Filing at a Glance

Company: 5 Star Life Insurance Company

Product Name: Group Life - Term
TOI: L04G Group Life - Term

SERFF Tr Num: FIVE-126678247
SERFF Status: Closed-Approved-Closed

State: Arkansas
State Tr Num: 45963

Sub-TOI: L04G.500 Other
Filing Type: Form

Co Tr Num: 410

Author: Mildred Hunt
Date Submitted: 06/16/2010

State Status: Approved-Closed
Reviewer(s): Linda Bird
Disposition Date: 06/18/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name:
Project Number:
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/18/2010

Deemer Date:
Submitted By: Mildred Hunt
Filing Description:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Group Market Type: Association
Explanation for Other Group Market Type:
State Status Changed: 06/18/2010
Created By: Mildred Hunt
Corresponding Filing Tracking Number:

ESP/Gov't App R410: 5Star Group Level Term Emergency Service Personnel and Government Enrollment Form
ESP/Gov't App R410E: 5Star Group Level Term Emergency Service Personnel and Government Enrollment Form

Company and Contact

Filing Contact Information

Mildred Hunt, Compliance Manager
909 North Washington Street
Alexandria, VA 22314

mhunt@afba.com
703-706-5975 [Phone]
703-224-0214 [FAX]

Filing Company Information

5 Star Life Insurance Company	CoCode: 77879	State of Domicile: Louisiana
909 North Washington Street	Group Code: 77879	Company Type: Life Iinsurance 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:	$100.00
Retaliatory?	Yes
Fee Explanation:	Per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
5 Star Life Insurance Company	$100.00	06/16/2010	37250699

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/18/2010	06/18/2010

Disposition

Disposition Date: 06/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*FIVE-126678247*	*State:*	*Arkansas*
Filing Company:	*5 Star Life Insurance Company*	*State Tracking Number:*	*45963*
Company Tracking Number:	*410*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*Group Life - Term*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Electronic Snapshots		Yes
Form	5Star Group Level Term Emergency Service Personnel and Government Enrollment Form		Yes
Form	5Star Group Level Term Emergency Service Personnel and Government Enrollment Form		Yes

Form Schedule

Lead Form Number: ESP/Gov't App R410

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ESP/Gov't App R410	Application/Enrollment Form	5Star Group Level Term Emergency Service Personnel and Government Enrollment Form	Initial			ESP Gov't App R410(Generic).pdf
	ESP/Gov't App R410E	Application/Enrollment Form	5Star Group Level Term Emergency Service Personnel and Government Enrollment Form	Initial			ESP Gov't App R410E(Generic).pdf

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)
Offered through Armed Forces Benefit Association (AFBA) • 1-800-776-2322 • www.afba.com

Agent Number: Agent Market Code:

Agent Level Source Code

INTERNAL USE ONLY:

Pymt Enclosed: Yes No Split

Amt: $.

CC/Checkmatic Auth Rec'd: Yes No

Attachments: Initials:

5Star Group Level Term

Emergency Service Personnel and Government Enrollment Form

ESP 410 1

USE BLACK OR BLUE INK AND PRINT USING ALL UPPER CASE LETTERS.

Sponsor Information

Rank Grade Prefix Last Name

First Name M.I. D.O.B. / / (Month Day Year)

SSN – – Height FT IN Weight LBS

Male Non-Tobacco* Married
Female Tobacco User* Not Married

AFBA# (Current/Past Members Only) Department Code:

Choose One: Fire Department Law Enforcement Emergency Med Tech Non ESP Government

Address Line 1

Address Line 2

City State Zip –

E-Mail

Phone Number – –

* Tobacco user is one who has used any tobacco product in the past 12 months.

Spouse Information

Last Name

First Name M.I. D.O.B. / / (Month Day Year)

Male
Female
Non-Tobacco*
Tobacco User*

SSN – – Height FT IN Weight LBS

Coverage and Contributions

Contribution Mode:
(Please choose only one.)

- Payroll Deduct* 1
- Monthly Credit Card 1
- Monthly Checkmatic 2
- Quarterly Bill 3
- Semi-Annual Bill 6
- Annual Bill 12
- List Bill** (Employer Tax ID required)

** Limited availability

Sponsor's Coverage $,

Spouse's Coverage $,

Children's Coverage: Yes No

Children's Units
(may not exceed 5)

Employer Tax ID: –
(List Bill Only)

Sponsor's Monthly Contribution $.

Spouse's Monthly Contribution $.

Children's Monthly Contribution + $.

Total Monthly Contribution $.

Contribution Mode X

Total Amount Due $.

Over

Beneficiary(ies)

As applicant, I designate beneficiary(ies) to receive benefits as indicated below.
Spouse and children's beneficiary is the applicant unless otherwise designated.

ESP 2 410

Beneficiary of:

Applicant _____ | ___-__-____ | _____ MM/DD/YYYY
First Name | Last Name | SSN | Relationship | DOB

Spouse _____ | _____ | _____ MM/DD/YYYY
First Name | Last Name | SSN | Relationship | DOB

Other Insurance

Answer only if this is an agent or broker initiated sale:

Do you have any existing life insurance or annuity contracts? ◯ Yes ◯ No

If yes, and you live in AK, AL, AR, AZ, CO, HI, IA, KY, LA, MD, ME, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VA, VT or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be ***presented*** and ***read*** to you by your agent at the time he/she takes your application.

Will the coverage applied for replace any existing life insurance or annuities? ◯ Yes ◯ No

If yes, and you do not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

Statement of Health

Answer each question and initial below to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers on a separate 8 1/2 x 11 piece of paper.

	Applicant		Spouse		Children*	
	Yes	No	Yes	No	Yes	No
I. In the last 10 years, has any Applicant under this application for coverage:						
A. Had a life or health insurance application declined or rated?	◯	◯	◯	◯	◯	◯
B. Been diagnosed or treated by a physician for any of the following: High blood pressure, high cholesterol, cardiac chest pain, heart attack, vascular disease (plaque in arteries), or any heart or blood vessel disorder; cancer or blood disorder; stroke, seizures, progressive neuropathy, or any nervous system disease; shortness of breath, asthma, chronic obstructive pulmonary disease (COPD), or any respiratory tract disorder; ulcers, hepatitis, colitis, disorder of the pancreas, liver, esophagus, stomach, or intestines; depression, schizophrenia, or any mental condition; diabetes, thyroid, pituitary, adrenal, or hormone disorder; disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system; or any significant medical disorders?	◯	◯	◯	◯	◯	◯
II. In the past 5 years, has any Applicant:						
A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?	◯	◯	◯	◯	◯	◯
B. Been convicted for driving under the influence of alcohol or drugs or while intoxicated?	◯	◯	◯	◯	◯	◯
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics or any drug except as medication prescribed by a physician?	◯	◯	◯	◯	◯	◯
III. Has any Applicant been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?	◯	◯	◯	◯	◯	◯

IV. List each prescribed medication taken regularly or frequently by any Applicant: _____

*** Number of Children** ___ If you answer "yes" to any of the above questions regarding a child(ren), please provide the child(ren)'s name, date of birth and the question # the answer refers to on a 8 1/2 x 11 piece of paper.

Initial Here _____

Conditions Relating to this Enrollment Form

Group Eligibility: I am eligible to apply for this group level term life insurance coverage as a Member or an Associate Member as defined in the Master Group Policy and described in the Certificate of insurance coverage. **Agreement: In the absence of my spouse, I, as sponsor, have the appropriate knowledge to answer the questions for my spouse and children.** I represent that all statements and answers in this enrollment form are complete, true and correctly recorded **TO THE BEST OF MY KNOWLEDGE AND BELIEF**. I agree that 1) upon approval of this enrollment form by 5Star Life Insurance Company, it and the Certificate of insurance coverage issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by 5Star Life Insurance Company and is subject to each covered person's health being as described in this enrollment form, and upon receipt of the full first contribution, in which case the coverage shall take effect as of the effective date as shown in the Certificate of insurance coverage; 3) if within 60 days of receipt of all required documentation this enrollment form is not approved, it will become void and any contributions paid will be refunded; I will be so notified. **Note:** Within the time limits prescribed by the law of the state where you live, no benefits will be paid and contributions will be refunded if the covered person commits suicide while sane or insane. Refer to your Certificate of insurance coverage for details. **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 coverage and that I may revoke this authorization and enrollment form 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. **Signature must be personal.**

Sign Here

Sponsor's Signature _____ Date MM/DD/YYYY

Spouse's Signature _____ Date MM/DD/YYYY

Signed at (City, State) _____

Agent Certification: I certify that I asked all the questions and had the Sponsor sign in my presence.

Is Sponsor or Spouse replacing existing coverage? ◯ Yes ◯ No

Paramed Ordered? ◯ Yes ◯ No

Agent Name _____

Agent Signature _____ Date MM/DD/YYYY

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.

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)
Offered through Armed Forces Benefit Association (AFBA) • 1-800-776-2322 • www.afba.com

Agent Number: EVA164E

Agent Market Code:

Agent Level

Source Code 334

INTERNAL USE ONLY:

Pymt Enclosed: Yes No Split

Amt: $

CC/Checkmatic Auth Rec'd Yes No

Attachments: Initials:

5Star Group Level Term

Emergency Service Personnel and Government Enrollment Form

USE BLACK OR BLUE INK AND PRINT USING ALL UPPER CASE LETTERS.

Sponsor Information

Rank Grade Prefix Mr. Last Name Generic

First Name John M.I. C D.O.B. 02/15/1976 (Month Day Year)

SSN 123-45-6789 Height 5 FT 10 IN Weight 255 LBS

[X] Male [X] Non-Tobacco* [X] Married
[ ] Female [ ] Tobacco User* [ ] Not Married

AFBA# (Current/Past Members Only)

Department Code:

Choose One: [X] Fire Department [ ] Law Enforcement [ ] Emergency Med Tech [ ] Non ESP Government

Address Line 1 909 North Washington Street

Address Line 2

City Alexandria State VA Zip 22314

E-Mail mhunt@afba.com

Phone Number (703) 706-5975

* Tobacco user is one who has used any tobacco product in the past 12 months.

Spouse Information

Last Name Generic

First Name John M.I. C D.O.B. 02/15/1976 (Month Day Year)

[X] Male
[ ] Female
[ ] Non-Tobacco*
[ ] Tobacco User*

SSN 123-45-6789 Height FT IN Weight LBS

Coverage and Contributions

Contribution Mode:
(Please choose only one.)

- [ ] Payroll Deduct* 1
- [X] Monthly Credit Card 1
- [ ] Monthly Checkmatic 2
- [ ] Quarterly Bill 3
- [ ] Semi-Annual Bill 6
- [ ] Annual Bill 12
- [ ] List Bill** (Employer Tax ID required)

** Limited availability

Sponsor's Coverage $ 100,000.00

Spouse's Coverage $

Children's Coverage: [ ] Yes [ ] No

Children's Units
(may not exceed 5)

Employer Tax ID:
(List Bill Only)

Sponsor's Monthly Contribution $ 0.25

Spouse's Monthly Contribution $

Children's Monthly Contribution + $ 0.00

Total Monthly Contribution $ 0.25

Contribution Mode X 1

Total Amount Due $ 0.25

Beneficiary(ies)

As applicant, I designate beneficiary(ies) to receive benefits as indicated below.
Spouse and children's beneficiary is the applicant unless otherwise designated.

Beneficiary of:

	First Name	Last Name	SSN	Relationship	DOB
Applicant	Jan E. Generic		864-99-8762	Spouse	10/04/1979
Spouse					

Other Insurance

Answer only if this is an agent or broker initiated sale:

Do you have any existing life insurance or annuity contracts? X Yes ☐ No

If yes, and you live in AK, AL, AR, AZ, CO, HI, IA, KY, LA, MD, ME, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VA, VT or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be ***presented*** and ***read*** to you by your agent at the time he/she takes your application.

Will the coverage applied for replace any existing life insurance or annuities? X Yes ☐ No

If yes, and you do not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

Statement of Health

Answer each question and initial below to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers on a separate 8 1/2 x 11 piece of paper.

	Applicant Yes	Applicant No	Spouse Yes	Spouse No	Children* Yes	Children* No
I. In the last 10 years, has any Applicant under this application for coverage:						
A. Had a life or health insurance application declined or rated?		X				
B. Been diagnosed or treated by a physician for any of the following: High blood pressure, high cholesterol, cardiac chest pain, heart attack, vascular disease (plaque in arteries), or any heart or blood vessel disorder; cancer or blood disorder; stroke, seizures, progressive neuropathy, or any nervous system disease; shortness of breath, asthma, chronic obstructive pulmonary disease (COPD), or any respiratory tract disorder; ulcers, hepatitis, colitis, disorder of the pancreas, liver, esophagus, stomach, or intestines; depression, schizophrenia, or any mental condition; diabetes, thyroid, pituitary, adrenal, or hormone disorder; disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system; or any significant medical disorders?		X				
II. In the past 5 years, has any Applicant:						
A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?		X				
B. Been convicted for driving under the influence of alcohol or drugs or while intoxicated?		X				
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics or any drug except as medication prescribed by a physician?		X				
III. Has any Applicant been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?		X				

IV. List each prescribed medication taken regularly or frequently by any Applicant: _____

*** Number of Children** ___ If you answer "yes" to any of the above questions regarding a child(ren), please provide the child(ren)'s name, date of birth and the question # the answer refers to on a 8 1/2 x 11 piece of paper.

Initial Here Digitally signed by John C 2010-06-15 17:20:19 EDT @ 1

Conditions Relating to this Enrollment Form

Group Eligibility: I am eligible to apply for this group level term life insurance coverage as a Member or an Associate Member as defined in the Master Group Policy and described in the Certificate of insurance coverage. **Agreement: In the absence of my spouse, I, as sponsor, have the appropriate knowledge to answer the questions for my spouse and children.** I represent that all statements and answers in this enrollment form are complete, true and correctly recorded **TO THE BEST OF MY KNOWLEDGE AND BELIEF**. I agree that 1) upon approval of this enrollment form by 5Star Life Insurance Company, it and the Certificate of insurance coverage issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by 5Star Life Insurance Company and is subject to each covered person's health being as described in this enrollment form, and upon receipt of the full first contribution, in which case the coverage shall take effect as of the effective date as shown in the Certificate of insurance coverage; 3) if within 60 days of receipt of all required documentation this enrollment form is not approved, it will become void and any contributions paid will be refunded; I will be so notified. **Note:** Within the time limits prescribed by the law of the state where you live, no benefits will be paid and contributions will be refunded if the covered person commits suicide while sane or insane. Refer to your Certificate of insurance coverage for details. **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 coverage and that I may revoke this authorization and enrollment form 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. **Signature must be personal.**

Sign Here

Sponsor's Signature Digitally signed by John C Generic, Sr. 2010-06-15 17:22:19 EDT @ 12.43.255.2 Date

Spouse's Signature _____ Date _____

Signed at (City, State) Alexandria VA

Agent Certification: I certify that I asked all the questions and had the Sponsor sign in my presence.

Is Sponsor or Spouse replacing existing coverage? X Yes ☐ No

Paramed Ordered? Yes X No

Agent Name GARY W. ANDERSON

Agent Signature Digitally signed by GARY W ANDERSON 2010-06-16 07:07:50 EDT @ 12.43.255.2 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.

909 North Washington Street, Alexandria VA 22314 * 800–776–2322 * www.afba.com

5STAR LIFE INSURANCE COMPANY

Authorization for Release of Health Related Information to 5Star Life Insurance Company

(This authorization complies with the HIPAA Privacy Rule)

John C. Generic, Sr.	02/15/1976	123-45-6789
Name of Proposed Insured/Patient (please print)	Date of Birth	Social Security Number

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record, medications prescribed and any other protected health information concerning me to 5 Star Life Insurance Company ("5 Star Life") and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical records without restriction.

This protected health information is to be disclosed under this Authorization so that 5 Star Life may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage, and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with 5 Star Life.

This Authorization shall remain in force for 30 months (24 months in IA, KS, KY, NM, OK & VT and 26 months in MN or the time period prescribed by the law of the state where you live) following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written notification to 5 Star Life at 909 North Washington St, Alexandria VA 22314 Attn: Privacy Official. I understand that a revocation is not effective to the extent that any of My Providers has already relied on this Authorization to disclose information about me or to the extent that 5 Star Life has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be re-disclosed by 5 Star Life except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical records, 5 Star Life may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

Digitally signed by John C Generic, Sr.
2010-06-15 17:25:06 EDT @ 12.43.255.2

Signature of Proposed Insured/Patient or Personal Representative or Legal Guardian (if under age 15) Date

Description of Personal Representative's Authority or Relationship to Patient: _____

AFBA Credit Card Authorization Form

AFBA USE ONLY
Application Enclosed

Payment: ☐ Initial Month Only ☒ Recurring Monthly

List all Applicant/Insured's SSNs whose insurance coverage will be paid with this Credit Card:

1. Applicant/ Insured's SSN: 123-45-6789
2. Applicant/ Insured's SSN:
3. Applicant/ Insured's SSN:
4. Applicant/ Insured's SSN:
5. Applicant/ Insured's SSN:
6. Applicant/ Insured's SSN:
7. Applicant/ Insured's SSN:
8. Applicant/ Insured's SSN:

Payor's name as it appears on credit card:

Last Name: Generic

First Name: John M.I. C Payor's SSN: 123-45-6789

Billing Address:

Address Line 1: 909 North Washington Street

Address Line 2:

City: Alexandria State: VA Zip: 22314

Only Visa/MasterCard Accepted

Credit Card Account Number: XXXXXXXXXXXX1269 Exp Date: 10 (Month) 2013 (Year)

Authorization Code (3 digit number found on the back of your card after your account number): XXX

I authorize AFBA to charge my credit card as indicated. I understand that AFBA will safeguard my credit card information. I understand that if my credit card is not accepted for payment, I have the option to pay via direct billing. If a refund is due it will be made directly to the cardholder's account. The life insurance coverage applied for will not become effective until approved and upon receipt of all monies due. I understand my account is considered paid when the credit card facility approves the transaction. I also understand that the amount to be charged will be automatically adjusted if I change my coverage, status, or the monthly contribution changes due to a birthday. This agreement will remain in effect until AFBA cancels it upon notice to me, or I notify AFBA in writing at least 10 days in advance to cancel it.

Cardholder's Signature: Digitally signed by John C Generic, Sr.
2010-06-15 17:27:09 EDT @ 12.43.255.2 Date:

5/05 (6/08)

Please detach and keep this portion for your records.

I authorize AFBA to charge my credit card as indicated. I understand that AFBA will safeguard my credit card information. I understand that if my credit card is not accepted for payment, I have the option to pay via direct billing. If a refund is due it will be made directly to the cardholder's account. The life insurance applied for will not become effective until approved by 5 Star Life Insurance Company and upon receipt of all monies due. I understand my account is considered paid when the credit card facility approves the transaction. I also understand that the amount to be charged will be automatically adjusted if I change my coverage, status, or the monthly contribution changes due to a birthday. This agreement will remain in effect until AFBA cancels it upon notice to me, or I notify AFBA in writing at least 10 days in advance to cancel it.

NOTICE TO CONSUMERS

Information regarding your insurability will be treated as confidential. 5Star Life Insurance Company or its re-insurers 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.

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITY

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions below:

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

_x_ Yes ___ No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ Yes _x_ No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

	Insurer Name	*Contract or Policy Number*	*Insured or Annuitant*	*Replaced(R) or Financing(F)*
1.	Milwaukee Prime Life	8887779	John C. Generic, SR	Replaced
2.				None
3.				None

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because Premium reduction

I certify that the responses herein are, to the best of my knowledge, accurate:

Date: _____

Digitally signed by John C Generic, Sr.
2010-06-15 17:36:38 EDT @ 12.43.255.2

Applicant's Signature

John C. Generic, Sr.

Applicant's Printed Name

Date: _____

Digitally signed by GARY W ANDERSON
2010-06-16 07:17:10 EDT @ 12.43.255.2

Producer's Signature

GARY W. ANDERSON

Producer's Printed Name

I do not want this notice read aloud to me. ____ ***(Applicant's must initial only if they do not want the notice read aloud.)***

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Couldtheychange?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is there a tax-free exchange? (Please contact your tax advisor.)
Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with the existing company?

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ARKANSAS Certificate of Readability.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Attachments:

ESP Gov't App R410(Generic).pdf

ESP Gov't App R410E(Generic).pdf

Item Status: **Status Date:**

Satisfied - Item: Cover Letter

Comments:

Attachment:

ARKANSAS Cover Letter.pdf

Item Status: **Status Date:**

Satisfied - Item: Electronic Snapshots

Comments:

Attachments:

ESP Gov't App R410E_Generic_ - Part I Clients & Cases.pdf

ESP Gov't App R410E_Generic_ - Part II - Product Application.pdf

ESP Gov't App R410E_Generic_ -eSigmature Applicant.pdf

ESP Gov't App R410E_Generic_ -eSigmature Agent.pdf

5STAR
LIFE INSURANCE
COMPANY

ARKANSAS INSURANCE DEPARTMENT

READABILITY CERTIFICATION

Re: *ESP/Gov't App R410: Emergency Service Personnel and Government Enrollment Form*
ESP/Gov't App R410E: Emergency Service Personnel and Government Enrollment Form

The undersigned, authorized as Vice President of Compliance, is responsible for policy and related material filings by the officers of 5 Star Life Insurance Company, hereby certifies that each form in this filing meets the Flesch minimum reading ease score of 40.

Glenn R. Jones, Esq.
Vice President, Compliance

Dated: June 16, 2010

909 North Washington Street, Alexandria, VA 22314

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)
Offered through Armed Forces Benefit Association (AFBA) • 1-800-776-2322 • www.afba.com

Agent Number: Agent Market Code:

Agent Level Source Code

INTERNAL USE ONLY:

Pymt Enclosed: Yes No Split

Amt: $.

CC/Checkmatic Auth Rec'd: Yes No

Attachments: Initials:

5Star Group Level Term

Emergency Service Personnel and Government Enrollment Form

ESP 410 1

USE BLACK OR BLUE INK AND PRINT USING ALL UPPER CASE LETTERS.

Sponsor Information

Rank Grade Prefix Last Name

First Name M.I. D.O.B. / / (Month Day Year)

SSN – – Height FT IN Weight LBS

Male Non-Tobacco* Married
Female Tobacco User* Not Married

AFBA# (Current/Past Members Only) Department Code:

Choose One: Fire Department Law Enforcement Emergency Med Tech Non ESP Government

Address Line 1

Address Line 2

City State Zip –

E-Mail

Phone Number – –

* Tobacco user is one who has used any tobacco product in the past 12 months.

Spouse Information

Last Name

First Name M.I. D.O.B. / / (Month Day Year)

Male
Female
Non-Tobacco*
Tobacco User*

SSN – – Height FT IN Weight LBS

Coverage and Contributions

Contribution Mode:
(Please choose only one.)

- Payroll Deduct* 1
- Monthly Credit Card 1
- Monthly Checkmatic 2
- Quarterly Bill 3
- Semi-Annual Bill 6
- Annual Bill 12
- List Bill** (Employer Tax ID required)

** Limited availability

Sponsor's Coverage $,

Spouse's Coverage $,

Children's Coverage: Yes No

Children's Units
(may not exceed 5)

Employer Tax ID: –
(List Bill Only)

Sponsor's Monthly Contribution $.

Spouse's Monthly Contribution $.

Children's Monthly Contribution + $.

Total Monthly Contribution $.

Contribution Mode X

Total Amount Due $.

Over

Beneficiary(ies)

As applicant, I designate beneficiary(ies) to receive benefits as indicated below.
Spouse and children's beneficiary is the applicant unless otherwise designated.

ESP 2 410

Beneficiary of:

Applicant _____ | ___-__-____ | _____ MM/DD/YYYY
First Name | Last Name | SSN | Relationship | DOB

Spouse _____ | _____ | _____ MM/DD/YYYY
First Name | Last Name | SSN | Relationship | DOB

Other Insurance

Answer only if this is an agent or broker initiated sale:

Do you have any existing life insurance or annuity contracts? ◯ Yes ◯ No

If yes, and you live in AK, AL, AR, AZ, CO, HI, IA, KY, LA, MD, ME, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VA, VT or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be ***presented*** and ***read*** to you by your agent at the time he/she takes your application.

Will the coverage applied for replace any existing life insurance or annuities? ◯ Yes ◯ No

If yes, and you do not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

Statement of Health

Answer each question and initial below to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers on a separate 8 1/2 x 11 piece of paper.

	Applicant		Spouse		Children*	
	Yes	No	Yes	No	Yes	No
I. In the last 10 years, has any Applicant under this application for coverage:						
A. Had a life or health insurance application declined or rated?	◯	◯	◯	◯	◯	◯
B. Been diagnosed or treated by a physician for any of the following: High blood pressure, high cholesterol, cardiac chest pain, heart attack, vascular disease (plaque in arteries), or any heart or blood vessel disorder; cancer or blood disorder; stroke, seizures, progressive neuropathy, or any nervous system disease; shortness of breath, asthma, chronic obstructive pulmonary disease (COPD), or any respiratory tract disorder; ulcers, hepatitis, colitis, disorder of the pancreas, liver, esophagus, stomach, or intestines; depression, schizophrenia, or any mental condition; diabetes, thyroid, pituitary, adrenal, or hormone disorder; disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system; or any significant medical disorders?	◯	◯	◯	◯	◯	◯
II. In the past 5 years, has any Applicant:						
A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?	◯	◯	◯	◯	◯	◯
B. Been convicted for driving under the influence of alcohol or drugs or while intoxicated?	◯	◯	◯	◯	◯	◯
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics or any drug except as medication prescribed by a physician?	◯	◯	◯	◯	◯	◯
III. Has any Applicant been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?	◯	◯	◯	◯	◯	◯

IV. List each prescribed medication taken regularly or frequently by any Applicant: _____

*** Number of Children** ___ If you answer "yes" to any of the above questions regarding a child(ren), please provide the child(ren)'s name, date of birth and the question # the answer refers to on a 8 1/2 x 11 piece of paper.

Initial Here _____

Conditions Relating to this Enrollment Form

Group Eligibility: I am eligible to apply for this group level term life insurance coverage as a Member or an Associate Member as defined in the Master Group Policy and described in the Certificate of insurance coverage. **Agreement: In the absence of my spouse, I, as sponsor, have the appropriate knowledge to answer the questions for my spouse and children.** I represent that all statements and answers in this enrollment form are complete, true and correctly recorded **TO THE BEST OF MY KNOWLEDGE AND BELIEF**. I agree that 1) upon approval of this enrollment form by 5Star Life Insurance Company, it and the Certificate of insurance coverage issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by 5Star Life Insurance Company and is subject to each covered person's health being as described in this enrollment form, and upon receipt of the full first contribution, in which case the coverage shall take effect as of the effective date as shown in the Certificate of insurance coverage; 3) if within 60 days of receipt of all required documentation this enrollment form is not approved, it will become void and any contributions paid will be refunded; I will be so notified. **Note:** Within the time limits prescribed by the law of the state where you live, no benefits will be paid and contributions will be refunded if the covered person commits suicide while sane or insane. Refer to your Certificate of insurance coverage for details. **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 coverage and that I may revoke this authorization and enrollment form 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. **Signature must be personal.**

Sign Here

Sponsor's Signature _____ Date MM/DD/YYYY

Spouse's Signature _____ Date MM/DD/YYYY

Signed at (City, State) _____

Agent Certification: I certify that I asked all the questions and had the Sponsor sign in my presence.

Is Sponsor or Spouse replacing existing coverage? ◯ Yes ◯ No

Paramed Ordered? ◯ Yes ◯ No

Agent Name _____

Agent Signature _____ Date MM/DD/YYYY

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.

Underwritten by 5Star Life Insurance Company (a Baton Rouge, Louisiana Company)
Offered through Armed Forces Benefit Association (AFBA) • 1-800-776-2322 • www.afba.com

Agent Number: EVA164E

Agent Market Code:

Agent Level

Source Code 334

INTERNAL USE ONLY:

Pymt Enclosed: Yes No Split

Amt: $

CC/Checkmatic Auth Rec'd Yes No

Attachments: Initials:

5Star Group Level Term

Emergency Service Personnel and Government Enrollment Form

USE BLACK OR BLUE INK AND PRINT USING ALL UPPER CASE LETTERS.

Sponsor Information

Rank Grade Prefix Mr. Last Name Generic

First Name John M.I. C D.O.B. 02/15/1976 (Month Day Year)

SSN 123-45-6789 Height 5 FT 10 IN Weight 255 LBS

[X] Male [X] Non-Tobacco* [X] Married
[ ] Female [ ] Tobacco User* [ ] Not Married

AFBA# (Current/Past Members Only)

Department Code:

Choose One: [X] Fire Department [ ] Law Enforcement [ ] Emergency Med Tech [ ] Non ESP Government

Address Line 1 909 North Washington Street

Address Line 2

City Alexandria State VA Zip 22314

E-Mail mhunt@afba.com

Phone Number (703) 706-5975

* Tobacco user is one who has used any tobacco product in the past 12 months.

Spouse Information

Last Name Generic

First Name John M.I. C D.O.B. 02/15/1976 (Month Day Year)

[X] Male
[ ] Female
[ ] Non-Tobacco*
[ ] Tobacco User*

SSN 123-45-6789 Height FT IN Weight LBS

Coverage and Contributions

Contribution Mode:
(Please choose only one.)

- [ ] Payroll Deduct* 1
- [X] Monthly Credit Card 1
- [ ] Monthly Checkmatic 2
- [ ] Quarterly Bill 3
- [ ] Semi-Annual Bill 6
- [ ] Annual Bill 12
- [ ] List Bill** (Employer Tax ID required)

** Limited availability

Sponsor's Coverage $ 100,000.00

Spouse's Coverage $

Children's Coverage: [ ] Yes [ ] No

Children's Units
(may not exceed 5)

Employer Tax ID:
(List Bill Only)

Sponsor's Monthly Contribution $ 0.25

Spouse's Monthly Contribution $

Children's Monthly Contribution + $ 0.00

Total Monthly Contribution $ 0.25

Contribution Mode X 1

Total Amount Due $ 0.25

Beneficiary(ies)

As applicant, I designate beneficiary(ies) to receive benefits as indicated below.
Spouse and children's beneficiary is the applicant unless otherwise designated.

Beneficiary of:

	First Name	Last Name	SSN	Relationship	DOB
Applicant	Jan E. Generic		864-99-8762	Spouse	10/04/1979
Spouse					

Other Insurance

Answer only if this is an agent or broker initiated sale:

Do you have any existing life insurance or annuity contracts? X Yes ☐ No

If yes, and you live in AK, AL, AR, AZ, CO, HI, IA, KY, LA, MD, ME, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VA, VT or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. The Notice must be ***presented*** and ***read*** to you by your agent at the time he/she takes your application.

Will the coverage applied for replace any existing life insurance or annuities? X Yes ☐ No

If yes, and you do not live in the above listed states, please complete and sign the applicable state-specific Notice: Replacement of Life Insurance and Annuity.

Statement of Health

Answer each question and initial below to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers on a separate 8 1/2 x 11 piece of paper.

	Applicant Yes	Applicant No	Spouse Yes	Spouse No	Children* Yes	Children* No
I. In the last 10 years, has any Applicant under this application for coverage:						
A. Had a life or health insurance application declined or rated?		X				
B. Been diagnosed or treated by a physician for any of the following: High blood pressure, high cholesterol, cardiac chest pain, heart attack, vascular disease (plaque in arteries), or any heart or blood vessel disorder; cancer or blood disorder; stroke, seizures, progressive neuropathy, or any nervous system disease; shortness of breath, asthma, chronic obstructive pulmonary disease (COPD), or any respiratory tract disorder; ulcers, hepatitis, colitis, disorder of the pancreas, liver, esophagus, stomach, or intestines; depression, schizophrenia, or any mental condition; diabetes, thyroid, pituitary, adrenal, or hormone disorder; disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system; or any significant medical disorders?		X				
II. In the past 5 years, has any Applicant:						
A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?		X				
B. Been convicted for driving under the influence of alcohol or drugs or while intoxicated?		X				
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics or any drug except as medication prescribed by a physician?		X				
III. Has any Applicant been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?		X				

IV. List each prescribed medication taken regularly or frequently by any Applicant: _____

*** Number of Children** ___ If you answer "yes" to any of the above questions regarding a child(ren), please provide the child(ren)'s name, date of birth and the question # the answer refers to on a 8 1/2 x 11 piece of paper.

Initial Here Digitally signed by John C 2010-06-15 17:20:19 EDT @ 1

Conditions Relating to this Enrollment Form

Group Eligibility: I am eligible to apply for this group level term life insurance coverage as a Member or an Associate Member as defined in the Master Group Policy and described in the Certificate of insurance coverage. **Agreement: In the absence of my spouse, I, as sponsor, have the appropriate knowledge to answer the questions for my spouse and children.** I represent that all statements and answers in this enrollment form are complete, true and correctly recorded **TO THE BEST OF MY KNOWLEDGE AND BELIEF**. I agree that 1) upon approval of this enrollment form by 5Star Life Insurance Company, it and the Certificate of insurance coverage issued to me will describe the benefits and terms of coverage provided under the Master Group Policy; 2) coverage applied for will not become effective until approved by 5Star Life Insurance Company and is subject to each covered person's health being as described in this enrollment form, and upon receipt of the full first contribution, in which case the coverage shall take effect as of the effective date as shown in the Certificate of insurance coverage; 3) if within 60 days of receipt of all required documentation this enrollment form is not approved, it will become void and any contributions paid will be refunded; I will be so notified. **Note:** Within the time limits prescribed by the law of the state where you live, no benefits will be paid and contributions will be refunded if the covered person commits suicide while sane or insane. Refer to your Certificate of insurance coverage for details. **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 coverage and that I may revoke this authorization and enrollment form 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. **Signature must be personal.**

Sign Here

Sponsor's Signature Digitally signed by John C Generic, Sr. 2010-06-15 17:22:19 EDT @ 12.43.255.2 Date

Spouse's Signature _____ Date _____

Signed at (City, State) Alexandria VA

Agent Certification: I certify that I asked all the questions and had the Sponsor sign in my presence.

Is Sponsor or Spouse replacing existing coverage? X Yes ☐ No

Paramed Ordered? Yes X No

Agent Name GARY W. ANDERSON

Agent Signature Digitally signed by GARY W ANDERSON 2010-06-16 07:07:50 EDT @ 12.43.255.2 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.

909 North Washington Street, Alexandria VA 22314 * 800–776–2322 * www.afba.com

5STAR LIFE INSURANCE COMPANY

Authorization for Release of Health Related Information to 5Star Life Insurance Company

(This authorization complies with the HIPAA Privacy Rule)

John C. Generic, Sr.	02/15/1976	123-45-6789
Name of Proposed Insured/Patient (please print)	Date of Birth	Social Security Number

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record, medications prescribed and any other protected health information concerning me to 5 Star Life Insurance Company ("5 Star Life") and its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct My Providers to release and disclose my entire medical records without restriction.

This protected health information is to be disclosed under this Authorization so that 5 Star Life may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage, and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with 5 Star Life.

This Authorization shall remain in force for 30 months (24 months in IA, KS, KY, NM, OK & VT and 26 months in MN or the time period prescribed by the law of the state where you live) following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing, at any time, by sending a written notification to 5 Star Life at 909 North Washington St, Alexandria VA 22314 Attn: Privacy Official. I understand that a revocation is not effective to the extent that any of My Providers has already relied on this Authorization to disclose information about me or to the extent that 5 Star Life has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization is no longer covered by federal rules governing privacy and confidentiality of health information, but it will not be re-disclosed by 5 Star Life except as authorized by me or as required by law.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical records, 5 Star Life may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I understand that any authorized representative or I will receive a copy of this authorization upon request.

Digitally signed by John C Generic, Sr.
2010-06-15 17:25:06 EDT @ 12.43.255.2

Signature of Proposed Insured/Patient or Personal Representative or Legal Guardian (if under age 15) Date

Description of Personal Representative's Authority or Relationship to Patient: _____

AFBA Credit Card Authorization Form

AFBA USE ONLY
Application Enclosed

Payment: ☐ Initial Month Only ☒ Recurring Monthly

List all Applicant/Insured's SSNs whose insurance coverage will be paid with this Credit Card:

1. Applicant/ Insured's SSN: 123-45-6789
2. Applicant/ Insured's SSN:
3. Applicant/ Insured's SSN:
4. Applicant/ Insured's SSN:
5. Applicant/ Insured's SSN:
6. Applicant/ Insured's SSN:
7. Applicant/ Insured's SSN:
8. Applicant/ Insured's SSN:

Payor's name as it appears on credit card:

Last Name: Generic

First Name: John M.I. C Payor's SSN: 123-45-6789

Billing Address:

Address Line 1: 909 North Washington Street

Address Line 2:

City: Alexandria State: VA Zip: 22314

Only Visa/MasterCard Accepted

Credit Card Account Number: XXXXXXXXXXXX1269 Exp Date: 10 (Month) 2013 (Year)

Authorization Code (3 digit number found on the back of your card after your account number): XXX

I authorize AFBA to charge my credit card as indicated. I understand that AFBA will safeguard my credit card information. I understand that if my credit card is not accepted for payment, I have the option to pay via direct billing. If a refund is due it will be made directly to the cardholder's account. The life insurance coverage applied for will not become effective until approved and upon receipt of all monies due. I understand my account is considered paid when the credit card facility approves the transaction. I also understand that the amount to be charged will be automatically adjusted if I change my coverage, status, or the monthly contribution changes due to a birthday. This agreement will remain in effect until AFBA cancels it upon notice to me, or I notify AFBA in writing at least 10 days in advance to cancel it.

Cardholder's Signature: Digitally signed by John C Generic, Sr.
2010-06-15 17:27:09 EDT @ 12.43.255.2 Date:

5/05 (6/08)

Please detach and keep this portion for your records.

I authorize AFBA to charge my credit card as indicated. I understand that AFBA will safeguard my credit card information. I understand that if my credit card is not accepted for payment, I have the option to pay via direct billing. If a refund is due it will be made directly to the cardholder's account. The life insurance applied for will not become effective until approved by 5 Star Life Insurance Company and upon receipt of all monies due. I understand my account is considered paid when the credit card facility approves the transaction. I also understand that the amount to be charged will be automatically adjusted if I change my coverage, status, or the monthly contribution changes due to a birthday. This agreement will remain in effect until AFBA cancels it upon notice to me, or I notify AFBA in writing at least 10 days in advance to cancel it.

NOTICE TO CONSUMERS

Information regarding your insurability will be treated as confidential. 5Star Life Insurance Company or its re-insurers 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.

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITY

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions below:

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

_x_ Yes ___ No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ Yes _x_ No

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number, if available) and whether each policy or contract will be replaced or used as a source of financing:

	Insurer Name	*Contract or Policy Number*	*Insured or Annuitant*	*Replaced(R) or Financing(F)*
1.	Milwaukee Prime Life	8887779	John C. Generic, SR	Replaced
2.				None
3.				None

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because Premium reduction

I certify that the responses herein are, to the best of my knowledge, accurate:

Date: _____

Digitally signed by John C Generic, Sr.
2010-06-15 17:36:38 EDT @ 12.43.255.2

Applicant's Signature

John C. Generic, Sr.

Applicant's Printed Name

Date: _____

Digitally signed by GARY W ANDERSON
2010-06-16 07:17:10 EDT @ 12.43.255.2

Producer's Signature

GARY W. ANDERSON

Producer's Printed Name

I do not want this notice read aloud to me. ____ ***(Applicant's must initial only if they do not want the notice read aloud.)***

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
Couldtheychange?
You're older – are premiums higher for the proposed new policy?
How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

New policies usually take longer to build cash values and to pay dividends.
Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
What surrender charges do the policies have?
What expense and sales charges will you pay on the new policy?
Does the new policy provide more insurance coverage?

INSURABILITY:

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
You may need a medical exam for a new policy.
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

How are premiums for both policies being paid?
How will the premiums on your existing policy be affected?
Will a loan be deducted from death benefits?
What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

Will you pay surrender charges on your old contract?
What are the interest rate guarantees for the new contract?
Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

What are the tax consequences of buying the new policy?
Is there a tax-free exchange? (Please contact your tax advisor.)
Is there a benefit from favorable “grandfathered” treatment of the old policy under the federal tax code?
Will the existing insurer be willing to modify the old policy?
How does the quality and financial stability of the new company compare with the existing company?

5STAR
LIFE INSURANCE
COMPANY

Mildred E. Hunt
Compliance Manager

June 16, 2010

VIA SERFF

Mr. Dan Honey
Deputy Commissioner Life and Health
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

Form Number	*Description*
ESP/Gov't App R410	5Star Group Level Term Emergency Service Personnel and Government Enrollment Form
ESP/Gov't App R410E	5Star Group Level Term Emergency Service Personnel and Government Enrollment Form

Dear Mr. Honey:

Submitted for filing and approval are the above referenced forms. Form number ESP/Gov't App R509 was approved by the Insurance Department on May 7, 2009. The SERFF Tracking Number is FIVE-126133518. Please note that the above referenced "electronic" version (ESP/Gov't App R410E) is a clone of the ESP/Gov't App R410.

The applications are submitted in conjunction with the Group Level Term Insurance Policy (LT 050197) stamped approved by the Insurance Department on November 13, 1997.

This is not an illustrated product.

A redline depicting the deletions and changes to various sections of the application is outlined below: (Note: ~~Strikethroughs~~ indicate deletions, **bold, underscore, and *italic*** indicate new language.)

909 North Washington Street, Alexandria, VA 22314

(703) 706-5975
(800) 776-2322 x2204

mhunt@afba.com

	Description
ESP/Gov't App R~~509~~ *410*	Page 1, Sponsor Information section • Inserted: "*Choose One: Fire Department; Law Enforcement; Emergency Med Tech; and Non-ESP Government*"

All other sections of the application remain the same.

* * *

Enclosed also are computer screen snapshots of all sections of the on-line application as viewed by the agent. The on-line application and the screen shots are substantially similar to the enclosed paper application.

Once the agent completes all information required on the application, the application is currently being e-mailed to the applicant's home e-mail address for review and signature. When this process is completed, the applicant then returns the signed application and attached forms via e-mail to the agent. The agent then affixes his signature(s) where applicable. The agent then electronically submits the entire package to 5 Star Life Insurance Company's home office for review and approval.

Please note that if the applicant does not activate the link or insert his/her signature codes within 14 days after receipt or 30 days from the first time the first party clicks the link, whichever comes later, the application will expire and all associated e-mail links or bookmarked links will cease to function. Once the parties have completed all signature requirements, ***all*** links will expire regardless of the time that has passed.

The signature of the applicant is digital. Parts III and IV of the enclosed screen snap shots provide an example of four digit numbers that must be inserted, where indicated. Wherever a signature is required, you will find provided specific four digit numbers. Once these numbers are inserted and the sign button is clicked, the digital signature is generated. The signature will show the name of the applicant and/or agent, the date, and time the information was entered.

