

SERFF Tracking Number: STAR-126618801 State: Arkansas  
 Filing Company: Starmount Life Insurance Company State Tracking Number: 45708  
 Company Tracking Number:  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
 Product Name: SelectLife Petite Application 5-10 Revisions  
 Project Name/Number: /

## Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: SelectLife Petite Application 5-10 Revisions SERFF Tr Num: STAR-126618801 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 45708

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

Filing Type: Form Reviewer(s): Linda Bird  
 Author: Natka Varisco Disposition Date: 05/20/2010  
 Date Submitted: 05/18/2010 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:	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: 05/20/2010	Explanation for Other Group Market Type:
	State Status Changed: 05/20/2010
Deemer Date:	Created By: Natka Varisco
Submitted By: Natka Varisco	Corresponding Filing Tracking Number:
Filing Description:	
I have enclosed 51-001P APP2, our revised Petite application to our SelectLife Policy. The previous application was approved in Arkansas on April 11, 2007.	

We wish to replace the previously approved application with the attached amended application. The policy remains unchanged.

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The changes to the previously approved application are below:

A question section has been added to the application. The following questions will be asked of the applicant:

1. Are you: hospitalized, bedridden, confined to a nursing home, on kidney dialysis, have a terminal illness, receiving supplemental oxygen, receiving or been advised to receive hospice care?
2. Have you ever been diagnosed as having AIDS (Acquired Immunization Deficiency Syndrome) or ARC (AIDS Related Complex), or being HIV (Human Immunodeficiency Virus) positive, Cirrhosis, Leukemia, Alzheimer's, Dementia, Schizophrenia, or other loss of memory or intellectual functions?
3. In the last two years have you received treatment for Cancer, Heart problems, COPD (Chronic Obstructive Pulmonary Disease), Emphysema or Stroke?

## Company and Contact

### Filing Contact Information

Natka Varisco, compliance specialist natkav@starmountlife.com  
 7800 Office Park Blvd. 225-926-2888 [Phone] 219 [Ext]  
 Baton Rouge, LA 70809 225-610-1419 [FAX]

### Filing Company Information

Starmount Life Insurance Company CoCode: 68985 State of Domicile: Louisiana  
 7800 Office Park Boulevard Group Code: 68985 Company Type:  
 Baton Rouge, LA 70809 Group Name: State ID Number:  
 (225) 926-2888 ext. [Phone] FEIN Number: 72-0977315

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	05/18/2010	36626937

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/20/2010	05/20/2010

*SERFF Tracking Number:*      *STAR-126618801*                      *State:*                      *Arkansas*  
*Filing Company:*              *Starmount Life Insurance Company*              *State Tracking Number:*      *45708*  
*Company Tracking Number:*  
*TOI:*                      *L071 Individual Life - Whole*                      *Sub-TOI:*                      *L071.101 Fixed/Indeterminate Premium - Single*  
*Product Name:*              *SelectLife Petite Application 5-10 Revisions*  
*Project Name/Number:*      */*  
*Life*

## **Disposition**

Disposition Date: 05/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: 51-001P-APP2**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	51-001P APP2	Application/ SelectLife Petite Enrollment Application Form	Initial		42.300	SelectLife Petite APP2 5-10.pdf

# APPLICATION

**Starmount Life Insurance Company** The Starmount Building • P.O. Box 98100 • Baton Rouge, La 70898-9100  
Permanent Whole Life Insurance Policy Form No's. 51-001 and 51-001 TX • Accidental Death Rider Form No's. 97-005  
and 97-005 TX

**Mr. John Doe**  
123 Elm Street  
Anywhere, USA 00000

**Yes!** Enroll me in SelectLife Permanent Whole Life Insurance for [\$5,000] at the rate of only [\$16.68]  
per month. My rate for the first 3 months is only [\$8.29] per month.

**Please add Accidental Death Protection:** r \$10,000.00 for just \$2 a month r \$20,000.00 for just \$4 a month

Beneficiary (Full Name): \_\_\_\_\_ Relationship: \_\_\_\_\_  
(If none listed, cash will go to your estate.) (If Beneficiary is a minor, please include their date of birth)

**Do you have life insurance or annuity policies or contracts this will replace or change? Yes No**

1. Are you: hospitalized, bedridden, confined to a nursing home, on kidney dialysis, have a terminal illness, receiving supplemental oxygen, receiving or been advised to receive hospice care? Yes No
2. Have you ever been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex), or being HIV (Human Immunodeficiency Virus) positive, Cirrhosis, Leukemia, Alzheimer's, Dementia, Schizophrenia, or other loss of memory or intellectual functions? Yes No
3. In the last two years have you received treatment for Cancer, Heart problems, COPD (Chronic Obstructive Pulmonary Disease), Emphysema or Stroke? Yes No

The information on this application is true and complete. This application and a copy of my original application for the policy number shown above will be part of my Policy for this new insurance. I understand that this coverage will not be in effect until my policy has been issued, received by me, and the first premium is received by Starmount provided that my health and other conditions affecting my insurability stay the same as described on this application. I understand that benefits for my policy can be denied during the first two years if I do not give, to the best of my knowledge and belief, true and complete answers on this application; or my health or any other conditions affecting my insurability as described on this application change before my policy's affective date.

