

SERFF Tracking Number: STAR-127630570 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 49923
Company Tracking Number:
TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
Product Name: Worksite AD&D
Project Name/Number: /WK AD&D 08-11

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Worksite AD&D

SERFF Tr Num: STAR-127630570 State: Arkansas

TOI: H03I Individual Health - Accidental Death & Dismemberment
SERFF Status: Closed-Approved State Tr Num: 49923

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: Dismemberment
State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Donna Lambert

Authors: Belle Lucas, Christie
Moreau-Mabile

Disposition Date: 10/06/2011

Date Submitted: 09/29/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 11/07/2011

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number: WK AD&D 08-11

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/06/2011

State Status Changed: 10/06/2011

Deemer Date:

Created By: Belle Lucas

Submitted By: Christie Moreau-Mabile

Corresponding Filing Tracking Number:

Filing Description:

Re: STARMOUNT LIFE INSURANCE COMPANY, NAIC#68985

Policy WK AD&D 08-11 & WK AD&D 08-11 APP

Dear Sir/Madam:

We are pleased to file the above referenced form in Arkansas. This filing is a new filing and is being filed without an illustration. This product provides coverage for losses due to accidents only.

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The product will be marketed through individual mailers or through other affinity marketing, such as associations and also through agents as standalone coverage to individuals at the workplace and through the internet. The application will be placed on our website upon approval.

Please contact me if you have any questions at 225-400-9282 or by email bellel@starmountlife.com.

Sincerely,

Compliance Specialist

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist
 P.O. Box 98100
 Baton Rouge, LA 70898

bellel@starmountlife.com
 225-926-2888 [Phone]

Filing Company Information

Starmount Life Insurance Company
 7800 Office Park Boulevard
 Baton Rouge, LA 70809
 (225) 926-2888 ext. [Phone]

CoCode: 68985
 Group Code:
 Group Name:
 FEIN Number: 72-0977315

State of Domicile: Louisiana
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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Starmount Life Insurance Company \$200.00 09/29/2011 52290740

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	10/06/2011	10/06/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	10/06/2011	10/06/2011	Belle Lucas	10/06/2011	10/06/2011
Pending Industry Response	Donna Lambert	10/05/2011	10/05/2011	Belle Lucas	10/06/2011	10/06/2011

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Disposition

Disposition Date: 10/06/2011

Implementation Date: 11/07/2011

Status: Approved

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Starmount Life Insurance Company	%	%	\$		\$	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	No
Supporting Document	Application	Approved	No
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document (revised)	Outline of Coverage	Approved	No
Supporting Document	Outline of Coverage	Approved	No
Supporting Document	Outline of Coverage	Approved	No
Form (revised)	Policy	Approved	No
Form	Policy	Approved	No
Form	Application	Approved	No
Rate	Actuarial memo	Approved	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/06/2011
Submitted Date 10/06/2011
Respond By Date 11/07/2011

Dear Belle Lucas,

Thank you for submitting your revised forms. Please add "Limited Benefit Health Coverage" under the company name on the first page of the Outline, and I will be able to approve this filing.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/06/2011
Submitted Date 10/06/2011

Dear Donna Lambert,

Comments:

Please see response below:

Response 1

Comments: Added "Limited Benefit Health Coverage" to heading of Outline of Coverage.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Outline of Coverage

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you need anything else.

thanks,

Belle Lucas

225-400-9282

Sincerely,

Belle Lucas, Christie Moreau-Mobile

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/05/2011
Submitted Date 10/05/2011
Respond By Date 11/07/2011

Dear Belle Lucas,

This will acknowledge receipt of the captioned filing.

Objection 1

- Policy, WK AD&D AR 0811 (Form)

Comment: 1. An Outline of Coverage is required by RR 18 Sec. 8J. Please attach to the Form Schedule tab.

2. Bulletin 15-2009 requires certain information to be included in the policy. Please add this to your contract.

3. Add "Limited Benefit" to the title of the policy as required by RR 18 Sec. 7K.

4. Your exclusion of "any armed aggression or resistance thereto by any country, alliance of countries or organizations(s)" appears to be another way to define terrorism. Our Department will not approve exclusions for terrorism or terrorism-type language in life or accident and health contracts. Please remove this part of the exclusion.

I will be happy to continue the review of this submission upon receipt of your response.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/06/2011
Submitted Date 10/06/2011

Dear Donna Lambert,

Comments:

Please see response below:

Response 1

Comments: 1. Attached Outline of Coverage.

2. Added information to first page of policy as required by Bulletin 15-2009.

3. Added "Limited Benefit" to title of policy as requested.

4. Removed language from exclusion as requested.

Related Objection 1

Applies To:

- Policy, WK AD&D AR 0811 (Form)

Comment:

1. An Outline of Coverage is required by RR 18 Sec. 8J. Please attach to the Form Schedule tab.
2. Bulletin 15-2009 requires certain information to be included in the policy. Please add this to your contract.
3. Add "Limited Benefit" to the title of the policy as required by RR 18 Sec. 7K.
4. Your exclusion of "any armed aggression or resistance therto by any country, alliance of countries or organizations(s)" appears to be another way to define terrorism. Our Department will not approve exclusions for terrorism or terrorism-type language in life or accident and health contracts. Please remove this part of the exclusion.

I will be happy to continue the review of this submission upon receipt of your response.

Changed Items:

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Supporting Document Schedule Item Changes

Satisfied -Name: Outline of Coverage
 Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	WK AD&D AR 0811		Policy/Contract/Fraternal Certificate	Initial		46.900	WK AD&D AR 08-11 (rev 10-6-11).pdf
Previous Version							
Policy	WK AD&D AR 0811		Policy/Contract/Fraternal Certificate	Initial		46.900	WK AD&D AR 08-11 Policy Final.pdf

No Rate/Rule Schedule items changed.

Please let me know if you need anything else.

Thanks,
 Belle Lucas
 225-400-9282

Sincerely,
 Belle Lucas, Christie Moreau-Mobile

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Form Schedule

Lead Form Number: WK AD&D 08/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 10/06/2011	WK AD&D AR 0811	Policy/Cont ract/Fratern al Certificate	Policy	Initial		46.900	WK AD&D AR 08-11 (rev 10- 6-11).pdf
Approved 10/06/2011	WKAD&D 0811 APP	Application/ Enrollment Form	Application	Initial		44.900	WK AD&D 08-11 APP.pdf



Starmount Life Insurance Company
[8485 Goodwood Boulevard
Baton Rouge, LA 70806
Telephone: 1-888-729-5433]

ACCIDENTAL DEATH AND DISMEMBERMENT **LIMITED BENEFIT INSURANCE POLICY**

READ YOUR POLICY CAREFULLY

This policy is a legal contract between You and Starmount Life Insurance Company. The contract describes, in detail, the rights and obligations of both You and the Company.

Starmount Life Insurance Company agrees to pay the benefits described in the Policy, subject to all provisions of the policy. This policy is issued in consideration of the application, the payment of premiums and due proof. This policy may be continued in force by payment of premium at the rates We establish until the insurance ends as provided.

The Primary Insured and Policy Number are shown on the Policy Schedule Page.

SPECIAL NOTICE TO THE INSURED

This policy is based on the application attached to and made a part of this policy. If, as far as you know, there is any misstatement or if any information has been omitted, you should advise us immediately. Let us know the correct or omitted information; otherwise this policy may not be a valid contract. Our only liability to you then shall be limited to the return of all premiums paid.

[30, 60, 90] DAY RIGHT TO EXAMINE POLICY

This policy may be surrendered within [30, 60, 90] days of the date of issue and it will be as if the policy had never been in effect. Upon surrender, the company will return any premium paid. If any person is covered under more than one like policy with Starmount Life Insurance, only one policy (chosen by the Owner, Insured, his beneficiary, or his estate) will be effective. The company will return all premiums paid for all other policies.

In witness whereof, the Company has caused this policy to be executed by its President to take effect on its Date of Issue.

[Hans Sternberg, Chairman]

NON-PARTICIPATING

THIS POLICY PROVIDES COVERAGE FOR LOSSES DUE TO ACCIDENTS ONLY

IT DOES NOT PROVIDE COVERAGE FOR SICKNESS OR LOSSES DUE TO SICKNESS

If we at Starmount Life Insurance Company, fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501) 371-2640 or (800) 852-5494

Table of Contents

PART I. POLICY SCHEDULE Page [3]

PART II. DEFINITIONS..... Page [4]

PART III. DESCRIPTION OF COVERAGE..... Page [5]

PART IV. LIMITATIONS AND EXCLUSIONS Page [5]

PART V. BENEFICIARY Page [6]

PART VI. CONTINUATION OF COVERAGE Page [6]

PART VII. GENERAL PROVISIONS Page [6]

I. POLICY SCHEDULE

PRIMARY INSURED: [Name]

POLICY NUMBER: [PolicyNumber]

POLICY EFFECTIVE DATE: [Date]

POLICY TERMINATION DATE: [Date]

ACCIDENTAL DEATH BENEFIT: [\$10 - \$250,000]

COMMON CARRIER ACCIDENTAL DEATH BENEFIT: [\$10 - \$500,000]

COVERAGE TYPE: [Insured Only; Insured & Spouse; Insured & Children; Insured, Spouse & Children]

[PREMIUM DUE DATE: 1st of every month]

[MONTHLY PREMIUM AMOUNT: \$xx.xx]

The Accidental Death and Common Carrier Accidental Death benefit amount paid is determined by the coverage type elected and will be the appropriate percentage from the table below times the benefit amount shown in the schedule above.