* * *

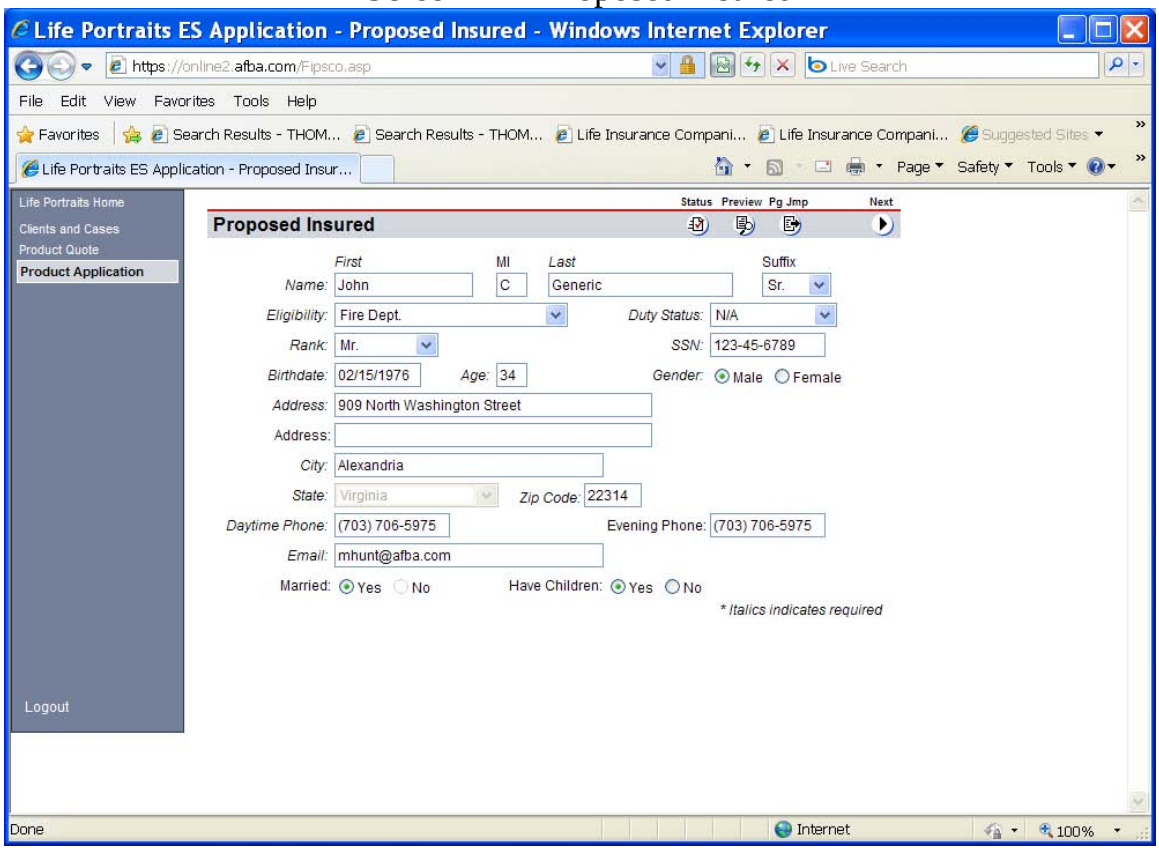
Coverage will be marketed on a direct mail basis, and via licensed agents and brokers. Once approved, 5 Star Life reserves the right to use the forms in their approved format in a variety of media, such as the Internet, with the understanding that there may be slight accommodations made for electronic viewing.

Should you require additional information, please do not hesitate to contact the undersigned.

Very truly yours,

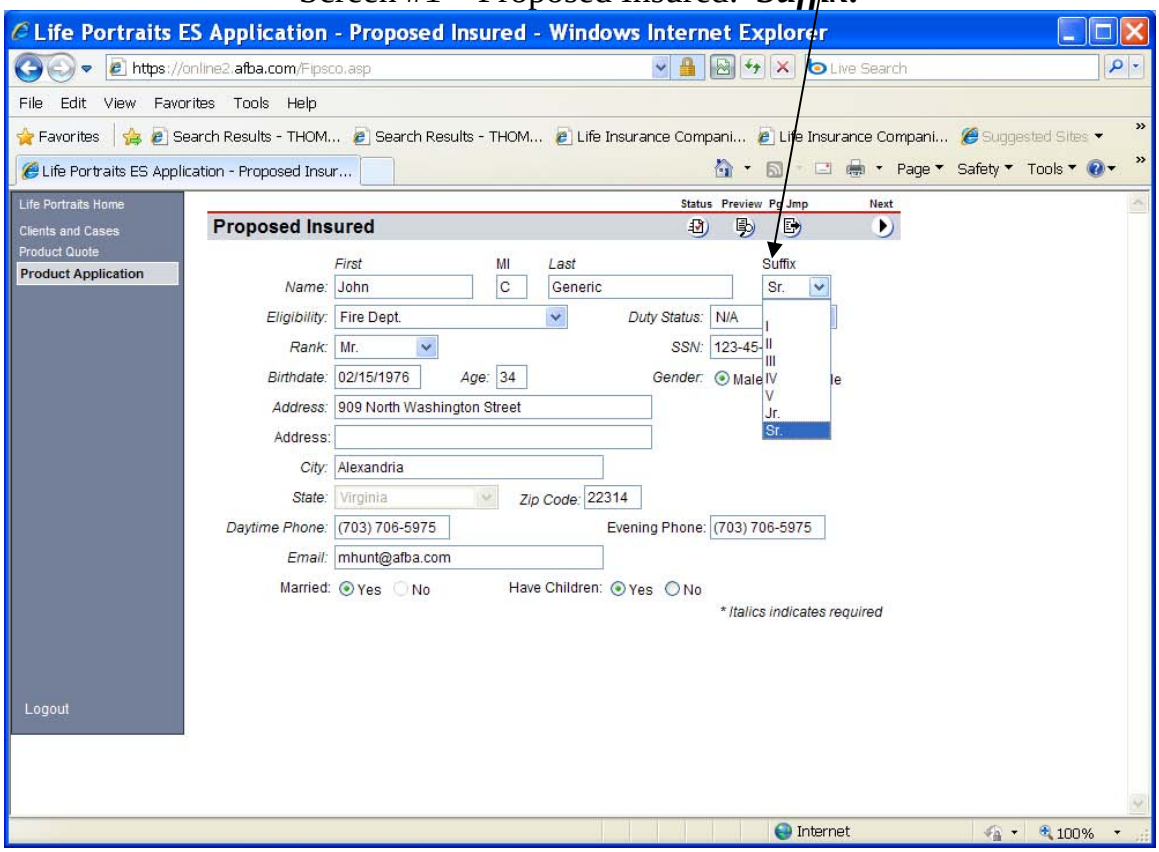
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #1 – Proposed Insured



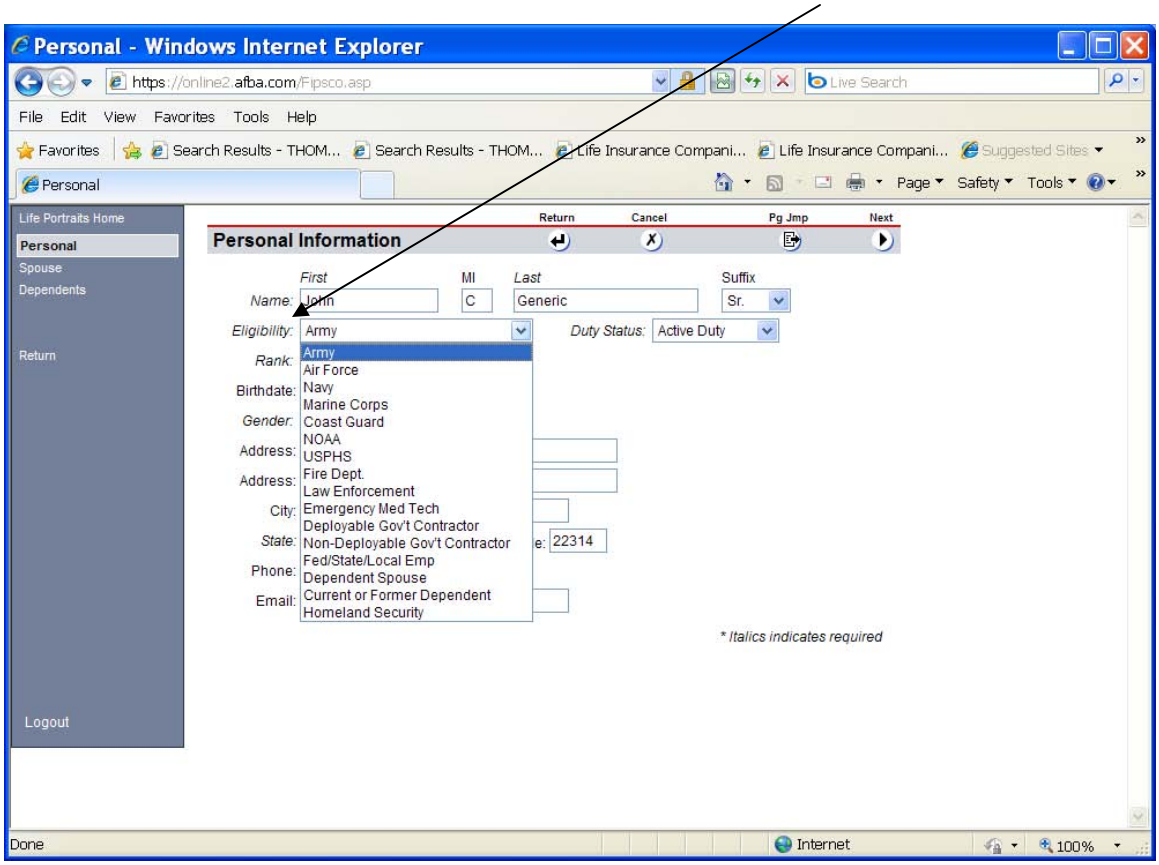
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #1 – Proposed Insured: ***Suffix:***



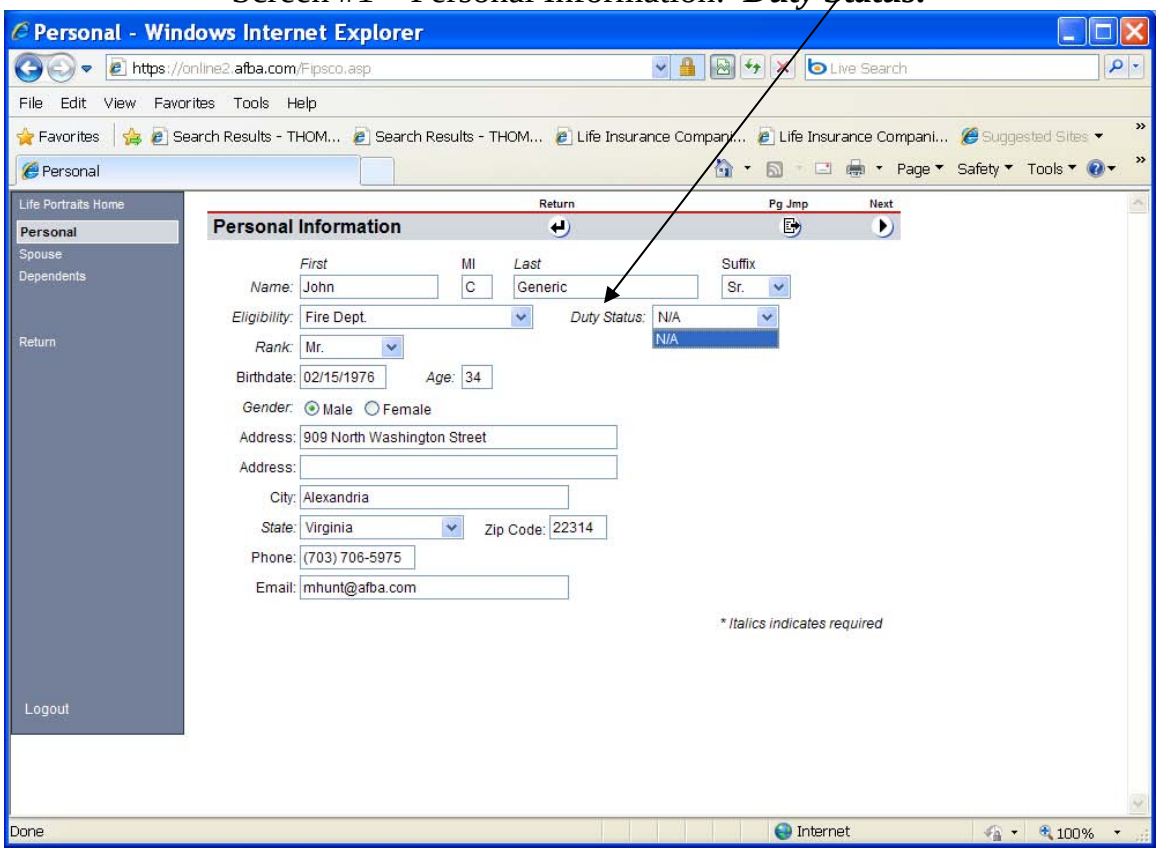
Screen #1 – Proposed Insured: ***Eligibility***

5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases



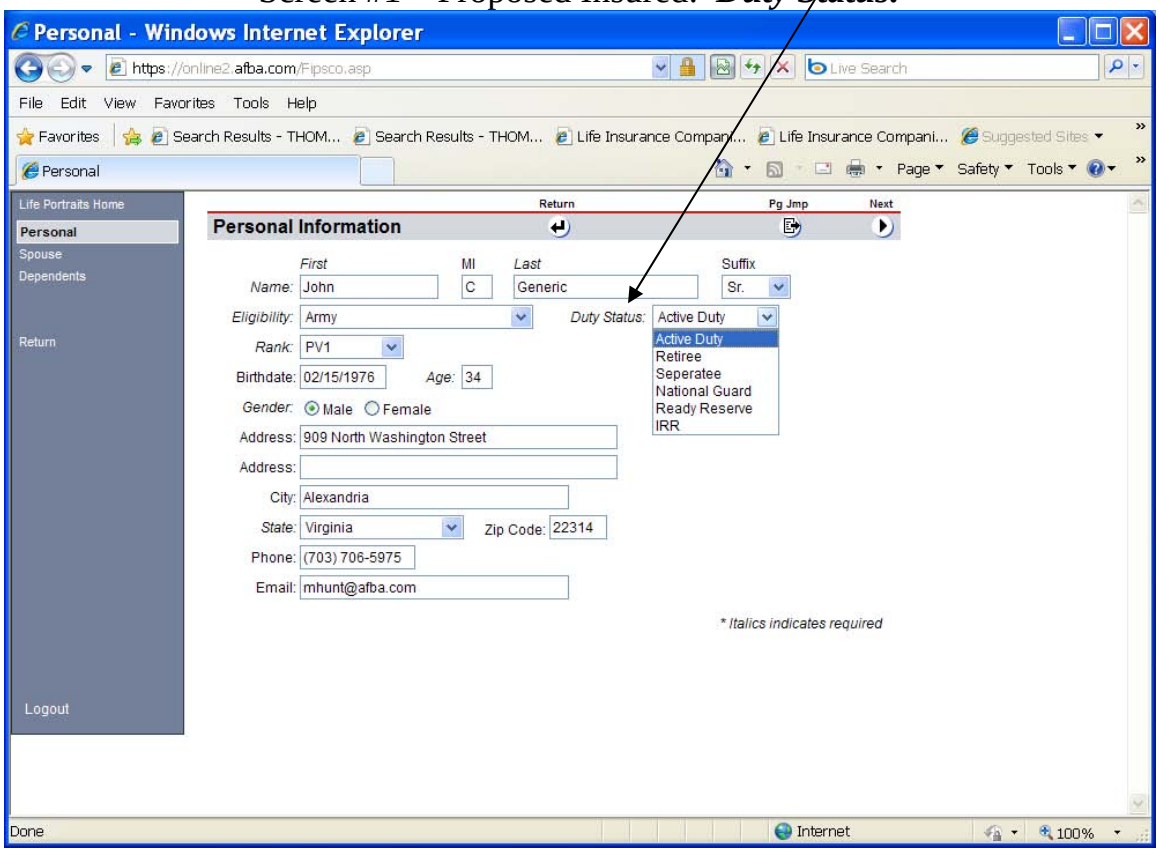
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #1 – Personal Information: ***Duty Status:***



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

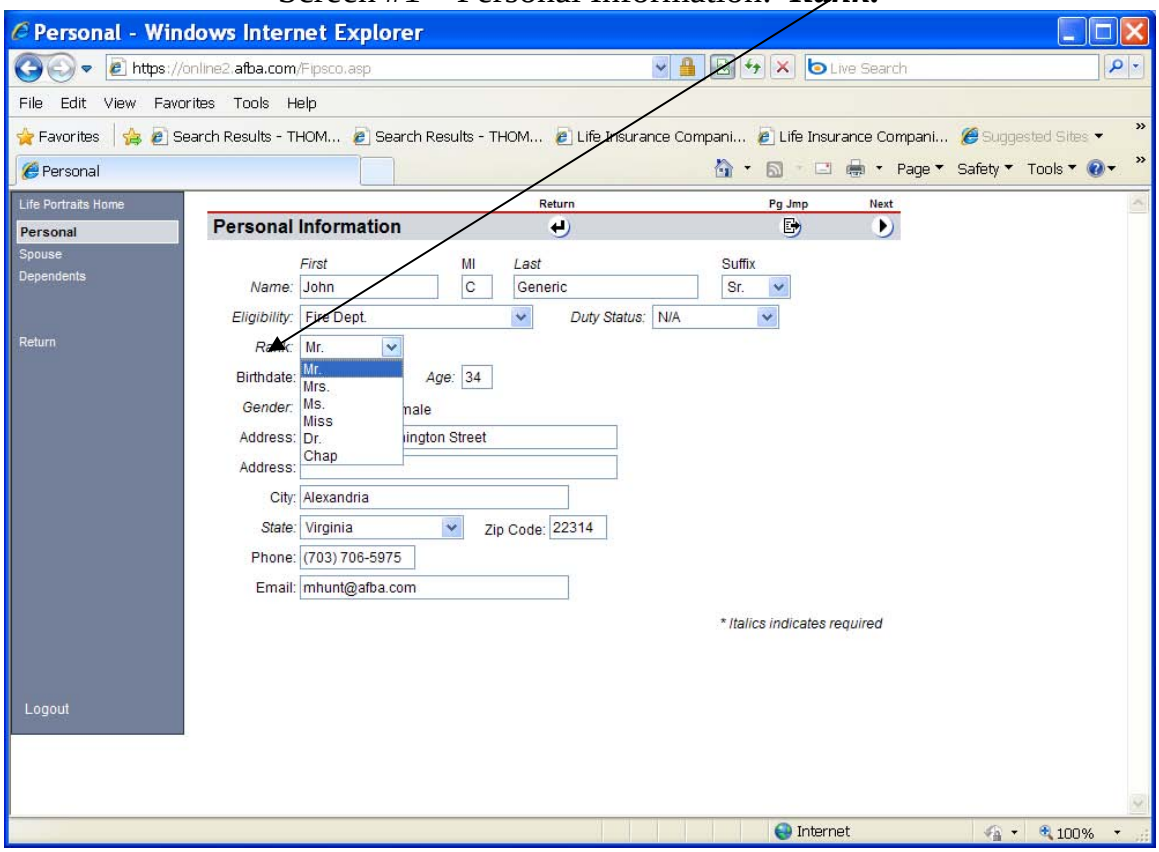
Screen #1 – Proposed Insured: ***Duty Status:***



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)

PART I – Clients and Cases

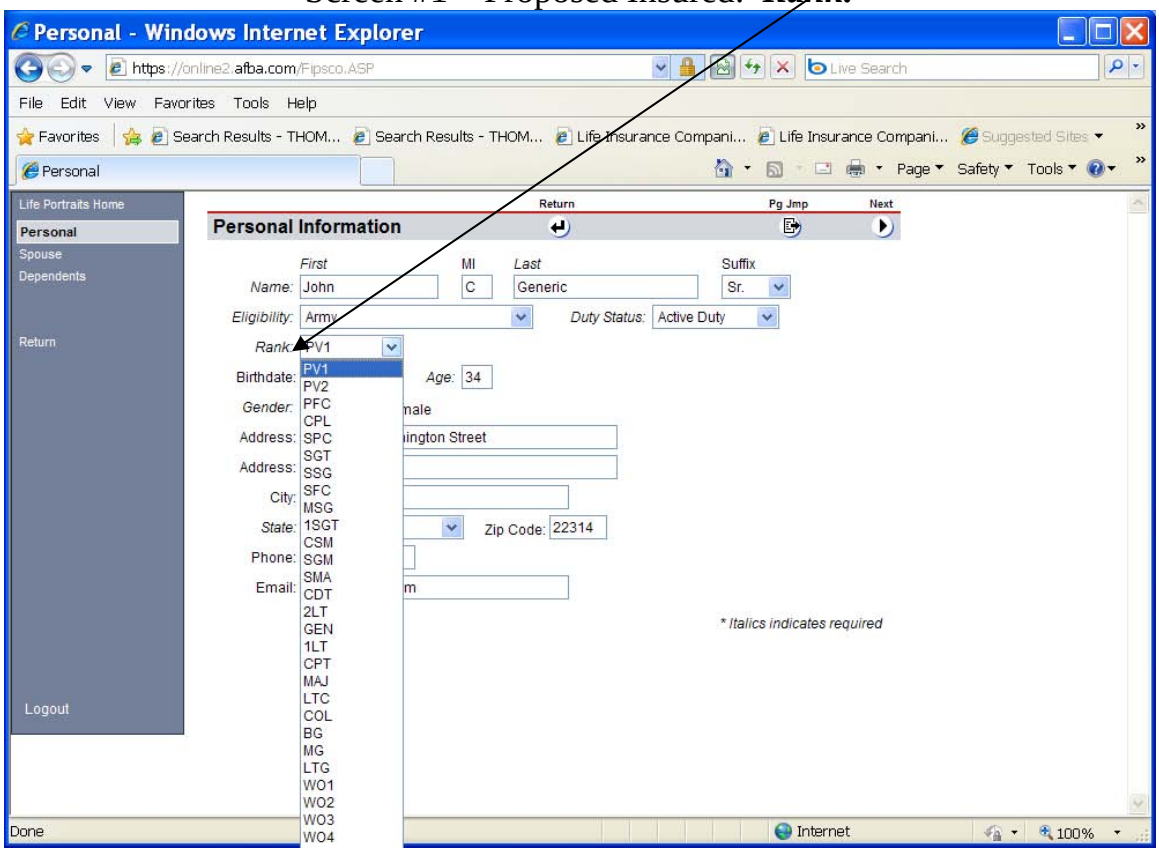
Screen #1 – Personal Information: ***Rank:***



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)

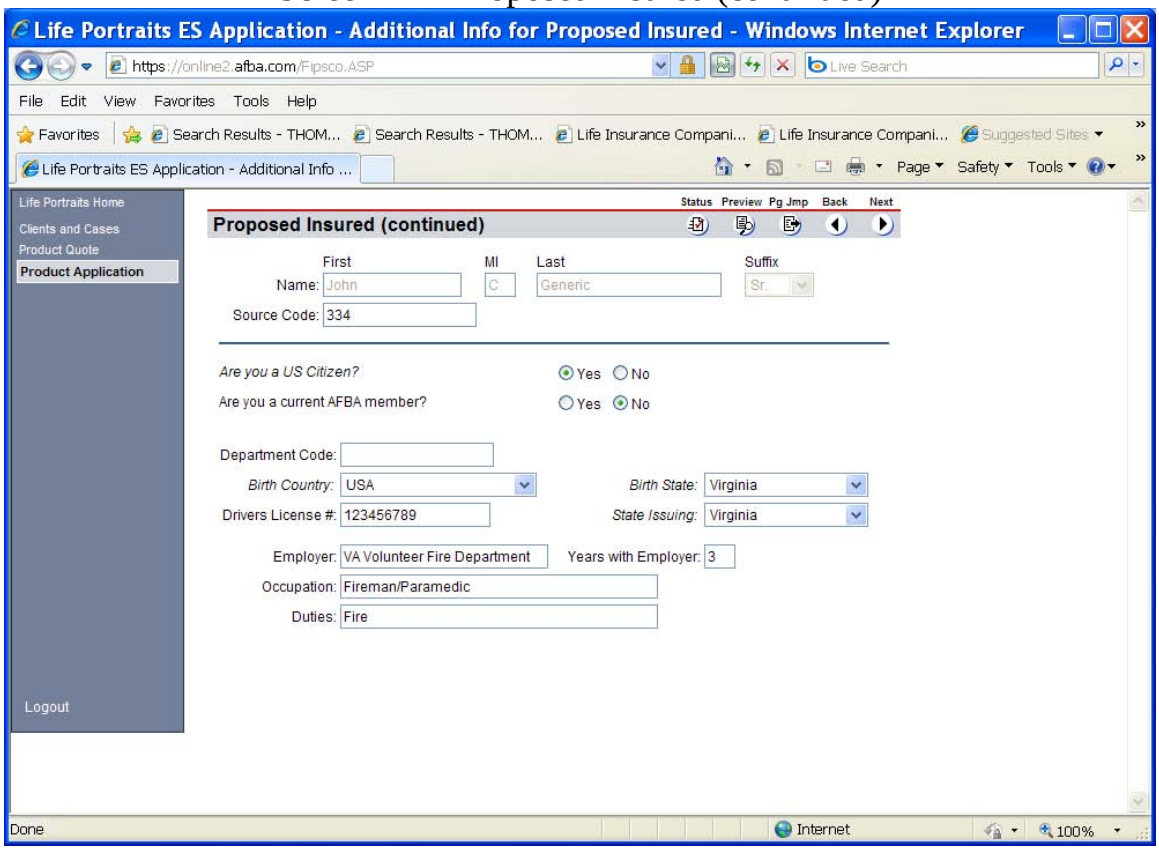
PART I – Clients and Cases

Screen #1 – Proposed Insured: ***Rank:***



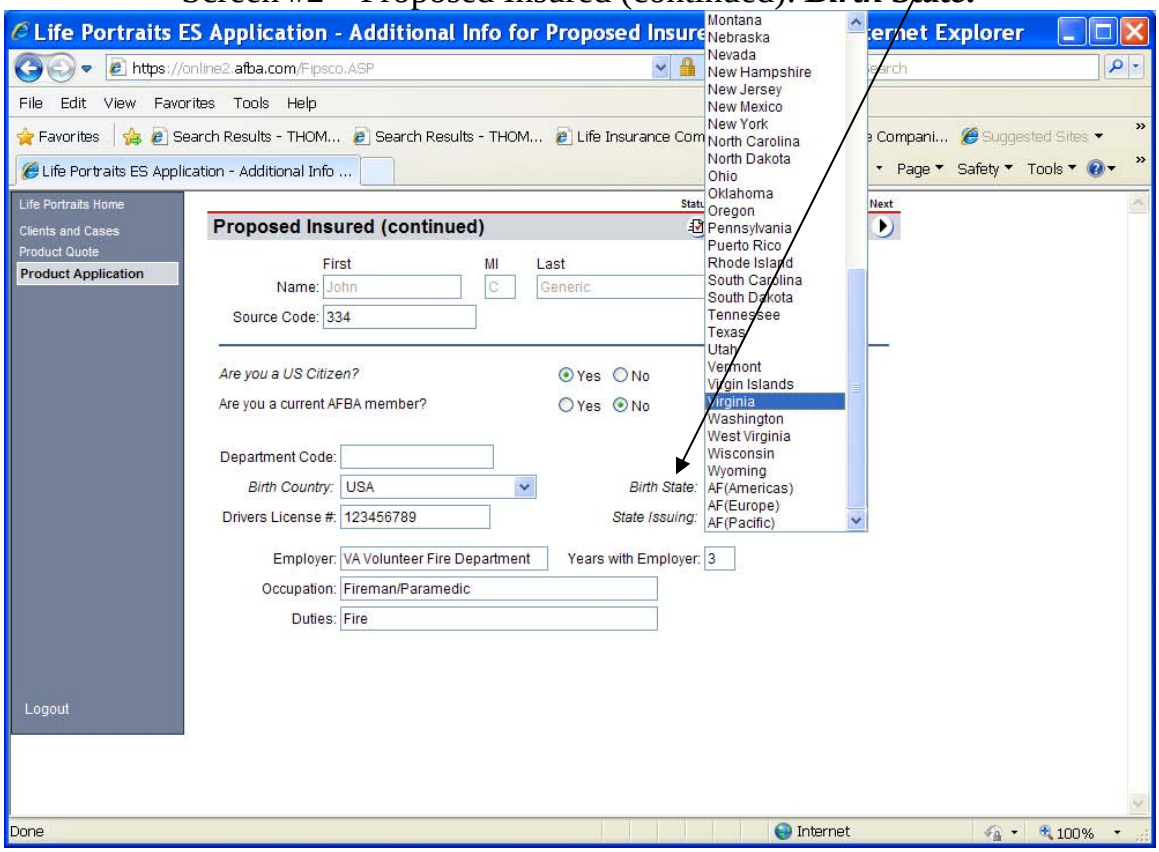
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #2 – Proposed Insured (continued)



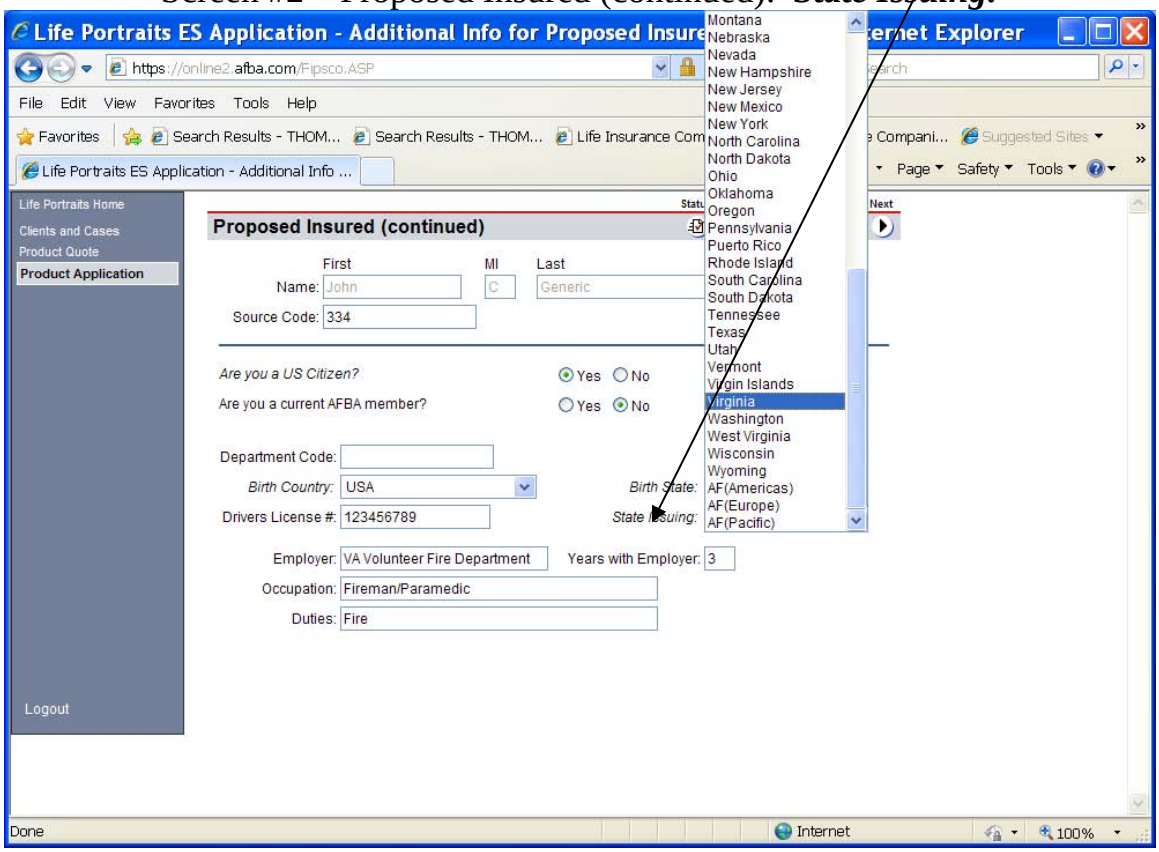
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #2 – Proposed Insured (continued): ***Birth State:***



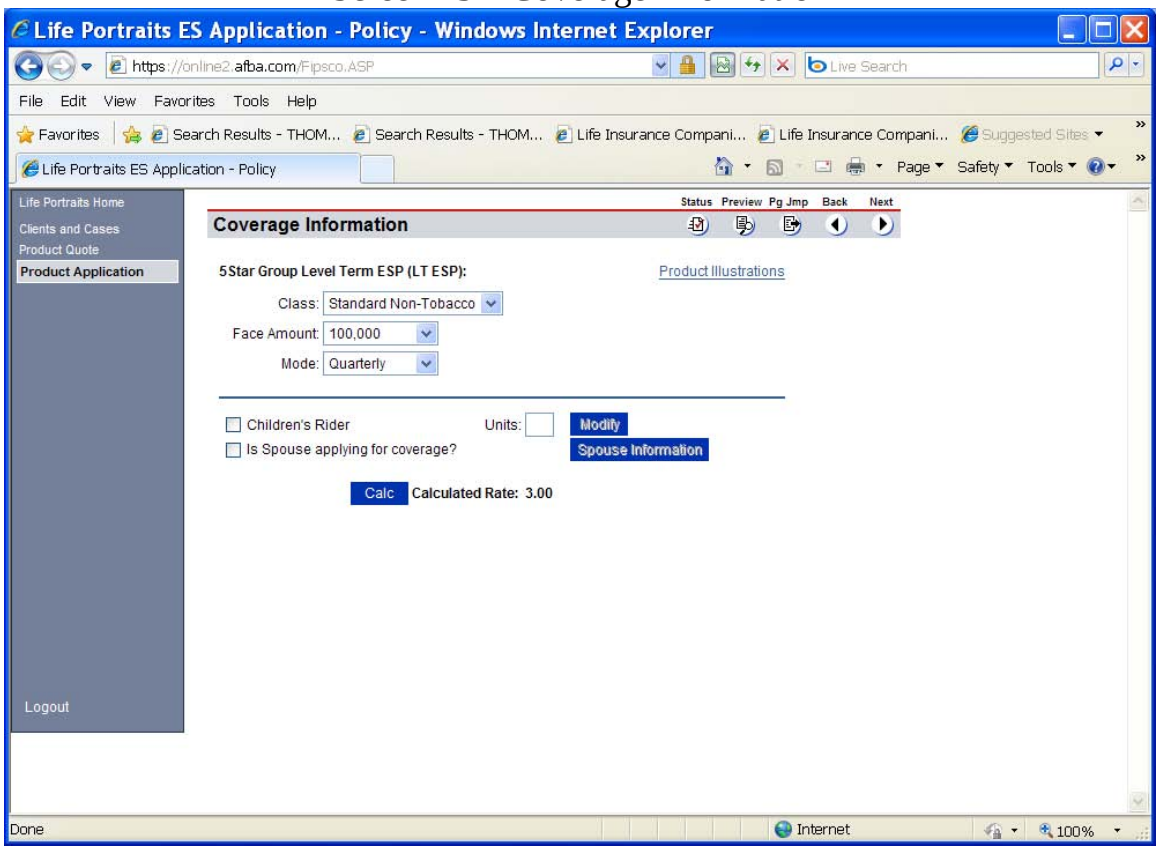
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #2 – Proposed Insured (continued): ***State Issuing:***



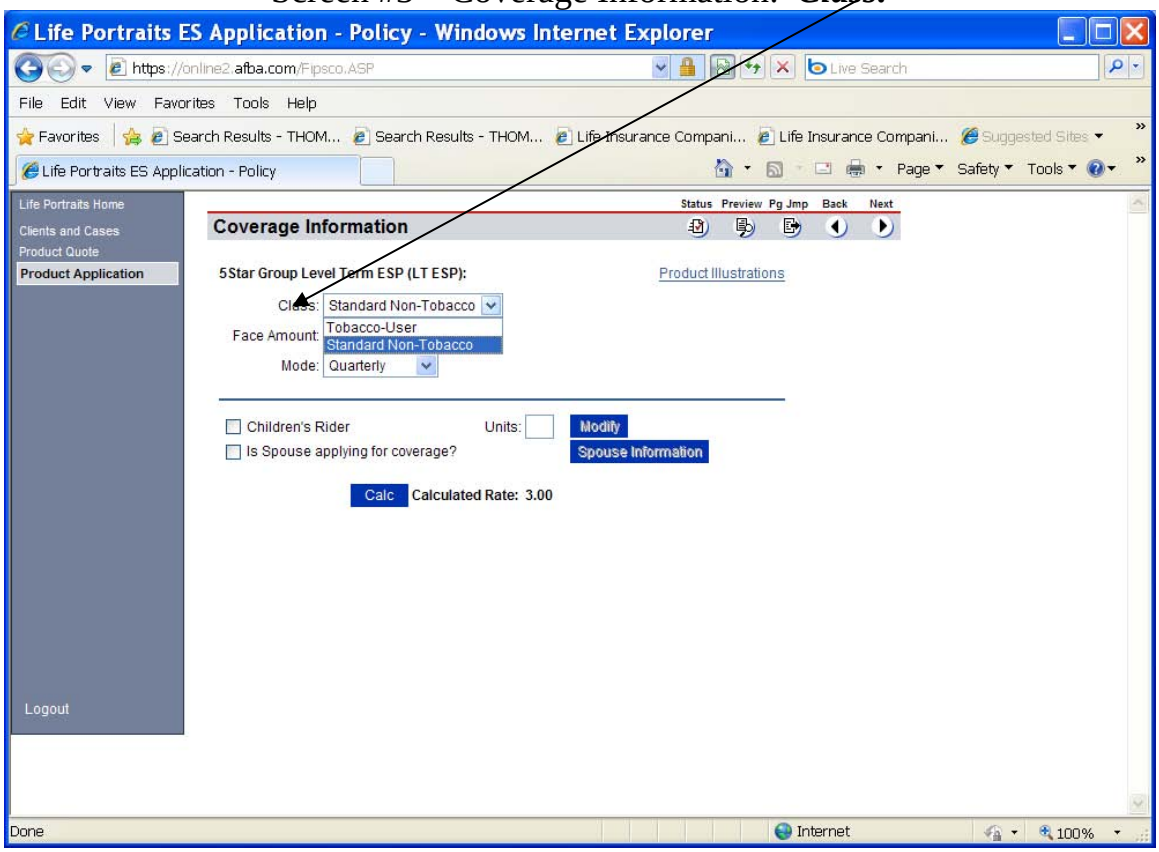
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #3 – Coverage Information



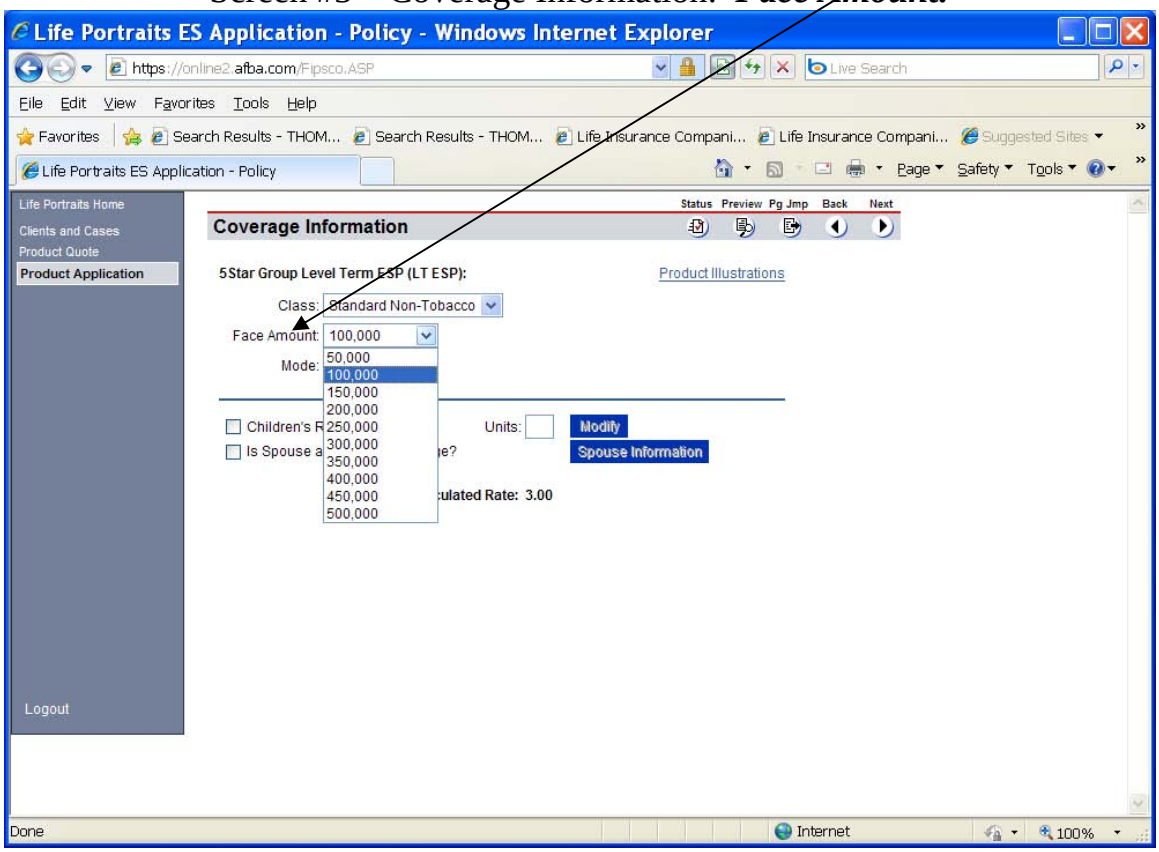
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #3 – Coverage Information: ***Class:***



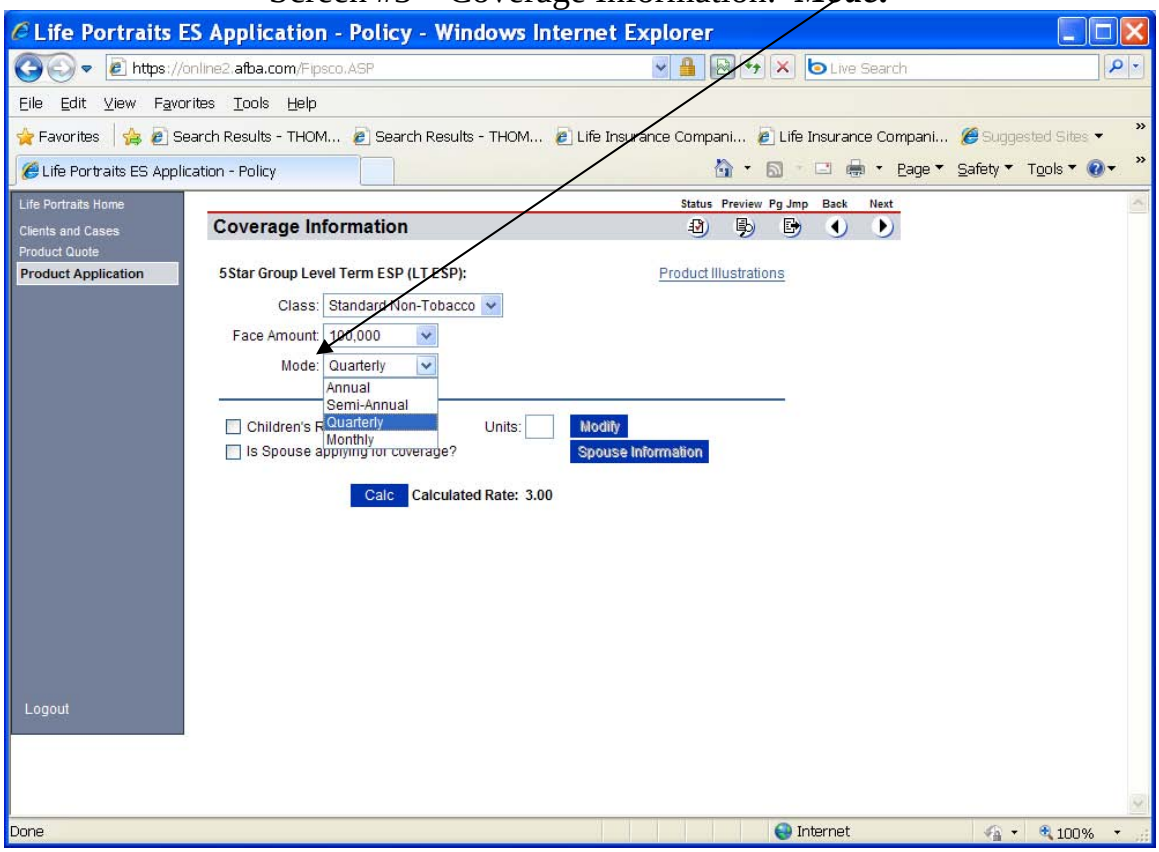
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #3 – Coverage Information: ***Face Amount:***