**FRAUD STATEMENT:** I understand that 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 crime and may be subject to fines and confinement in prison.

**AUTHORIZATION:** I authorize any physician, medical practitioner, hospital, clinic, or other medical related facility, insurance company, the Medical Information Bureau or other organization or person that has any record of me, my health, or any member of my family, to give Starmount Life, my legal representative for medical records receipt, or its reinsurers any such information. This includes knowledge about drug abuse, alcoholism or mental illness, and HIV (Human Immunodeficiency Virus) and/or AIDS (Acquired Immune Deficiency Syndrome) status. Although information about drug or alcohol abuse, or mental illness, and HIV and/or AIDS status may be protected by government regulation, I allow Starmount to collect it to determine insurability. I understand I (or my authorized representative) can have a copy of the information obtained. This authorization will expire in 30 months, (in KS, KY, NM, OK and WV, 24 months; in MN, 26 months); (in AZ, 180 days to disclose HIV-related information), but can be revoked at any time with the applicant's written notification. I understand that I (or my authorized representative) can have a copy of the authorization form. A copy is as valid as the original. The records may be subject to re-disclosure by the recipient.

X \_\_\_\_\_  
**Main Insured's Signature** **Date Signed**

(For Company Use) Authorized Agent: \_\_\_\_\_

See enclosed brochure for exclusions and limitations of life and accidental death coverage.

**Your SelectLife plan offers 7 important features that spell flexibility, never-changing, affordable lifetime rates and convenience for you.**

Guaranteed lifetime protection!

Full coverage starts the first day! No waiting period.

Your cash benefits never decrease!

Your cost is based on your age today, when your policy is issued. It never increases!

Cash values start building right away...money you can borrow or someday take as cash!

Starmount's risk-free 90-day Unconditional Guarantee!\*\* If you change your mind in the first 90 days, return the policy for a full refund, no questions asked.

You are GUaraNteed acceptance in the new plan, if your health has not changed.

**Add \$10,000.00 in accidental death coverage for only \$2 per month!**

For even more security and peace of mind, you can add \$10,000.00 in accidental death coverage for only \$2 per month...or \$20,000.00 in accidental death coverage for only \$4 per month. To add the benefit, simply check the appropriate box on your application. After age 74, your Select Life life insurance continues unchanged. Your accidental death benefit continues at half.

Please take a moment to read the enclosed brochure, then complete, sign and mail your application in the postage-free envelope.

To enroll, send no money now. Upon acceptance, we will mail you a policy. To put your coverage into force, just pay your first premium when due. We'll bill you the same way your other policy is billed.

We want you to be absolutely satisfied. That's why we back SelectLife (and all our Starmount life insurance plans) with a 90-Day Money-Back Guarantee.\*\*

Don't miss out. Apply today. P.S. Any questions? We're here to help. Call us toll-free at **1-888-SAY LIFE** (1-888-729-5433).

\*\* Please see your policy for Money-Back Guarantees specific to your state.

In **New Mexico** and **Tennessee**: 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.

In **Pennsylvania**: 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.

In **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.

In **Kentucky**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

In **Ohio**: 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 insurance fraud.

In **Kansas, Nebraska** and **Oregon**: 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 may be guilty of a crime as determined by a court of law.

In **Texas** and **Georgia**: 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 may be guilty of a felony.

In **Arkansas** and **Louisiana**: 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 crime and may be subject to fines and confinement in prison.

***Protect Tomorrow... by Planning Today!***®



~ A 2008 Winner of BBB of South Central LA Award for Ethics in Business.

~ 2007 Recognized as One of the Country's Fastest Growing Private Companies by Inc. 5000.

~ 2006 Company of the Year (under 100 employees) by Baton Rouge Business Report.

Have a question? Call Toll-free: ☎ **1-888-SAY-LIFE** That's 1-888-729-5433.

Visit our web site! [www.StarmountLife.com](http://www.StarmountLife.com)

**Starmount Life Insurance Company**

**The Starmount Building • Post Office Box 98100 • Baton Rouge, Louisiana 70898-9100**

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## Supporting Document Schedules

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

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> n/a Application attached in FORMS <b>Comments:</b>		

**STARMOUNT LIFE INSURANCE COMPANY**

**FLESCH READABILITY ANALYSIS**

<b><u>FORM</u></b>	<b><u>WORDS</u></b>	<b><u>PARAGRAPHS</u></b>	<b><u>SENTENCES</u></b>	<b><u>SCORE</u></b>
51-001P APP2	817	42	51	42.3

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

\_\_\_\_\_  
Jeffrey G. Wild  
Chief Financial Officer  
Starmount Life Insurance Company

DATE: May 11, 2010