[Accidental Death and Common Carrier Accidental Death

Covered Individuals	Coverage Type			
	Insured only	Insured & Spouse	Insured & Children	Insured, Spouse & Children
Primary Insured	100%	50%	90%	50%
Spouse	n/a	50%	n/a	40%
Per Child	n/a	n/a	10%	10%

[Accidental Dismemberment Benefit:

Dismemberment Benefit	Percentage of the Principle Benefit
[Both hands or both feet	100%
[Sight of both eyes	100%
[Loss of one hand and one foot	100%
[Loss of either one hand or one foot and sight of one eye	100%
[Loss of one hand or one foot	50%
[Sight in one eye	50%

LIFETIME MAXIMUM BENEFIT: Not to exceed, for all covered individuals, a total of 200% of the Accidental Death Benefit amount listed in the Policy Schedule.

AGE REDUCTION: All Benefits are reduced by half at age 70. Covered Spouse and children’s benefit amount will be reduced on a pro rata basis when Your benefit amount is reduced. Reductions are based on previously reduced amounts. The premium after reduction remains the same as the premium for the previous Amount of Insurance before the reduction is taken.

II. DEFINITIONS

Accident or Accidental: An unintended or unforeseen bodily Injury sustained by an Insured.

Accidental Death: Death due to Accidental Bodily Injury caused by Accident occurring while the insurance is in force; the death must occur within 90 days after the date of the Accident, directly and independently of all other causes.

Administrator: The entity which provides complete service and facilities for the writing and servicing of the Policy as agreed to in a contract with Us.

Beneficiary: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

Chartered Aircraft: Means an Aircraft that has been hired or rented and the Insured is a passenger and does not own nor act in the capacity of the pilot or crew member. The chartered aircraft must meet all FAA standard requirements and be hired for one purpose or one trip between definitively established airports, and if able, a flight plan will be filed with Air Traffic Control. The time that it is hired or rented may not exceed 10 straight days nor more than 15 days in one year. One or more aircraft hired on a regular or frequent basis are not considered chartered unless such aircraft is chartered by one's employer for the sole purpose of business travel.

Covered Accident: An accident which:

1. Occurs on or after the effective date of the Policy;
2. Results in a Covered Loss;
3. Which is independent of all other causes, diseases, bodily infirmity, illness, infection, or any other abnormal physical condition; and
4. Is not excluded by name or specific description in the Policy.

Covered Loss: Means a loss which meets the requisites of one or more benefits, results from an Injury, and for which benefits are payable under the Policy.

Family: Means the following persons:

1. Your spouse; [or lawful Domestic Partner]
2. Your unmarried dependent child under age [18-30], who is your natural or adopted child, step-child, foster child, or child for whom you are a legal guardian and who is primarily dependent on You for support and maintenance.
- [3. Your unmarried child age [Insert same age as in 2, above] or older but less than age [21, 22, 23, 24, 25, 26, 27, 28, 29 or 30] who is:
 - a. Not regularly employed on a full-time basis;
 - b. Primarily dependent upon You for support and maintenance; and
 - c. Enrolled as a full-time student in an accredited educational institution or licensed trade school.]
- [4.] Your unmarried child who has reached age [Insert same age as in 2, above] and who is:
 - a. primarily dependent upon You for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

Injury: Unexpected traumatic damage to the Insured's body, of external origin caused by a covered accident occurring while the insurance is in force.

Insured: An eligible person as defined by the Policy Schedule for whom coverage is provided.

Physician - a person licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical Physician. If so, the term "Physician" also includes persons recognized as qualified to treat the accidental Injury for which claim is made by the state in which treatment is received. The Physician may not be You or an Immediate Family Member.

Policy Anniversary: Shall be determined as every twelve (12) months from the Policy Effective Date of the Primary Insured's policy as listed in the Policy Schedule.

Primary Insured: The covered person named on the Policy Schedule.

Seat Belt: Belts that form an occupant restraint system and includes infant and child restraint systems when properly used with a seat belt.

We, Our, Us or Company: Starmount Life Insurance Company.

You, Your, or Yours: The Owner of this policy.

III. DESCRIPTION OF COVERAGE

Accidental Death Benefit

If an Injury to an Insured due to a Covered Accident results in death within ninety (90) days of the Accident causing such Injury, We will pay the Amount of Insurance shown in the Policy Schedule. If the Insured suffers an Accidental Death such that an Accidental Death Benefit is payable under this Policy, We will pay the beneficiary in accordance with Part V.

Accidental Dismemberment Benefit

Benefits will be payable as shown in the Schedule of Benefits if Injury to an Insured occurs due to a Covered Accident and results in any one of the Covered Losses defined below. The loss must occur within ninety (90) days after the date of the accident causing such Injury. The Injury and the loss both must occur while the Insured is covered by the policy.

This benefit will be payable only once per Insured per Accident. If more than one such loss is sustained as a result of one Accident, only one benefit, the largest, is payable.

Definition(s), for purposes of this benefit:

Loss of a hand - the hand is severed through or above the wrist joint or the use of the hand is permanently lost.

Loss of a foot - the foot is severed through or above the ankle joint or the use of the foot is permanently lost.

Loss of sight - at least 80% of vision is permanently lost as determined by a Physician.

Common Carrier Accidental Death Benefit

Additional benefits will be payable for the death of an Insured that results from an Injury due to a Covered Accident. A Covered Accident is one where the Injury is received as a fare-paying passenger on a Common Carrier. This benefit amount is equal to the amount of the Principal Benefit at the time of death and is payable in addition to any other benefit payable under this policy.

Definition(s), for purposes of this benefit:

Common Carrier – A public conveyance provided and operated by a duly licensed common carrier for regular passenger service by land, water or air. Privately chartered aircraft may be considered as a Common Carrier if it meets the definition of Chartered Aircraft as defined in this Policy. A passenger on a school bus is considered to be a passenger of a public conveyance provided and operated by a duly licensed common carrier.

[Seat Belt Benefit

If an Insured suffers an Accidental Death while operating or riding as a passenger in a private passenger automobile and wearing a properly fastened, original, factory installed seat belt, an additional 25% will be added to the face amount of the policy. Verification of the actual use of the seat belt at the time of the loss must be a part of an official report of the Accident or must be certified in writing by the investigating official(s).]

[Cost-of-Living Adjustment (COLA) Benefit

For every two years the policy remains continuously in force, the Primary Insured's Benefit will automatically be increased by 3% of the Initial Benefit. This increase will be applied until the Benefit is equal to 112% of the Initial Benefit, or the Primary Insured turns age [60, 65, 70, 75], whichever is earlier.]

IV. LIMITATIONS & EXCLUSIONS

This Policy will not pay benefits for loss due to or directly contributed to by:

1. Having any sickness, disease or declining process caused by a sickness, including physical or mental infirmity. Also, benefits will not be paid to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury;
2. Suicide, or intentionally self-inflicted injuries, while sane or insane (in Missouri and Texas, while sane);
3. Medical or surgical treatment except when required as the result of accidental bodily injury;
4. Injury incurred prior to the effective date of coverage;
5. Bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound) or accidental ingestion of a poisonous food substance;
6. War or any act of war, declared or undeclared;

7. Committing an assault, felony or participating in a riot or insurrection or being engaged in an illegal occupation;
8. Injuries received while intoxicated or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician;
9. Any poison, gas or intoxicant, unless administered on the advice of and in the dosage prescribed by a physician, voluntarily or involuntarily taken;
10. Injuries received by an active duty member of an armed service or reserve as a result of a military related accident, or who are deployed at the time of the accident, or the accident is directly related to participation in military maneuvers or training exercises; (Send us proof of service. We will refund any premium paid for this time);
11. Participation in any form of aeronautics, including getting in or out and on or off, except as a fare paying passenger in a regularly scheduled, commercial, licensed aircraft provided by a Common Carrier and operated by a licensed pilot;
12. Driving in an organized or scheduled race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
13. Engaging in skin-diving, scuba-diving, hang-gliding, bungee-jumping, sail-gliding, para-sailing, para-kiting, mountain gliding, or parachuting (except where the insured has to make a jump for self-preservation);
14. Participation in any sport for pay or profit.

V. BENEFICIARY

Beneficiary: The Beneficiary shall be as designated on the application form to receive any Accidental Death Benefits payable. If there is no Beneficiary living or named, Accidental Death Benefits will be payable to the Owner, if living; otherwise to the Owner's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee, who, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Change of Beneficiary: Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

VI. CONTINUATION OF COVERAGE

The policy will terminate upon the death of the Primary Insured.

Coverage for any child insured under this policy shall terminate as of the next renewal date after the child's marriage. You must write to notify us of a child's marriage.

Coverage for any dependent child insured under this policy shall terminate as of the next renewal date after the child's [24th] birthday. Such a child may continue to be covered if, upon reaching the limiting age, the child is and continues to be both (1) incapable of self-sustaining employment because of a mental or physical handicap; and (2) chiefly dependent upon you for support and maintenance.

We may inquire up to two months prior to the attainment by a dependent of the limiting age as to whether such dependent is a disabled and dependent person. If, in fact, the person is disabled and dependent on the Primary Insured, you must submit proof of such incapacity within 31 days of our inquiry for coverage to continue. If you do not provide the required proof, coverage may terminate for such dependent person as provided in the policy. In the absence of our inquiry, coverage for any disabled and dependent person shall continue through the term of the policy or any extension or renewal.

VII. GENERAL PROVISIONS

A. Ownership: Unless provided otherwise, the person who completes the application applying for insurance coverage on an Insured and pays the premium is the Owner. The Owner has the right to exercise every right regarding the insurance under his or her policy. If the Owner dies, all rights will be vested in the Primary Insured.