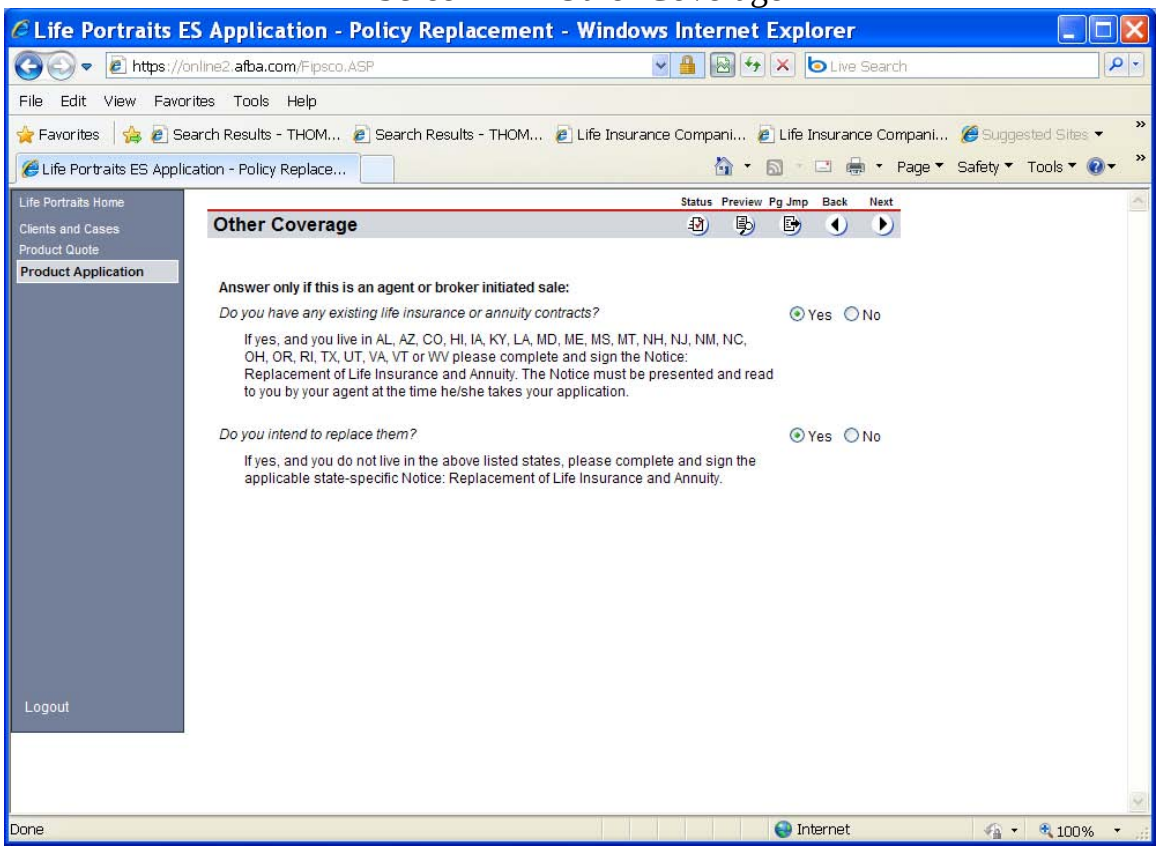
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #3 – Coverage Information: ***Mode:***



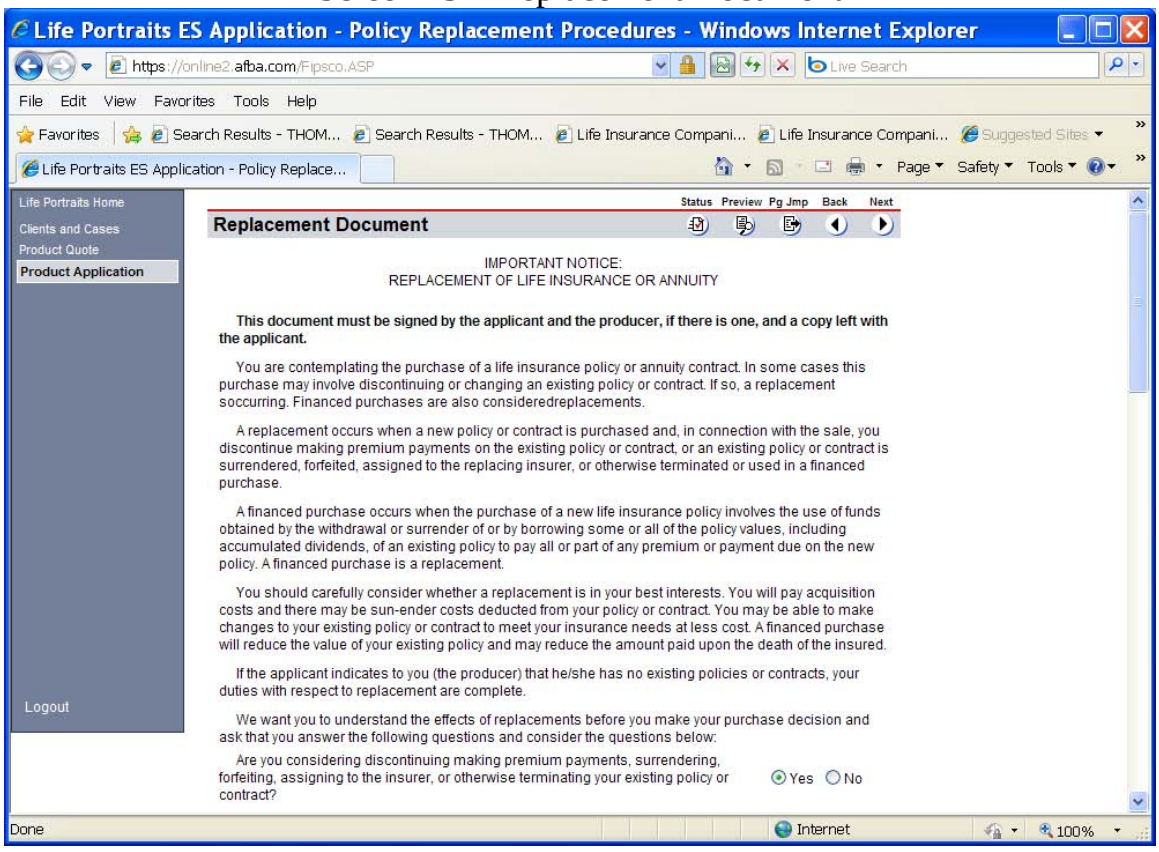
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #4 – Other Coverage



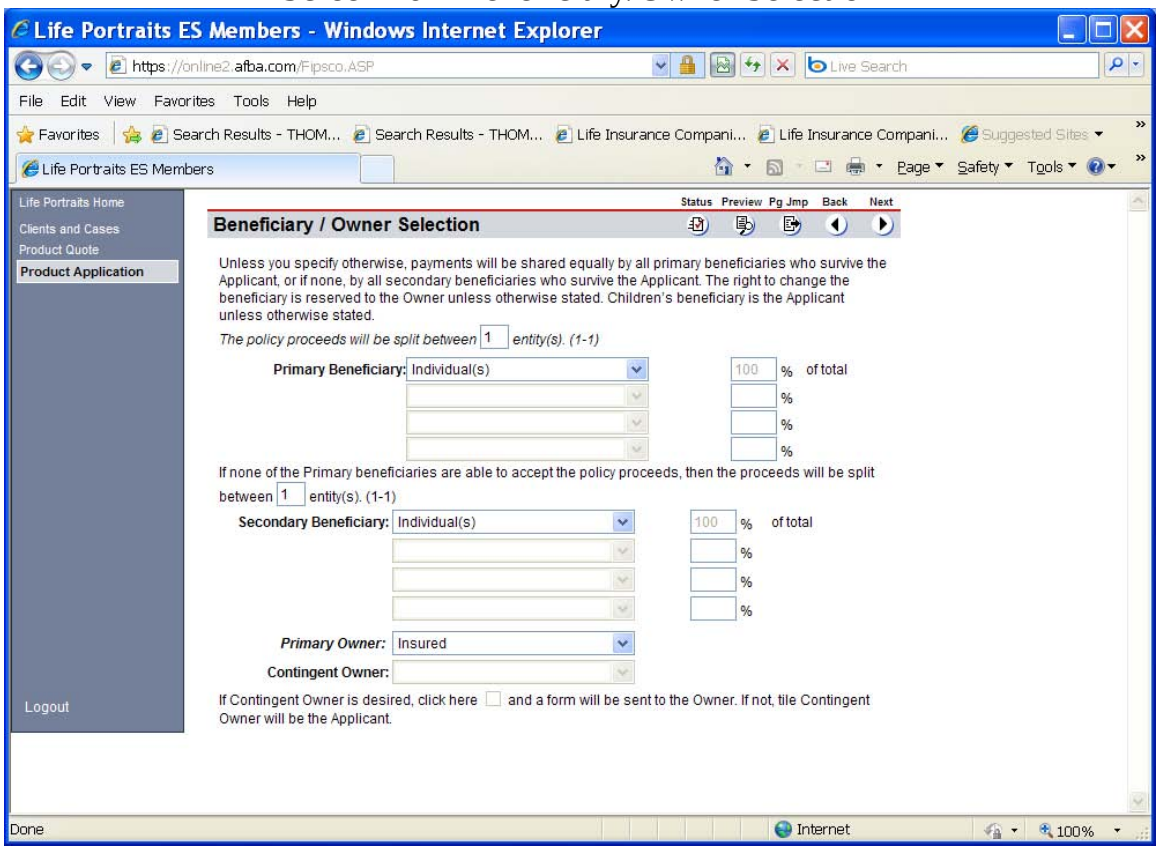
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #5 – Replacement Document



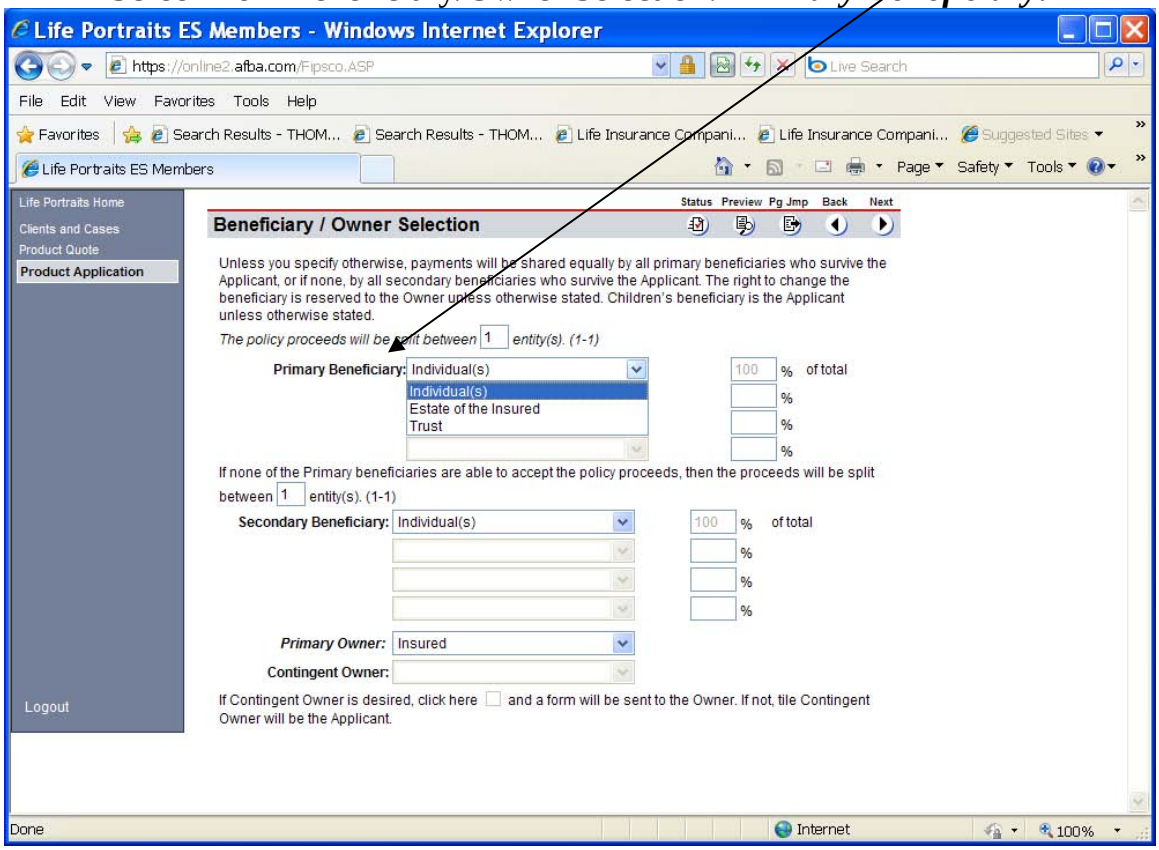
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #6 – Beneficiary/Owner Selection



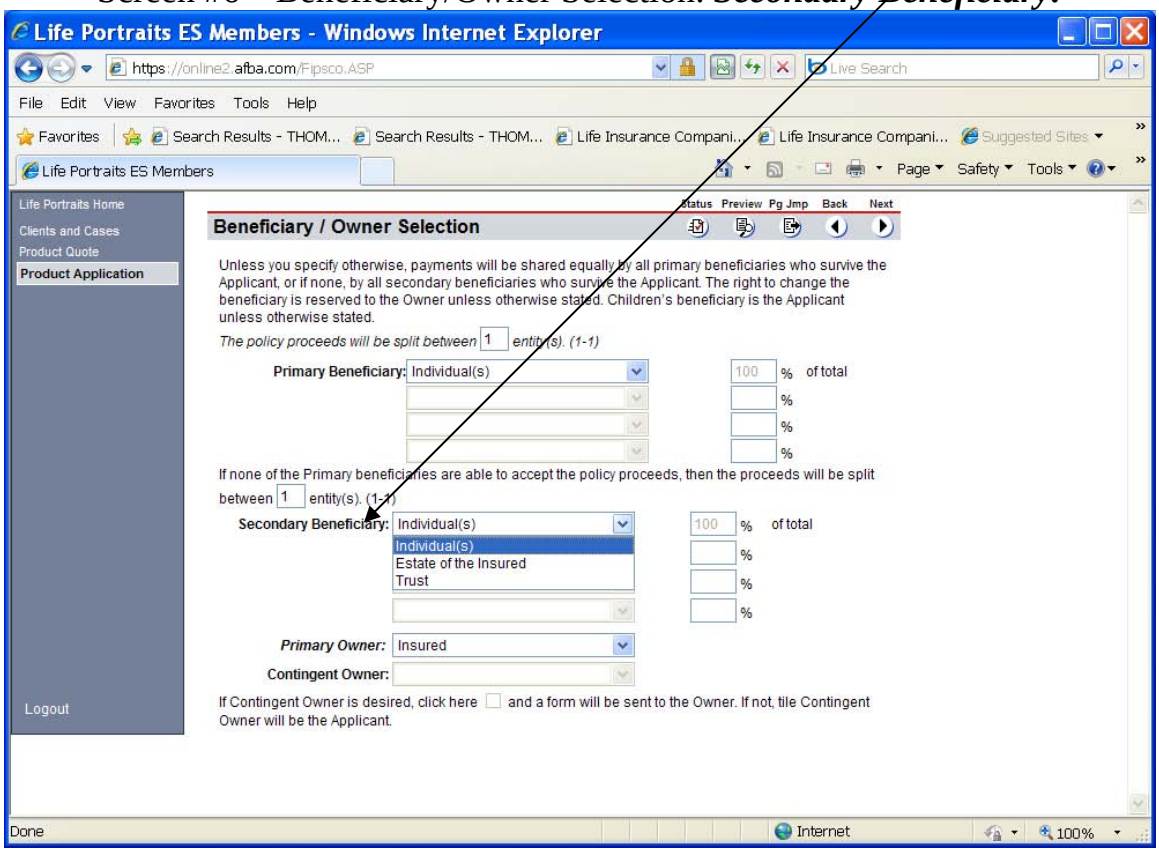
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #6 – Beneficiary/Owner Selection: ***Primary Beneficiary:***



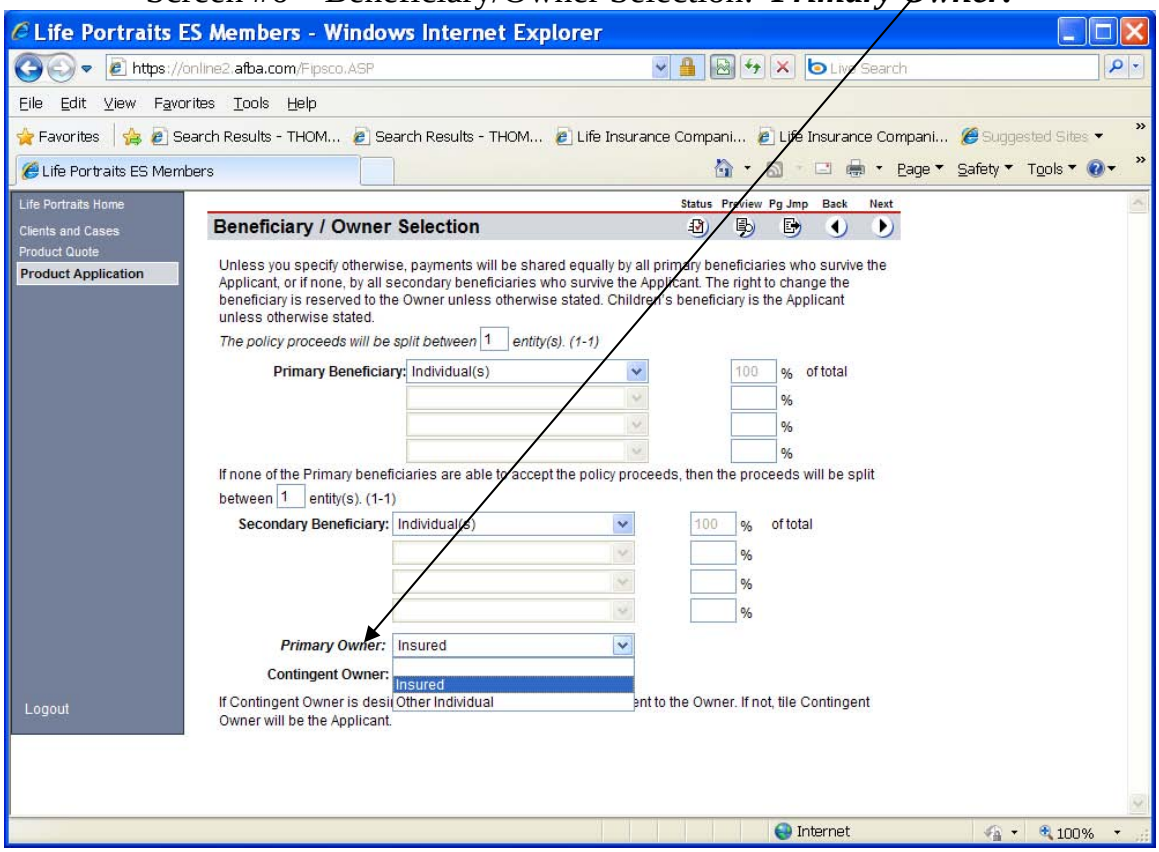
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #6 – Beneficiary/Owner Selection: ***Secondary Beneficiary:***



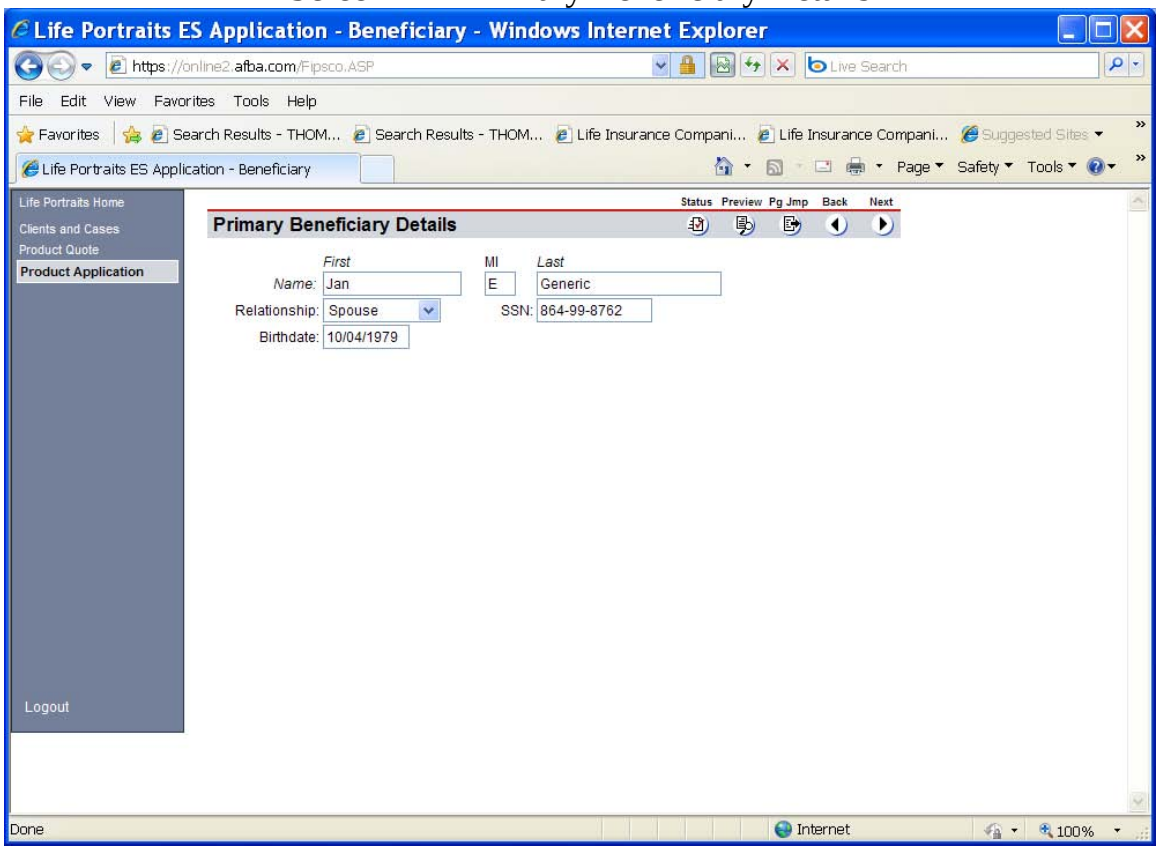
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #6 – Beneficiary/Owner Selection: ***Primary Owner:***



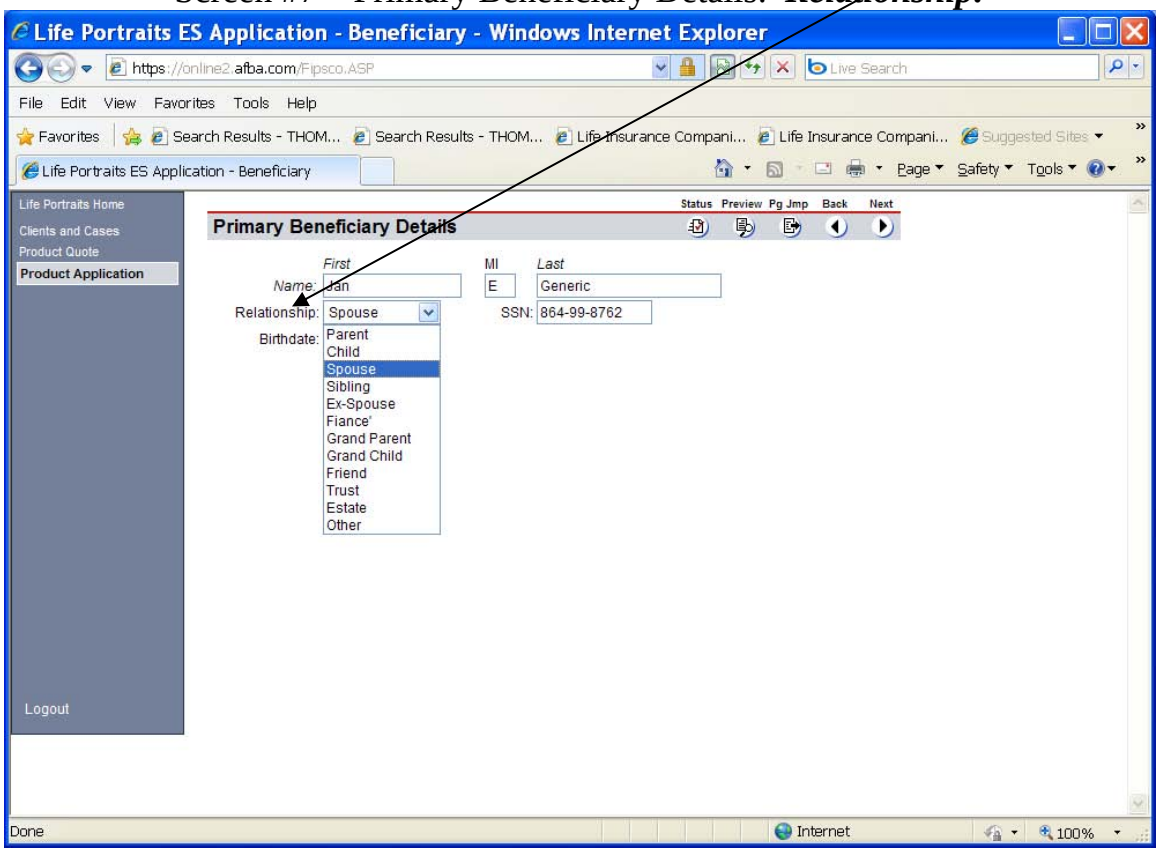
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #7 – Primary Beneficiary Details



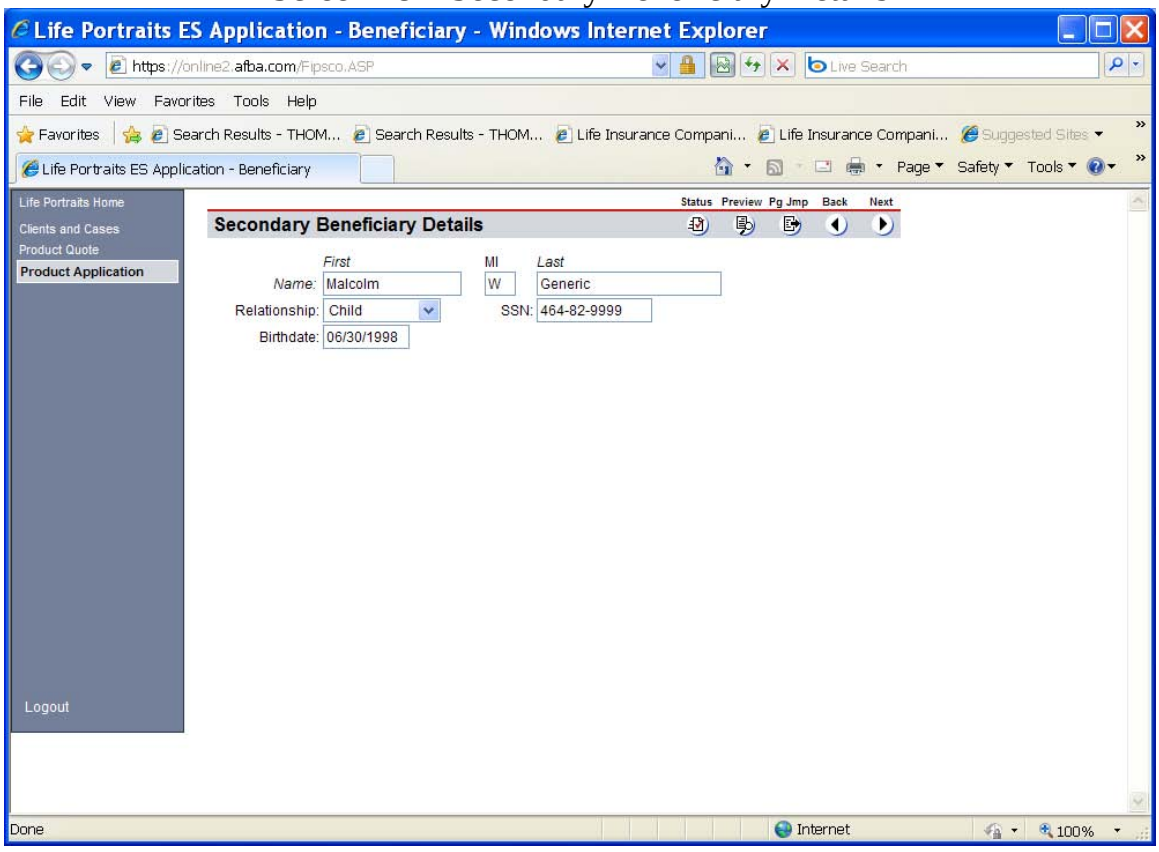
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #7 – Primary Beneficiary Details: ***Relationship:***



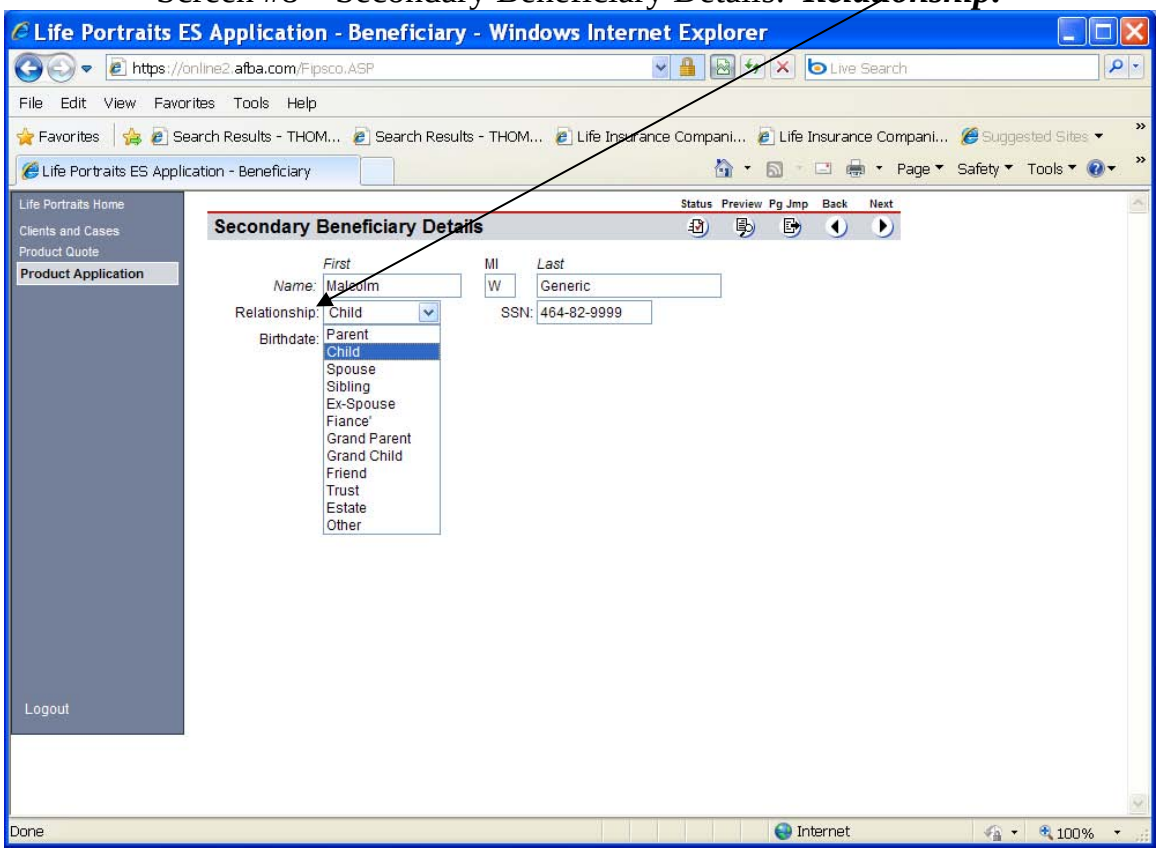
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #8 – Secondary Beneficiary Details



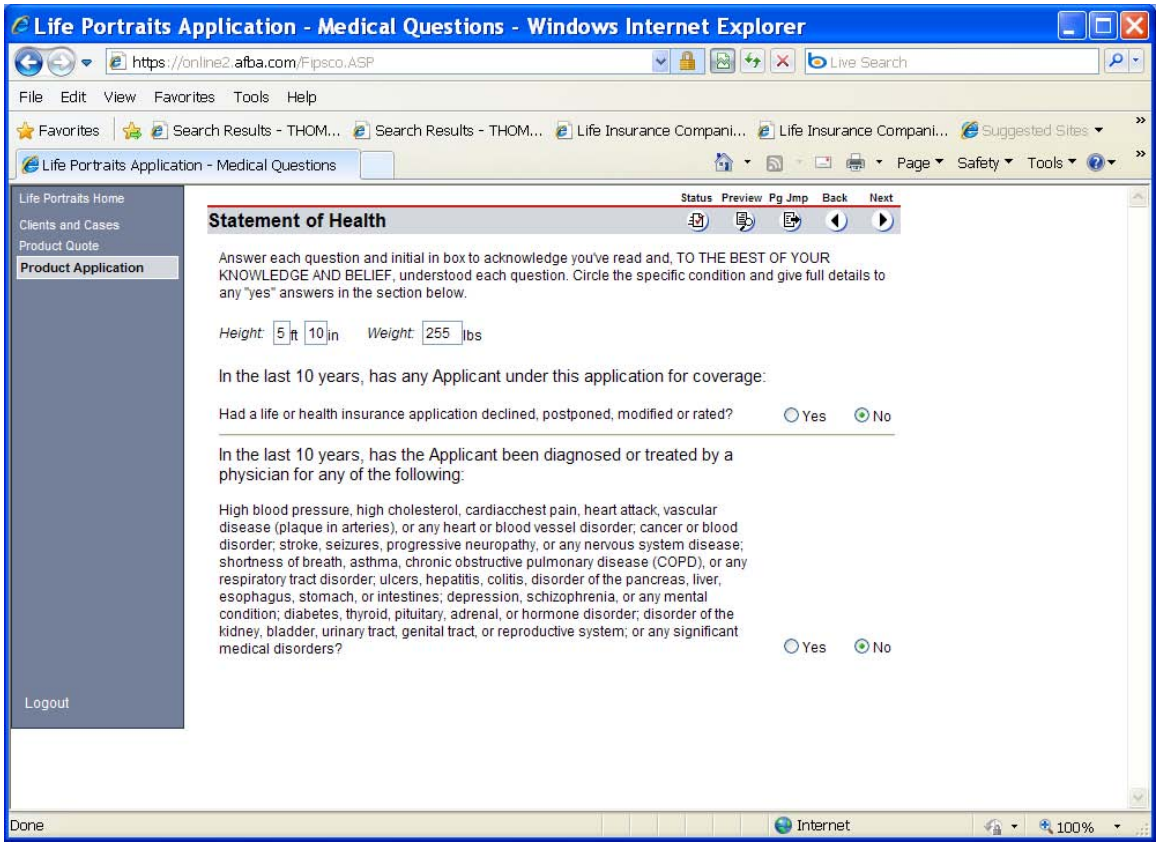
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #8 – Secondary Beneficiary Details: ***Relationship:***



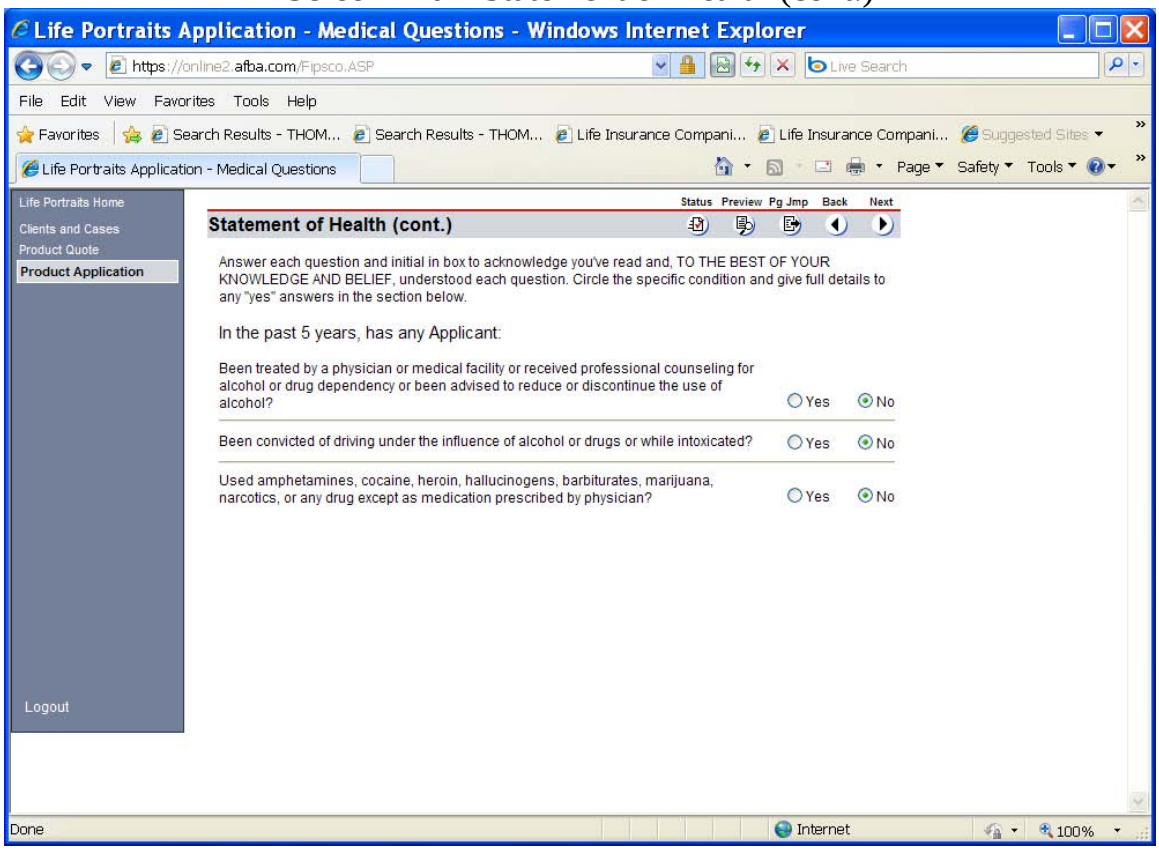
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #9 – Statement of Health



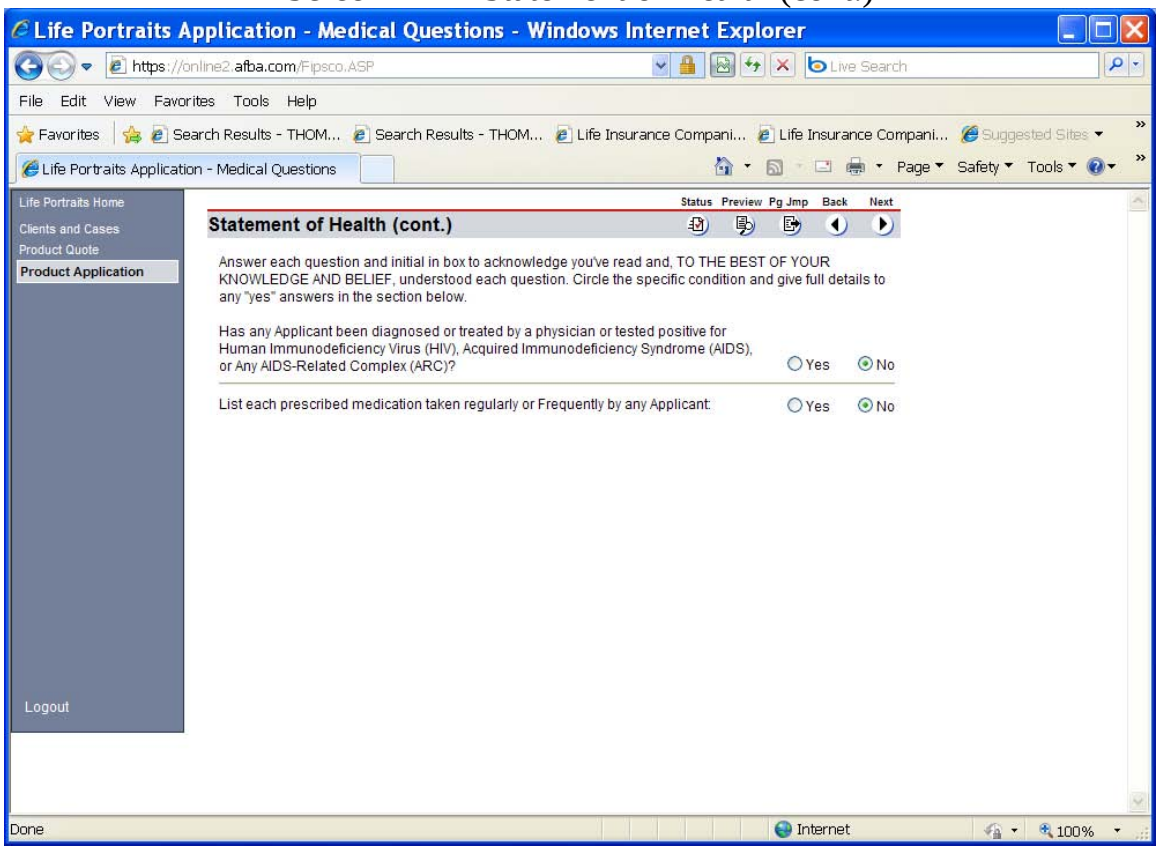
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #10 – Statement of Health (cont.)



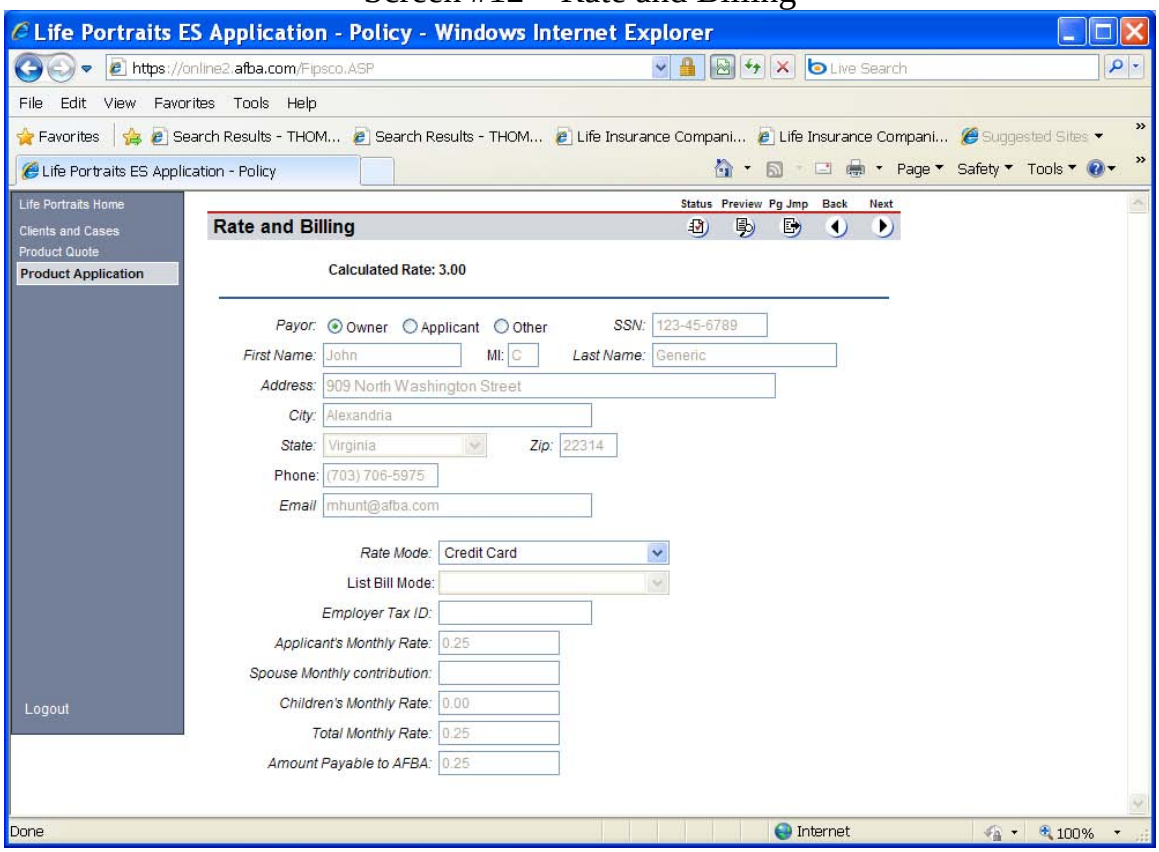
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #11 – Statement of Health (cont.)



