

SERFF Tracking Number: FIVE-126661185 State: Arkansas
Filing Company: 5 Star Life Insurance Company State Tracking Number: 45884
Company Tracking Number: 0310
TOI: H18G Group Health - Sickness Sub-TOI: H18G.000 Health - Sickness
Product Name: Group Health - Critical Illness Rider
Project Name/Number: /

Filing at a Glance

Company: 5 Star Life Insurance Company

Product Name: Group Health - Critical Illness Rider SERFF Tr Num: FIVE-126661185 State: Arkansas

TOI: H18G Group Health - Sickness SERFF Status: Closed-Approved-Closed State Tr Num: 45884

Sub-TOI: H18G.000 Health - Sickness Co Tr Num: 0310 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Author: Mildred Hunt Disposition Date: 06/08/2010

Date Submitted: 06/07/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/08/2010

Explanation for Other Group Market Type:

State Status Changed: 06/08/2010

Deemer Date:

Created By: Mildred Hunt

Submitted By: Mildred Hunt

Corresponding Filing Tracking Number:

Filing Description:

CI EMPPD RIDER R0310: Employer Paid Premium Rider

Company and Contact

Filing Contact Information

Mildred Hunt, Compliance Manager

mhunt@afba.com

909 North Washington Street

703-706-5975 [Phone]

Alexandria, VA 22314

703-224-0214 [FAX]

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Filing Company Information

5 Star Life Insurance Company CoCode: 77879 State of Domicile: Louisiana
 909 North Washington Street Group Code: 77879 Company Type: Life Insurance
 Company
 Alexandria, VA 22314 Group Name: NAIC State ID Number:
 (703) 706-5975 ext. [Phone] FEIN Number: 54-1829709

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
5 Star Life Insurance Company	\$50.00	06/07/2010	37031550

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/08/2010	06/08/2010

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Disposition

Disposition Date: 06/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Employer Paid Premium Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: CI EMPPD RIDER R0310

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/08/2010	CI EMPPD RIDER R0310	Policy/Cont ract/Fratern al Certificate	Employer Paid Premium Rider	Initial			CI EMPPD RIDER R0310.pdf



Administrative Office: { PO Box 83043, Lincoln, NE 68501 • 866-863-9753 • www.5starima.com }

EMPLOYER PAID PREMIUM RIDER

This Rider is attached to and forms a part of the Group Policy or Certificate to which it is attached. This Rider amends the section entitled "Payment of Premiums" as referenced below. This Rider is subject to all terms, conditions, limitations and exceptions of the Group Policy, except where changed by this rider.

Effective Date of this Rider: { May 1, 2010 }

If this Rider is attached to the Certificate, then under "Payment of Premiums", then "The Premium is Payable by You." is replaced with "The premium is payable by the Policy Owner."

Any reference in any attached document to "voluntary" coverage is replaced with "employer paid".

5 STAR LIFE INSURANCE COMPANY

[]

Secretary

[]

President

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/08/2010
Comments:		
Attachment: ARKANSAS Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	06/08/2010
Comments: Form Number: CI EMP App R1008I; approved 10/31/2008 Form Number: GROUPAPP R1008; approved 10/31/2008		
Attachments: CI EMP App R1008 (Generic).pdf GROUPAPP R 1008 (Generic).pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter	Approved-Closed	06/08/2010
Comments:		
Attachment: ARKANSAS Cover Letter.pdf		



ARKANSAS DEPARTMENT OF INSURANCE

READABILITY CERTIFICATION

Re: *CI EMPPD RIDER R0310: Employer Paid Premium Rider*

The undersigned, authorized as Vice President of Compliance to be responsible for policy and related material filings by the officers of 5 Star Life Insurance Company, hereby certifies that the Rider, when combined with the policy and certificate, has a Flesch reading ease score greater than 50.

A handwritten signature in blue ink, appearing to read 'Glenn R. Jones', written over a horizontal line.