B. Notice of Claim: Written notice of claim must be given within thirty (30) days after Loss or as soon as reasonably possible. You may give the notice or you may have someone do it for you. The notice should give your name and policy number as shown in the Policy Schedule. Notice should be mailed to us at [P. O. Box 98100, Baton Rouge, LA 70898-9100].

C. Claim Forms: When we receive the notice, we will send the claimant forms for filing proof of loss. If we do not send them within 15 days, the claimant can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

D. Proof of Loss: Written proof of loss must be given to Us within ninety (90) days after the loss. If it is not reasonably possible to give written proof in the time required, We may not deny the claim if the proof is filed as soon as reasonably possible. However, proof is required no later than one year from the time specified unless the claimant was legally incapable of doing so.

E. Physical Exam and Autopsy: We, at our own expense, may have an autopsy done where it is not forbidden by law.

F. Time of Payment of Claims: We will pay benefits covered by the policy within thirty (30) days of the time we receive proper written proof of loss sufficient to determine liability.

G. Claim Payments: Payments by the Company are payable from Our Administrative Office.

1. **Loss of Life.** Covered Losses resulting from the Insured's death are payable in accordance with the beneficiary designation in effect at the time of payment.
2. **All Other Claims.** Benefits are paid to You. If You die before all payments due have been made, the amount still payable will be paid to Your beneficiary, or if there is no beneficiary designated, to your estate.

J. Time Limit on Certain Defenses: After two years from the date on which a person becomes a Covered Person under this policy, no statements, except fraudulent misstatements made by the applicant in the application for coverage of such person, shall be used to void the policy or deny a claim.

Any increase in coverage, as requested by application from You, shall begin a new two year contestable period for the amount of the increase from the Effective Date of such coverage.

K. Fraudulent Misstatement: If an Insured makes a fraudulent misstatement in the application for coverage under the Policy, We may reduce or deny any claim or void the Policy at any time.

L. Misstatement of Age: If the age of an Insured has been misstated, We will make an equitable adjustment of the premium and benefits. The premium will be the difference between the premiums paid and the premiums that would have been paid at Your true age. If coverage would not have been issued, We will refund the premiums paid for such insurance and terminate the insurance, if no benefits have been paid. Benefits payable will be based on the correct age and premium paid.

M. Grace Period: If premium is not paid when due, the insurance shall be in default. We will allow a 31 day grace period to pay each premium after the first one. If a premium is not timely paid at the end of the grace period, the insurance shall terminate on the original due date.

N. Legal Actions: No action can be brought to recover on the policy for at least 60 days after written proof of loss has been furnished. No such action shall be brought more than 3 years after the date proof of loss is required.

O. Renewability: This policy is renewable for the life of the Primary Insured subject to the Company's right to cancel all policies by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.

We reserve the right to increase rates by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

P. Termination Provisions: This policy stops on the earliest of the following dates:

1. [The date] [The first of the month following the date] You request termination; or
2. The date You attain age 75; or
3. The date the maximum benefit is paid under the Policy; or
4. On any premium due date, if premium is not paid within 31 days following the premium due date.

You may terminate this policy at any time by written notice delivered or mailed to the Company, effective upon receipt or on such later date as may be specified in such notice. In the event of termination, the Company will return promptly the unearned portion of any premium paid. Termination shall be without prejudice to any claim originating prior to the effective date of cancellation. This provision supersedes any/all other provisions incorporated or attached hereto concerning termination.

Q. Conformity with State Statutes: Any provision of this policy which, on the Policy Effective Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

S. Assignment: No assignment under this policy shall be binding upon Us unless the original (or a copy of it) is on file at Our Administrative Offices. We do not assume any responsibility for the validity of any assignment.

T. No Effect on Worker's Compensation: This Policy does not alter any requirement for coverage by Worker's Compensation Insurance.

U. Other Insurance with this Insurer: If any person is covered under more than one like policy with Starmount Life Insurance, only one policy (chosen by the Owner, Insured, his beneficiary, or his estate) will be effective. The company will return all premiums paid for all other policies.

V. Entire Contract: This policy and any attachments are the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.



Underwritten by: Starmount Life Insurance Company

8485 Goodwood Boulevard · P.O. Box 98100 · Baton Rouge, LA 70898-9100 · 1-888-729-5433

[Select Benefit Amount: \$50,000 for \$5.50 per month \$100,000 for \$11.00 per month \$150,000 for \$16.50 per month \$250,000 for \$27.50 per month]

Select Coverage: [Main Insured Only] [Family Plan]

APPLICANT INFORMATION:

Applicant's Name: Sex: M F Date of Birth / / Address: Phone: Home () (required) City: Work or Cell () State: Zip: Email:

Are you employed? Yes No Occupation (if self employed, explain):

Primary Beneficiary: Relationship: (if none listed, benefits will go to your estate) (If Beneficiary is a minor, please include their date of birth)

Contingent Beneficiary: Relationship:

FAMILY INFORMATION (If applying for the family plan):

(Only those eligible may be enrolled. Use additional paper if needed. (Relationship - If Dependent is not your natural child, attach documentation of legal custody or adoption. If coverage is court ordered, attach a copy of the order.)

Spouse: to whom you are married or Domestic Partner, if to be insured. (In CT, or have entered into a civil union)

Name: Sex: M F Date of Birth / /

Is spouse or Domestic Partner employed? Yes No Occupation (if self employed, explain):

Dependent Children: Name(s) and Date(s) of Birth of your natural or legally (in CT, prospective) adopted unmarried Children, or Stepchildren, under age [25] if to be insured:

Table with 4 columns: Name, Date of Birth, Name, Date of Birth. Rows 1-4.

PREMIUM/BILLING INFORMATION:

[Payroll Deduction

[I authorize my employer to deduct future premiums through payroll deduction.

Payroll Frequency: Monthly Semi-monthly Bi-Weekly Weekly Other]

Date of first payroll deduction:]

[Bill Me Direct:

[Deduct premium payments from my checking account automatically (please attach a voided check).

[Charge future payments to: Visa MasterCard

Credit Card #: Expiration Date (MM/YY): /]

Payment Frequency: Every month Every 3 months Every 6 months Every 12 months]

Will this replace any accident or sickness insurance you or your spouse currently own? Yes No

I agree the answers will form part of the policy and they are complete and accurate (in MD and CT, to the best of my knowledge and belief). I understand no person can be protected by more than one of these or a like policy from Starmount Life, and that my accidental death protection will become effective when my approved policy is received by me and my payment is processed by Starmount Life. I understand benefits are reduced by half for anyone age 70 or older. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

X Applicant's Signature Date [X Spouse [Domestic Partner] Signature Date]

Electronic Acceptance

By checking the "Yes" box below, I agree that the receipt of my Policy and all notices required to be delivered with the Policy, shall be conducted electronically via the internet. Notices include but are not limited to state and federal privacy notices. The Policy and notices may be accessed via the AlwaysCare website at the following address: www.AlwaysCareBenefits.com. I understand that instructions will be provided to me by AlwaysCare at the time of application or may be accessed by visiting the website. In order to access the documents, I understand that I must have access to the internet and must also have or install [an Acrobat Reader program]. I understand that at any time and for any reason I may withdraw my consent and receive a paper copy of all the Policy and/or the notices, free of charge, by calling AlwaysCare toll-free at 1-888-729-5433, [Ext. 2013], or by writing to 8485 Goodwood Boulevard, Baton Rouge, LA 70806.

YES, I agree to receive the Certificate and Notices electronically via the internet.

NO, I prefer to receive paper copies of the Certificate and Notices.

Please include me in future communications regarding product offerings. YES NO
You may opt out at any time by contacting Customer Service.

AGENT SECTION:

Agent Name: _____ General Agent (if applicable): _____

I have explained to the Applicant all exceptions and limitations pertaining to the coverage(s) applied for. I hereby certify that I do not have any information that may affect the insurability of the Applicant. I have not made, nor agreed to make, any rebate of premium for insurance. I further certify that I am a licensed agent in the state where this application is being taken.

X _____
Signature of Licensed Agent Date License No./Tax ID

PLEASE SEE YOUR POLICY FOR EXCLUSIONS SPECIFIC TO YOUR STATE.

Fraud Statements:

For residents of Arkansas and Louisiana: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Georgia: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a felony.

For residents of Kansas: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Nebraska: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

For residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for life insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of Ohio: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of insurance fraud.

For residents of Tennessee: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for life insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

For residents of Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SERFF Tracking Number: STAR-127630570 State: Arkansas
 Filing Company: Starmount Life Insurance Company State Tracking Number: 49923
 Company Tracking Number:
 TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment
 Product Name: Worksite AD&D
 Project Name/Number: /WK AD&D 08-11

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Starmount Life Insurance Company	%	%				%	%

SERFF Tracking Number: STAR-127630570 State: Arkansas
 Filing Company: Starmount Life Insurance Company State Tracking Number: 49923
 Company Tracking Number:
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: Worksite AD&D
 Project Name/Number: /WK AD&D 08-11

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved	10/06/2011
Comments:			
Attachment:			
Flesch.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved	10/06/2011
Comments:			
The appliation has not been approved and is attache to the form schedule tab for review and approval			

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved	10/06/2011
Comments:			
Attachment:			
Act_memo_WK ADD 0811 20110908.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	10/06/2011
Comments:			
Attachment:			
WK AD&D outline of coverage (rev 10-6-11).pdf			

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
WK AD&D 0811 AR	3784	178	145	46.9
WKAD&D 0811 APP	781	53	31	44.9

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

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: 9/29/2011

Starmount Life Insurance Company

Actuarial Memorandum

Accidental Death & Dismemberment Policy

Policy Form: WK AD&D 08/11

1. Purpose of Memorandum

This memorandum has been prepared for filing with state insurance departments in conjunction with the filing of policy form WK AD&D 08/11. The purpose of this memorandum is to demonstrate that the anticipated loss ratio of this product meets the minimum state requirements. It is my understanding the filing of policy form WK AD&D 08/11 is considered a new filing of a new product. This memorandum is not intended to be used for any other purposes.