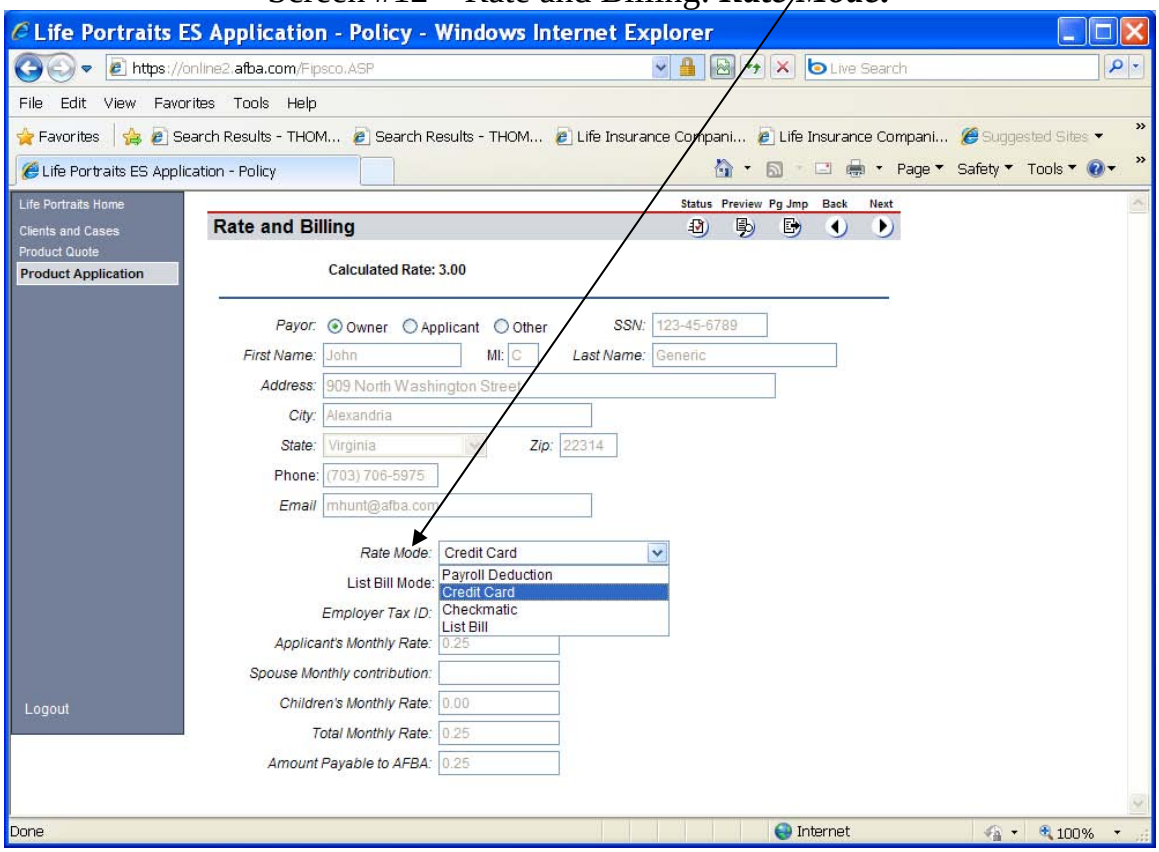
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #12 – Rate and Billing



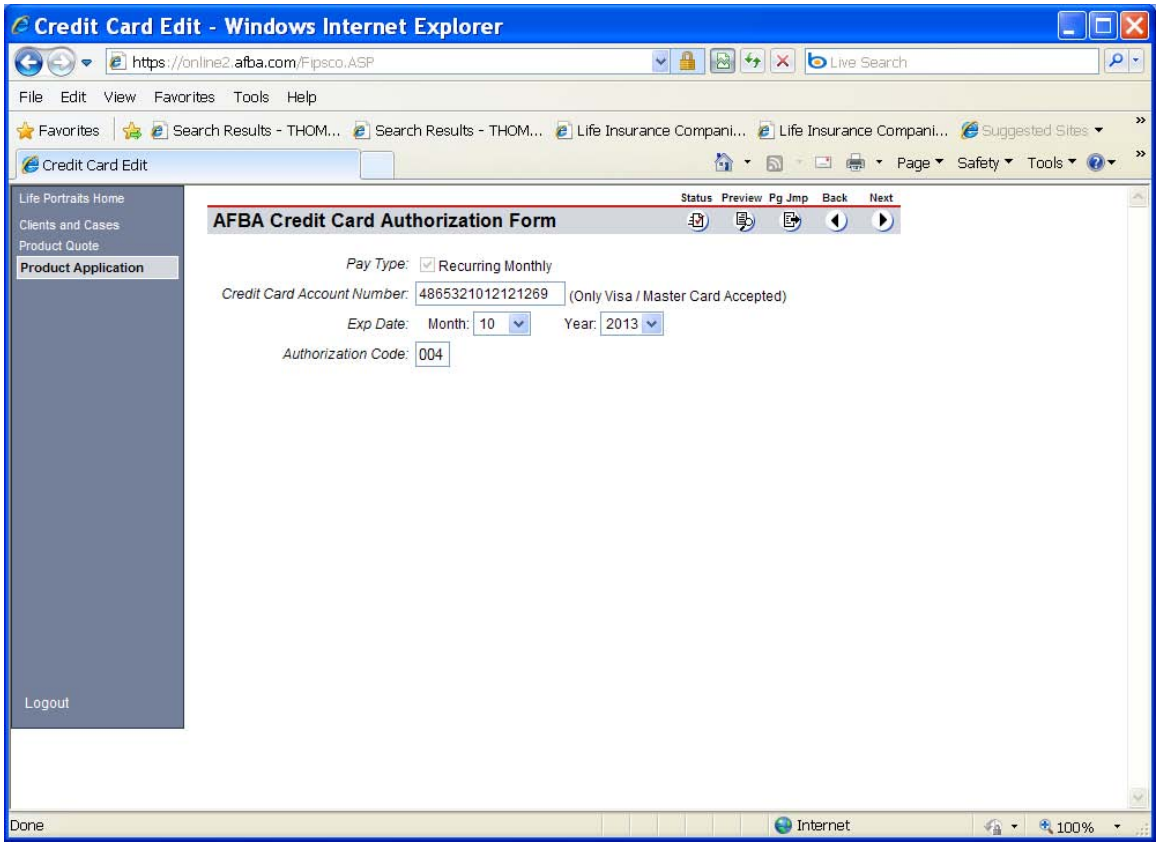
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #12 – Rate and Billing: ***Rate Mode:***



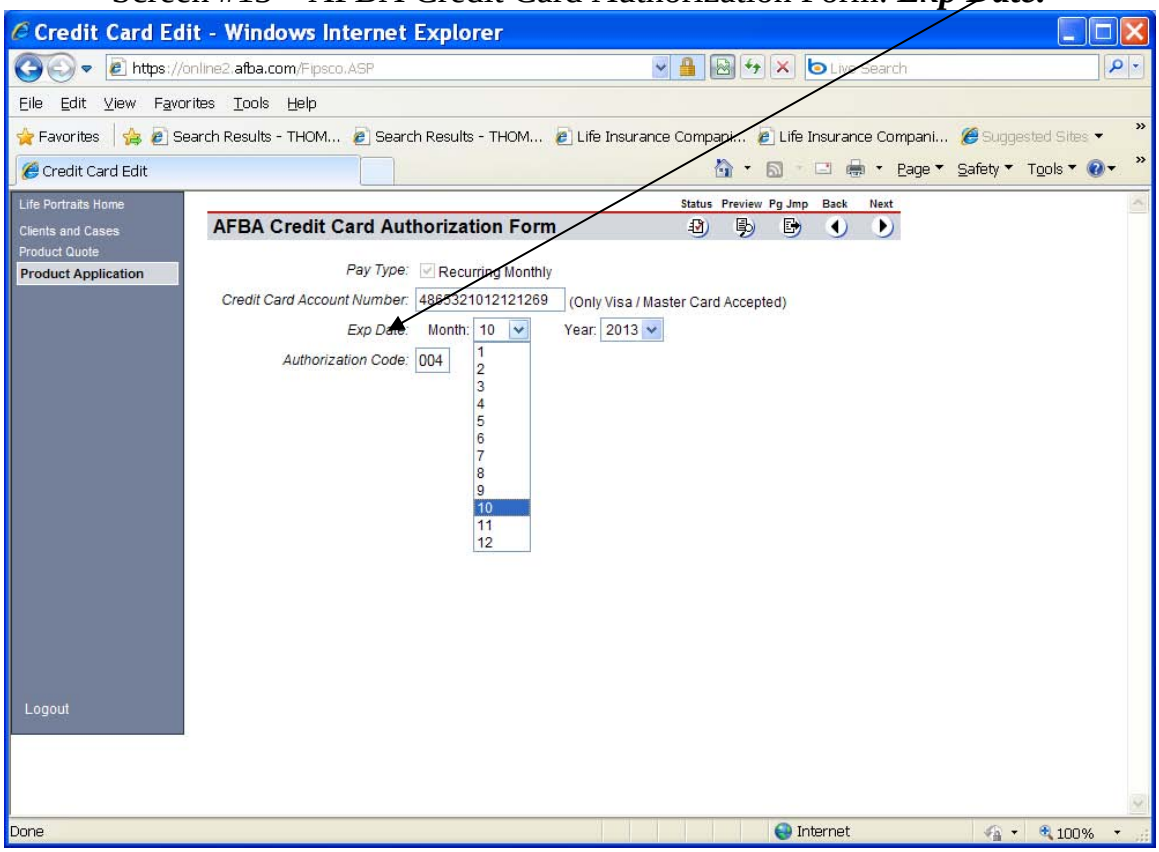
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #13 – AFBA Credit Card Authorization Form



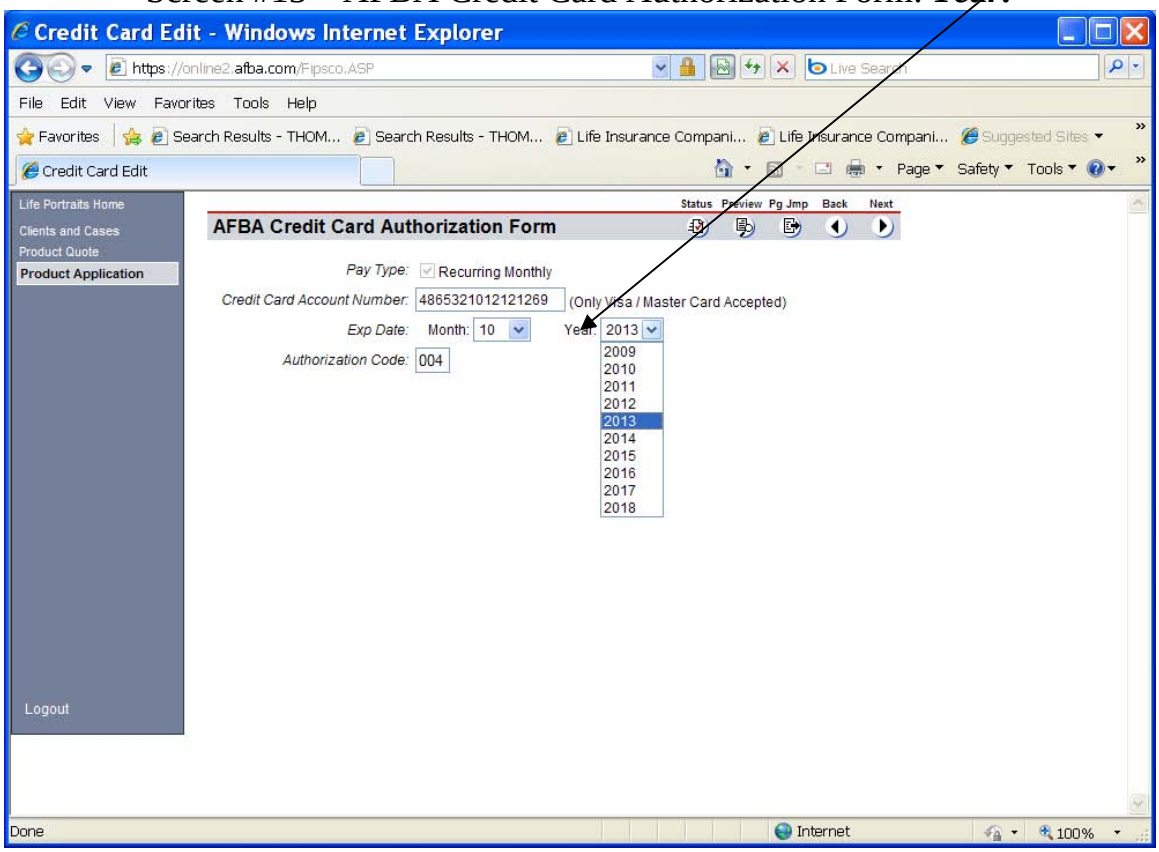
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #13 – AFBA Credit Card Authorization Form: ***Exp Date:***



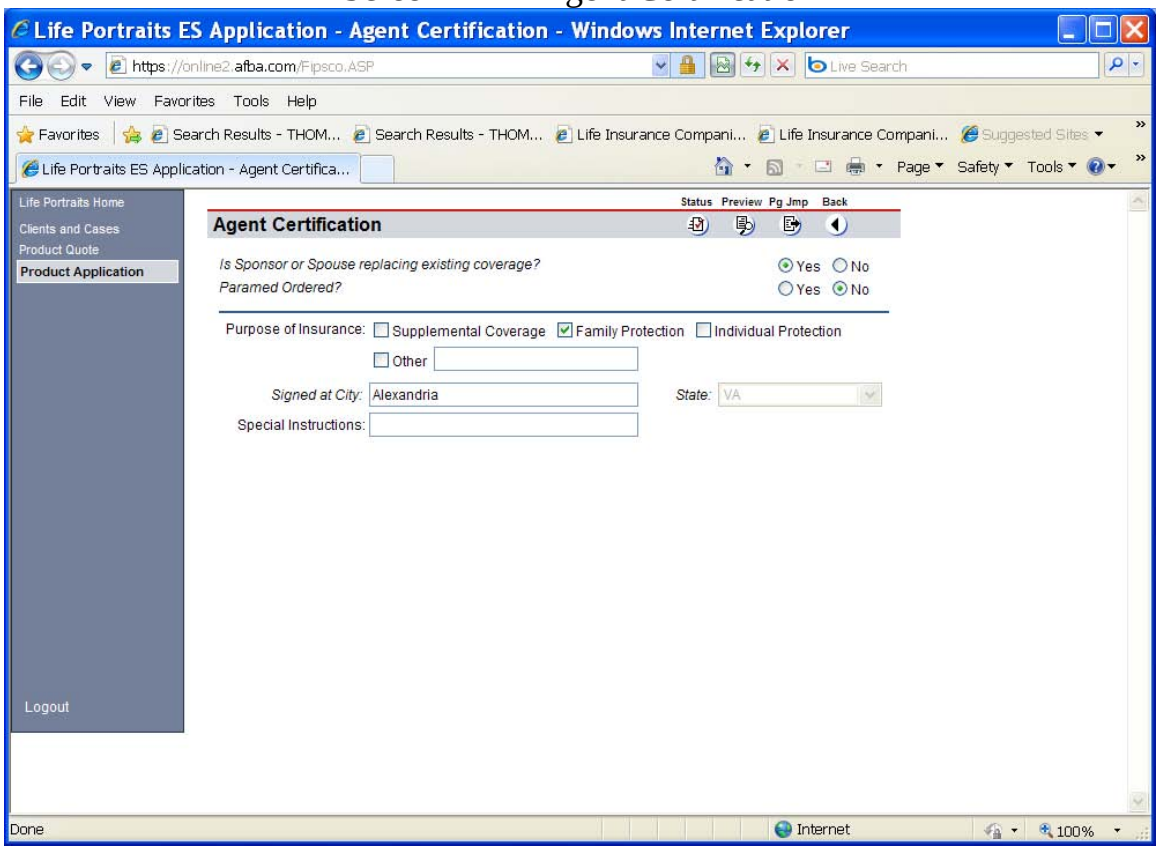
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #13 – AFBA Credit Card Authorization Form: ***Year:***



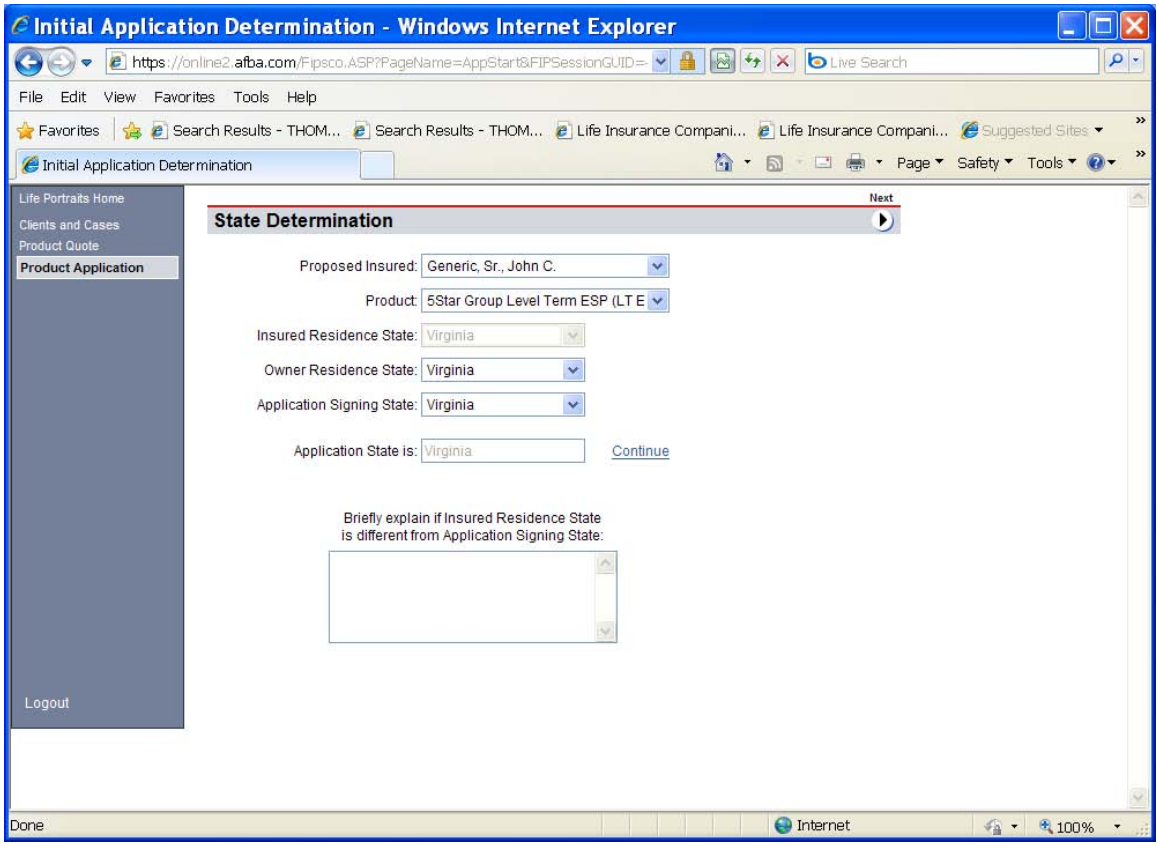
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART I – Clients and Cases

Screen #14 – Agent Certification



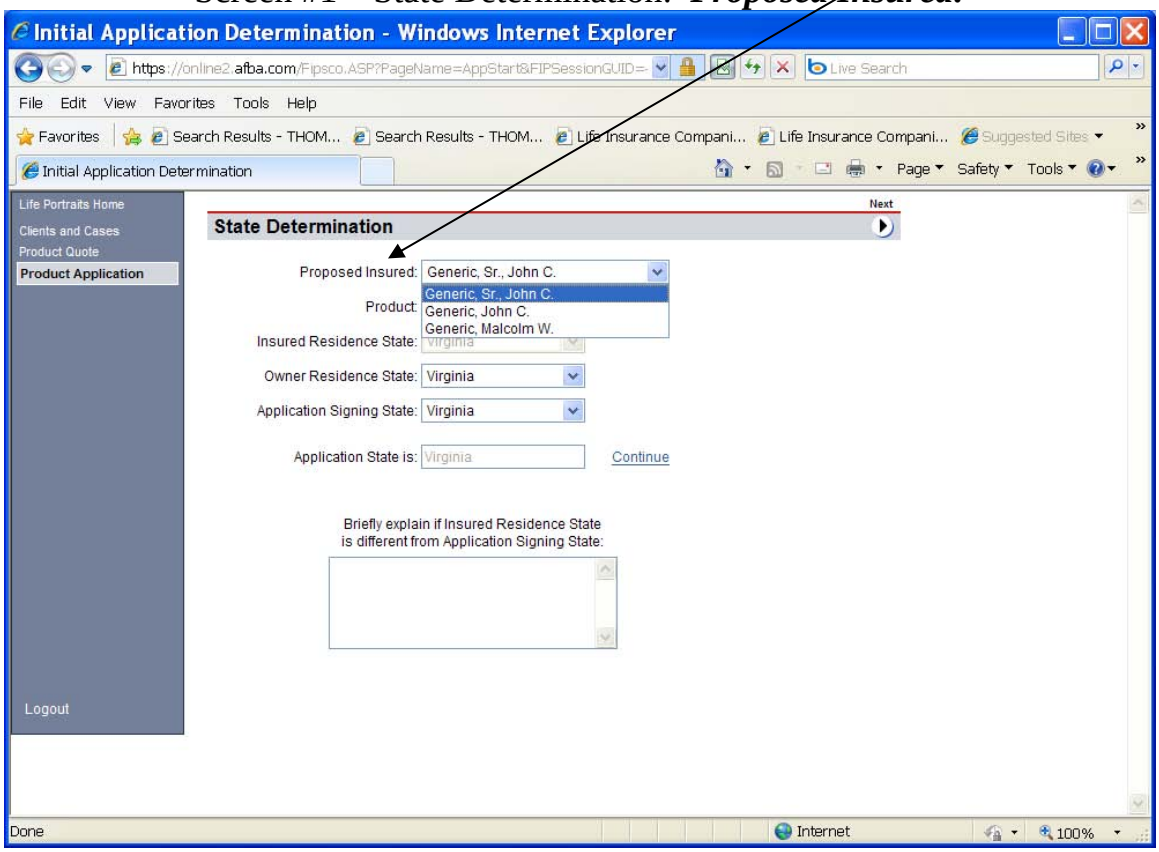
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #1 – State Determination



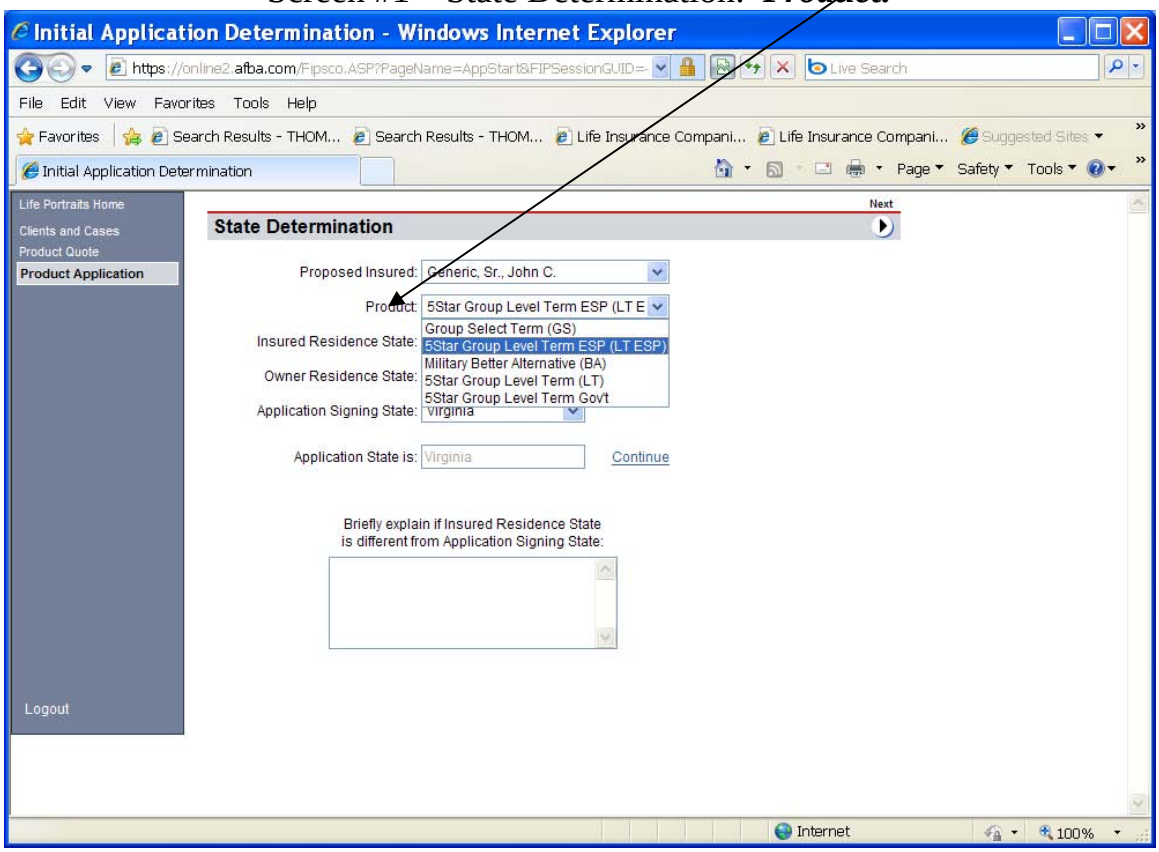
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #1 – State Determination: ***Proposed Insured:***



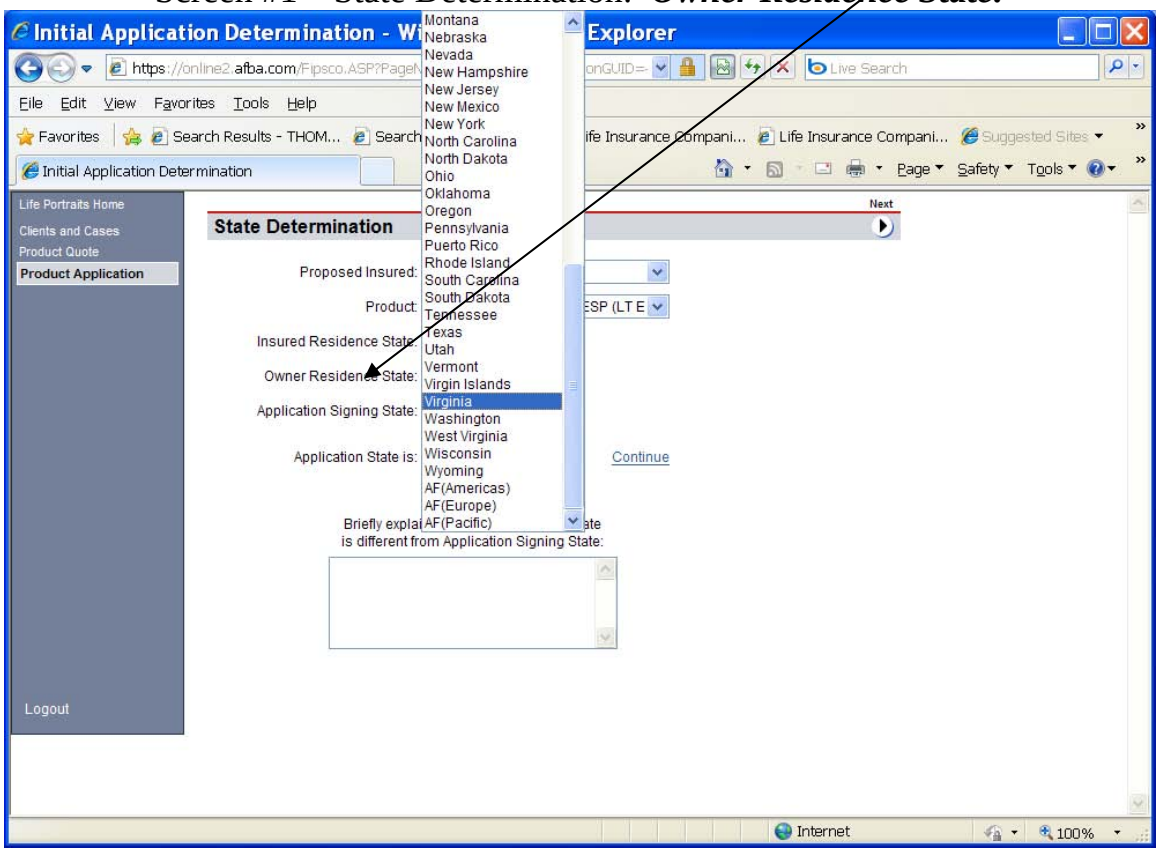
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #1 – State Determination: ***Product:***



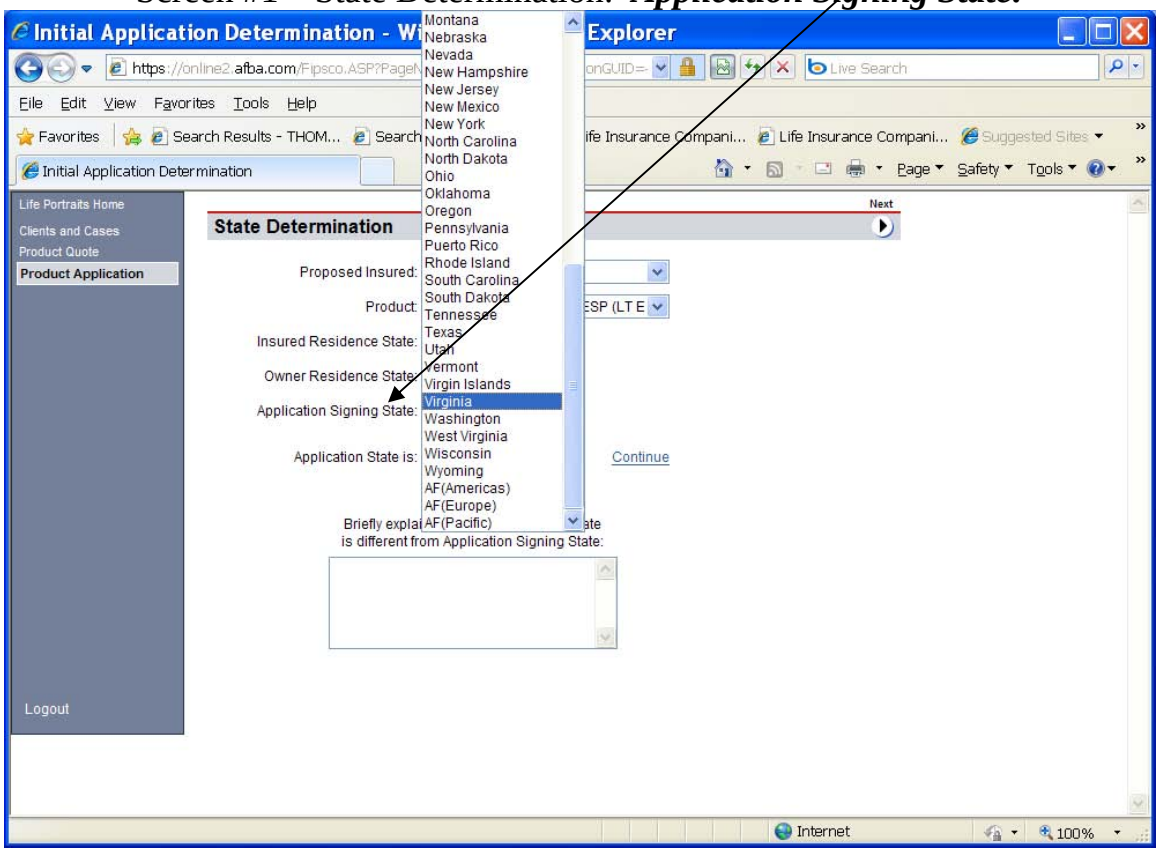
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #1 – State Determination: ***Owner Residence State:***



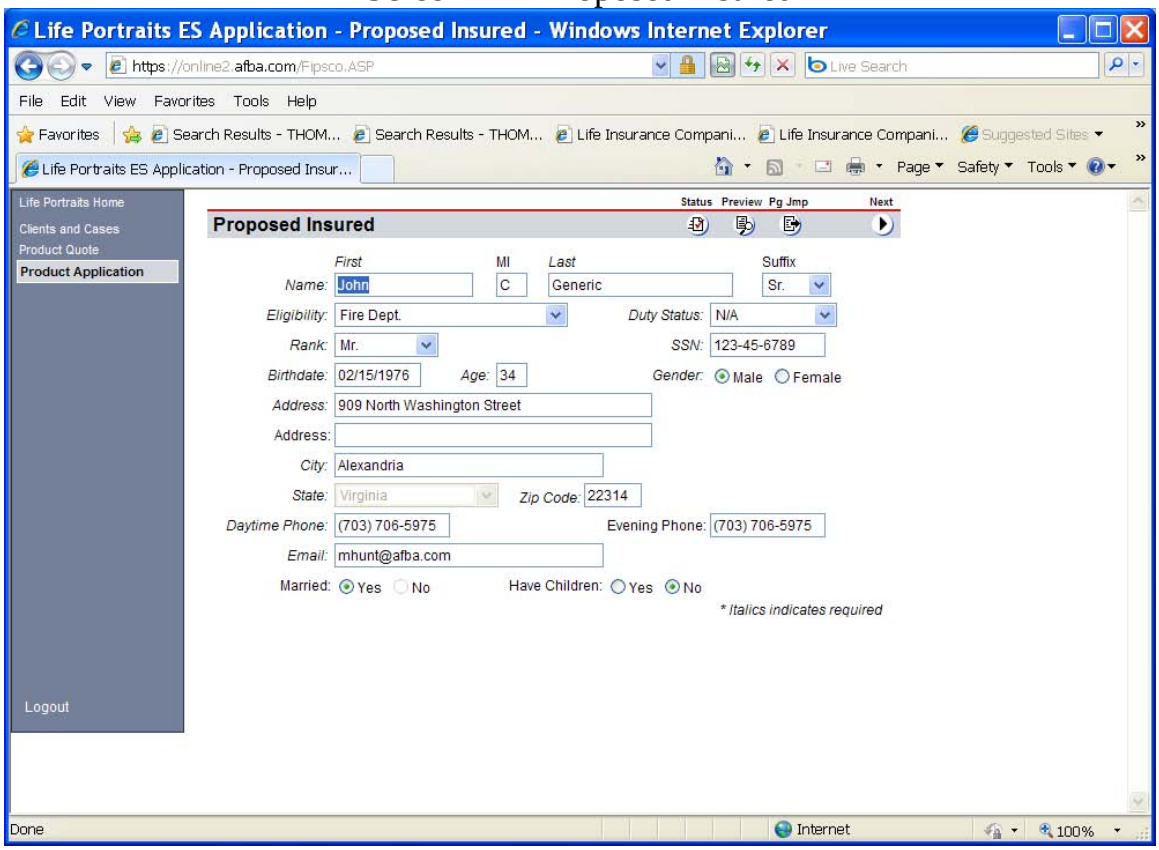
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #1 – State Determination: ***Application Signing State:***



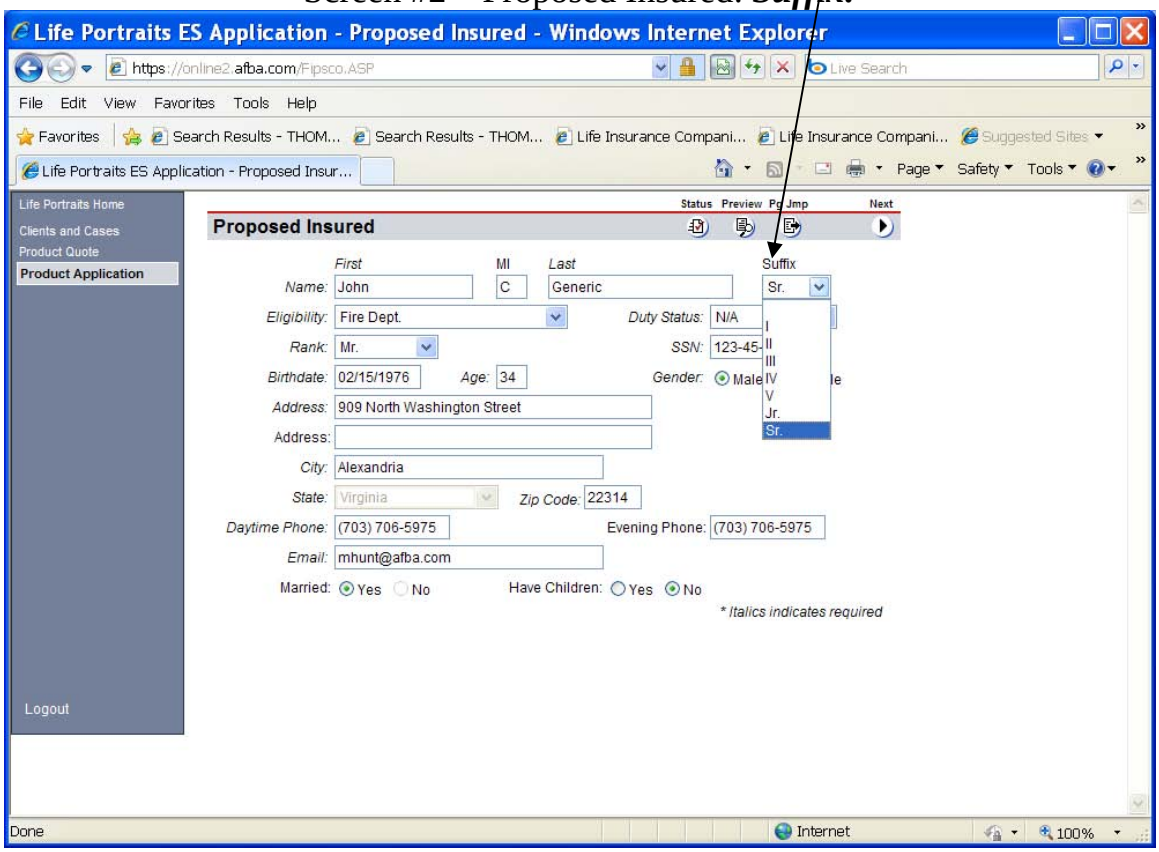
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #2 – Proposed Insured



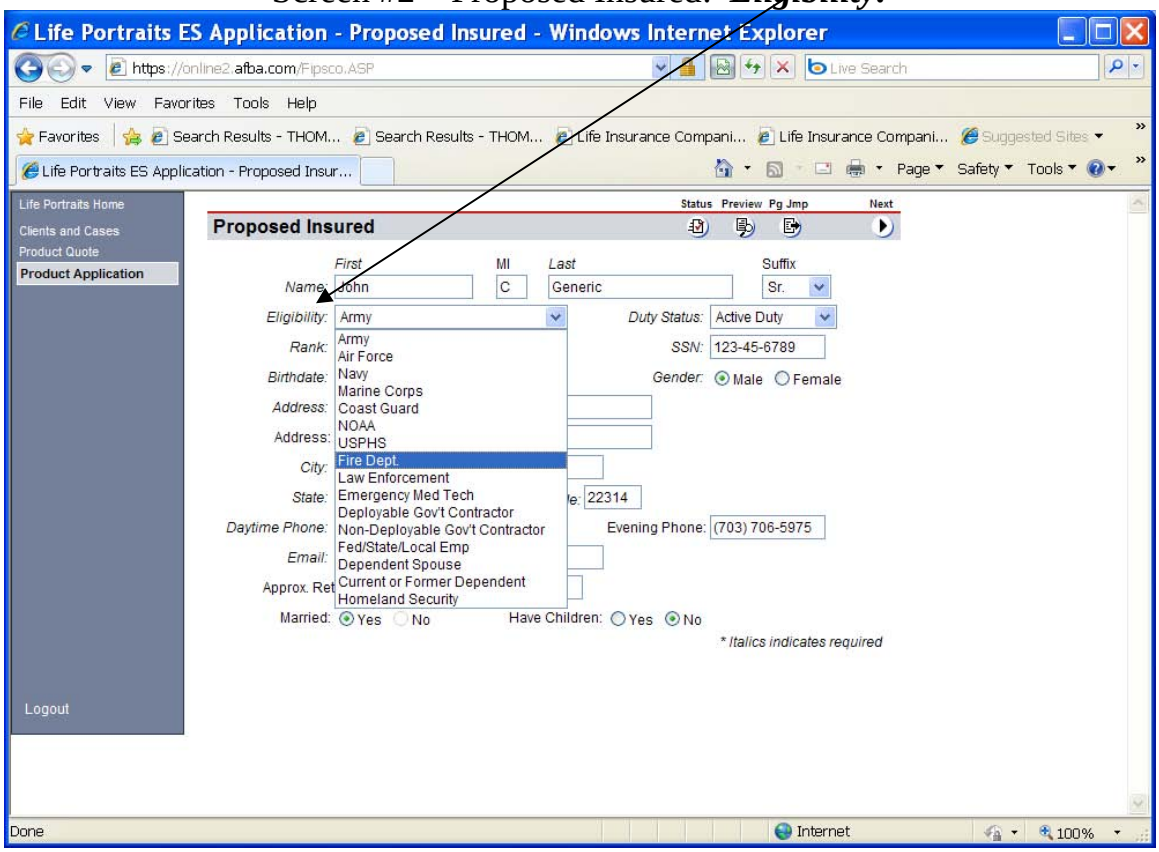
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #2 – Proposed Insured: ***Suffix:***



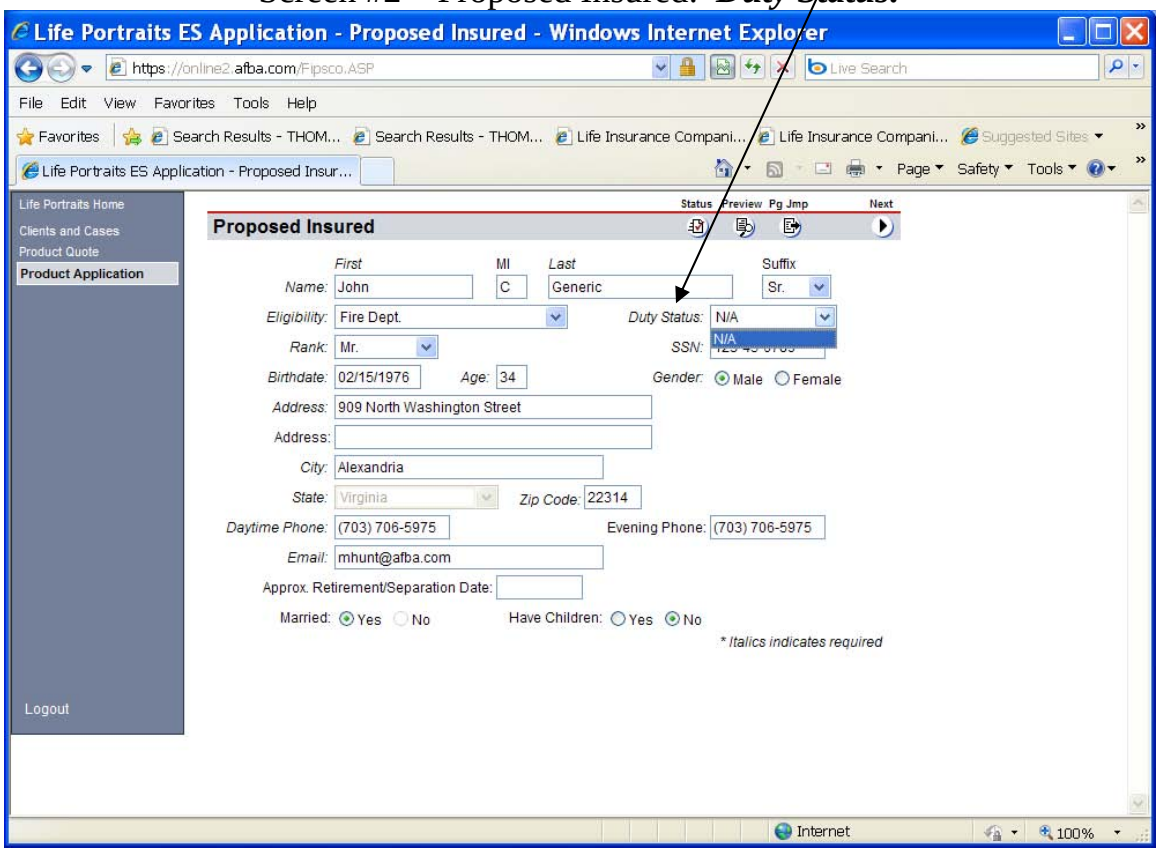
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #2 – Proposed Insured: ***Eligibility:***