Glenn R. Jones, Esq.
Vice President, Compliance

Dated: June 4, 2010

Additional Children's Information



CI 2 1008

Child 3:

Name (First, MI, Last)	DOB	SSN	Sex	Coverage Amount	Premium Amount
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Child 4:

Name (First, MI, Last)	DOB	SSN	Sex	Coverage Amount	Premium Amount
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Statement of Health

Please answer each question to the **BEST OF YOUR KNOWLEDGE AND BELIEF.**

Please answer the following 2 questions for **ALL** family members applying for coverage:

- | | Employee
Yes No | Spouse
Yes No | Child 1
Yes No | Child 2
Yes No | Child 3
Yes No | Child 4
Yes No |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Have 2 or more family members (natural parents, brothers or sisters) both before age 60 been diagnosed with or died from the same condition: of cancer, heart disease, stroke or kidney disease; or, both before age 75, of colorectal cancer, Alzheimer's or Senile Dementia? | <input type="radio"/> |
| 2. Has the proposed insured ever been <u>diagnosed or treated</u> for any of the following: Heart Attack, Angioplasty, Coronary Artery Bypass, Stroke, Transient Ischemic Attack, Cancer (excluding non-invasive, non-melanoma Skin Cancer), End-Stage Renal Disease, Liver Cirrhosis, Hepatitis B or C (including Carrier), Multiple Sclerosis, Paralysis, Diabetes (other than during pregnancy), Organ or Bone Marrow Transplant, Alzheimer's or Senile Dementia, HIV, AIDS, or AIDS-Related Complex (ARC)? | <input type="radio"/> |

The remaining questions need only be completed by Employees applying for coverage amounts over \$10,000 and by any Spouse applying for coverage:

- | | Employee
Yes No | Spouse
Yes No |
|---|-----------------------|-----------------------|
| 3. In the last 5 (FIVE) years, has the proposed insured been <u>diagnosed with or treated</u> for any of the following: | | |
| A. Any heart disease (including angina) or any kidney disease except non-chronic kidney stones or infections? | <input type="radio"/> | <input type="radio"/> |
| B. Uncontrolled high blood pressure (hypertension) and/or uncontrolled elevated cholesterol? | <input type="radio"/> | <input type="radio"/> |
| C. Lung disease requiring hospitalization, colitis, or Crohn's? | <input type="radio"/> | <input type="radio"/> |
| D. Any Skin Cancer or/and Precancerous Lesions/Tumors? | <input type="radio"/> | <input type="radio"/> |
| E. Any Human Papillomavirus (HPV), Herpes Simplex Virus (HSV), chlamydia, or gonorrhea? | <input type="radio"/> | <input type="radio"/> |
| 4. In the past 2 (TWO) years, has the proposed insured been informed by a member of the medical profession of any abnormal test results or been advised to have any diagnostic tests or procedures which have not yet been completed? | <input type="radio"/> | <input type="radio"/> |
| 5. Has the proposed insured ever applied for and been rejected for a Critical Illness, Cancer, Heart or Stroke insurance policy? | <input type="radio"/> | <input type="radio"/> |

Conditions Relating to this Application

Agreement: I, as employee, have the appropriate knowledge to answer the questions for my spouse and children. I represent that all statements and answers in this application are complete, true and correctly recorded. I agree that: 1) upon approval of this application by 5Star Life Insurance Company, it, the policy and any riders or endorsements will constitute the entire insurance contract; 2) insurance applied for will not become effective until approved by 5Star Life Insurance Company and is subject to the health relating to each person to be insured being as described in this application, and upon receipt of the full first premium, in which case the coverage shall take effect as of the effective date as shown in the policy; 3) if within 60 days of receipt of all required documentation this application is not approved, it will become void and all premiums paid will be refunded; I will be so notified.