2. Policy Description

2.1 Type

This policy is an individual accidental death and dismemberment benefit policy providing benefits for deaths and dismemberments due to accidental causes. The coverage is provided without medical underwriting.

2.2 Basic Benefit Provisions

The policy provides a benefit for deaths or dismemberment due to accidents during the lifetime of the insured. The death or dismemberment must occur within 90 days after the date of the accident directly and independently of all other causes. The policy terminates on the policy anniversary following attainment of age 75 by the primary insured. The benefit is reduced by 50% for deaths or dismemberments occurring during policy years starting after the insured reaches age 70.

The policy can be sold to cover:

- an individual insured;
- an insured and their spouse or civil union partner;
- an insured and their children; or
- an insured, their spouse and their children.

The coverage will be sold in various amounts of initial death benefit from \$10,000 to \$250,000. Shown in Table 1 is the amount of initial death benefit provided to each covered individual per \$10,000 of initial insurance coverage.

Table 1 – Accidental Death Benefit per \$10,000 of Initial Coverage

Covered Individual	Type of Coverage			
	Insured only	Insured & Spouse	Insured & Children	Insured, Spouse & Children
Insured	\$10,000	\$5,000	\$9,000	\$5,000
Spouse	n/a	\$5,000	n/a	\$4,000
Each Child	n/a	n/a	\$1,000	\$1,000

The maximum total benefits payable on the policy for all accidents on all covered individuals is 200% of the insured only benefit.

2.3 Benefit Increases

The basic death benefit increases by 3% of the initial death benefit in years 3, 5, 7, and 9.

2.4 Dismemberment Benefit

The amount payable due to an accidental dismemberment is a percentage of the accidental death benefit and varies by type of dismemberment. The percentages are shown in Table 2.

Table 2—Dismemberment Benefit as a Percentage of Accidental Death Benefit

Loss	Percentage
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand & One Foot	100%
Either One Hand or One Foot & Sight of One Eye	100%
Either One Hand or One Foot	50%
Sight of One Eye	50%

2.5 Seat Belt Benefit

The accidental death benefit will be increased 25% if an insured dies while operating or riding in a private passenger automobile while properly wearing the original, factory-installed seat belt.

2.6 Common Carrier Benefit

The accidental death benefit will be doubled if an insured dies while traveling as a fare-paying passenger on a Common Carrier.

2.7 Benefit Exclusions

This Policy will not pay benefits for loss due to or directly contributed to by:

1. Having any sickness, disease or declining process caused by a sickness, including physical or mental infirmity. Also, benefits will not be paid to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury;
2. Suicide, or intentionally self-inflicted injuries, while sane or insane (in Missouri and Texas, while sane);
3. Medical or surgical treatment except when required as the result of accidental bodily injury;
4. Injury incurred prior to the effective date of coverage;
5. Bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound) or accidental ingestion of a poisonous food substance;
6. War or any act of war, declared or undeclared, including any armed aggression or resistance thereto by any country, alliance of countries or organization(s);
7. Committing an assault, felony or participating in a riot or insurrection or being engaged in an illegal occupation;
8. Injuries received while intoxicated or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician;
9. Any poison, gas or intoxicant, unless administered on the advice of and in the dosage prescribed a physician, voluntarily or involuntarily taken;
10. Injuries received by an active duty member of an armed service or reserve as a result of a military related accident, or who are deployed at the time of the accident, or the accident is directly related to participation in military maneuvers or training exercises; (Send us proof of service. We will refund any premium paid for this time);
11. Participation in any form of aeronautics, including getting in or out and on or off, except as a fare paying passenger in a regularly scheduled, commercial, licensed aircraft provided by a Common Carrier and operated by a licensed pilot;
12. Driving in an organized or scheduled race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
13. Engaging in skin-diving, scuba-diving, hang-gliding, bungee-jumping, sail-gliding, para-sailing, para-kiting, mountain gliding, or parachuting (except where the insured has to make a jump for self-preservation);
14. Participation in any sport for pay or profit.

3. Renewability

The policy is optionally renewable. The company has the right to increase premiums by class.

4. Applicability

This contract will be used for new issues.

5. Morbidity

The 1996 Individual Accidental Death Benefit (96ADB) table was used as basis for the assumed claim costs. The rates in 96ADB table were adjusted to reflect the changes in accidental death rates from 1993 (the source year for the data underlying the construction of the 96ADB table) and accidental death rates during the years 2005 through 2007, the most recent data available. The rates were also adjusted to reflect that there would be little if any underwriting on this product. Additionally, the rates were increased to reflect the following:

- The additional benefit payable for deaths occurring while wearing a seat belt. The increase in morbidity for the seat belt benefit was based on data taken from two studies:
 1. The National Highway Traffic Safety Administration's Traffic Safety Facts 2005 - 2008 report. The data from this report was used to determine the percentage of people killed in motor vehicle accidents wearing seat belts. These percentages varied by age and ranged from approximately 25% to 60%.
 2. The CDC Fatal Injury Reports 2005 through 2007 were used to update the 96ADB table for more recent accidental death data and to determine the percentage of accidental deaths due to motor vehicles. These percentages varied by age and gender and ranged from 8% to 65%.
- The dismemberment benefits and the additional benefits payable for death occurring while a passenger on a commercially scheduled airline. The cost of these benefits was assumed to be 10% of basic accidental death benefit rates. The 10% factor was developed in part from data on non-fatal accidents in the 2002 Injury Facts.

The claim costs used in the profit testing and premium development are shown in Table 6 and Table 7.

6. Mortality

The 1975 / 80 ultimate mortality table was used.

7. Persistency

The lapse rates used are shown in Table 3.

Table 3 – Lapse Rates

Policy Year	Lapse Rate
1	35%
2	15%
3+	10%

8. Expenses & Margins

The anticipated loss ratio is not affected by any assumed expenses. The expense assumptions used in pricing are as follows:

- Commissions: 70% 1st Year, 10% Renewal Years
- Administrative expenses: 10% of premium.
- Premium tax: 2.5%
- Claim expenses: 1.5% of premium
- Inflation: None assumed
- Target Profit and Surplus Margins: 10% of Premium

9. Marketing Method

This product will be sold on an individual basis using a worksite distribution system.

10. Underwriting

No underwriting will take place for this product.

11. Premium Classes

The same premium rate per 1,000 of coverage will be charged to all issue ages and both genders.

12. Issue Age Range

The product will be offered to individuals' ages 0 through 69.

13. Area Factors

Area factors are not used on this product

14. Average Annual Premium

The average annual premium is expected to be \$60.00.

15. Premium Modalization Rules

The premium for modes other than annual is the annual premium divided by the number of premium payments in a year, e.g. 12 for monthly, 2 for semi-annual and 4 for quarterly.

16. Reserves

16.1 Active Life Reserves

The active life reserves are calculated on a 2 year full preliminary term basis using the 1959 ADB table combined with the 2001 CSO age last birthday sex distinct table and 4% valuation interest rate.

16.2 Claim Liability and Reserves

Claim reserves for this contract will equal reported and unpaid claims plus an estimate of incurred but not reported claims. The reserve for incurred but not reported claims will be based on company experience to the extent it is credible.

17. Premium Rates

The premium rate per \$1,000 of coverage is \$1.20. A standard asset share profit test approach / Anderson method was used to determine the premium. Expected premiums, investment income, claims, reserve increases, expenses and taxes were projected in order to determine expected statutory after-tax profits for this business. The premium rate was determined so that the present value of projected pre-tax profits was approximately equal to 10% of the present value of projected gross premiums. Additionally the premiums were determined so that the product was projected to break-even in 4 years.

18. Anticipated Loss Ratio

18.1 Loss Ratio

The anticipated loss ratio is 49.3% based on the assumptions documented in this memorandum. The anticipated loss ratio is based on a thirty year projection of future experience. The expected premiums and claims were projected for thirty years using actuarial modeling software and the assumed distribution of business documented in this memorandum. The premiums and claims were discounted using the assumed earned rate, 4%. The 49.3% anticipated loss ratio is greater than minimum anticipated loss ratio required for optionally renewable policy forms as defined in the NAIC Guidelines for Filing of Rates for Individual Health Insurance Forms. Please note that the 60% minimum anticipated loss ratio required by the Guidelines for optionally renewable policies has been reduced to reflect the low average premium per policy expected for this policy form. The adjusted minimum loss ratio from the Guidelines for a \$50,000 average size policy is 42.2%.

19. Miscellaneous Information

19.1 Trend Assumptions

The morbidity assumption for this product is not affected by medical trend.

19.2 Distribution of Business

The anticipated distribution of business by issue age is shown in Table 4.

Table 4 – Distribution of Business by Issue Age

Issue Age	Percentage
0 to 29	14%
30 to 39	29%
40 to 49	34%
50 to 59	19%
60 & above	4%

The anticipated distribution of business by gender is 60% male and 40% female.

19.3 Experience on the Form

Since this is a new product filing, experience on this form does not exist.