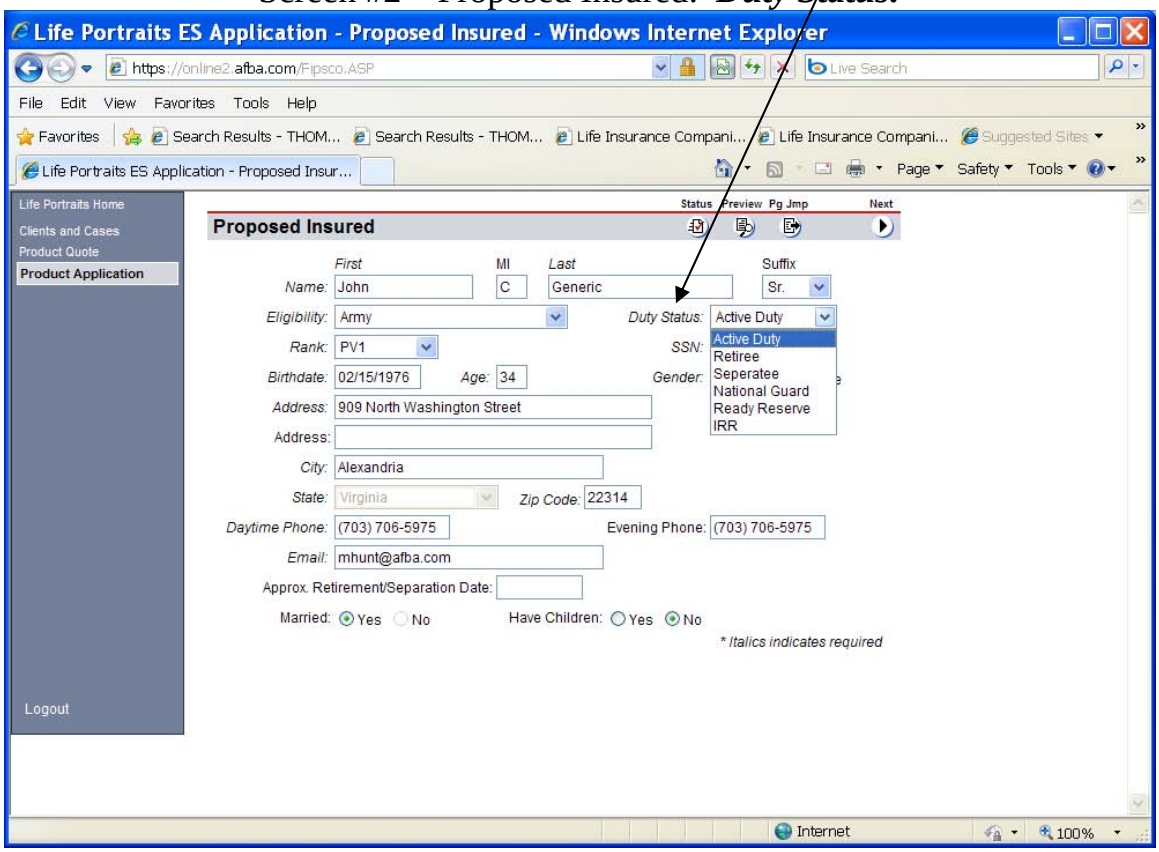
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #2 – Proposed Insured: ***Duty Status:***



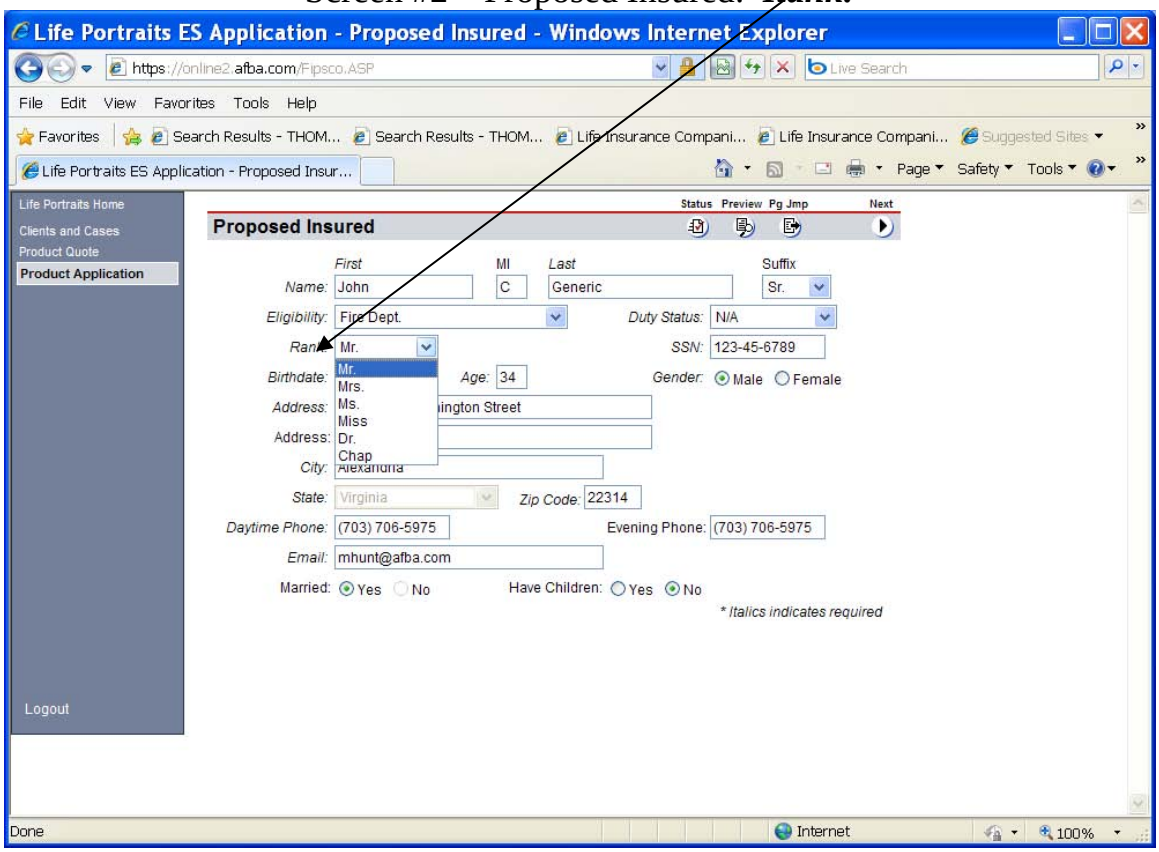
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #2 – Proposed Insured: ***Duty Status:***



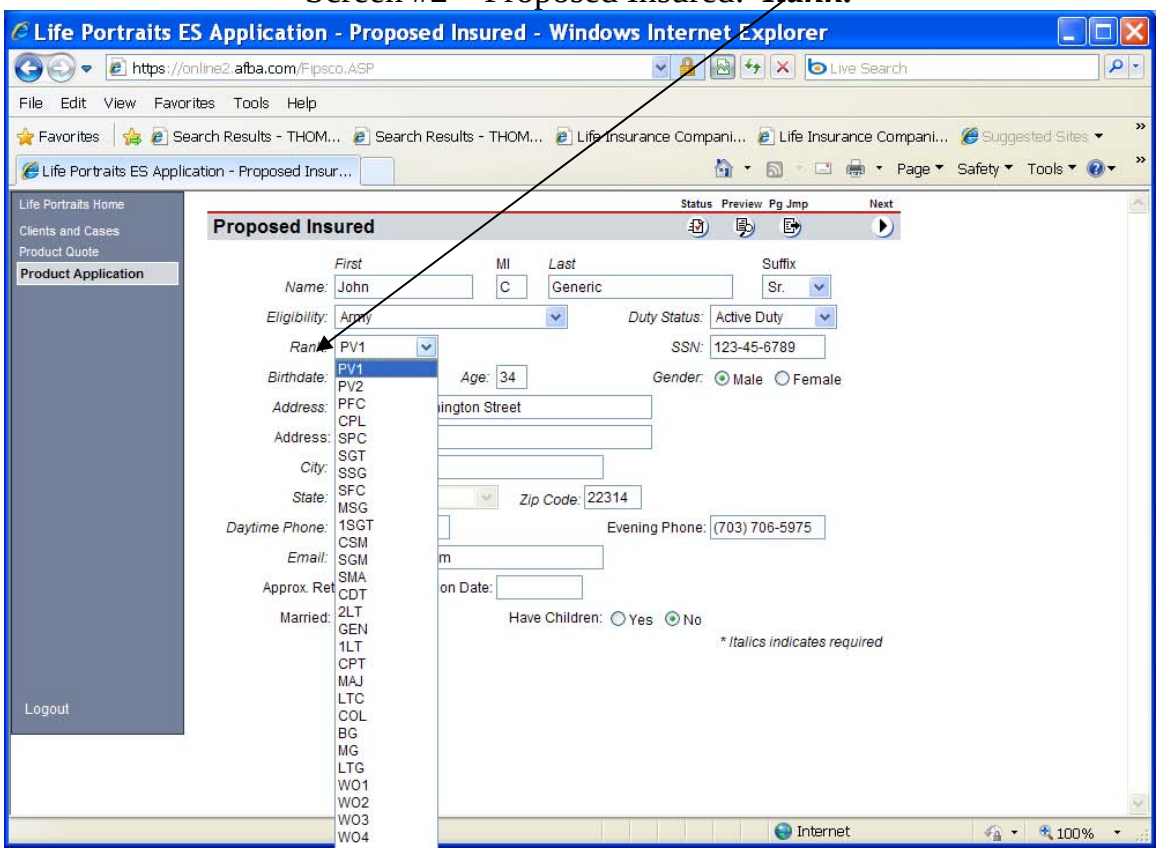
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #2 – Proposed Insured: ***Rank:***



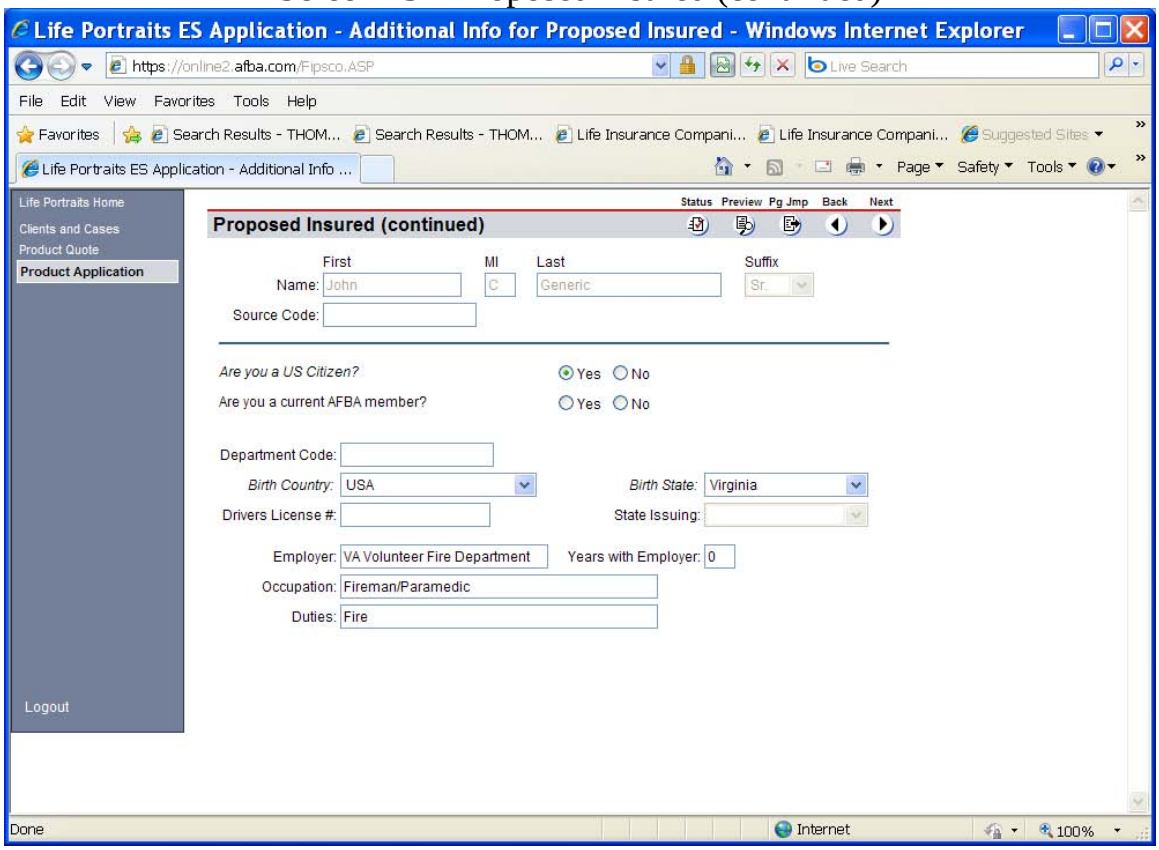
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #2 – Proposed Insured: ***Rank:***



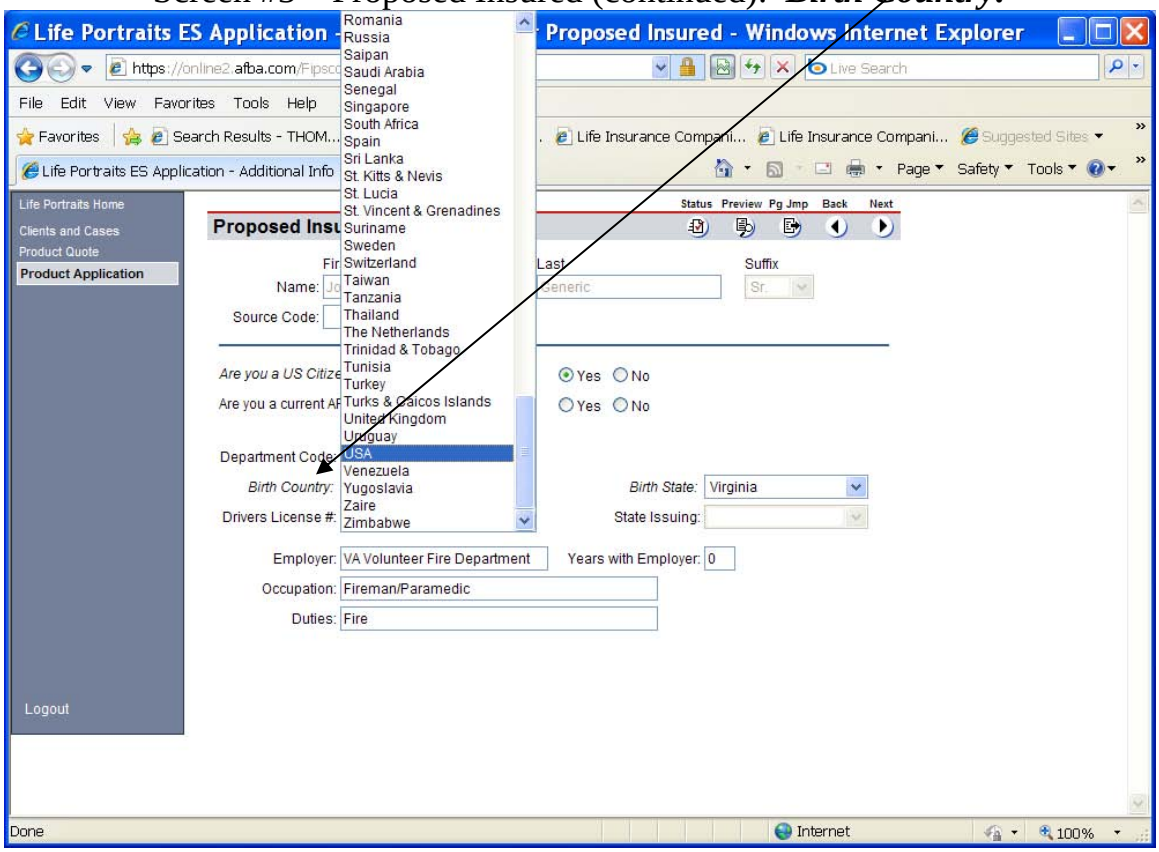
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #3 – Proposed Insured (continued)



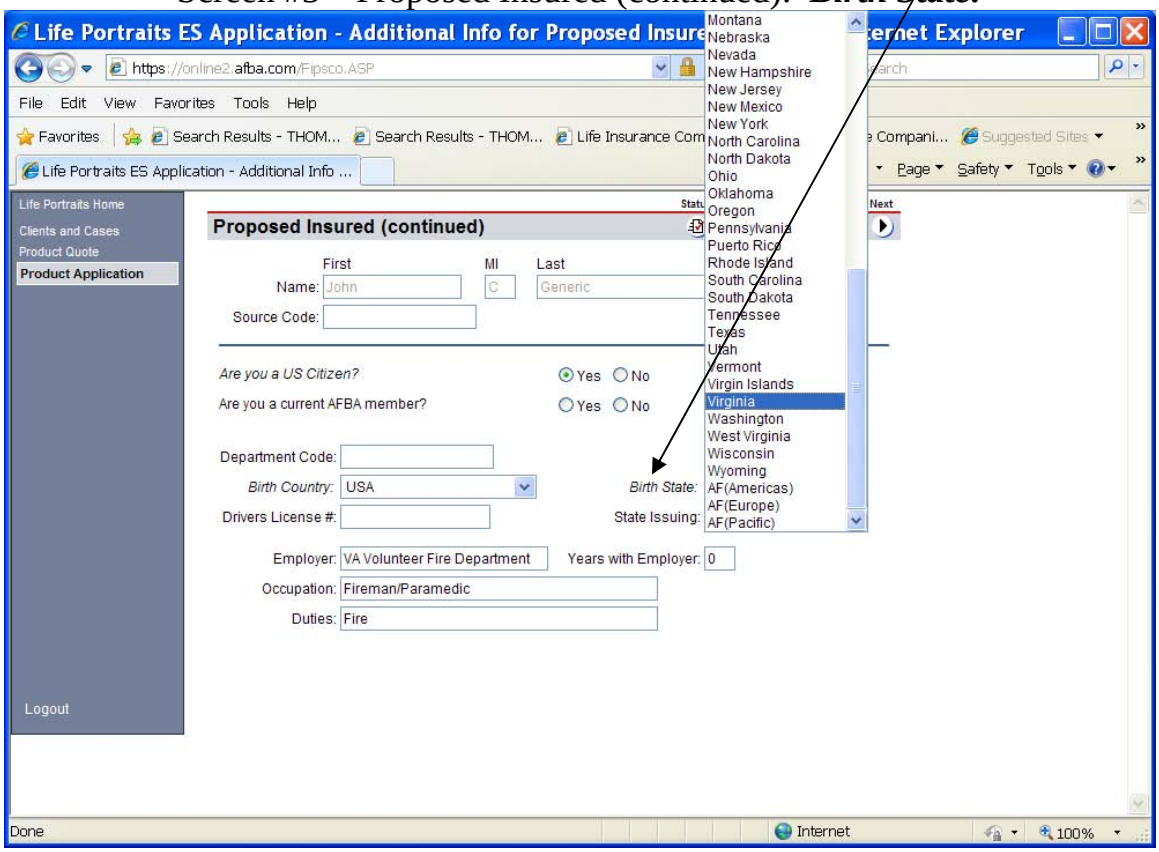
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #3 – Proposed Insured (continued): ***Birth Country:***



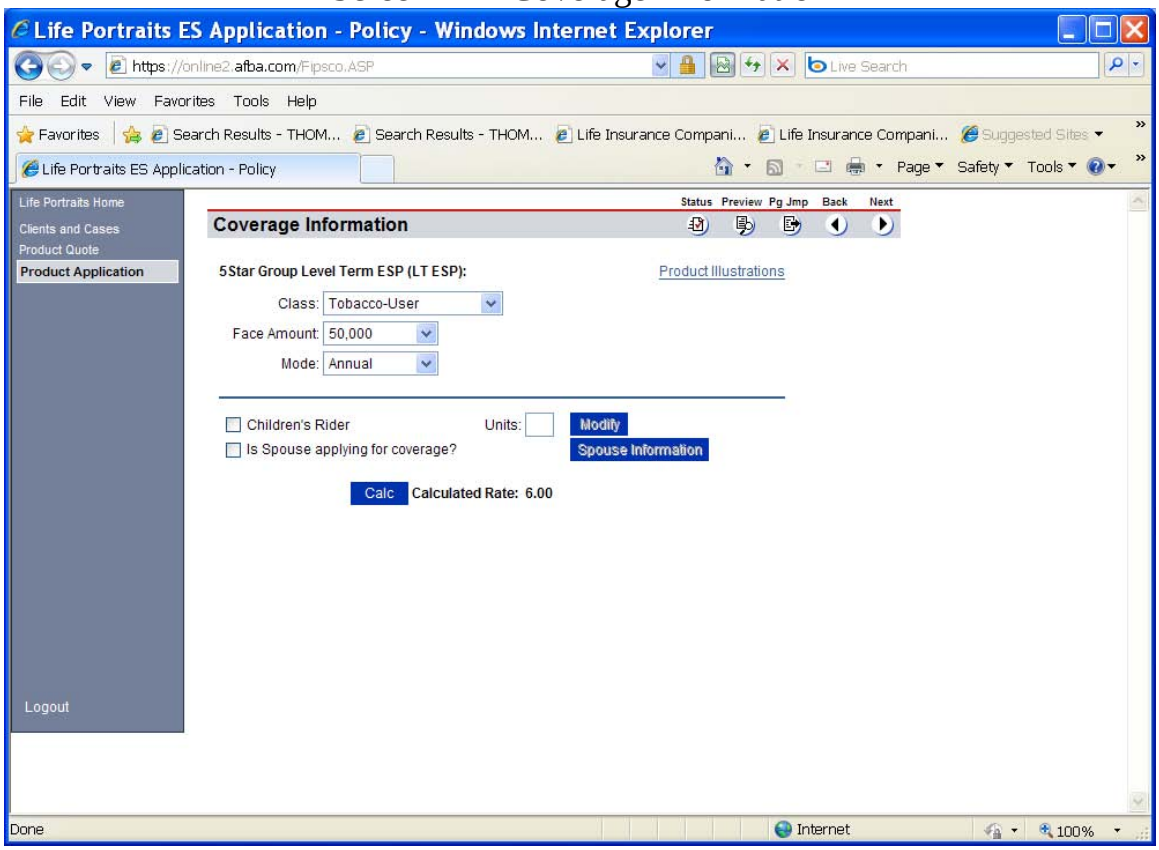
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #3 – Proposed Insured (continued): ***Birth State:***



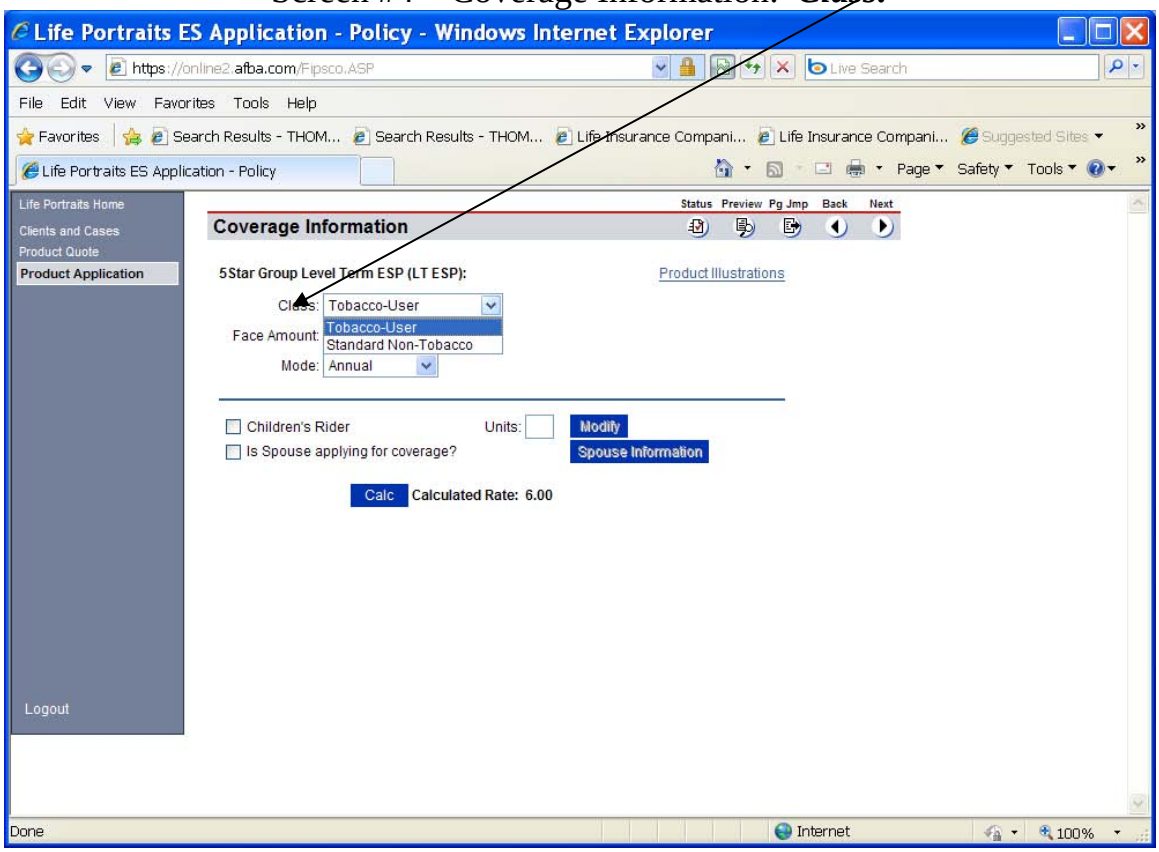
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #4 – Coverage Information



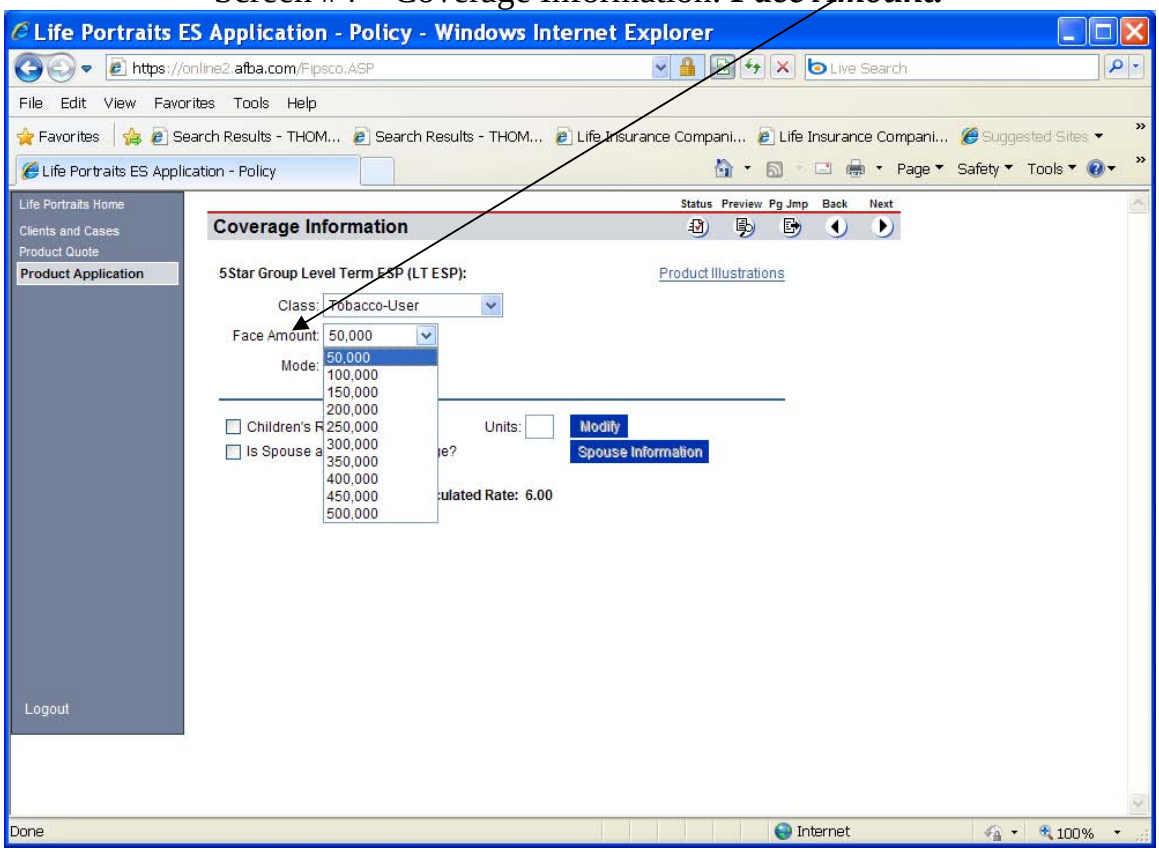
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #4 – Coverage Information: ***Class:***



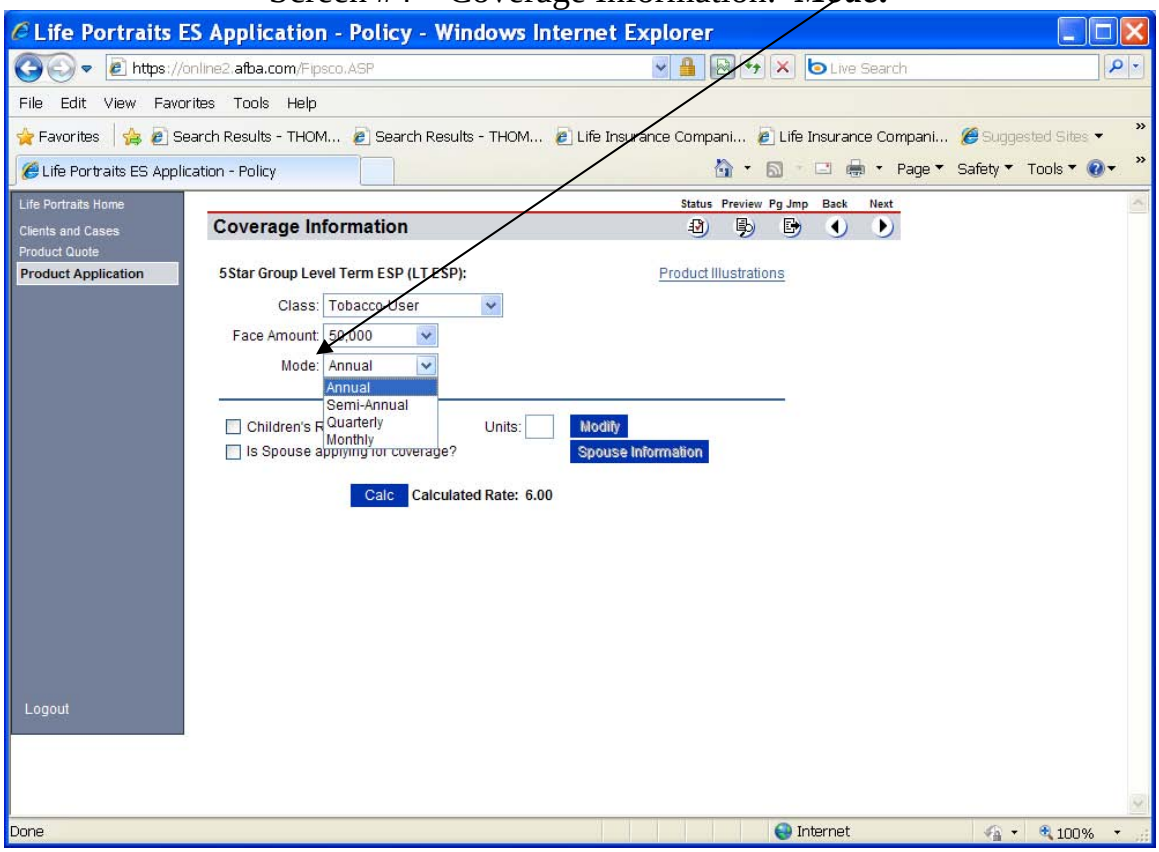
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #4 – Coverage Information: ***Face Amount:***



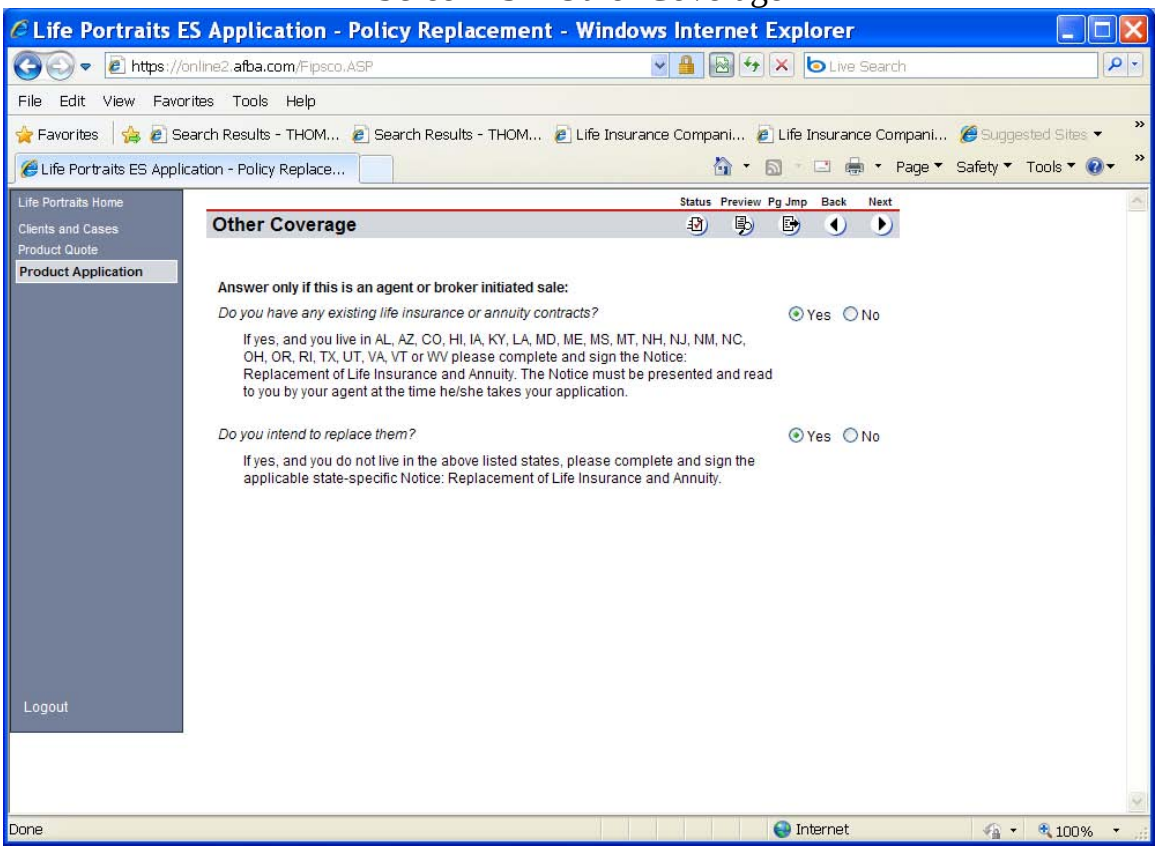
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #4 – Coverage Information: ***Mode:***



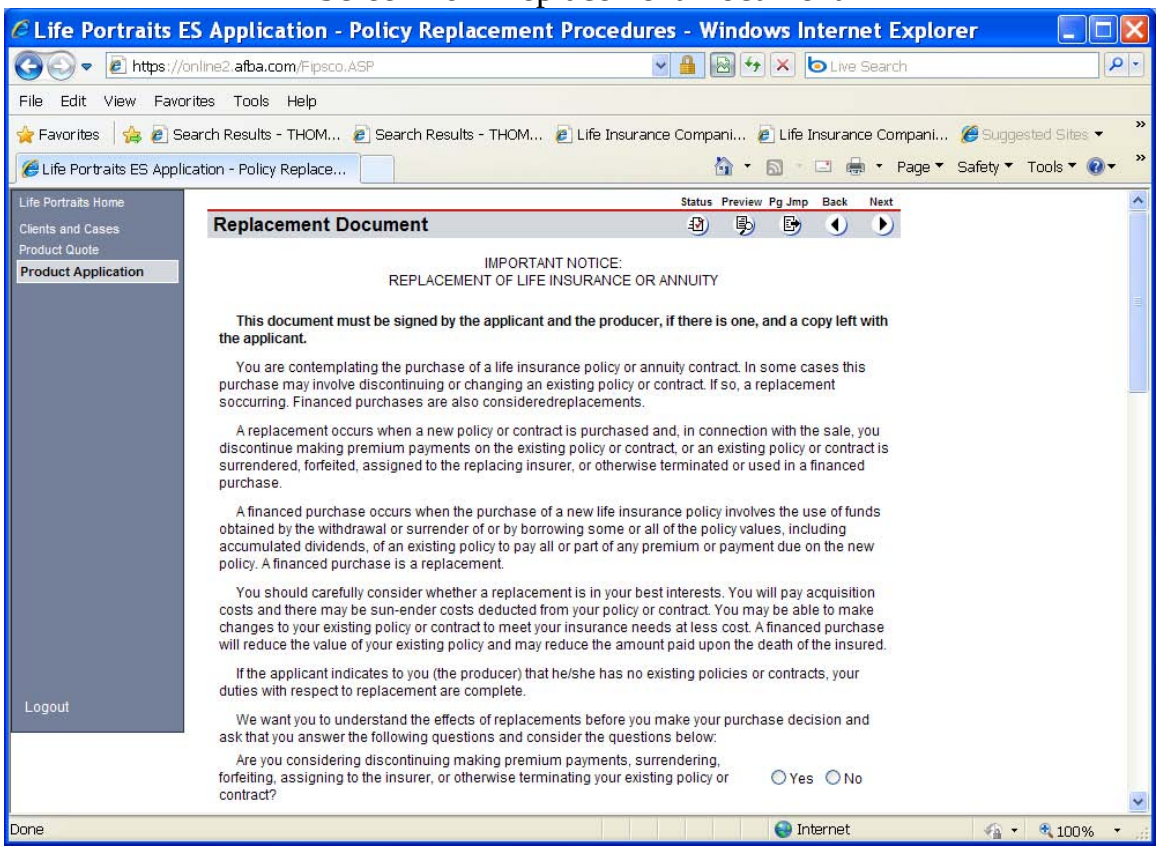
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #5 – Other Coverage



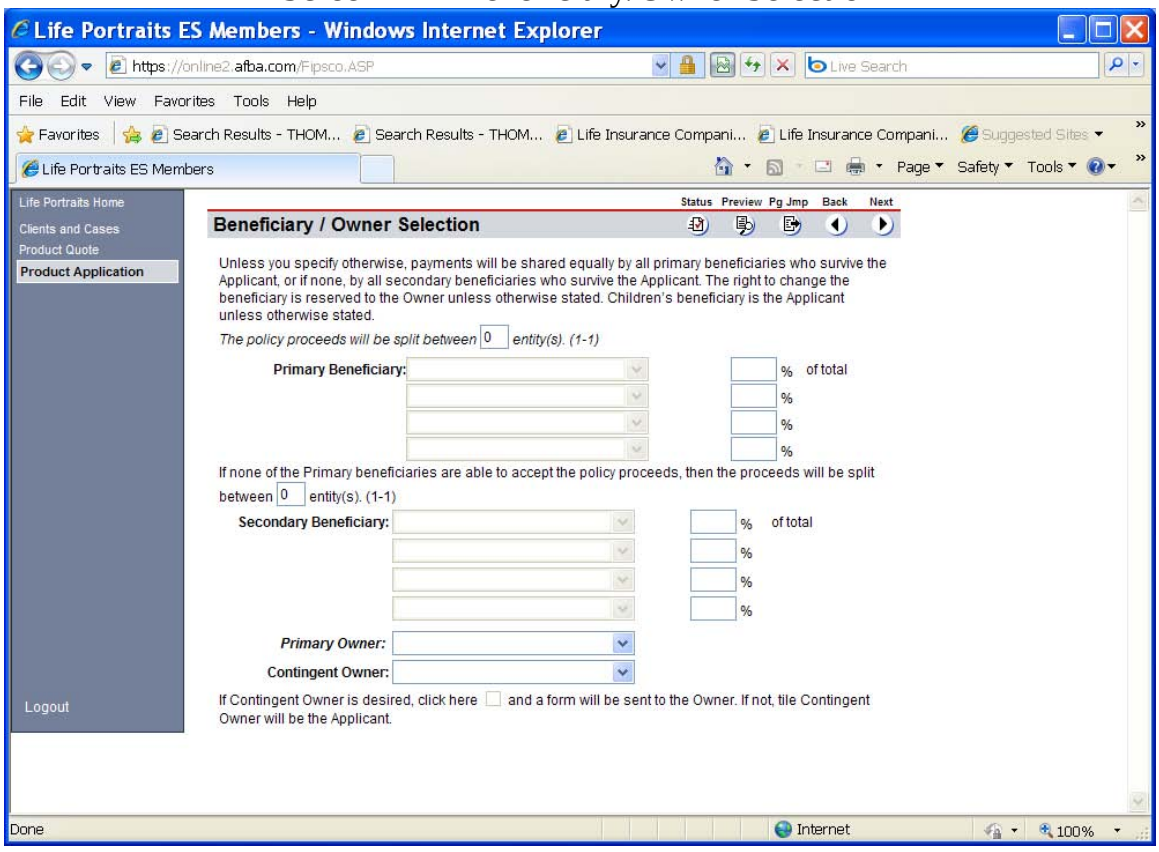
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #6 – Replacement Document



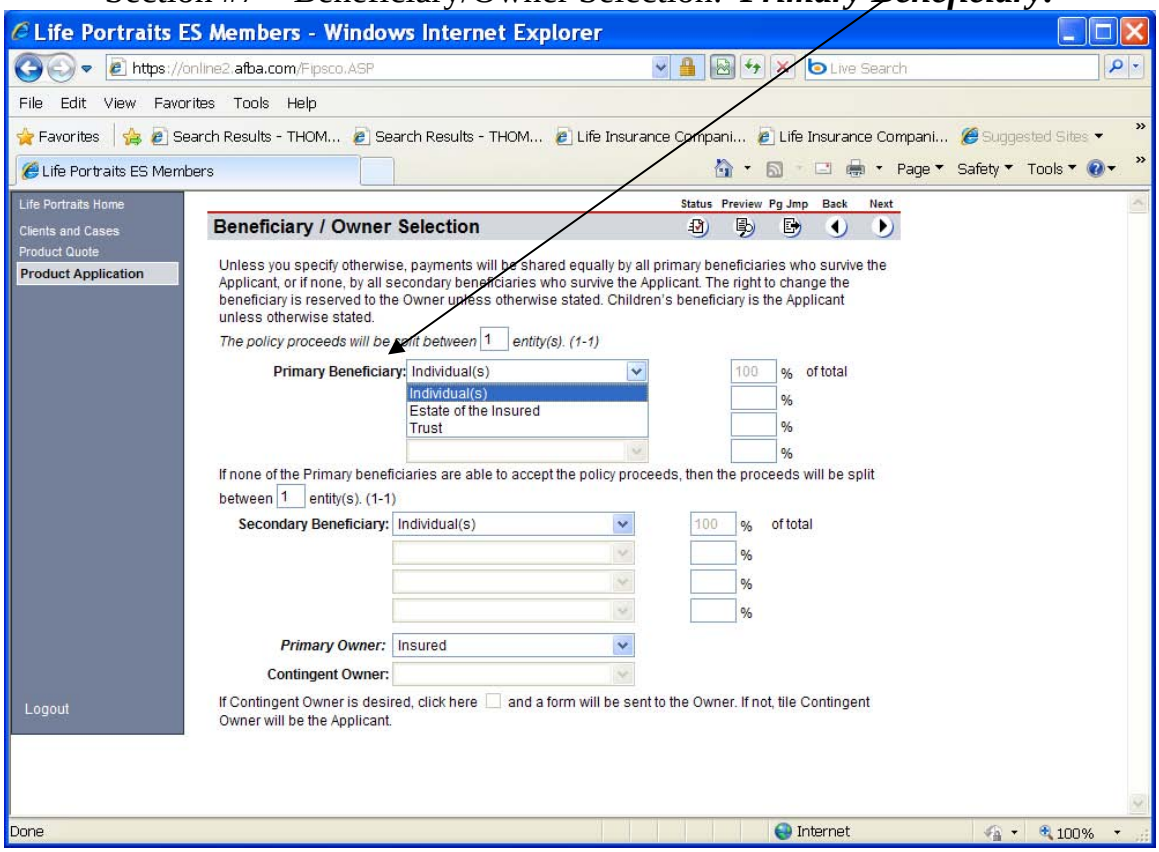
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #7 – Beneficiary/Owner Selection



