benefit \$	
<input type="checkbox"/> Living Benefits Rider <input type="checkbox"/> Conditional Insurance Rider		<input type="checkbox"/> Other \$	
		Total Deduction Amount including optional riders \$	
Primary Beneficiary:		Relationship:	
Contingent Beneficiary:		Relationship:	

Section III – (Complete Section III if Spouse is Proposed Insured)

		Date of Birth: (mm) (dd) (yyyy)		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
		Social Security Number: - -			
		Employer:			
Last Name First Name Initial		Occupation:			
Does the Proposed Insured reside in the same household as the Applicant/Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, provide details in "Remarks."					
Dividend Option		Face Amount \$ or amount purchased by \$			
<input type="checkbox"/> Additions <input type="checkbox"/> Cash <input type="checkbox"/> Reduce Premium		<input type="checkbox"/> Waiver of Premium Benefit for Insureds Under Age 56 \$			
<input type="checkbox"/> Accumulations; Dividend Accumulations to be applied to unpaid premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Accidental Death Benefit \$			
Automatic Premium Loan, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Dependent Child Benefit \$			
<input type="checkbox"/> Living Benefits Rider		<input type="checkbox"/> Other \$			
		Total Deduction Amount including optional riders \$			
Primary Beneficiary:		Relationship:			
Contingent Beneficiary:		Relationship:			

Remarks: _____

Section IV – (Complete Section IV if Dependent Child is Proposed Insured)

	Date of Birth: (mm) (dd) (yyyy)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
	Dependent Child Full-time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last Name First Name Initial	Social Security Number: - -	
Is Dependent Child a natural child or grandchild, adopted child, step-child, or under legal custody or guardianship of the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dividend Option		
<input type="checkbox"/> Additions <input type="checkbox"/> Cash <input type="checkbox"/> Reduce Premium	Face Amount \$	or amount purchased by \$
<input type="checkbox"/> Accumulations; Dividend Accumulations to be applied to unpaid premiums? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Waiver of Premium Benefit for Insureds Under Age 56	\$
Automatic Premium Loan, if available? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Accidental Death Benefit	\$
<input type="checkbox"/> Living Benefits Rider	<input type="checkbox"/> Other	\$
		Total Deduction Amount including optional riders \$
Primary Beneficiary:	Relationship:	
Contingent Beneficiary:	Relationship:	

Section V – Dependent Children’s Insurance Benefit Rider

Dependent Children’s Insurance Benefit is available on each child under age 18, unmarried and dependent on Applicant for support. Beneficiary to be as stated in the rider. **Number of Benefit Units (Maximum 10 Units)** _____

Child’s Name and Relationship	Date of Birth (mm/dd/yyyy)

Section VI – Questions

	Employee		Spouse		Child	
	Yes	No	Yes	No	Yes	No
For any Proposed Insured:						
1. Employee Only: Have you missed more than three consecutive workdays during the last 90 days due to heart disorder, cancer, stroke, kidney disorder, lung disorder, or diabetes?						
2. Has any proposed insured ever been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?						
3. In the last 5 years, has any proposed insured used heroin, cocaine (including crack), LSD, PCP, or any other controlled substance except as prescribed by a physician?						
4a. Does the applicant have any existing life insurance policies or annuity contracts in force with any insurer?						
4b. Will the insurance now being applied for replace or change life insurance or annuities in any company? (If “Yes,” attach required replacement forms.)						
Name of Company Policy Number Amount						
_____ _____ \$ _____						
_____ _____ \$ _____						
5. Has any proposed insured in the last 12 months, smoked one or more cigarettes?						
6. Has any proposed insured been hospitalized in the last 90 days? If yes, explain below.						
7. Spouse or Child Only: Is the proposed insured actively performing all the duties of his/her regular occupation (including homemaker or student)? If “No”, explain.						

For question 6, details of any “Yes” answer (which proposed insured, nature and length of illness or treatment; attach additional sheet of paper, if necessary) _____						

By checking this box, the undersigned Applicant: 1) authorizes Security Mutual Life Insurance Company of New York to accept and honor requests for policy loans or full or partial policy surrenders transmitted by telephone, facsimile, e-mail or other electronic means; 2) agrees that any such request shall be as valid and binding as an originally executed written request; and 3) indemnifies and holds Security Mutual harmless from any liability incurred by Security Mutual in taking action in reliance on any such request.

I REPRESENT that all statements and answers given on this Application are full, complete and true to the best of my knowledge and belief. I agree that: (1) the answers given in this Application will be the basis of any insurance policy issued on this Application (the "Policy") and will be part of the Policy; and (2) only the Company President, Vice President, or Secretary may make or amend any Policy or waive any requirements and then only in writing.

The undersigned Applicant and Licensed Agent represent that the Applicant has read or had read to him/her the completed Application and that he/she realizes that any false statement or material misrepresentation herein may result in the loss of coverage under the Policy. Any loss of coverage is subject to the incontestability provisions of the Policy.

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.

Signed at _____ Date _____
City State Zip / /

LICENSED AGENT'S STATEMENT: Does the applicant have any existing life insurance policies or annuity contracts with any insurer? Yes No
To the best of your knowledge does this insurance replace any existing insurance? Yes No

Signature of Applicant/Employee/Owner

Licensed Agent Signature

Date

Licensed Agent Code Number

Signature of Proposed Insured
if other than applicant
(if required)

Date

Signature of Proposed Insured
if other than applicant
(if required)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: 12558AR Readability Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Application being filed for approval. Attached to Form Schedule.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Exhibit 1		
Comments:		
Attachment: EXHIBIT 1 12558AR.pdf		



SECURITY MUTUAL LIFE

INSURANCE COMPANY OF NEW YORK

SECURITY MUTUAL BUILDING • 100 COURT STREET
P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
(607) 723-3551 www.smny.com

Certification

This is to certify that the attached Application for Individual Whole Life Insurance has achieved the following Flesch Reading Ease Score of

<u>Form No.</u>	<u>Flesch Reading Ease Score</u>
0012558AR 05/2010	40.23

and complies with the requirements of Ark. Stat. Ann. Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

05/25/2010

Date

Vincent Montelione

Vincent J. Montelione, CPA, CLU, ChFC, ACS
Vice President, Individual Client Services,
Reinsurance Administration and Claims

EXHIBIT 1

CHANGES TO FORM 0012558AR 05/2010 AS COMPARED TO APPROVED FORM 0011940AR 04/2008

SECTION I

Added colon after "Date of Hire".

2nd question at bottom changed from "Are you retired and age 50 or over?" to "Are you retired and age 45 or over?".

SIGNATURE SECTION

Added " Does the applicant have any existing life insurance policies or annuity contracts with any insurer? Yes No"

Changed "Licensed Agent" to "Licensed Agent Signature".

Added a line for "Licensed Agent Code Number".

Added "Date" to the Signature of Proposed Insured lines.