19.4 Lifetime Loss Ratio

Since this is a new product filing, the lifetime loss ratio information is not available.

19.5 History of Rate Adjustments

This is a new product filing. Therefore, there have not been any rate adjustments.

19.6 Number of Policyholders

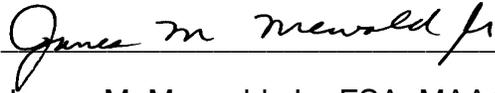
This is a new product filing and not a rate revision. Therefore, no existing policyholders will be affected by the filing.

19.7 Proposed Effective Date

Since this is a new product filing and not a rate revision, this does not apply.

20. Certification

To the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws of this state and with the rules of the department of insurance; and the benefits provided by the policy are reasonable in relation to the premiums charged. Furthermore this rate submission complies with Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Plan Entities", as adopted by the Actuarial Standards Board, December 2005.



James M. Merwald, Jr., FSA, MAAA
Consulting Actuary
Actuarial Resources Corporation
September 8, 2011

Table 5 – Form WK AD&D 08/11 Projected Earned Premiums, Incurred Claims & Loss Ratios

Duration	Earned Premiums	Incurred Claims	Loss Ratio
1	991,215	471,540	47.6%
2	721,326	345,633	47.9%
3	626,695	308,842	49.3%
4	561,784	275,484	49.0%
5	503,418	253,345	50.3%
6	450,941	222,364	49.3%
7	403,764	204,347	50.6%
8	361,355	182,573	50.5%
9	323,240	167,512	51.8%
10	288,990	149,515	51.7%
11	250,043	130,200	52.1%
12	223,542	115,945	51.9%
13	199,727	103,178	51.7%
14	178,330	91,265	51.2%
15	159,109	81,512	51.2%
16	141,848	66,613	47.0%
17	126,351	59,709	47.3%
18	112,443	53,536	47.6%
19	99,967	47,947	48.0%
20	88,779	42,933	48.4%
21	66,539	33,699	50.6%
22	59,259	29,944	50.5%
23	52,724	26,576	50.4%
24	46,860	23,270	49.7%
25	41,599	20,851	50.1%
26	36,883	14,923	40.5%
27	32,656	13,471	41.3%
28	28,871	12,181	42.2%
29	25,484	10,994	43.1%
30	22,455	9,929	44.2%

Starmount Life Insurance Company

Policy Form: WK AD&D 08/11

Annual Premium per \$1,000 of Initial Coverage

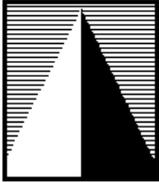
All Issue Ages -- \$1.20

Table 6 – Policy Form WK AD&D 08/11 Male Claim Costs

Issue Age	Duration										Attained Age	Claim Cost
	1	2	3	4	5	6	7	8	9	10		
20	0.907	0.899	0.918	0.911	0.929	0.921	0.938	0.930	0.947	0.939	30	0.928
21	0.899	0.892	0.911	0.903	0.921	0.913	0.930	0.922	0.939	0.928	31	0.918
22	0.892	0.884	0.903	0.895	0.913	0.905	0.922	0.914	0.928	0.918	32	0.908
23	0.884	0.876	0.895	0.887	0.905	0.896	0.914	0.904	0.918	0.908	33	0.898
24	0.876	0.869	0.887	0.879	0.896	0.888	0.904	0.893	0.908	0.898	34	0.887
25	0.869	0.861	0.879	0.871	0.888	0.879	0.893	0.883	0.898	0.887	35	0.877
26	0.861	0.853	0.871	0.863	0.879	0.869	0.883	0.873	0.887	0.877	36	0.867
27	0.853	0.846	0.863	0.854	0.869	0.859	0.873	0.863	0.877	0.867	37	0.856
28	0.846	0.838	0.854	0.844	0.859	0.849	0.863	0.853	0.867	0.856	38	0.846
29	0.838	0.829	0.844	0.835	0.849	0.840	0.853	0.843	0.856	0.846	39	0.836
30	0.829	0.820	0.835	0.825	0.840	0.830	0.843	0.833	0.846	0.836	40	0.842
31	0.820	0.811	0.825	0.816	0.830	0.820	0.833	0.823	0.836	0.842	41	0.849
32	0.811	0.801	0.816	0.806	0.820	0.811	0.823	0.813	0.842	0.849	42	0.855
33	0.801	0.792	0.806	0.797	0.811	0.801	0.813	0.820	0.849	0.855	43	0.861
34	0.792	0.783	0.797	0.788	0.801	0.791	0.820	0.826	0.855	0.861	44	0.868
35	0.783	0.774	0.788	0.778	0.791	0.797	0.826	0.832	0.861	0.868	45	0.874
36	0.774	0.765	0.778	0.769	0.797	0.803	0.832	0.838	0.868	0.874	46	0.881
37	0.765	0.755	0.769	0.775	0.803	0.809	0.838	0.845	0.874	0.881	47	0.887
38	0.755	0.746	0.775	0.780	0.809	0.815	0.845	0.851	0.881	0.887	48	0.893
39	0.746	0.752	0.780	0.786	0.815	0.821	0.851	0.857	0.887	0.893	49	0.900
40	0.752	0.758	0.786	0.792	0.821	0.827	0.857	0.863	0.893	0.900	50	0.882
41	0.758	0.763	0.792	0.798	0.827	0.833	0.863	0.869	0.900	0.882	51	0.864
42	0.763	0.769	0.798	0.804	0.833	0.839	0.869	0.876	0.882	0.864	52	0.846
43	0.769	0.775	0.804	0.810	0.839	0.846	0.876	0.858	0.864	0.846	53	0.828
44	0.775	0.781	0.810	0.816	0.846	0.852	0.858	0.841	0.846	0.828	54	0.810
45	0.781	0.786	0.816	0.822	0.852	0.835	0.841	0.823	0.828	0.810	55	0.792
46	0.786	0.792	0.822	0.828	0.835	0.818	0.823	0.806	0.810	0.792	56	0.774
47	0.792	0.798	0.828	0.811	0.818	0.801	0.806	0.788	0.792	0.774	57	0.755
48	0.798	0.803	0.811	0.795	0.801	0.784	0.788	0.771	0.774	0.755	58	0.737
49	0.803	0.787	0.795	0.778	0.784	0.767	0.771	0.753	0.755	0.737	59	0.719
50	0.787	0.771	0.778	0.761	0.767	0.749	0.753	0.735	0.737	0.719	60	0.725
51	0.771	0.755	0.761	0.745	0.749	0.732	0.735	0.717	0.719	0.725	61	0.732
52	0.755	0.739	0.745	0.728	0.732	0.715	0.717	0.700	0.725	0.732	62	0.738
53	0.739	0.723	0.728	0.711	0.715	0.698	0.700	0.706	0.732	0.738	63	0.744
54	0.723	0.707	0.711	0.695	0.698	0.680	0.706	0.712	0.738	0.744	64	0.751
55	0.707	0.691	0.695	0.678	0.680	0.686	0.712	0.718	0.744	0.751	65	0.757
56	0.691	0.675	0.678	0.661	0.686	0.692	0.718	0.724	0.751	0.757	66	0.764
57	0.675	0.658	0.661	0.667	0.692	0.698	0.724	0.731	0.757	0.764	67	0.770
58	0.658	0.642	0.667	0.673	0.698	0.705	0.731	0.737	0.764	0.770	68	0.748
59	0.642	0.648	0.673	0.679	0.705	0.711	0.737	0.743	0.770	0.748	69	0.783
60	0.648	0.653	0.679	0.685	0.711	0.717	0.743	0.749	0.748	0.783	70	0.829
61	0.653	0.659	0.685	0.690	0.717	0.723	0.749	0.728	0.783	0.414	71	0.442
62	0.659	0.665	0.690	0.696	0.723	0.729	0.728	0.762	0.414	0.442	72	0.475
63	0.665	0.670	0.696	0.702	0.729	0.708	0.762	0.403	0.442	0.475	73	0.505
64	0.670	0.676	0.702	0.708	0.708	0.741	0.403	0.430	0.475	0.505	74	0.541
65	0.676	0.682	0.708	0.688	0.741	0.392	0.430	0.462	0.505	0.541	75	0.585