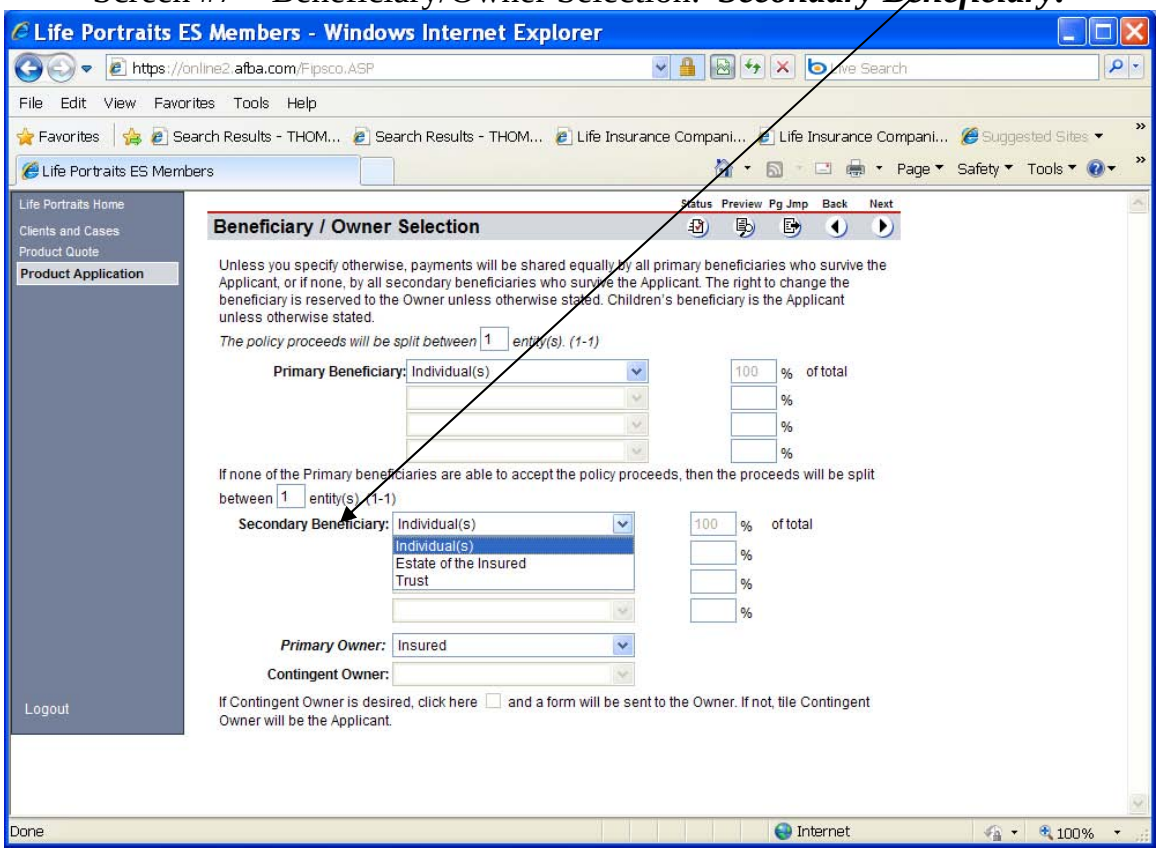
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Section #7 – Beneficiary/Owner Selection: ***Primary Beneficiary:***



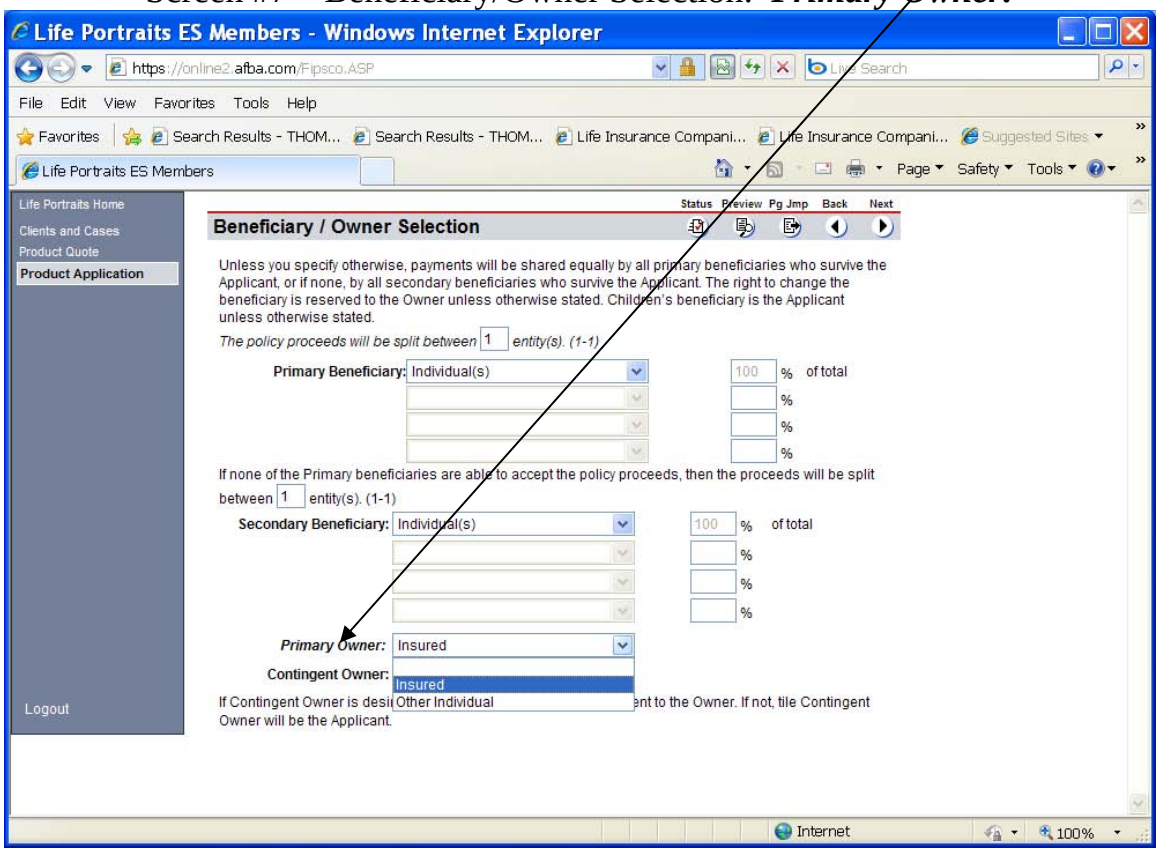
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #7 – Beneficiary/Owner Selection: ***Secondary Beneficiary:***



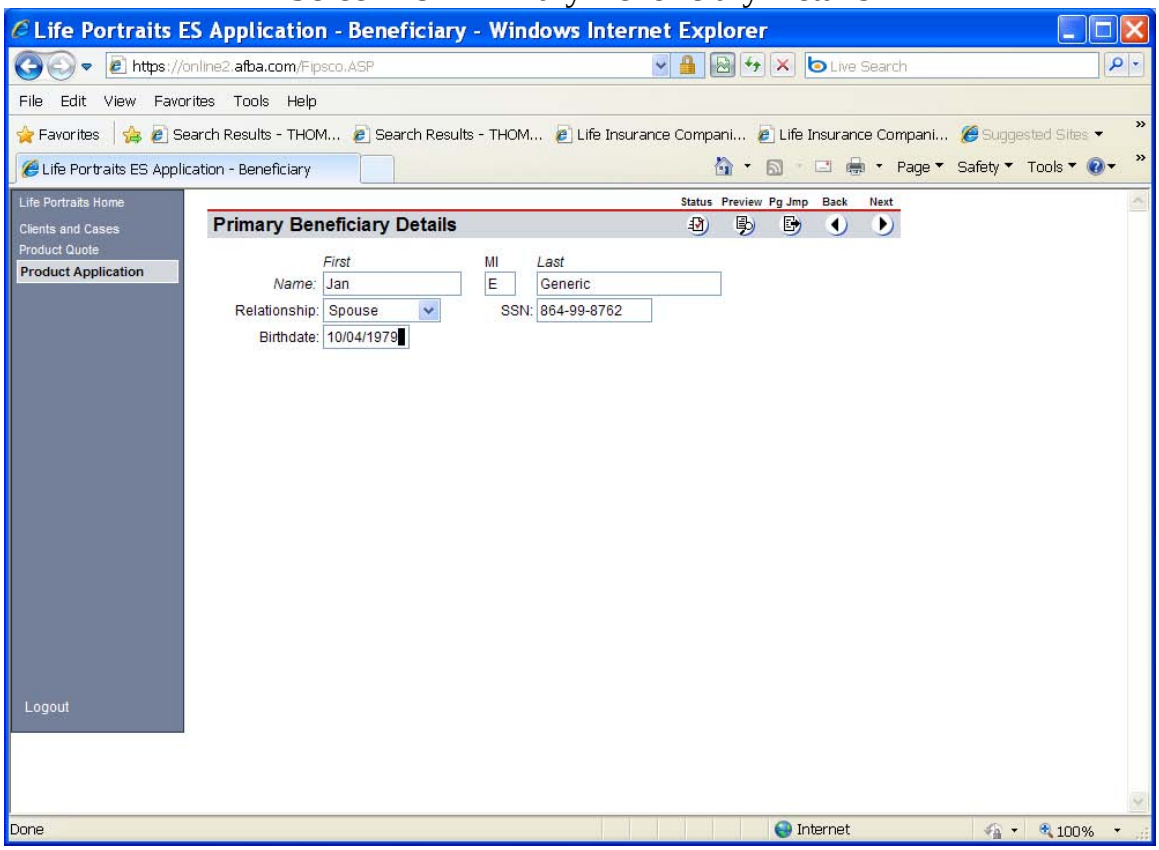
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #7 – Beneficiary/Owner Selection: ***Primary Owner:***



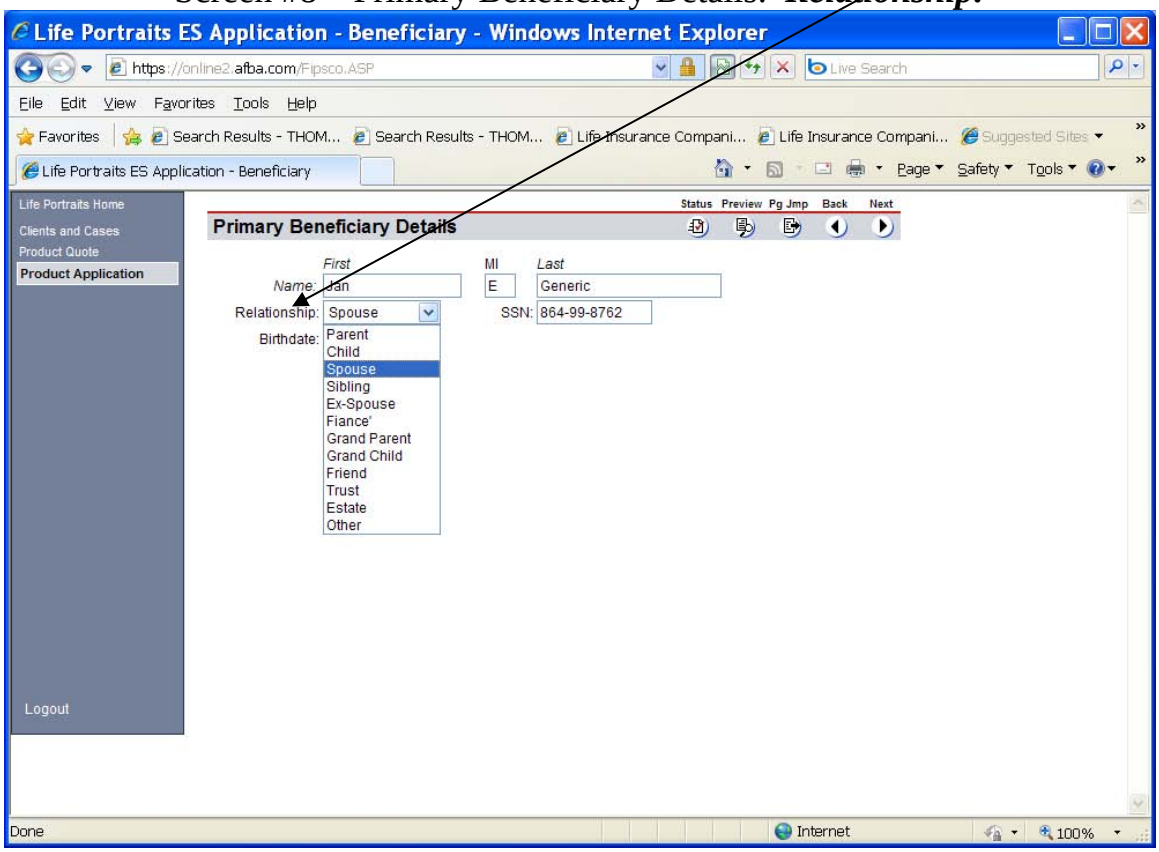
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #8 – Primary Beneficiary Details



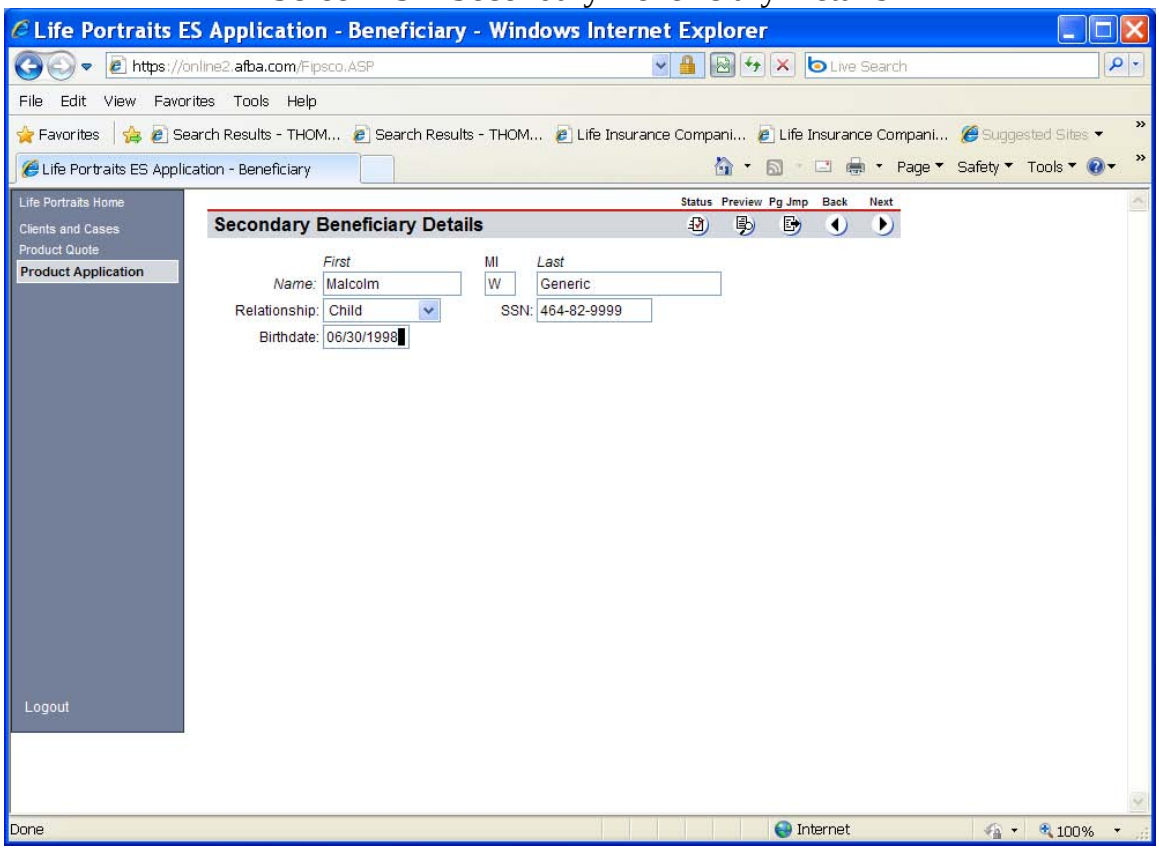
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #8 – Primary Beneficiary Details: ***Relationship:***



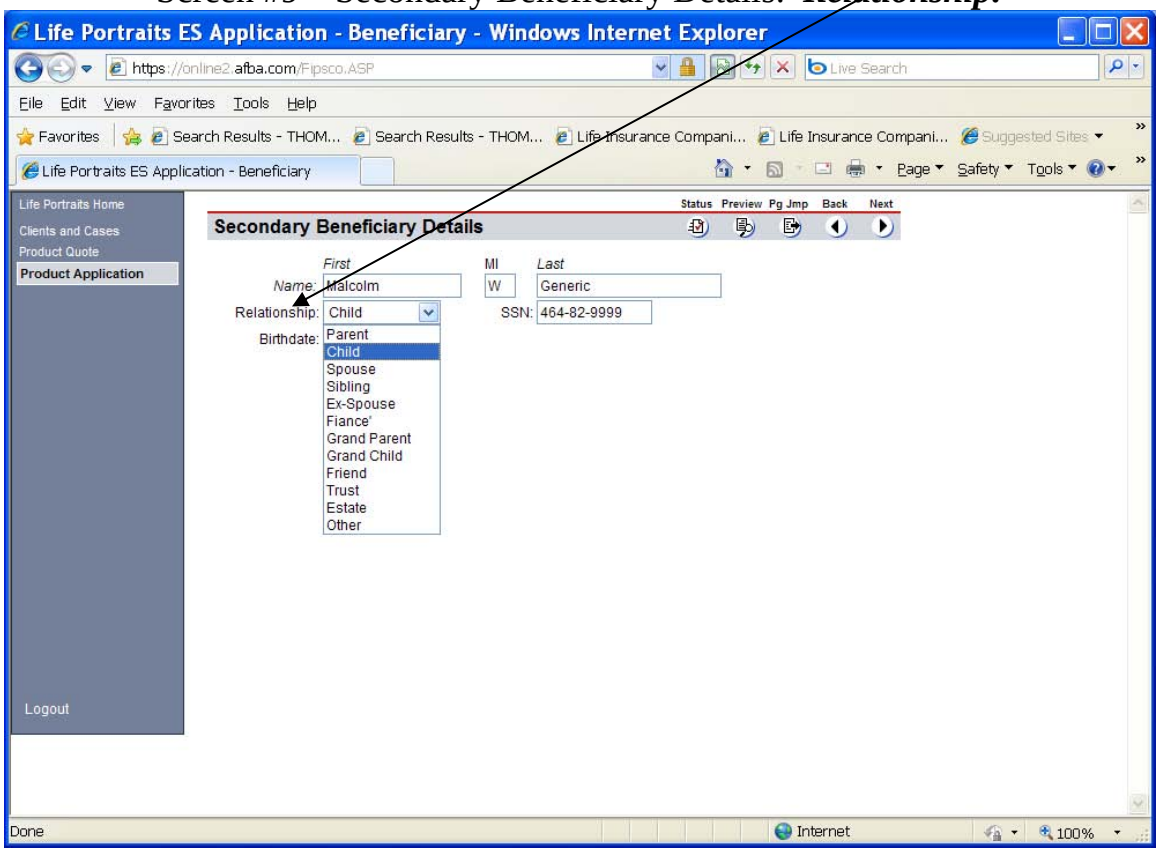
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #9 – Secondary Beneficiary Details



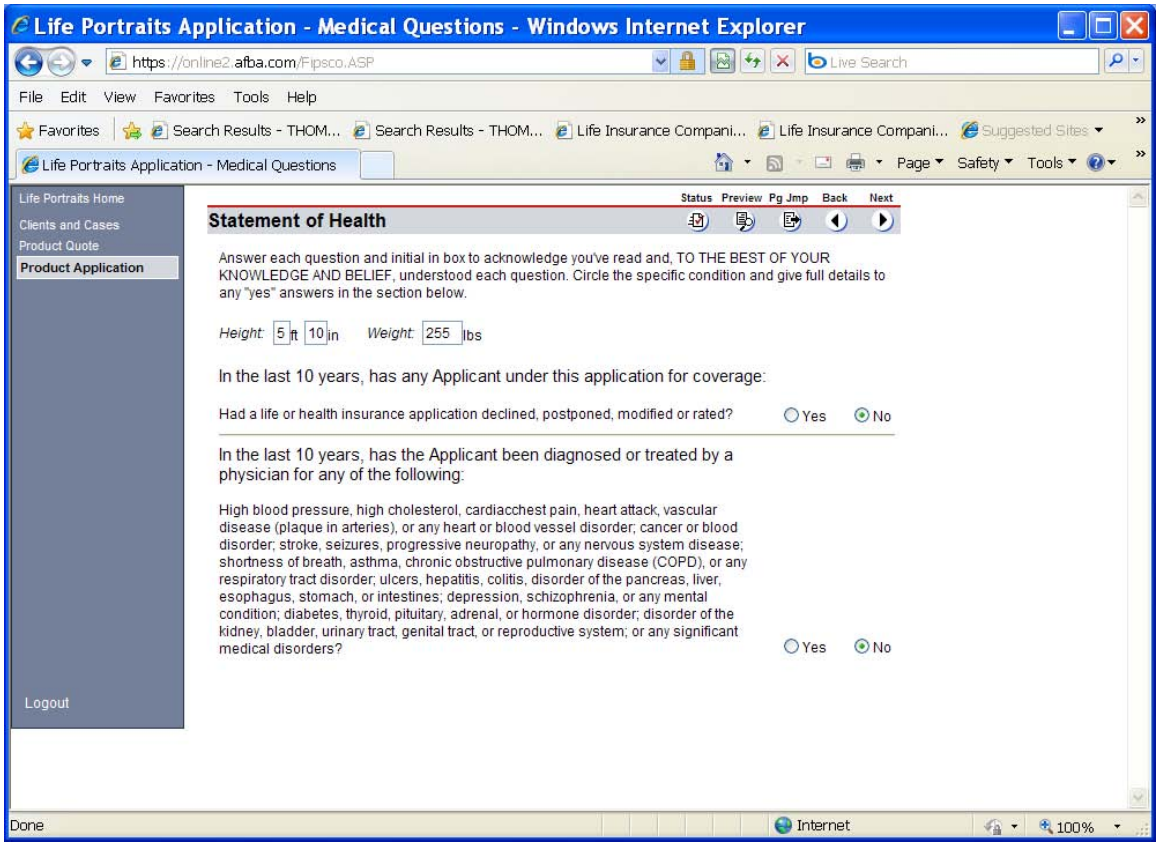
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #9 – Secondary Beneficiary Details: ***Relationship:***



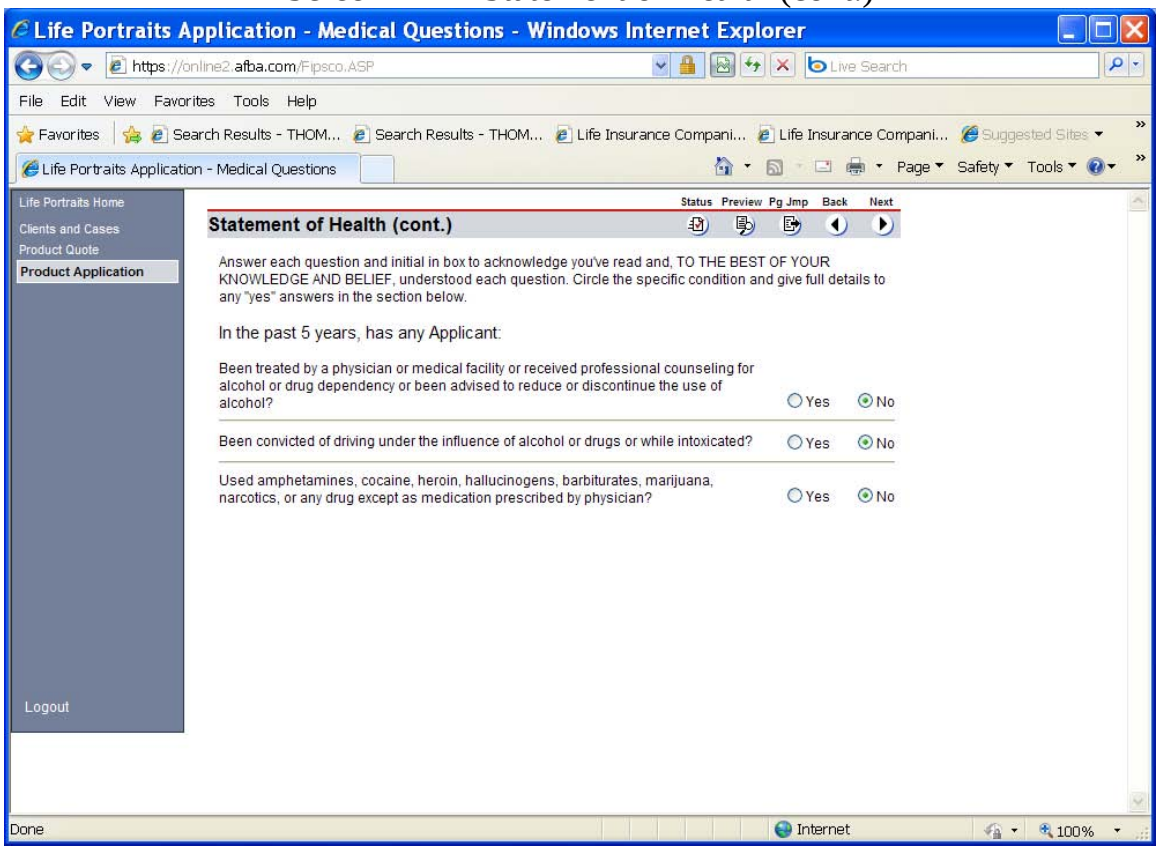
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #10 – Statement of Health



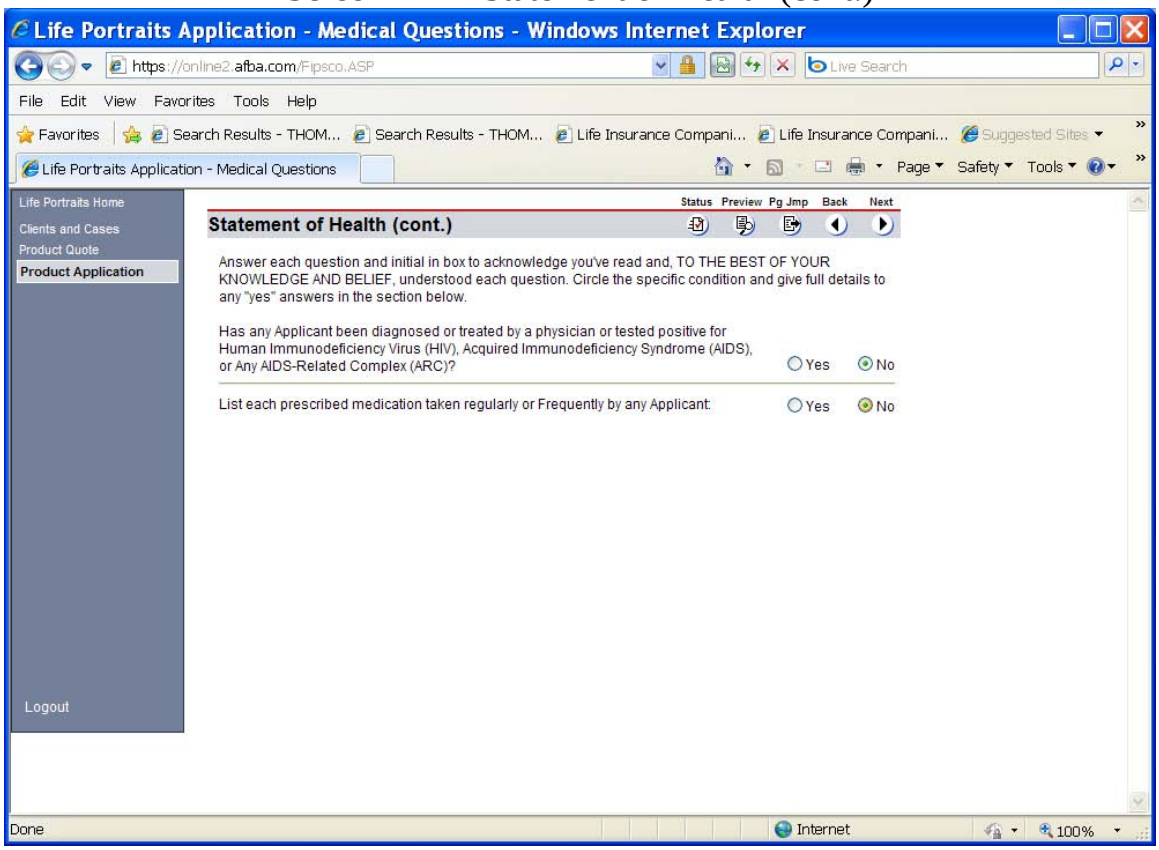
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #11 – Statement of Health (cont.)



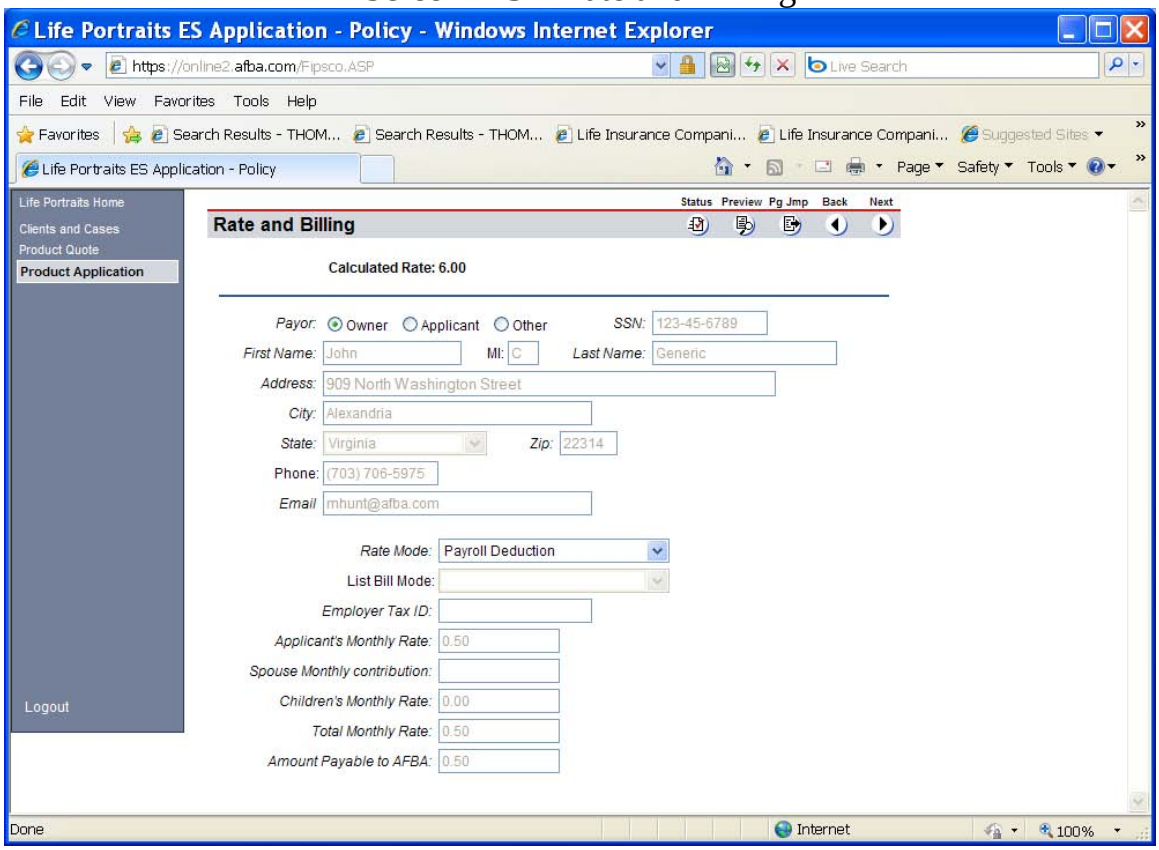
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #12 – Statement of Health (cont.)



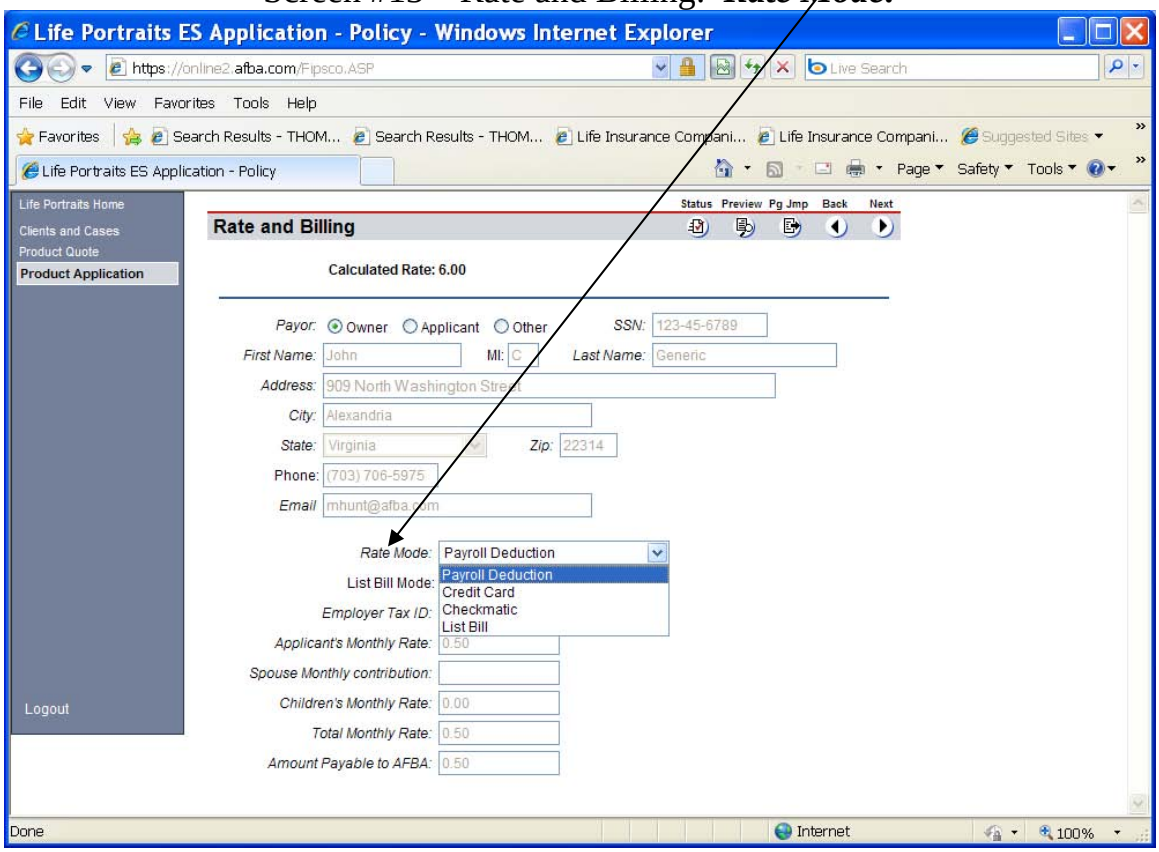
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #13 – Rate and Billing



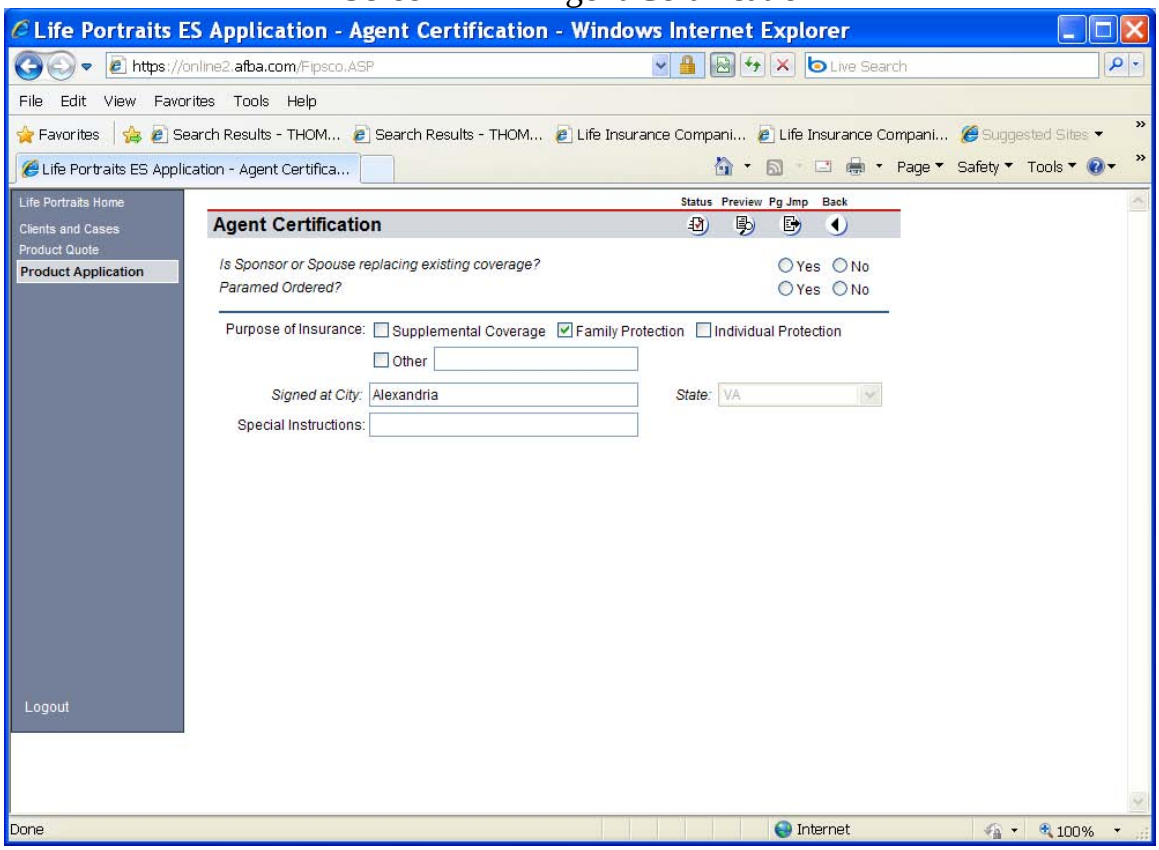
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #13 – Rate and Billing: ***Rate Mode:***



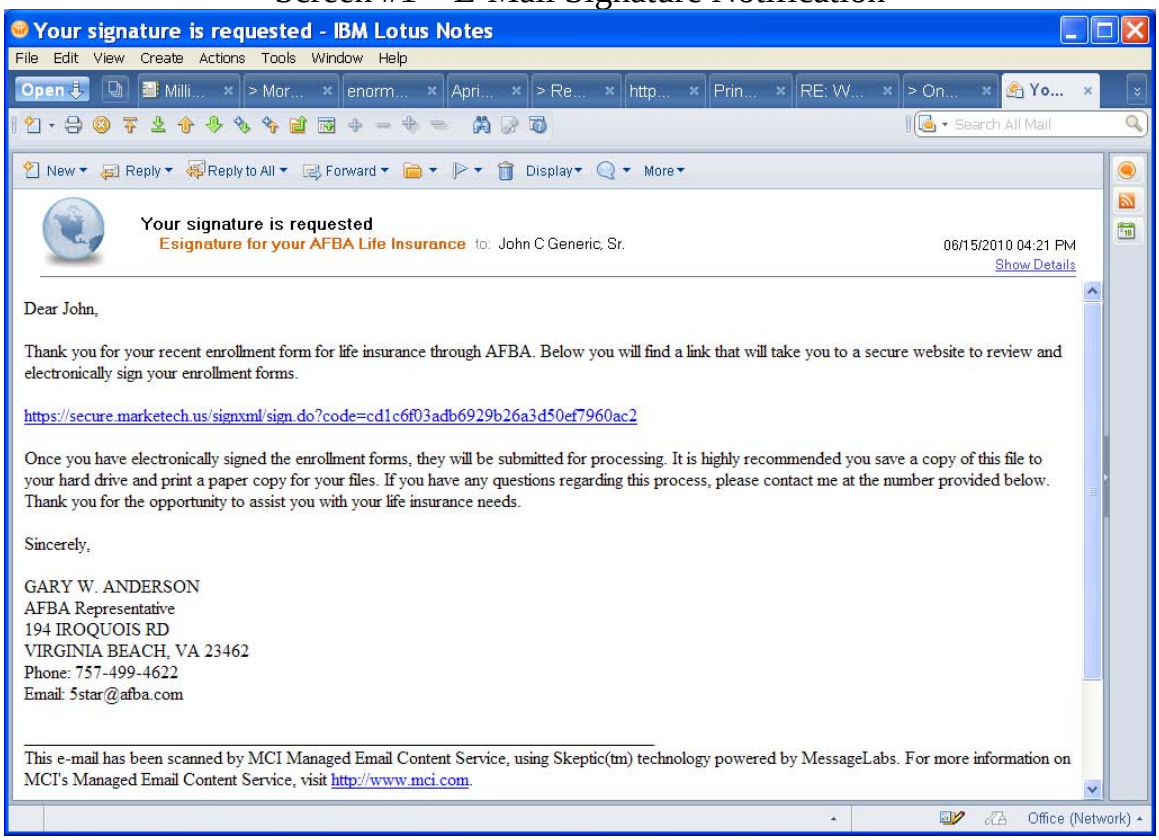
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
PART II – Product Application

Screen #14 – Agent Certification



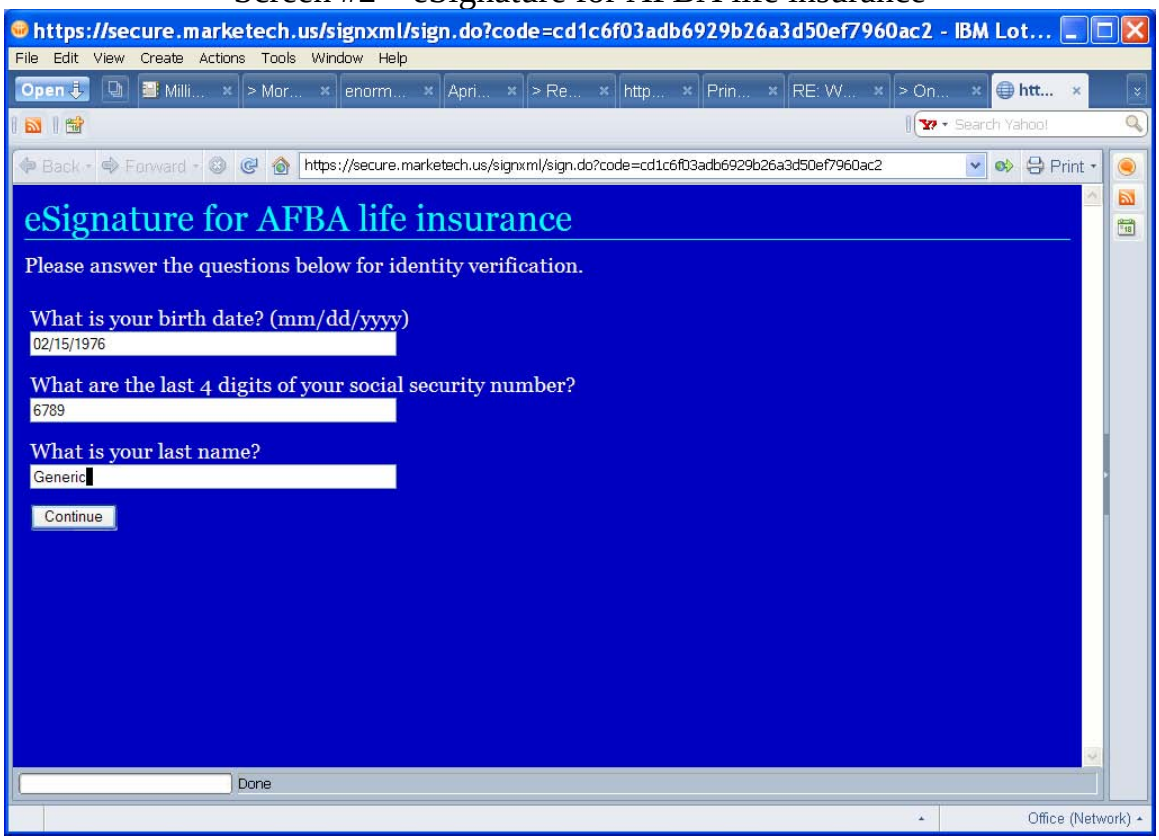
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #1 – E-Mail Signature Notification