Authorization: I hereby authorize any licensed physician; medical practitioner; hospital; clinic; insurance company; employer; financial institution; Medical Information Bureau; or Motor Vehicle Administration that may have records of my financial, physical or mental health condition to give 5Star Life Insurance Company, its authorized representative, and its reinsurers any such information. I understand that this information will be used to determine my eligibility for insurance and that I may revoke this authorization and application at any time by providing written notice. A photocopy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from the date below. I acknowledge that I, or my authorized representative is entitled to receive a copy of this authorization. As employee, my signature authorizes payroll deduction of premiums from my employer for myself and my family members. **I acknowledge that I have received and read the Accelerated Benefit Disclosure form.**

Signatures must be personal:

Sign Here Employee _____ Date _____
 Owner _____ SSN _____
 (If different than Employee.)
 Signed At (City, State) _____

Agent Certification: I certify that I asked all the questions and had the Applicant sign in my presence. To my knowledge, the Applicant has existing life insurance or annuity coverage. Yes No
 If yes, are they replacing existing coverage? Yes No

Agent Name _____
 Agent Signature _____ Date _____

Note: 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 and may be subject to fines and confinement to prison.



To be left with the Applicant

NOTICE TO CONSUMERS

Information regarding your insurability will be treated as confidential. 5Star Life Insurance Company, or its reinsurers may, however, make a brief report thereon to 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 in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in 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 Park, Suite 400, Braintree, Massachusetts 02184-8734.

5Star Life Insurance Company, or its reinsurers, may also release information in its file to other 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.



(a Baton Rouge, LA company)

Administrative Offices: [421 S. 9th Street, Suite 222, Lincoln, NE 68508 • 866-863-9753 • www.5starima.com]

APPLICATION FOR GROUP INSURANCE

made to

5 STAR LIFE INSURANCE COMPANY

Application is made to 5 Star Life Insurance Company (5 Star Life) for Group Insurance.

1. Name of Group Applicant _____
(use exact legal name of organization)

2. Address _____
(number and street) (city) (state) (zip code)

3. List every state in which any employee (or member) resides _____

4. Types of insurance desired:

[] Basic Life Insurance _____ [] Basic Group AD&D _____
[] Voluntary Group Life Insurance _____ [] Voluntary Group AD&D _____
[] Group Critical Illness _____ [] Other _____

5. This insurance is to become effective on _____, 20__ only if:
• the first month's premium is paid in full and
• 5 Star Life accepts this application.

6. The writing agent on the insurance applied for is:

(The agent must be duly licensed as required by law.)

7. Group Applicant _____

By _____ Date _____

Title _____ Witness _____

Signed At _____



June 4, 2010

Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: 5Star Life Insurance Company
NAIC# 77879, FEIN#54-1829709, NAIC Code: 0000
Group Critical Illness Filing
CI EMPPD RIDER R0310, Employer Paid Premium Rider

Dear Sir/Madam:

We are submitting the above-referenced filing to your Department for approval. This form is new and is not intended to replace any currently on file with your Department.

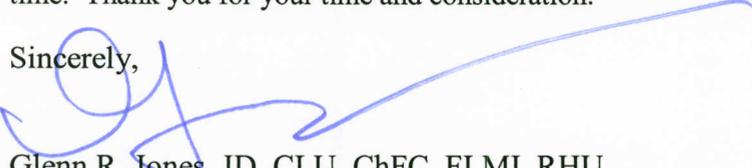
On October 31, 2008 under SERFF filing FIVE-125863575 you approved group critical illness forms CIGROUPPOL R 1008AR - Group Critical Illness Employer Master Policy; CICERT R 1008 - Employee Critical Illness CertificateAR; CIEMP App R1008 – Application for Critical Illness Insurance – Employee; and GROUPAPP R 1008 – Employer Application for Group Insurance. Rider CI EMPPD RIDER R0310 will be attached to the policy and certificate for cases in which the employer wishes to pay for the benefit, allowing the language to properly track this circumstance.

When combined with the policy or certificate, form CI EMPPD RIDER R0310 has a Flesch reading ease score of greater than 50.

Enclosed you will also find any required certifications.

We trust the enclosed is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we can provide additional information, please call me at any time. Thank you for your time and consideration.

Sincerely,



Glenn R. Jones, JD, CLU, ChFC, FLMI, RHU
Vice President, Compliance
5Star Life Insurance Company