Table 7 – Policy Form WK AD&D 08/11 Female Claim Costs

Issue Age	Duration										Attained Age	Claim Cost
	1	2	3	4	5	6	7	8	9	10		
20	0.259	0.257	0.262	0.260	0.265	0.263	0.268	0.266	0.271	0.268	30	0.275
21	0.257	0.255	0.260	0.258	0.263	0.261	0.266	0.263	0.268	0.275	31	0.282
22	0.255	0.252	0.258	0.256	0.261	0.258	0.263	0.261	0.275	0.282	32	0.288
23	0.252	0.250	0.256	0.253	0.258	0.256	0.261	0.268	0.282	0.288	33	0.295
24	0.250	0.248	0.253	0.251	0.256	0.254	0.268	0.274	0.288	0.295	34	0.302
25	0.248	0.246	0.251	0.249	0.254	0.260	0.274	0.281	0.295	0.302	35	0.308
26	0.246	0.244	0.249	0.247	0.260	0.267	0.281	0.287	0.302	0.308	36	0.315
27	0.244	0.242	0.247	0.253	0.267	0.273	0.287	0.293	0.308	0.315	37	0.321
28	0.242	0.240	0.253	0.259	0.273	0.279	0.293	0.300	0.315	0.321	38	0.328
29	0.240	0.246	0.259	0.265	0.279	0.285	0.300	0.306	0.321	0.328	39	0.335
30	0.246	0.251	0.265	0.271	0.285	0.292	0.306	0.313	0.328	0.335	40	0.338
31	0.251	0.257	0.271	0.277	0.292	0.298	0.313	0.319	0.335	0.338	41	0.341
32	0.257	0.263	0.277	0.283	0.298	0.304	0.319	0.326	0.338	0.341	42	0.344
33	0.263	0.269	0.283	0.289	0.304	0.310	0.326	0.329	0.341	0.344	43	0.347
34	0.269	0.275	0.289	0.296	0.310	0.317	0.329	0.332	0.344	0.347	44	0.350
35	0.275	0.281	0.296	0.302	0.317	0.320	0.332	0.335	0.347	0.350	45	0.353
36	0.281	0.287	0.302	0.308	0.320	0.323	0.335	0.338	0.350	0.353	46	0.356
37	0.287	0.293	0.308	0.311	0.323	0.325	0.338	0.341	0.353	0.356	47	0.359
38	0.293	0.299	0.311	0.313	0.325	0.328	0.341	0.344	0.356	0.359	48	0.362
39	0.299	0.302	0.313	0.316	0.328	0.331	0.344	0.347	0.359	0.362	49	0.365
40	0.302	0.304	0.316	0.319	0.331	0.334	0.347	0.350	0.362	0.365	50	0.359
41	0.304	0.307	0.319	0.322	0.334	0.337	0.350	0.353	0.365	0.359	51	0.352
42	0.307	0.310	0.322	0.325	0.337	0.340	0.353	0.356	0.359	0.352	52	0.346
43	0.310	0.313	0.325	0.328	0.340	0.343	0.356	0.349	0.352	0.346	53	0.339
44	0.313	0.315	0.328	0.330	0.343	0.346	0.349	0.343	0.346	0.339	54	0.333
45	0.315	0.318	0.330	0.333	0.346	0.340	0.343	0.337	0.339	0.333	55	0.326
46	0.318	0.321	0.333	0.336	0.340	0.333	0.337	0.330	0.333	0.326	56	0.319
47	0.321	0.324	0.336	0.330	0.333	0.327	0.330	0.324	0.326	0.319	57	0.313
48	0.324	0.326	0.330	0.324	0.327	0.321	0.324	0.317	0.319	0.313	58	0.306
49	0.326	0.320	0.324	0.318	0.321	0.315	0.317	0.311	0.313	0.306	59	0.299
50	0.320	0.315	0.318	0.312	0.315	0.308	0.311	0.304	0.306	0.299	60	0.309
51	0.315	0.309	0.312	0.306	0.308	0.302	0.304	0.298	0.299	0.309	61	0.320
52	0.309	0.303	0.306	0.300	0.302	0.296	0.298	0.291	0.309	0.320	62	0.330
53	0.303	0.297	0.300	0.294	0.296	0.289	0.291	0.301	0.320	0.330	63	0.340
54	0.297	0.291	0.294	0.287	0.289	0.283	0.301	0.311	0.330	0.340	64	0.351
55	0.291	0.285	0.287	0.281	0.283	0.293	0.311	0.321	0.340	0.351	65	0.361
56	0.285	0.279	0.281	0.275	0.293	0.303	0.321	0.331	0.351	0.361	66	0.371
57	0.279	0.273	0.275	0.285	0.303	0.312	0.331	0.341	0.361	0.371	67	0.381
58	0.273	0.267	0.285	0.294	0.312	0.322	0.341	0.351	0.371	0.381	68	0.388
59	0.267	0.276	0.294	0.303	0.322	0.332	0.351	0.361	0.381	0.388	69	0.402
60	0.276	0.285	0.303	0.313	0.332	0.342	0.361	0.371	0.388	0.402	70	0.423
61	0.285	0.295	0.313	0.322	0.342	0.351	0.371	0.378	0.402	0.211	71	0.225
62	0.295	0.304	0.322	0.332	0.351	0.361	0.378	0.391	0.211	0.225	72	0.243
63	0.304	0.313	0.332	0.341	0.361	0.367	0.391	0.206	0.225	0.243	73	0.267
64	0.313	0.322	0.341	0.351	0.367	0.381	0.206	0.219	0.243	0.267	74	0.296
65	0.322	0.331	0.351	0.357	0.381	0.200	0.219	0.237	0.267	0.296	75	0.328



STARMOUNT LIFE INSURANCE COMPANY
LIMITED BENEFIT HEALTH COVERAGE

8485 Goodwood Boulevard
Baton Rouge, Louisiana 70806-7878
225-400-9100

ACCIDENT DEATH AND DISMEMBERMENT ONLY COVERAGE

REQUIRED OUTLINE OF COVERAGE

Policy Number WK AD&D AR 08-11

- 1. READ YOUR POLICY CAREFULLY-** this Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Starmount life Insurance Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**
- 2. ACCIDENT DEATH COVERAGE-** Accident only coverage is designed to provide you with coverage for death resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).
- 3. BENEFITS OF THE POLICY-**

The policy provides a benefit for deaths due to accidents during the lifetime of the insured. The death must occur within 90 days after the date of the accident directly and independently of all other causes. Coverage will be sold in various amounts from \$50,000 to \$250,000. This policy provides for both individual and family coverage.

At age 70 and higher, all lump sum amounts are one half of the amounts shown above. The policy includes the following definitions.

Insured: An eligible person who is named in the Policy Schedule.

The coverage will be sold in various amounts from \$50,000 to \$250,000. Shown in table 1 is the amount of death benefit provided to each covered individual per \$10,000 of insurance coverage.

Table 1-Accidental Death Benefit per \$10,000 of Coverage

Covered	Type of Coverage			
	Insured only	Insured & Spouse	Insured & Children	Insured, Spouse & Children
Insured	\$10,000	\$5,000	\$9,000	\$5,000
Spouse	n/a	\$5,000	n/a	\$4,000
Each Child	n/a	n/a	\$1,000	\$1,000

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: Benefits will be payable as show below if, as a result of an Accident, an Insured suffers an Accidental Bodily Injury resulting in a loss described in the table below. The loss must occur within 90 days after the date of the accident causing such Injury.

The Injury and the loss both must occur while the Insured is covered by the policy. If more than one such loss is sustained as a result of one Accident, only one benefit, the largest is payable.

Loss: Percentage of the Principal Benefit:

Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
Either One Hand or One Foot and Sight of One Eye.....	100%
Either One Hand or One Foot.....	50%
Sight in One Eye.....	50%

Loss, when referring to:

- 1) Hand or foot, means the actual severance through or above the wrist or ankle joints.
- 2) Sight of eye, means entire and irrevocable loss of sight.

4. EXCLUSIONS: The policy provides benefits only for loss of life of a Covered Person due to Injury as defined in the policy. No benefits will be paid for loss resulting from:

- a. Having any sickness, disease or declining process caused by a sickness, including physical or mental infirmity. Also, benefits will not be paid to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury;
- b. Suicide, or intentionally self-inflicted injuries, while sane or insane (in Missouri and Texas, while sane);
- c. Medical or surgical treatment except when required as the result of accidental bodily injury;
- d. Injury incurred prior to the effective date of coverage;
- e. Bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound) or accidental ingestion of a poisonous food substance;
- f. War or any act of war, declared or undeclared;
- g. Committing an assault, felony or participating in a riot or insurrection or being engaged in an illegal occupation;
- h. Injuries received while intoxicated or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician;
- i. Any poison, gas or intoxicant, unless administered on the advice of and in the dosage prescribed a physician, voluntarily or involuntarily taken;
- j. Injuries received by an active duty member of an armed service or reserve as a result of a military related accident, or who are deployed at the time of the accident, or the accident is directly related to participation in military maneuvers or training exercises; (Send us proof of service. We will refund any premium paid for this time);
- k. Participation in any form of aeronautics, including getting in or out and on or off, except as a fare paying passenger in a regularly scheduled, commercial, licensed aircraft provided by a Common Carrier and operated by a licensed pilot;
- l. Driving in an organized or scheduled race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
- m. Engaging in skin-diving, scuba-diving, hang-gliding, bungee-jumping, sail-gliding, para-sailing, para-kiting, mountain gliding, or parachuting (except where the insured has to make a jump for self-preservation);
- n. Participation in any sport for pay or profit.

5. RENEWABILITY- This policy is optionally renewable for life subject to our rights to cancel all policies by class.

6. PREMIUM RATES-

The premium rate per \$1,000 of coverage is \$1.20.

Premiums are subject to change. A 31-day grace period is allowed to pay each premium after the first one.

SERFF Tracking Number: STAR-127630570 State: Arkansas
 Filing Company: Starmount Life Insurance Company State Tracking Number: 49923
 Company Tracking Number:
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &
 Dismemberment Dismemberment
 Product Name: Worksite AD&D
 Project Name/Number: /WK AD&D 08-11

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/29/2011	Form	Policy	10/06/2011	WK AD&D AR 08-11 Policy Final.pdf (Superseded)
10/06/2011	Supporting Document	Outline of Coverage	10/06/2011	WK AD&D outline of coverage.pdf (Superceded)
09/16/2011	Supporting Document	Outline of Coverage	10/06/2011	



Starmount Life Insurance Company
[8485 Goodwood Boulevard
Baton Rouge, LA 70806
Telephone: 1-888-729-5433]

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE POLICY

READ YOUR POLICY CAREFULLY

This policy is a legal contract between You and Starmount Life Insurance Company. The contract describes, in detail, the rights and obligations of both You and the Company.

Starmount Life Insurance Company agrees to pay the benefits described in the Policy, subject to all provisions of the policy. This policy is issued in consideration of the application, the payment of premiums and due proof. This policy may be continued in force by payment of premium at the rates We establish until the insurance ends as provided.