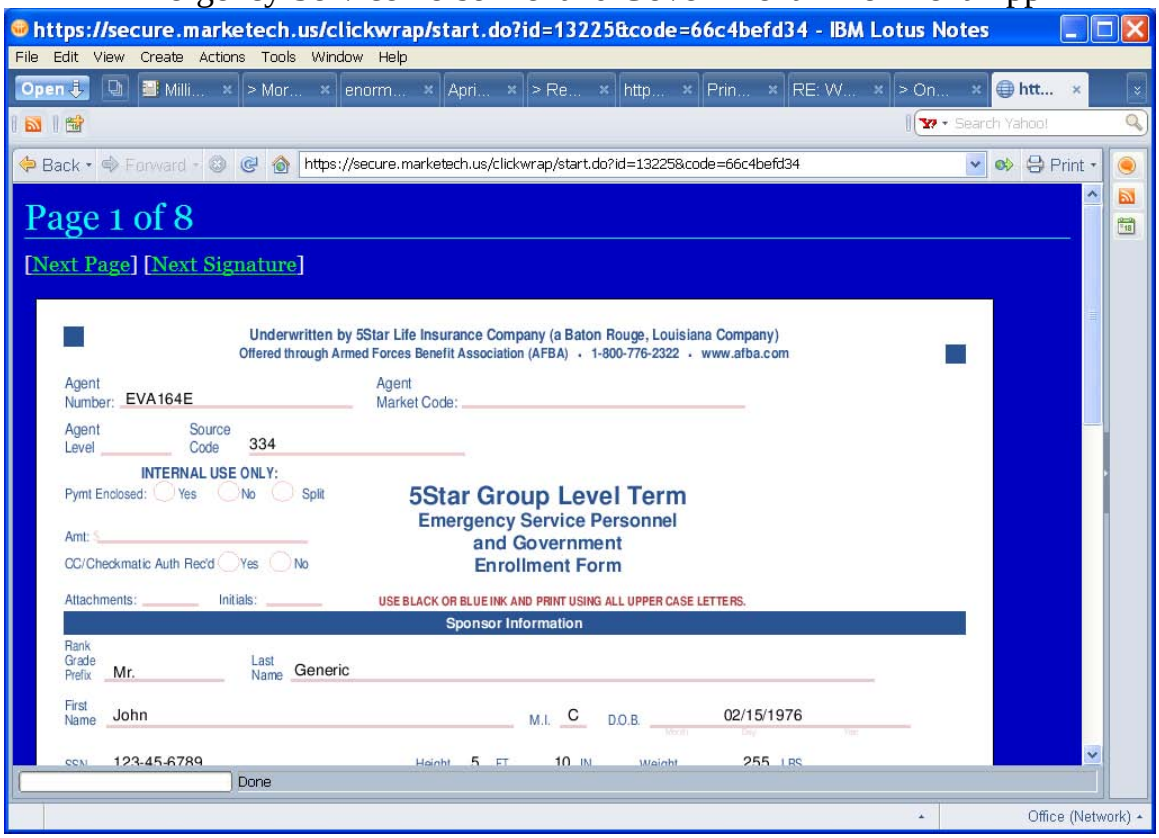
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #2 – eSignature for AFBA life insurance



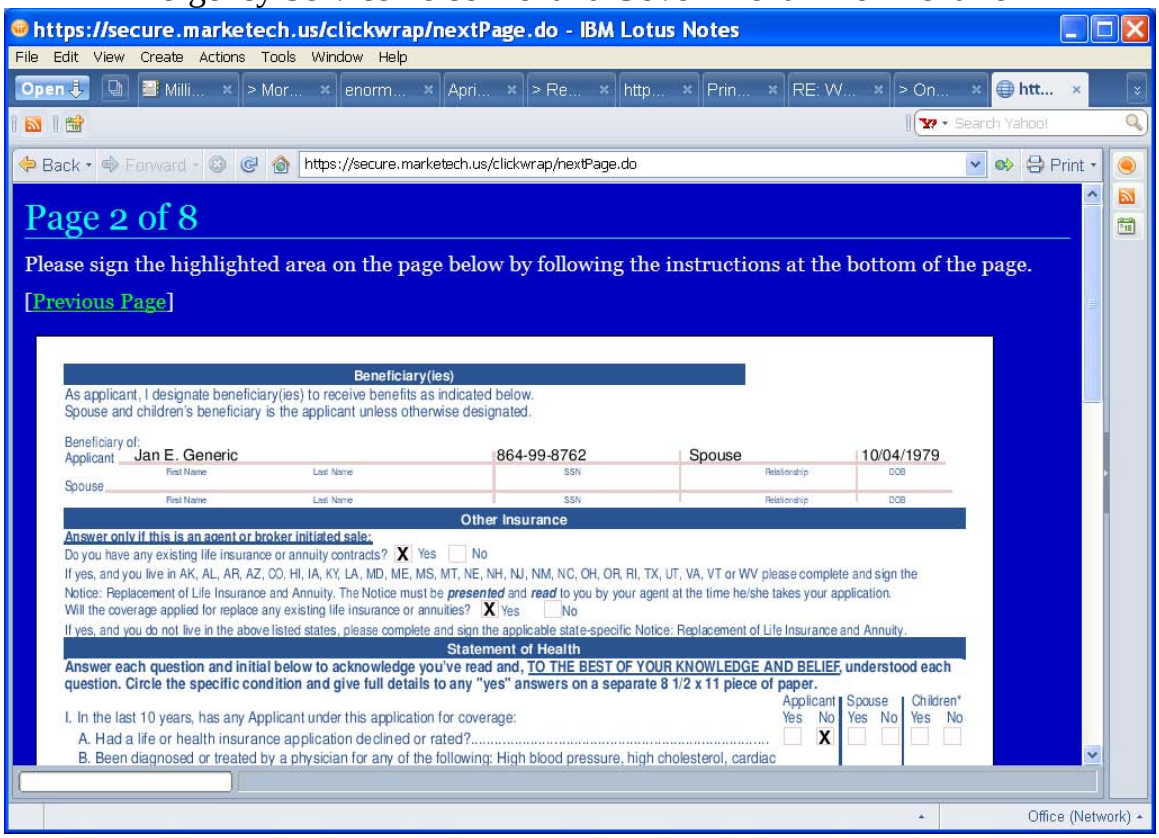
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #3 – 5Star Group Level Term – Page 1 of 8
Emergency Service Personnel and Government Enrollment App



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

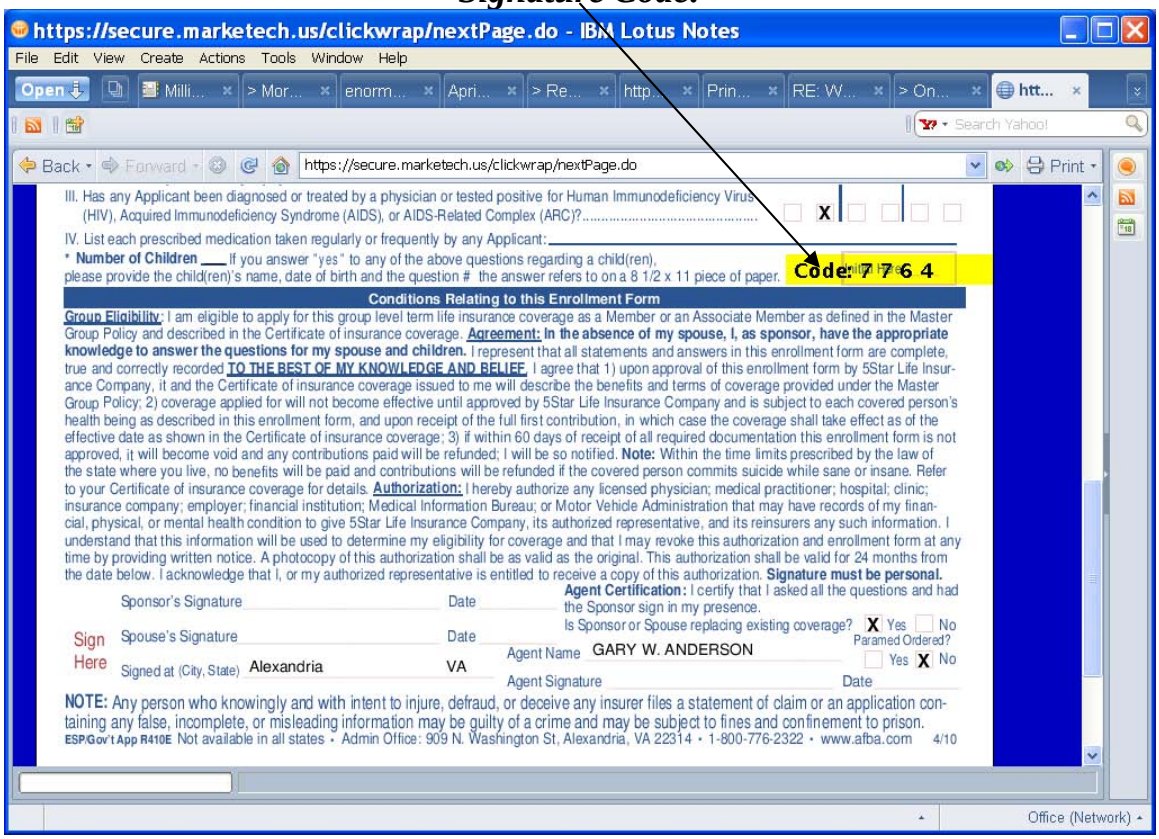
Screen #4 – 5Star Group Level Term – Page 2 of 8
Emergency Service Personnel and Government Enrollment Form



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #4 – 5Star Group Level Term – Page 2 of 8
Emergency Service Personnel and Government Enrollment Form

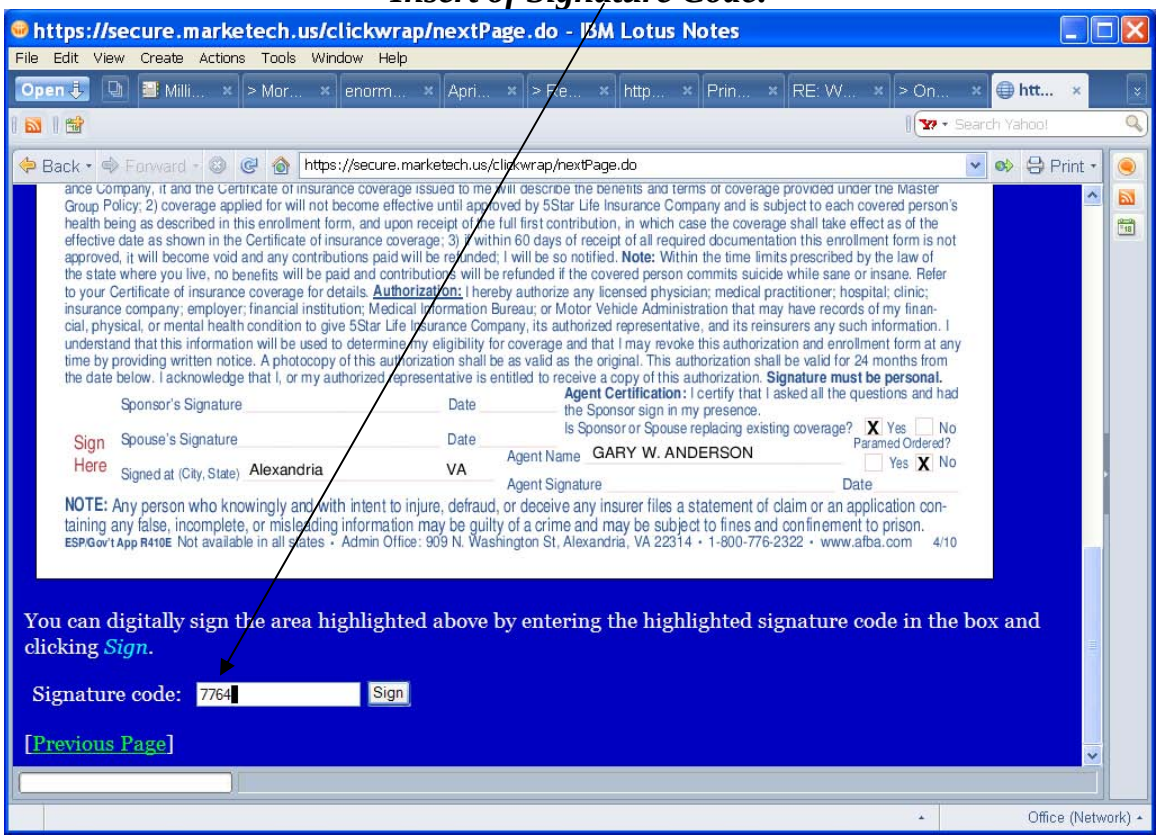
Signature Code:



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #4 – 5Star Group Level Term – Page 2 of 8
Emergency Service Personnel and Government Enrollment Form

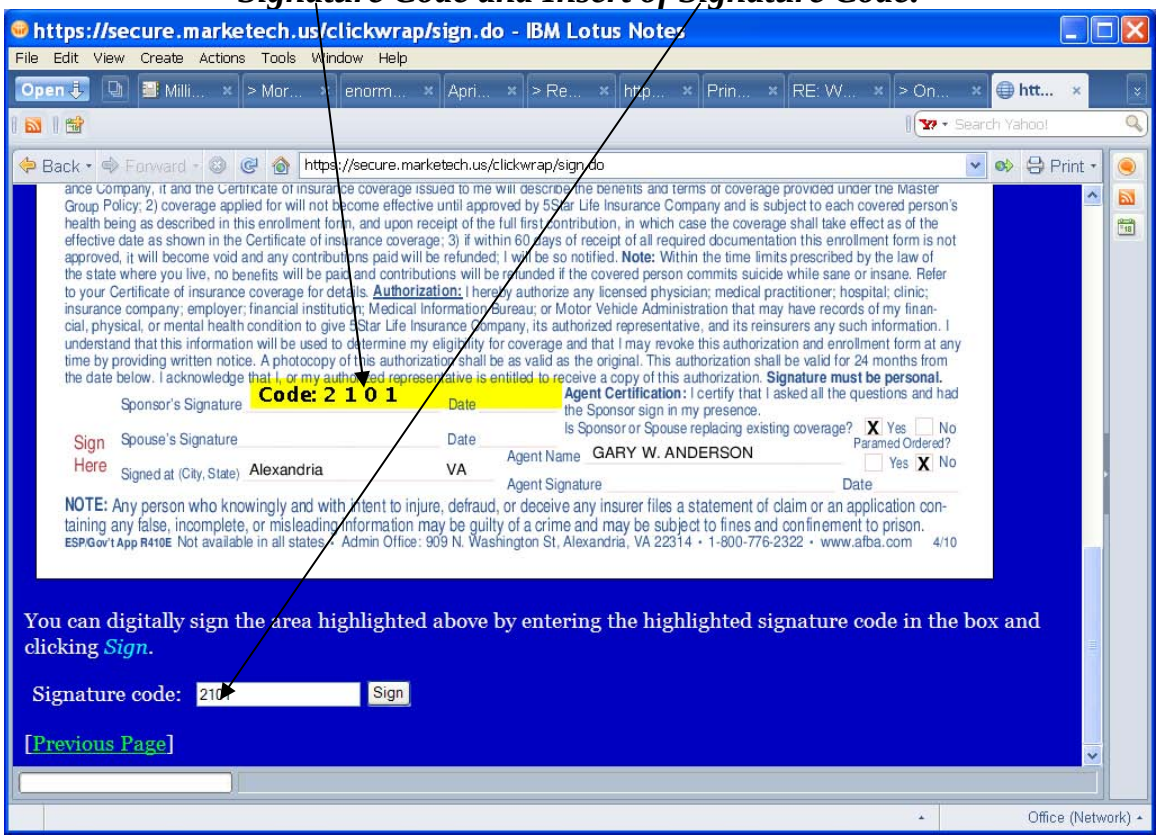
Insert of Signature Code:



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #5 - 5Star Group Level Term – Page 2 of 8
Emergency Service Personnel and Government Enrollment Form

Signature Code and Insert of Signature Code:



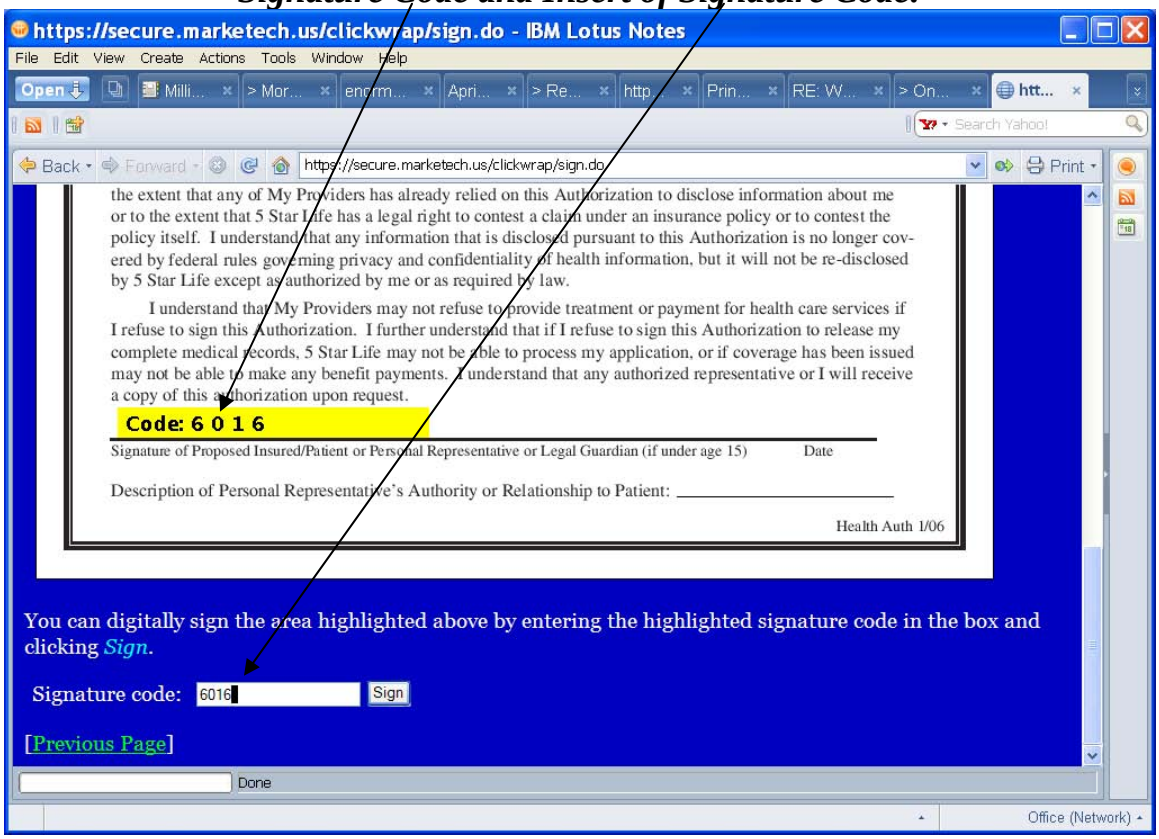
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #6 – Authorization for Release of Health Related Information to 5Star Life Insurance Company – Page 3 of 8

5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

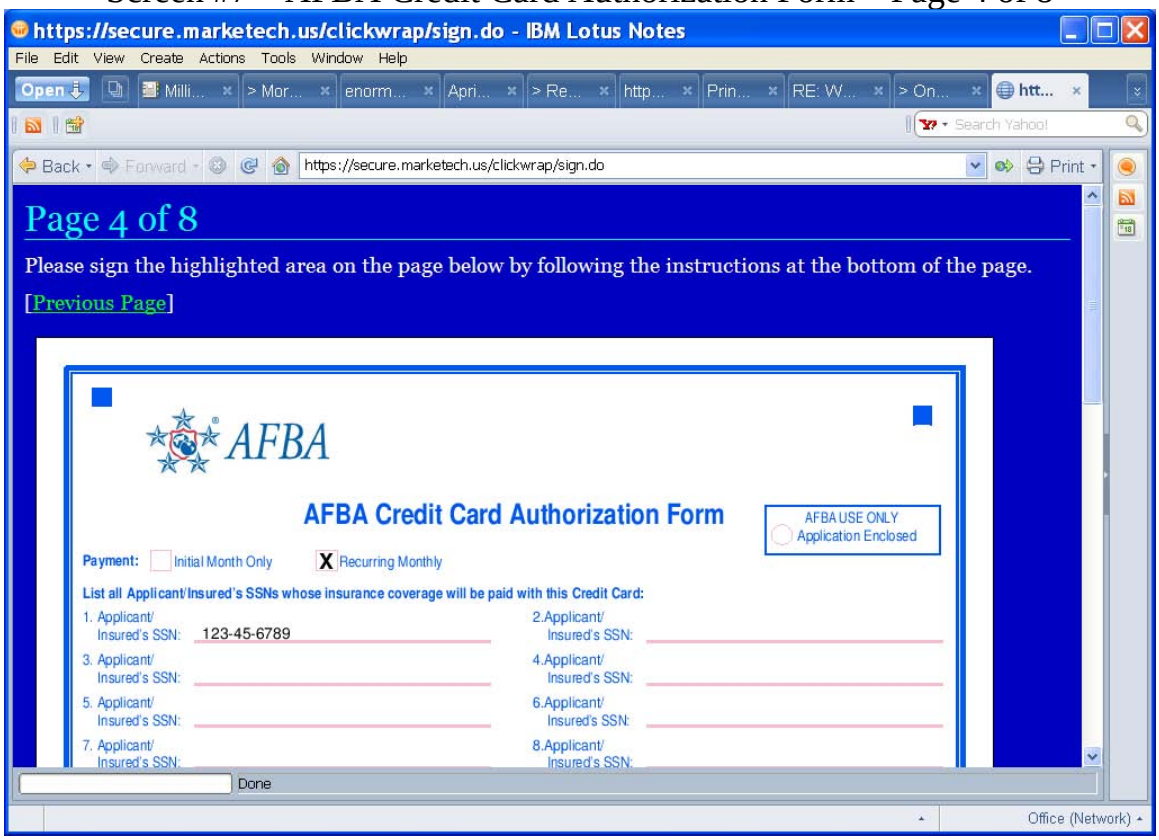
Screen #6 – Authorization for Release of Health Related Information to 5Star Life Insurance Company – Page 3 of 8

Signature Code and Insert of Signature Code:



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

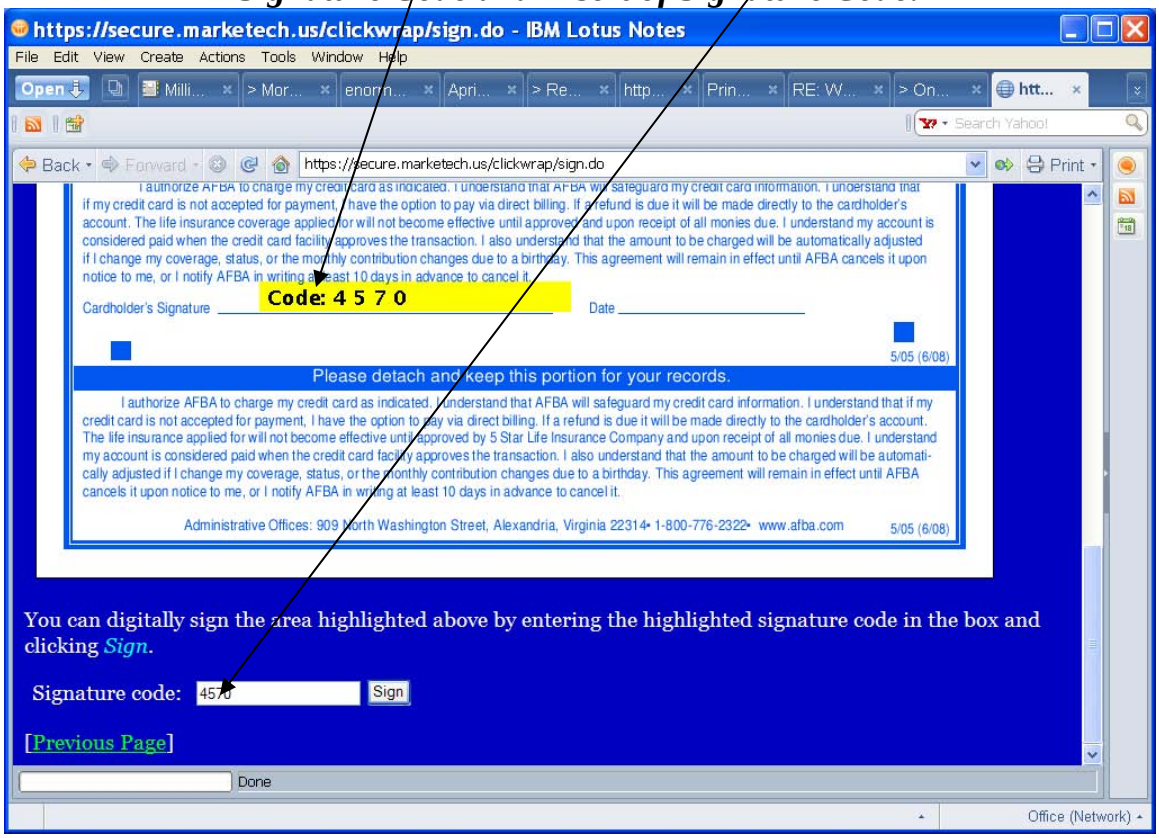
Screen #7 – AFBA Credit Card Authorization Form – Page 4 of 8



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

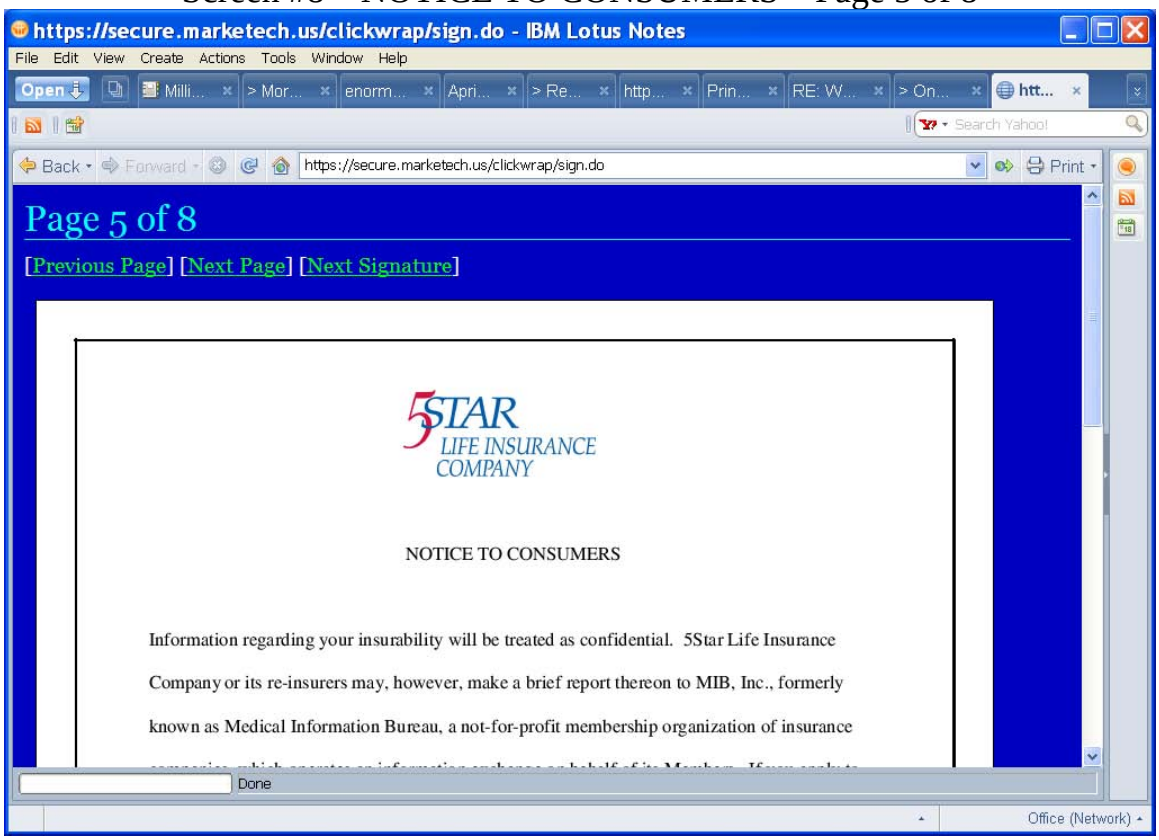
Screen #7 – AFBA Credit Card Authorization Form – Page 4 of 8

Signature Code and Insert of Signature Code:



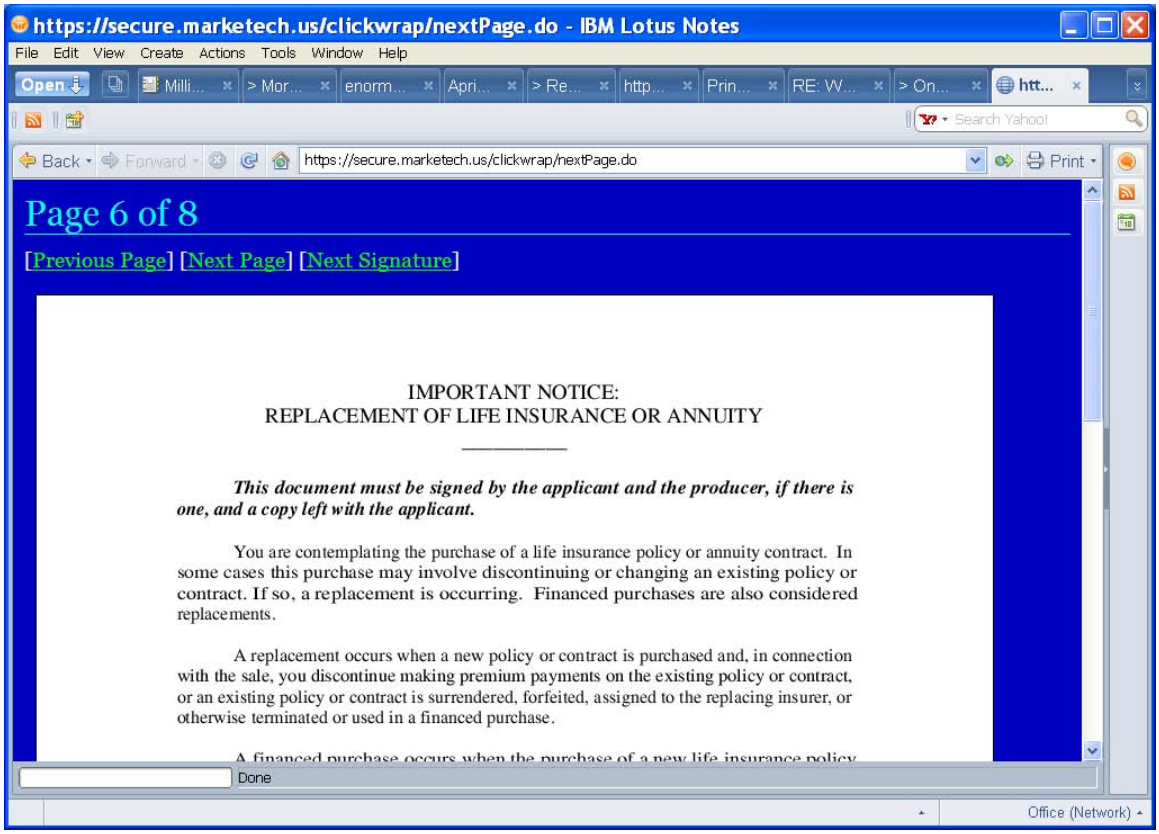
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #8 – NOTICE TO CONSUMERS – Page 5 of 8



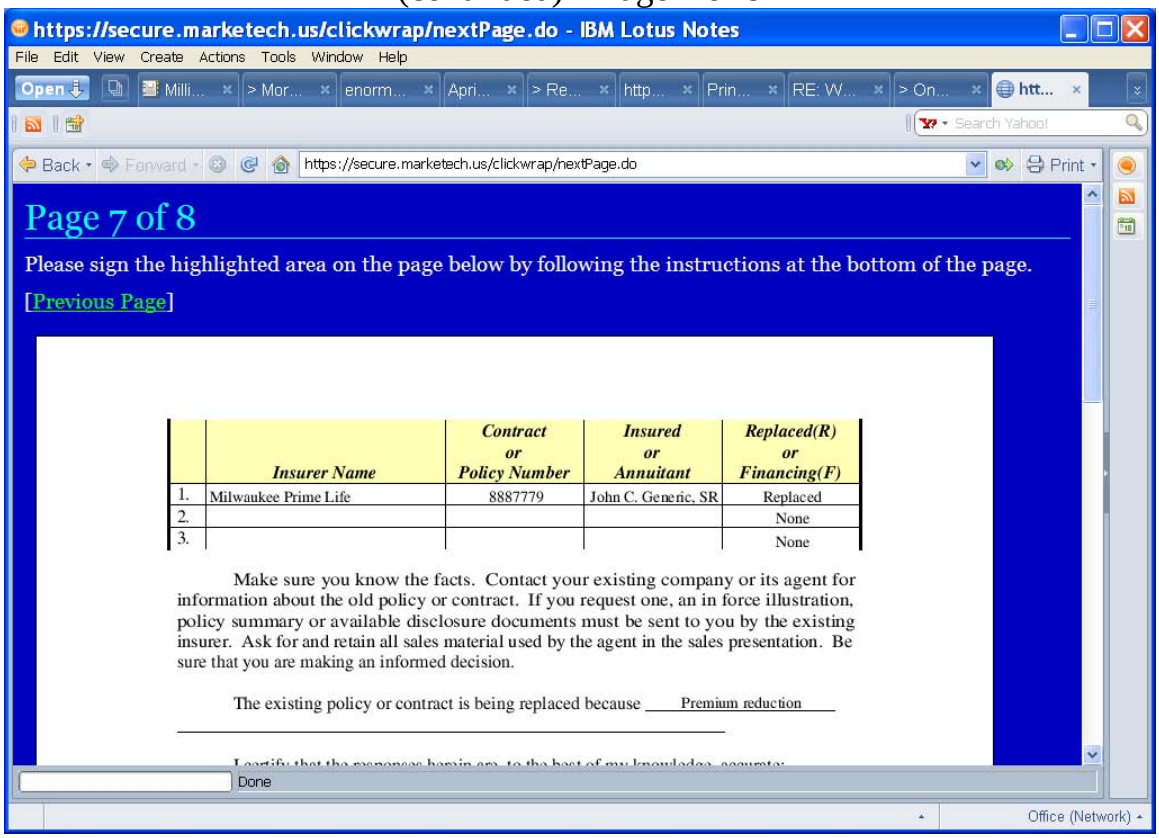
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #9 – Important Notice: Replacement of Life Insurance or Annuity Page 6 of 8



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #10 - Important Notice: Replacement of Life Insurance or Annuity (continued) – Page 7 of 8



	Insurer Name	Contract or Policy Number	Insured or Annuitant	Replaced(R) or Financing(F)
1.	Milwaukee Prime Life	8887779	John C. Generic, SR	Replaced
2.				None
3.				None

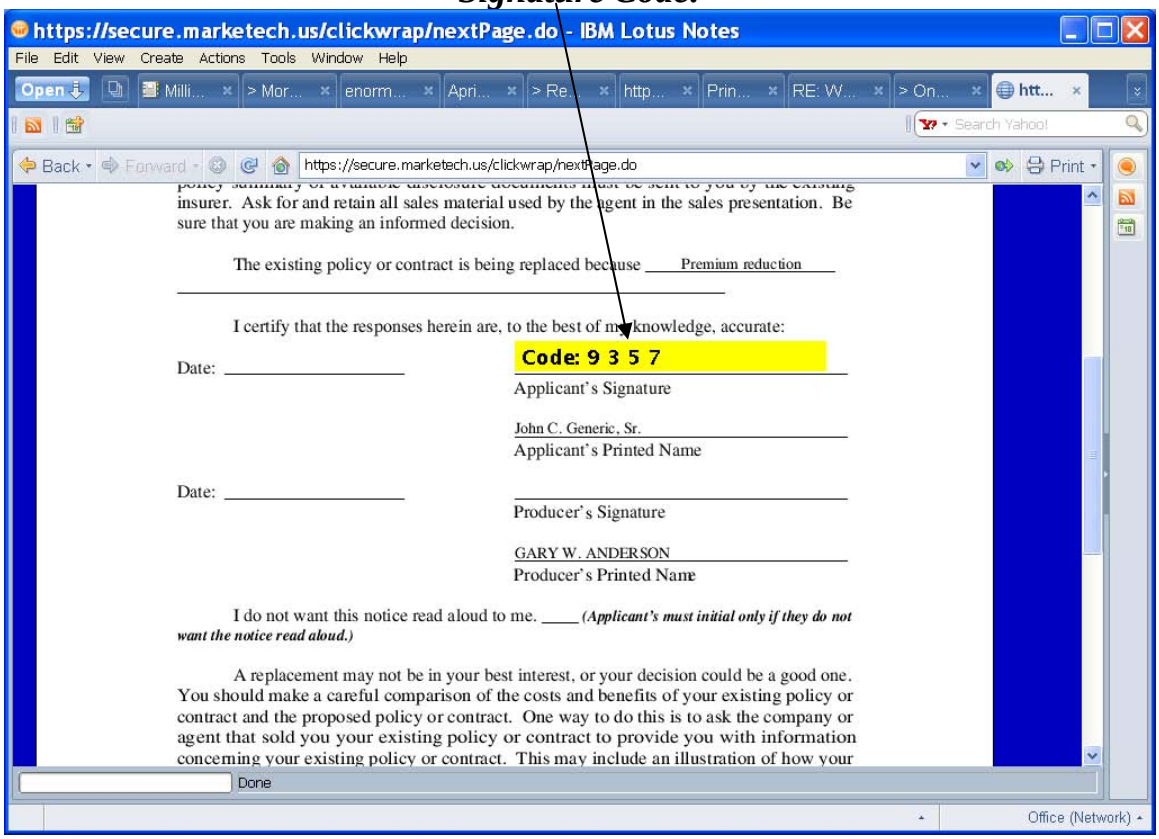
Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because Premium reduction

5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #10 - Important Notice: Replacement of Life Insurance or Annuity (continued) – Page 7 of 8

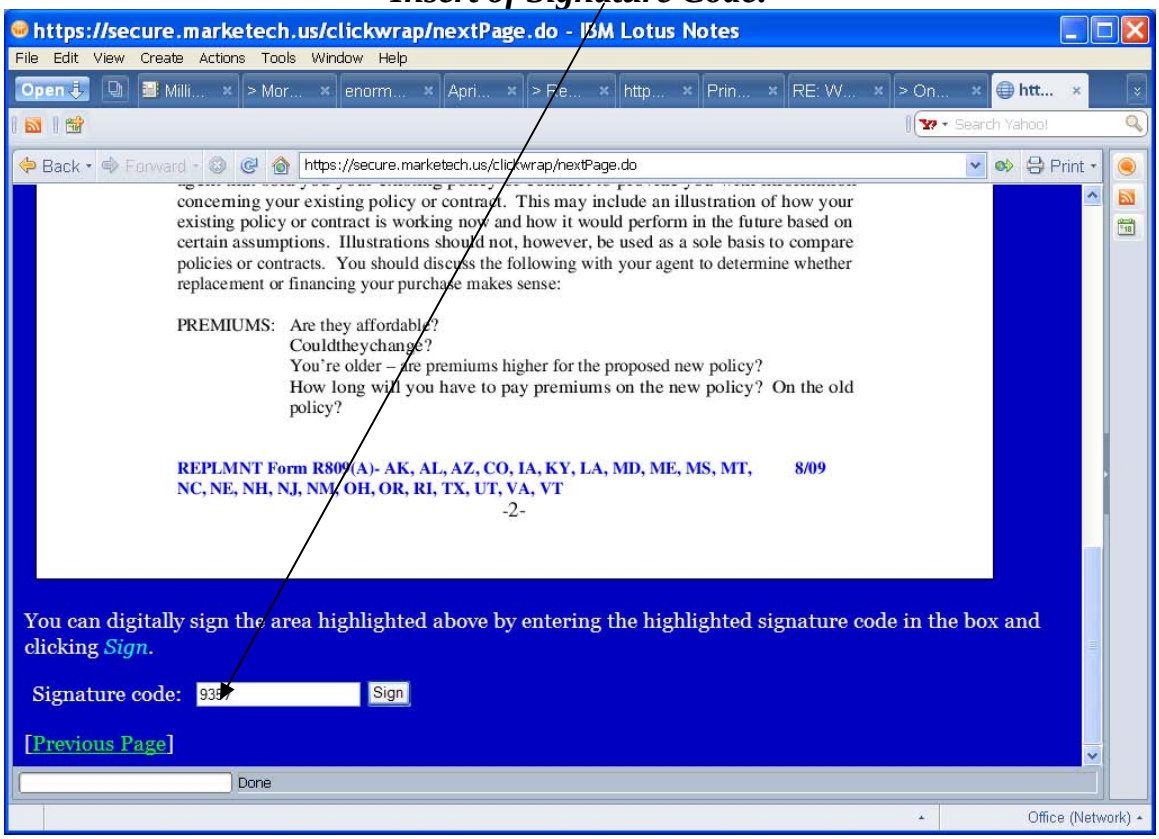
Signature Code:



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

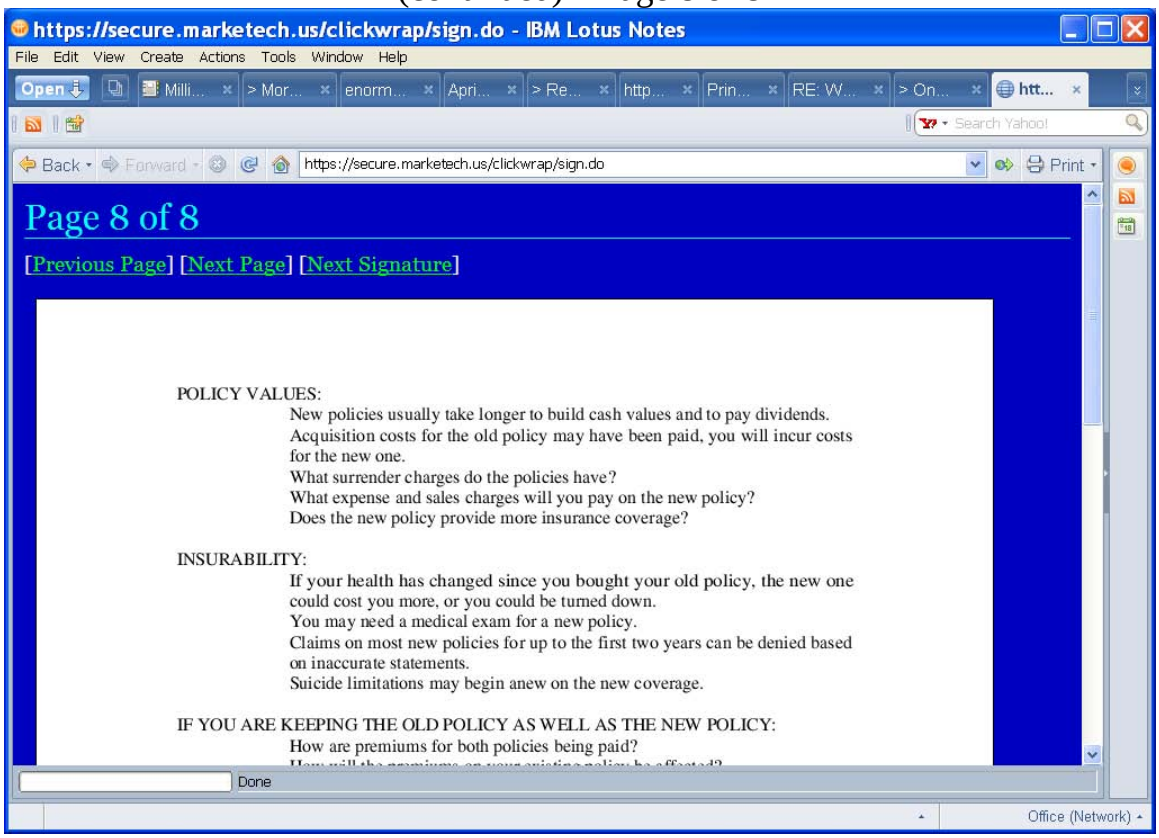
Screen #10 - Important Notice: Replacement of Life Insurance or Annuity (continued) – Page 7 of 8