The Primary Insured and Policy Number are shown on the Policy Schedule Page.

SPECIAL NOTICE TO THE INSURED

This policy is based on the application attached to and made a part of this policy. If, as far as you know, there is any misstatement or if any information has been omitted, you should advise us immediately. Let us know the correct or omitted information; otherwise this policy may not be a valid contract. Our only liability to you then shall be limited to the return of all premiums paid.

[30, 60, 90] DAY RIGHT TO EXAMINE POLICY

This policy may be surrendered within [30, 60, 90] days of the date of issue and it will be as if the policy had never been in effect. Upon surrender, the company will return any premium paid. If any person is covered under more than one like policy with Starmount Life Insurance, only one policy (chosen by the Owner, Insured, his beneficiary, or his estate) will be effective. The company will return all premiums paid for all other policies.

In witness whereof, the Company has caused this policy to be executed by its President to take effect on its Date of Issue.

[Hans Sternberg, Chairman]

NON-PARTICIPATING

THIS POLICY PROVIDES COVERAGE FOR LOSSES DUE TO ACCIDENTS ONLY

IT DOES NOT PROVIDE COVERAGE FOR SICKNESS OR LOSSES DUE TO SICKNESS

Table of Contents

PART I. POLICY SCHEDULE Page [3]

PART II. DEFINITIONS..... Page [4]

PART III. DESCRIPTION OF COVERAGE..... Page [5]

PART IV. LIMITATIONS AND EXCLUSIONS Page [5]

PART V. BENEFICIARY Page [6]

PART VI. CONTINUATION OF COVERAGE Page [6]

PART VII. GENERAL PROVISIONS Page [6]

I. POLICY SCHEDULE

PRIMARY INSURED: [Name]

POLICY NUMBER: [PolicyNumber]

POLICY EFFECTIVE DATE: [Date]

POLICY TERMINATION DATE: [Date]

ACCIDENTAL DEATH BENEFIT: [\$10 - \$250,000]

COMMON CARRIER ACCIDENTAL DEATH BENEFIT: [\$10 - \$500,000]

COVERAGE TYPE: [Insured Only; Insured & Spouse; Insured & Children; Insured, Spouse & Children]

[PREMIUM DUE DATE: 1st of every month]

[MONTHLY PREMIUM AMOUNT: \$xx.xx]

The Accidental Death and Common Carrier Accidental Death benefit amount paid is determined by the coverage type elected and will be the appropriate percentage from the table below times the benefit amount shown in the schedule above.

[Accidental Death and Common Carrier Accidental Death

Covered Individuals	Coverage Type			
	Insured only	Insured & Spouse	Insured & Children	Insured, Spouse & Children
Primary Insured	100%	50%	90%	50%
Spouse	n/a	50%	n/a	40%
Per Child	n/a	n/a	10%	10%

[Accidental Dismemberment Benefit:

Dismemberment Benefit	Percentage of the Principle Benefit
[Both hands or both feet	100%
[Sight of both eyes	100%
[Loss of one hand and one foot	100%
[Loss of either one hand or one foot and sight of one eye	100%
[Loss of one hand or one foot	50%
[Sight in one eye	50%

LIFETIME MAXIMUM BENEFIT: Not to exceed, for all covered individuals, a total of 200% of the Accidental Death Benefit amount listed in the Policy Schedule.

AGE REDUCTION: All Benefits are reduced by half at age 70. Covered Spouse and children’s benefit amount will be reduced on a pro rata basis when Your benefit amount is reduced. Reductions are based on previously reduced amounts. The premium after reduction remains the same as the premium for the previous Amount of Insurance before the reduction is taken.

II. DEFINITIONS

Accident or Accidental: An unintended or unforeseen bodily Injury sustained by an Insured.

Accidental Death: Death due to Accidental Bodily Injury caused by Accident occurring while the insurance is in force; the death must occur within 90 days after the date of the Accident, directly and independently of all other causes.

Administrator: The entity which provides complete service and facilities for the writing and servicing of the Policy as agreed to in a contract with Us.

Beneficiary: A person or entity named, on a form and in a manner approved by Us, to receive insurance benefits.

Chartered Aircraft: Means an Aircraft that has been hired or rented and the Insured is a passenger and does not own nor act in the capacity of the pilot or crew member. The chartered aircraft must meet all FAA standard requirements and be hired for one purpose or one trip between definitively established airports, and if able, a flight plan will be filed with Air Traffic Control. The time that it is hired or rented may not exceed 10 straight days nor more than 15 days in one year. One or more aircraft hired on a regular or frequent basis are not considered chartered unless such aircraft is chartered by one's employer for the sole purpose of business travel.

Covered Accident: An accident which:

1. Occurs on or after the effective date of the Policy;
2. Results in a Covered Loss;
3. Which is independent of all other causes, diseases, bodily infirmity, illness, infection, or any other abnormal physical condition; and
4. Is not excluded by name or specific description in the Policy.

Covered Loss: Means a loss which meets the requisites of one or more benefits, results from an Injury, and for which benefits are payable under the Policy.

Family: Means the following persons:

1. Your spouse; [or lawful Domestic Partner]
2. Your unmarried dependent child under age [18-30], who is your natural or adopted child, step-child, foster child, or child for whom you are a legal guardian and who is primarily dependent on You for support and maintenance.
- [3. Your unmarried child age [Insert same age as in 2, above] or older but less than age [21, 22, 23, 24, 25, 26, 27, 28, 29 or 30] who is:
 - a. Not regularly employed on a full-time basis;
 - b. Primarily dependent upon You for support and maintenance; and
 - c. Enrolled as a full-time student in an accredited educational institution or licensed trade school.]
- [4.] Your unmarried child who has reached age [Insert same age as in 2, above] and who is:
 - a. primarily dependent upon You for support and maintenance; and
 - b. incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

Injury: Unexpected traumatic damage to the Insured's body, of external origin caused by a covered accident occurring while the insurance is in force.

Insured: An eligible person as defined by the Policy Schedule for whom coverage is provided.

Physician - a person licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical Physician. If so, the term "Physician" also includes persons recognized as qualified to treat the accidental Injury for which claim is made by the state in which treatment is received. The Physician may not be You or an Immediate Family Member.

Policy Anniversary: Shall be determined as every twelve (12) months from the Policy Effective Date of the Primary Insured's policy as listed in the Policy Schedule.

Primary Insured: The covered person named on the Policy Schedule.

Seat Belt: Belts that form an occupant restraint system and includes infant and child restraint systems when properly used with a seat belt.

We, Our, Us or Company: Starmount Life Insurance Company.

You, Your, or Yours: The Owner of this policy.

III. DESCRIPTION OF COVERAGE

Accidental Death Benefit

If an Injury to an Insured due to a Covered Accident results in death within ninety (90) days of the Accident causing such Injury, We will pay the Amount of Insurance shown in the Policy Schedule. If the Insured suffers an Accidental Death such that an Accidental Death Benefit is payable under this Policy, We will pay the beneficiary in accordance with Part V.

Accidental Dismemberment Benefit

Benefits will be payable as shown in the Schedule of Benefits if Injury to an Insured occurs due to a Covered Accident and results in any one of the Covered Losses defined below. The loss must occur within ninety (90) days after the date of the accident causing such Injury. The Injury and the loss both must occur while the Insured is covered by the policy.

This benefit will be payable only once per Insured per Accident. If more than one such loss is sustained as a result of one Accident, only one benefit, the largest, is payable.

Definition(s), for purposes of this benefit:

Loss of a hand - the hand is severed through or above the wrist joint or the use of the hand is permanently lost.

Loss of a foot - the foot is severed through or above the ankle joint or the use of the foot is permanently lost.

Loss of sight - at least 80% of vision is permanently lost as determined by a Physician.

Common Carrier Accidental Death Benefit

Additional benefits will be payable for the death of an Insured that results from an Injury due to a Covered Accident. A Covered Accident is one where the Injury is received as a fare-paying passenger on a Common Carrier. This benefit amount is equal to the amount of the Principal Benefit at the time of death and is payable in addition to any other benefit payable under this policy.

Definition(s), for purposes of this benefit:

Common Carrier – A public conveyance provided and operated by a duly licensed common carrier for regular passenger service by land, water or air. Privately chartered aircraft may be considered as a Common Carrier if it meets the definition of Chartered Aircraft as defined in this Policy. A passenger on a school bus is considered to be a passenger of a public conveyance provided and operated by a duly licensed common carrier.

[Seat Belt Benefit

If an Insured suffers an Accidental Death while operating or riding as a passenger in a private passenger automobile and wearing a properly fastened, original, factory installed seat belt, an additional 25% will be added to the face amount of the policy. Verification of the actual use of the seat belt at the time of the loss must be a part of an official report of the Accident or must be certified in writing by the investigating official(s).]

[Cost-of-Living Adjustment (COLA) Benefit

For every two years the policy remains continuously in force, the Primary Insured's Benefit will automatically be increased by 3% of the Initial Benefit. This increase will be applied until the Benefit is equal to 112% of the Initial Benefit, or the Primary Insured turns age [60, 65, 70, 75], whichever is earlier.]