Insert of Signature Code:



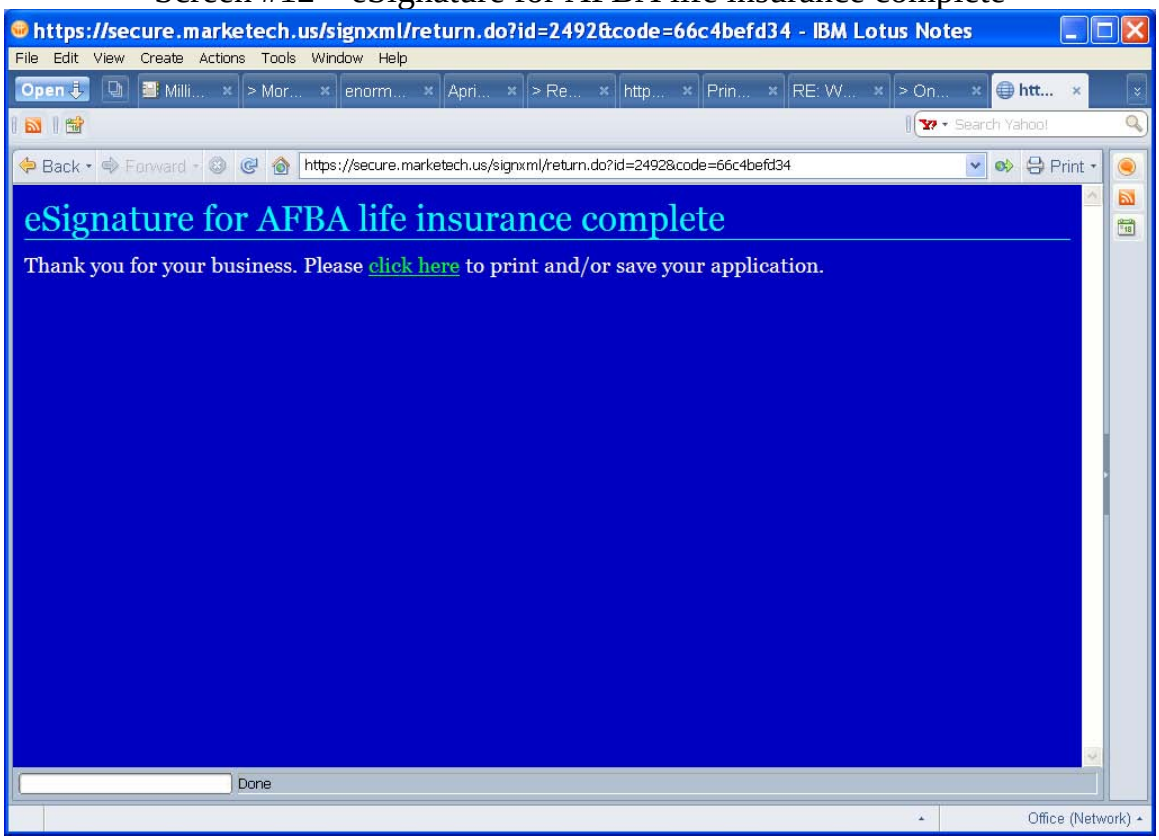
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #11 - Important Notice: Replacement of Life Insurance or Annuity (continued) – Page 8 of 8



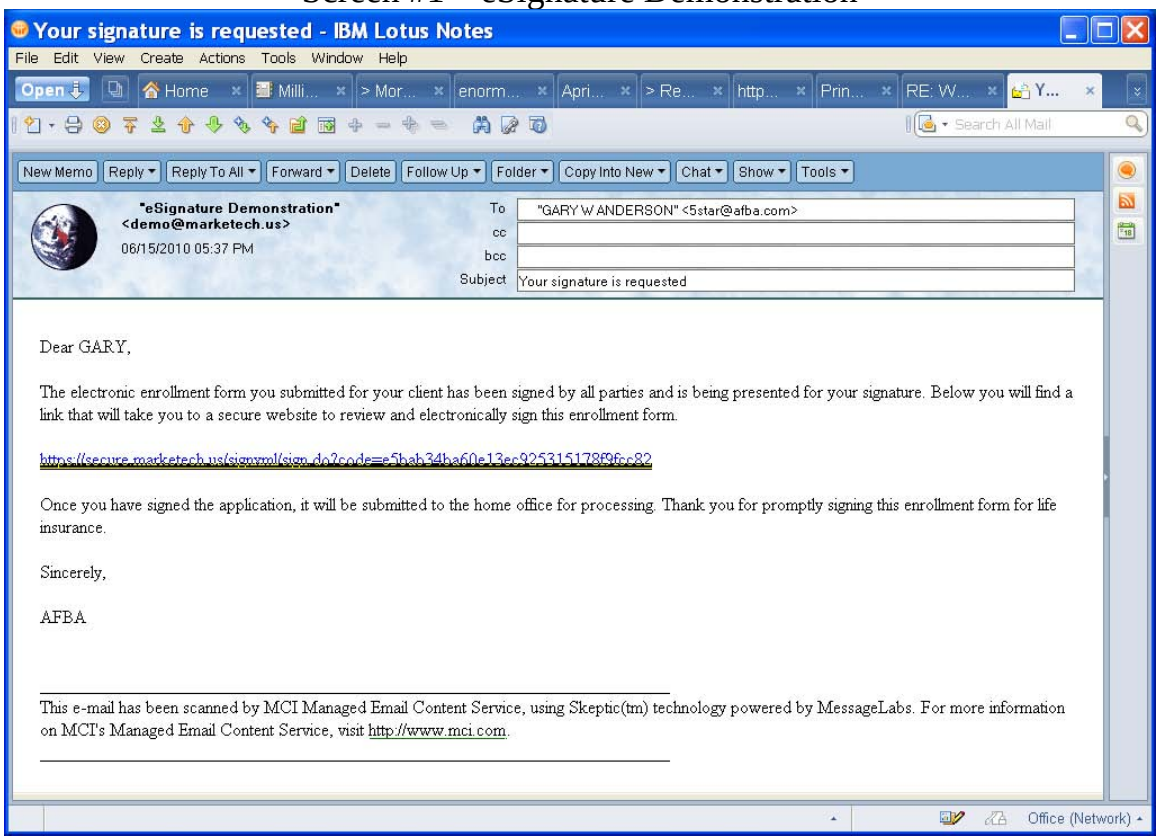
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Applicant
(Emergency Service Personnel - ESP)

Screen #12 – eSignature for AFBA life insurance complete



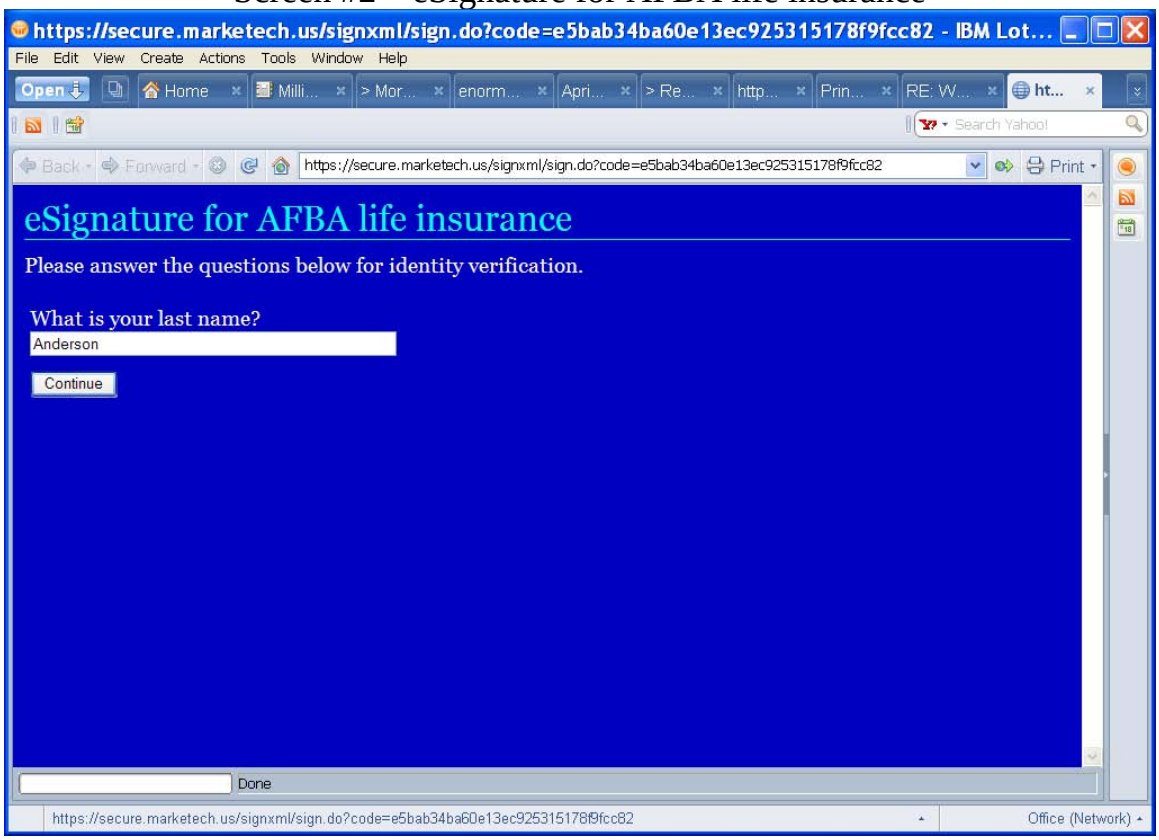
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #1 – eSignature Demonstration



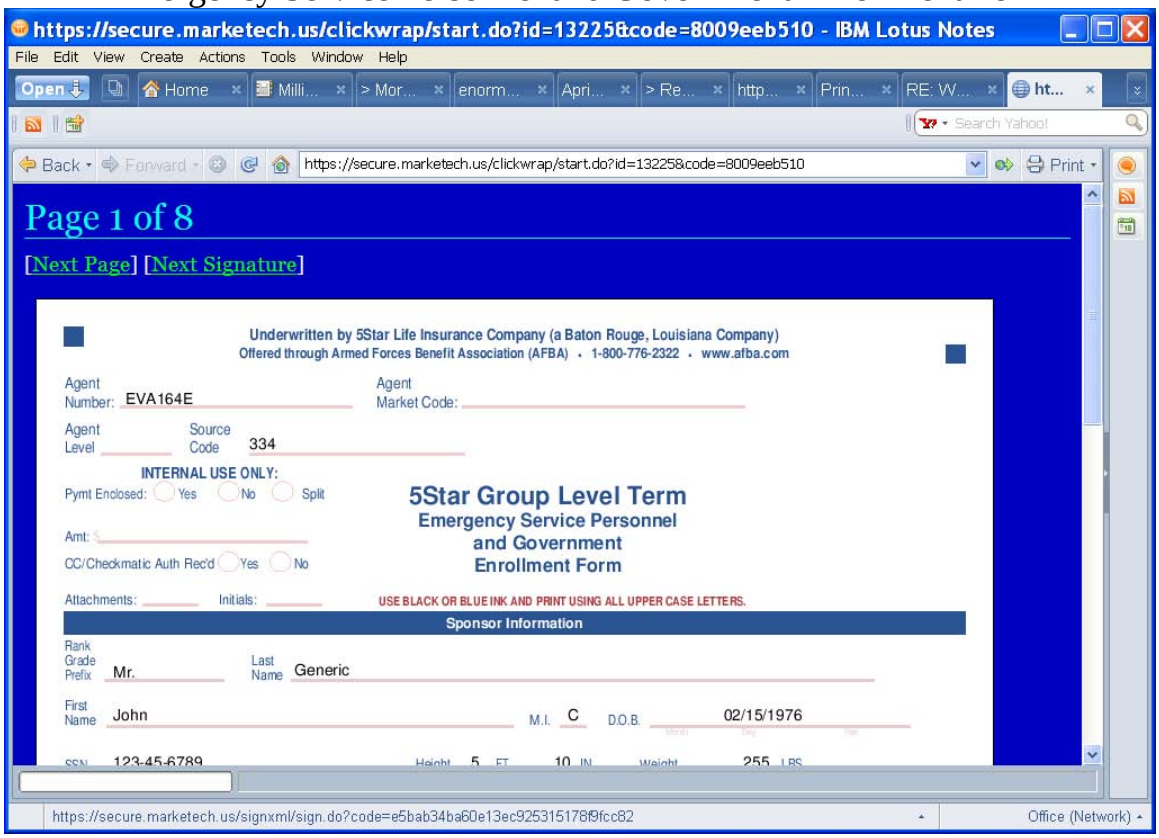
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #2 – eSignature for AFBA life insurance



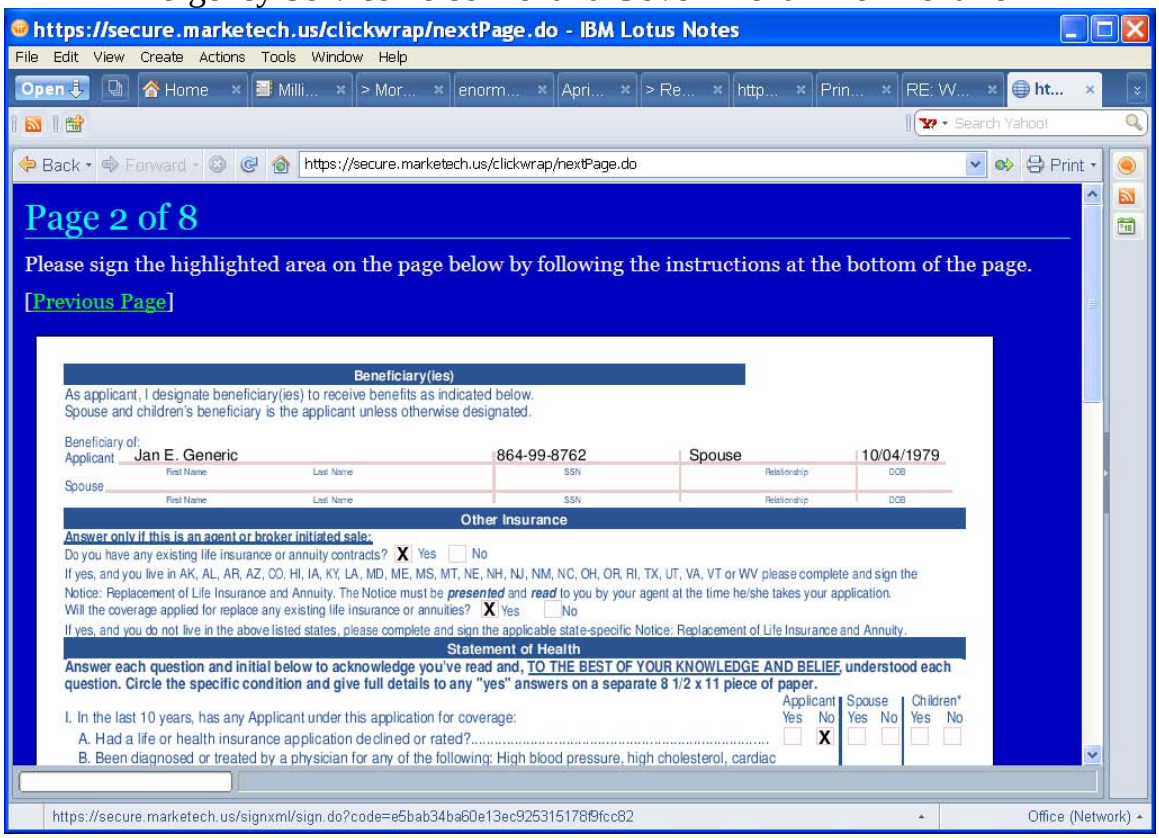
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #3 – 5Star Group Level Term – Page 1 of 8
Emergency Service Personnel and Government Enrollment Form



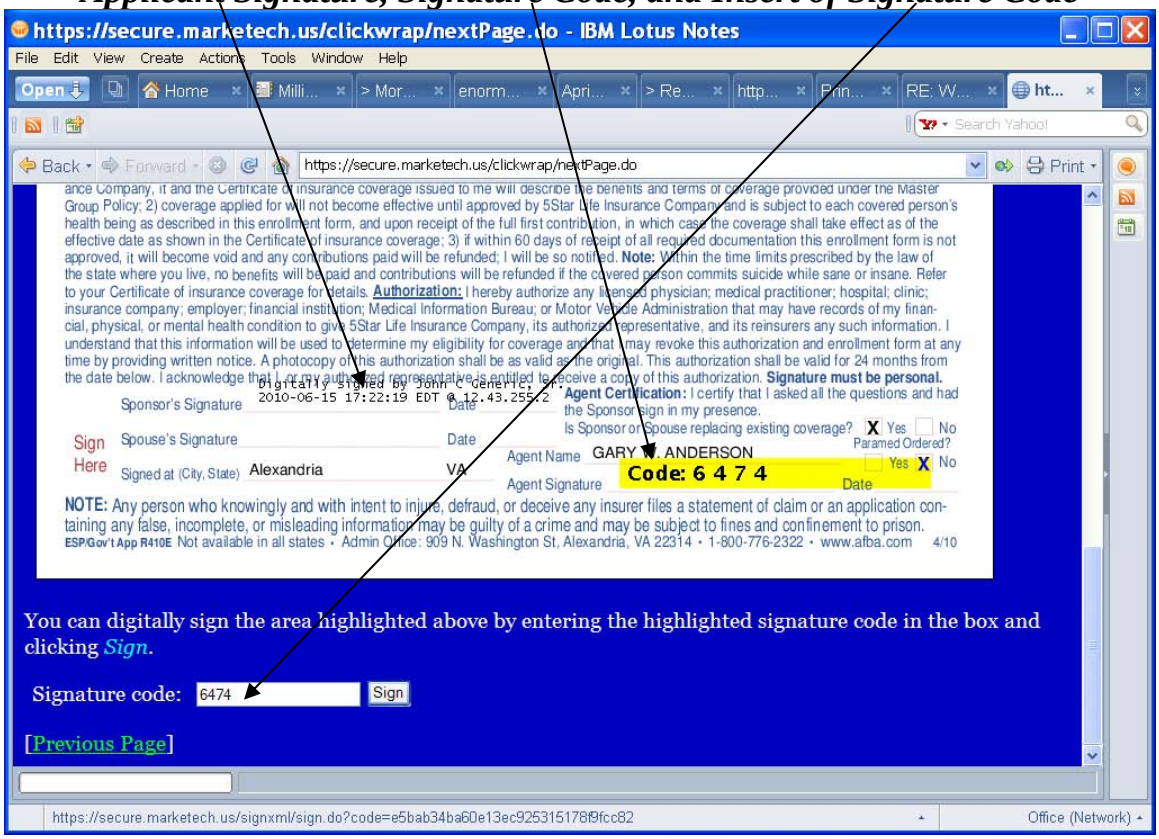
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #4 – 5Star Group Level Term – Page 2 of 8
Emergency Service Personnel and Government Enrollment Form



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #4 – 5Star Group Level Term – Page 2 of 8 -- Continued
Emergency Service Personnel and Government Enrollment Form
Applicant Signature, Signature Code, and Insert of Signature Code

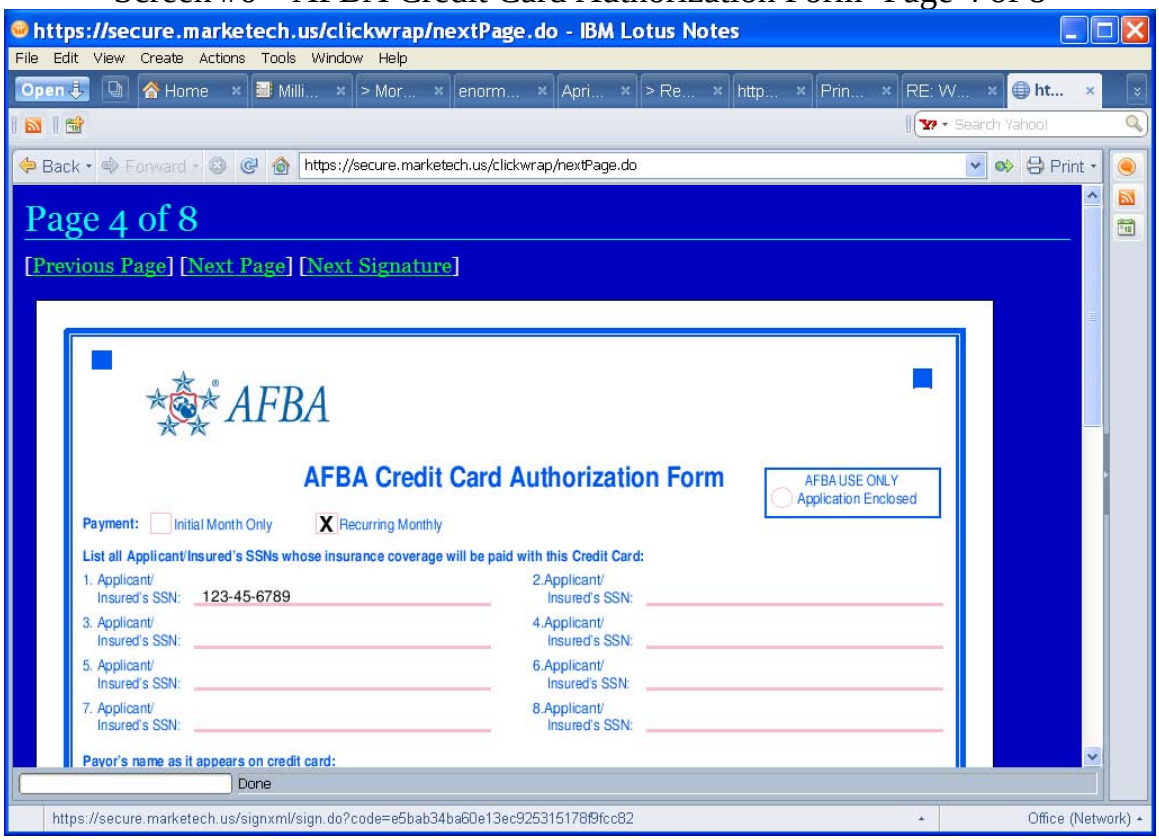


5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #5 – Authorization for Release of Health Related Information
to 5Star Life Insurance Company – Page 3 of 8

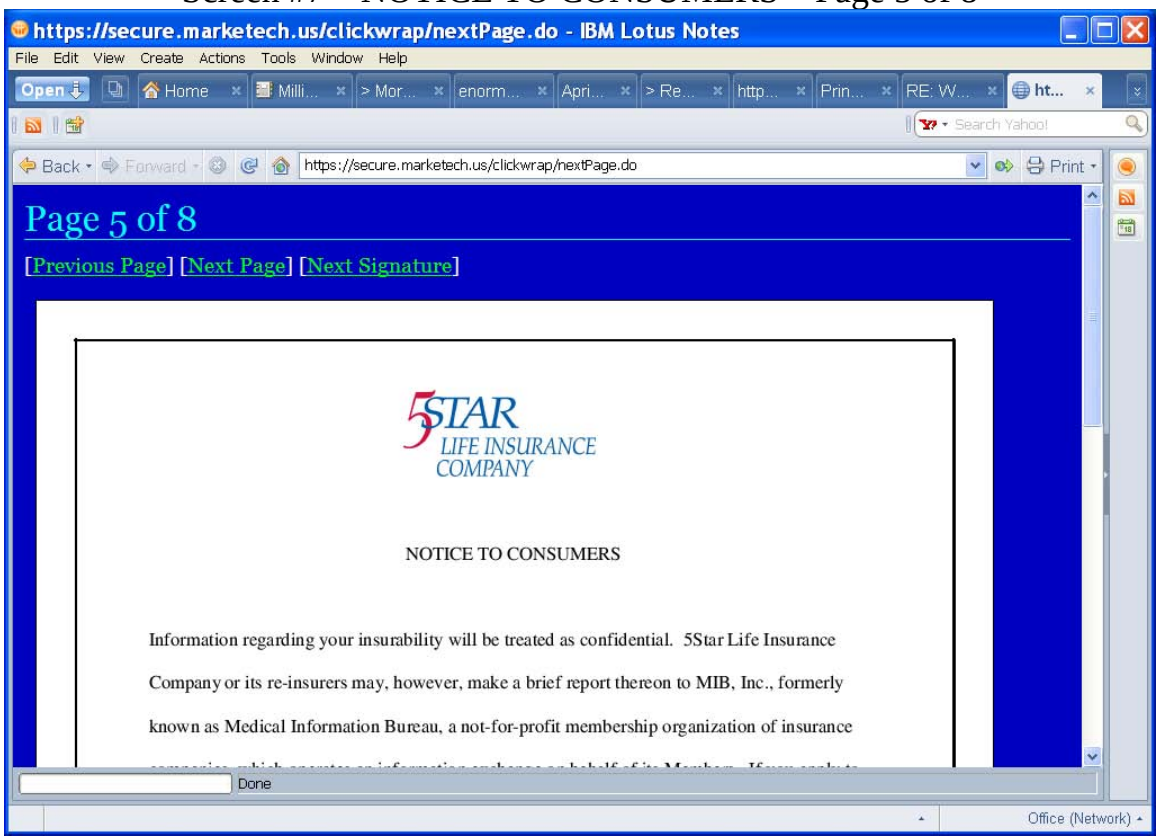
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #6 – AFBA Credit Card Authorization Form- Page 4 of 8



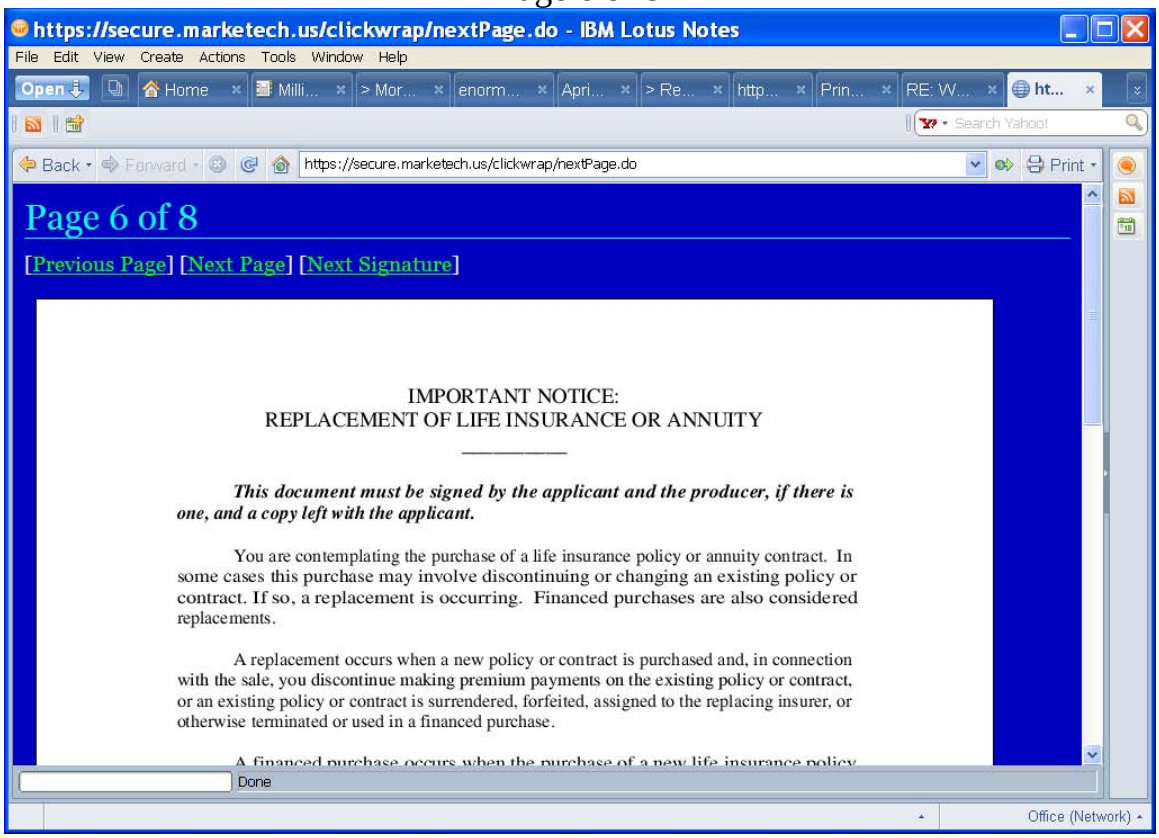
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #7 – NOTICE TO CONSUMERS – Page 5 of 8



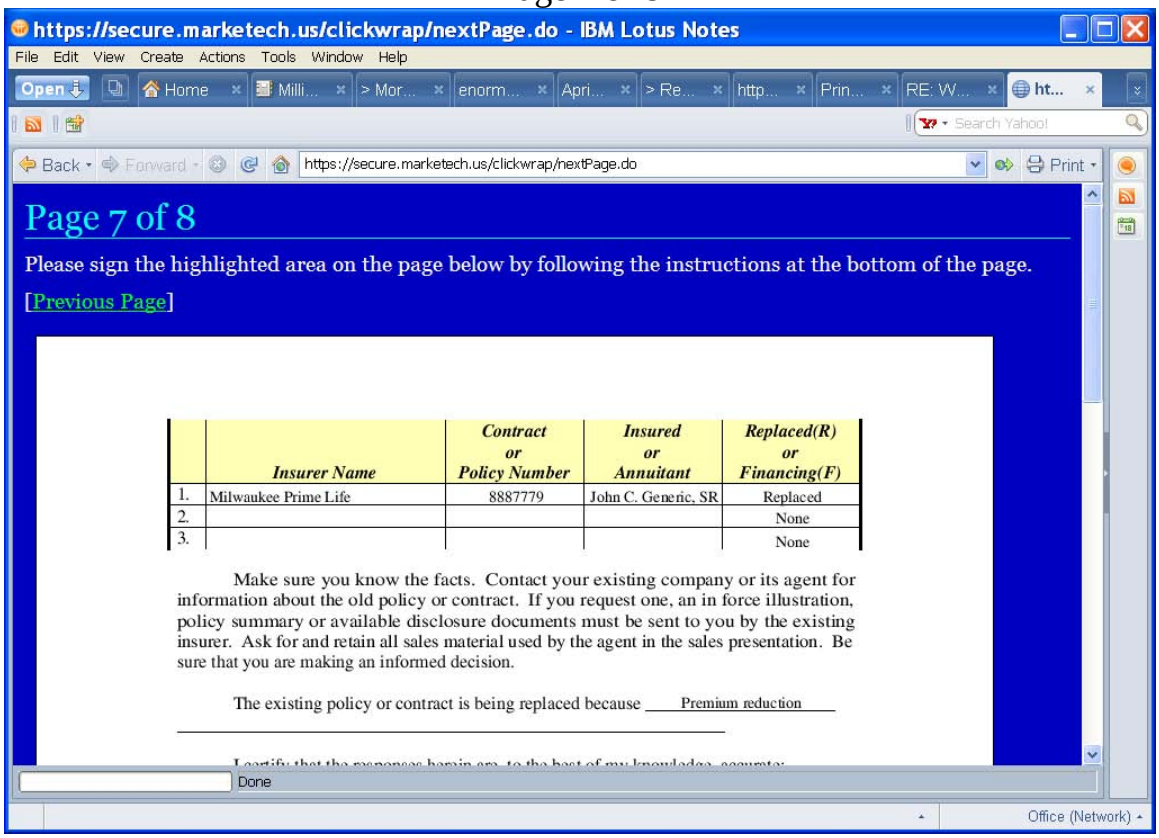
5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #8 – Important Notice: Replacement of Life Insurance or Annuity – Page 6 of 8



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

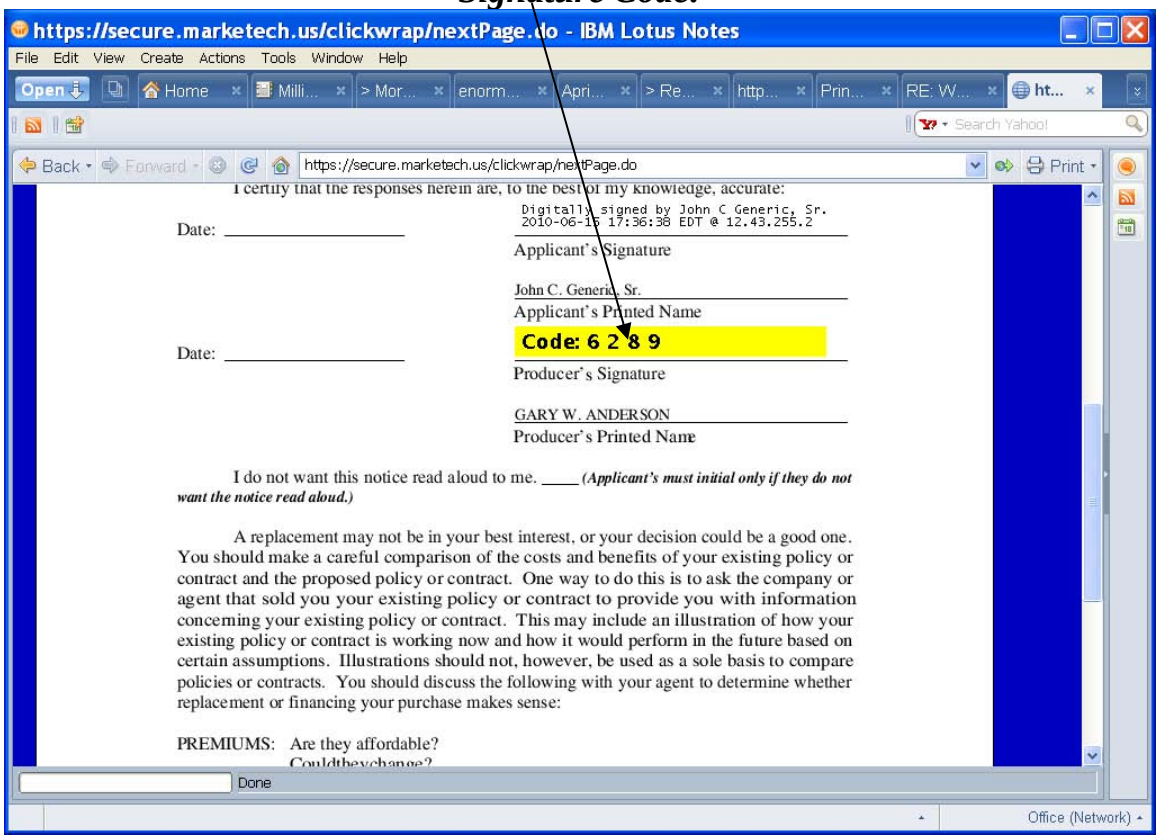
Screen #9 – Important Notice: Replacement of Life Insurance or Annuity – Page 7 of 8



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #9 – Important Notice: Replacement of Life Insurance or Annuity – Page 7 of 8 – Continued

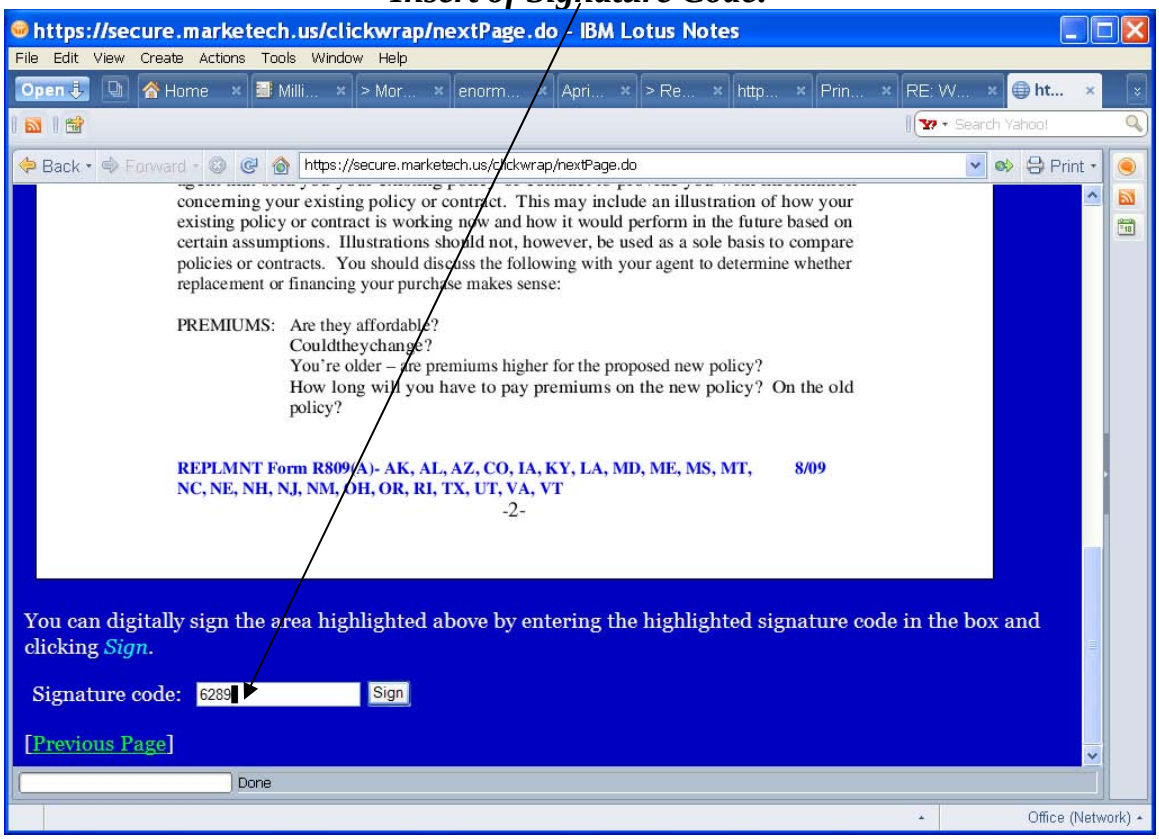
Signature Code:



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

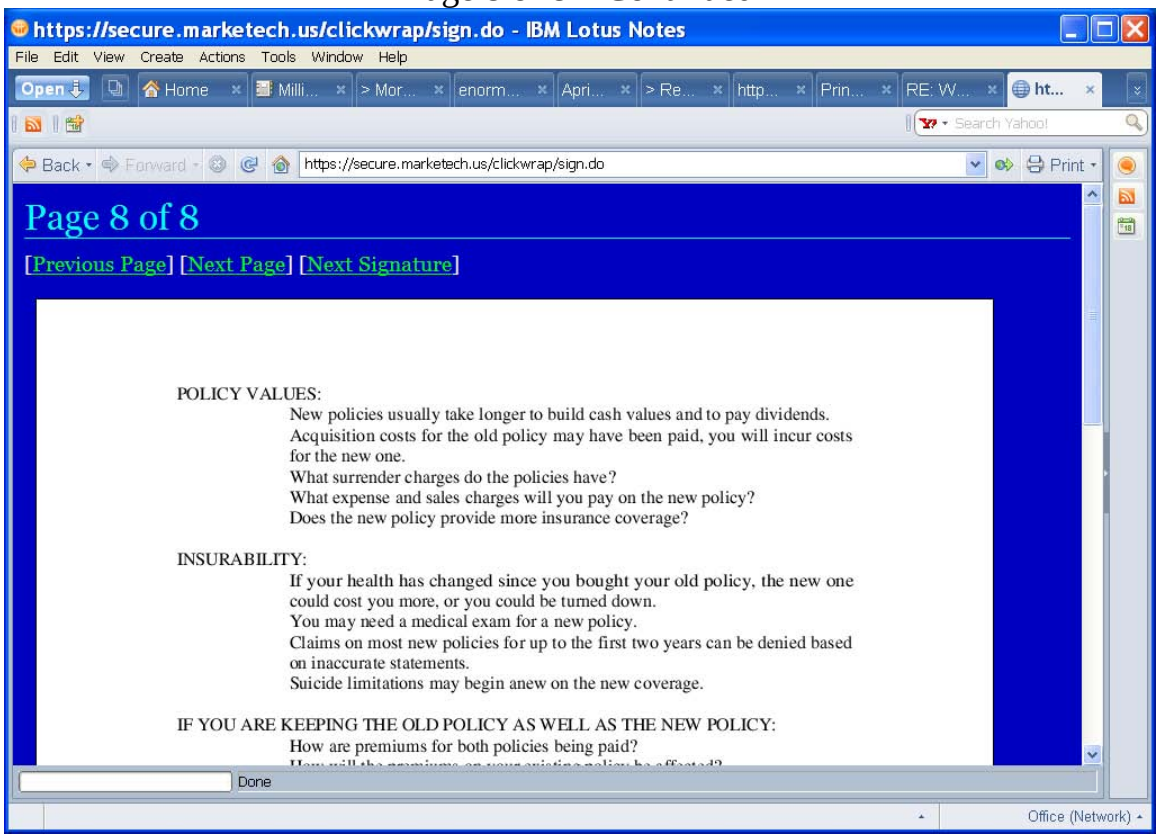
Screen #9 – Important Notice: Replacement of Life Insurance or Annuity – Page 7 of 8 – Continued

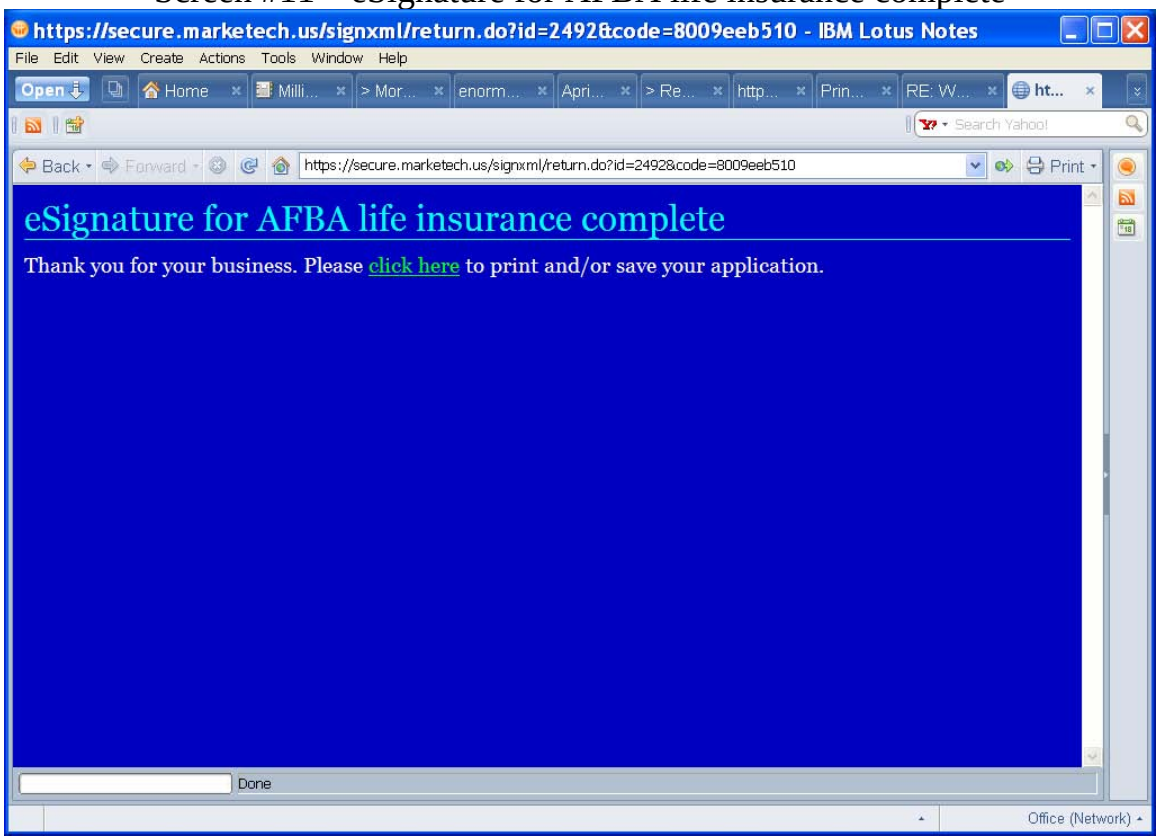
Insert of Signature Code:



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #10 – Important Notice: Replacement of Life Insurance or Annuity – Page 8 of 8 – Continued



5 STAR LIFE INSURANCE COMPANY
Electronic Snap Shots
of
5Star Group Level Term
Emergency Service Personnel and Government Enrollment Form
(ESP/Gov't App R410E)
E-Signature - Agent
(Emergency Service Personnel - ESP)

Screen #11 – eSignature for AFBA life insurance complete