IV. LIMITATIONS & EXCLUSIONS

This Policy will not pay benefits for loss due to or directly contributed to by:

1. Having any sickness, disease or declining process caused by a sickness, including physical or mental infirmity. Also, benefits will not be paid to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury;
2. Suicide, or intentionally self-inflicted injuries, while sane or insane (in Missouri and Texas, while sane);
3. Medical or surgical treatment except when required as the result of accidental bodily injury;
4. Injury incurred prior to the effective date of coverage;
5. Bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound) or accidental ingestion of a poisonous food substance;
6. War or any act of war, declared or undeclared, including any armed aggression or resistance thereto by any country,

- alliance of countries or organization(s);
7. Committing an assault, felony or participating in a riot or insurrection or being engaged in an illegal occupation;
 8. Injuries received while intoxicated or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician;
 9. Any poison, gas or intoxicant, unless administered on the advice of and in the dosage prescribed a physician, voluntarily or involuntarily taken;
 10. Injuries received by an active duty member of an armed service or reserve as a result of a military related accident, or who are deployed at the time of the accident, or the accident is directly related to participation in military maneuvers or training exercises; (Send us proof of service. We will refund any premium paid for this time);
 11. Participation in any form of aeronautics, including getting in or out and on or off, except as a fare paying passenger in a regularly scheduled, commercial, licensed aircraft provided by a Common Carrier and operated by a licensed pilot;
 12. Driving in an organized or scheduled race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
 13. Engaging in skin-diving, scuba-diving, hang-gliding, bungee-jumping, sail-gliding, para-sailing, para-kiting, mountain gliding, or parachuting (except where the insured has to make a jump for self-preservation);
 14. Participation in any sport for pay or profit.

V. BENEFICIARY

Beneficiary: The Beneficiary shall be as designated on the application form to receive any Accidental Death Benefits payable. If there is no Beneficiary living or named, Accidental Death Benefits will be payable to the Owner, if living; otherwise to the Owner's estate. Any payment made by Us in good faith will fully discharge Us to the extent of such payment.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at Our option, to any relative by blood or connection by marriage of the payee, who, in Our opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Change of Beneficiary: Unless You provide otherwise in writing to Us, You may change the Beneficiary during the lifetime of the Insured. Changes must be made by written request filed with Us. The change will take effect on the date the request was received, but it will not apply to payments made by Us before We accept the request in writing. We will have no liability for any action taken by Us before that acceptance.

VI. CONTINUATION OF COVERAGE

The policy will terminate upon the death of the Primary Insured.

Coverage for any child insured under this policy shall terminate as of the next renewal date after the child's marriage. You must write to notify us of a child's marriage.

Coverage for any dependent child insured under this policy shall terminate as of the next renewal date after the child's [24th] birthday. Such a child may continue to be covered if, upon reaching the limiting age, the child is and continues to be both (1) incapable of self-sustaining employment because of a mental or physical handicap; and (2) chiefly dependent upon you for support and maintenance.

We may inquire up to two months prior to the attainment by a dependent of the limiting age as to whether such dependent is a disabled and dependent person. If, in fact, the person is disabled and dependent on the Primary Insured, you must submit proof of such incapacity within 31 days of our inquiry for coverage to continue. If you do not provide the required proof, coverage may terminate for such dependent person as provided in the policy. In the absence of our inquiry, coverage for any disabled and dependent person shall continue through the term of the policy or any extension or renewal.

VII. GENERAL PROVISIONS

A. Ownership: Unless provided otherwise, the person who completes the application applying for insurance coverage on an Insured and pays the premium is the Owner. The Owner has the right to exercise every right regarding the insurance under his or her policy. If the Owner dies, all rights will be vested in the Primary Insured.

B. Notice of Claim: Written notice of claim must be given within thirty (30) days after Loss or as soon as reasonably possible. You may give the notice or you may have someone do it for you. The notice should give your name and policy number as shown in the Policy Schedule. Notice should be mailed to us at [P. O. Box 98100, Baton Rouge, LA 70898-9100].

C. Claim Forms: When we receive the notice, we will send the claimant forms for filing proof of loss. If we do not send them within 15 days, the claimant can meet the proof of loss requirement by giving us a written statement of what happened. We must receive this statement within the time given for filing proof of loss.

D. Proof of Loss: Written proof of loss must be given to Us within ninety (90) days after the loss. If it is not reasonably possible to give written proof in the time required, We may not deny the claim if the proof is filed as soon as reasonably possible. However, proof is required no later than one year from the time specified unless the claimant was legally incapable of doing so.

E. Physical Exam and Autopsy: We, at our own expense, may have an autopsy done where it is not forbidden by law.

F. Time of Payment of Claims: We will pay benefits covered by the policy within thirty (30) days of the time we receive proper written proof of loss sufficient to determine liability.

G. Claim Payments: Payments by the Company are payable from Our Administrative Office.

1. Loss of Life. Covered Losses resulting from the Insured 's death are payable in accordance with the beneficiary designation in effect at the time of payment.
2. All Other Claims. Benefits are paid to You. If You die before all payments due have been made, the amount still payable will be paid to Your beneficiary, or if there is no beneficiary designated, to your estate.

J. Time Limit on Certain Defenses: After two years from the date on which a person becomes a Covered Person under this policy, no statements, except fraudulent misstatements made by the applicant in the application for coverage of such person, shall be used to void the policy or deny a claim.

Any increase in coverage, as requested by application from You, shall begin a new two year contestable period for the amount of the increase from the Effective Date of such coverage.

K. Fraudulent Misstatement: If an Insured makes a fraudulent misstatement in the application for coverage under the Policy, We may reduce or deny any claim or void the Policy at any time.

L. Misstatement of Age: If the age of an Insured has been misstated, We will make an equitable adjustment of the premium and benefits. The premium will be the difference between the premiums paid and the premiums that would have been paid at Your true age. If coverage would not have been issued, We will refund the premiums paid for such insurance and terminate the insurance, if no benefits have been paid. Benefits payable will be based on the correct age and premium paid.

M. Grace Period: If premium is not paid when due, the insurance shall be in default. We will allow a 31 day grace period to pay each premium after the first one. If a premium is not timely paid at the end of the grace period, the insurance shall terminate on the original due date.

N. Legal Actions: No action can be brought to recover on the policy for at least 60 days after written proof of loss has been furnished. No such action shall be brought more than 3 years after the date proof of loss is required.

O. Renewability: This policy is renewable for the life of the Primary Insured subject to the Company's right to cancel all policies by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.

We reserve the right to increase rates by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

P. Termination Provisions: This policy stops on the earliest of the following dates:

1. [The date] [The first of the month following the date] You request termination; or
2. The date You attain age 75; or
3. The date the maximum benefit is paid under the Policy; or
4. On any premium due date, if premium is not paid within 31 days following the premium due date.

You may terminate this policy at any time by written notice delivered or mailed to the Company, effective upon receipt or on such later date as may be specified in such notice. In the event of termination, the Company will return promptly the unearned portion of any premium paid. Termination shall be without prejudice to any claim originating prior to the effective date of cancellation. This provision supersedes any/all other provisions incorporated or attached hereto concerning termination.

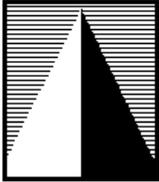
Q. Conformity with State Statutes: Any provision of this policy which, on the Policy Effective Date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

S. Assignment: No assignment under this policy shall be binding upon Us unless the original (or a copy of it) is on file at Our Administrative Offices. We do not assume any responsibility for the validity of any assignment.

T. No Effect on Worker's Compensation: This Policy does not alter any requirement for coverage by Worker's Compensation Insurance.

U. Other Insurance with this Insurer: If any person is covered under more than one like policy with Starmount Life Insurance, only one policy (chosen by the Owner, Insured, his beneficiary, or his estate) will be effective. The company will return all premiums paid for all other policies.

V. Entire Contract: This policy and any attachments are the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions.



STARMOUNT LIFE INSURANCE COMPANY

8485 Goodwood Boulevard
Baton Rouge, Louisiana 70806-7878
225-400-9100

ACCIDENT DEATH AND DISMEMBERMENT ONLY COVERAGE

REQUIRED OUTLINE OF COVERAGE

Policy Number WK AD&D AR 08-11

- 1. READ YOUR POLICY CAREFULLY- this Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Starmount life Insurance Company. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
2. ACCIDENT DEATH COVERAGE- Accident only coverage is designed to provide you with coverage for death resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).
3. BENEFITS OF THE POLICY-

The policy provides a benefit for deaths due to accidents during the lifetime of the insured. The death must occur within 90 days after the date of the accident directly and independently of all other causes. Coverage will be sold in various amounts from \$50,000 to \$250,000. This policy provides for both individual and family coverage.

At age 70 and higher, all lump sum amounts are one half of the amounts shown above. The policy includes the following definitions.

Insured: An eligible person who is named in the Policy Schedule.

The coverage will be sold in various amounts from \$50,000 to \$250,000. Shown in table 1 is the amount of death benefit provided to each covered individual per \$10,000 of insurance coverage.

Table 1-Accidental Death Benefit per \$10,000 of Coverage

Table with 5 columns: Covered Individual, Type of Coverage (Insured only, Insured & Spouse, Insured & Children, Insured, Spouse & Children), and corresponding benefit amounts.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT: Benefits will be payable as show below if, as a result of an Accident, an Insured suffers an Accidental Bodily Injury resulting in a loss described in the table below. The loss must occur within 90 days after the date of the accident causing such Injury.

The Injury and the loss both must occur while the Insured is covered by the policy. If more than one such loss is sustained as a result of one Accident, only one benefit, the largest is payable.

Loss: Percentage of the Principal Benefit:

Life.....	100%
Both Hands or Both Feet.....	100%
Sight of Both Eyes.....	100%
One Hand and One Foot.....	100%
Either One Hand or One Foot and Sight of One Eye.....	100%
Either One Hand or One Foot.....	50%
Sight in One Eye.....	50%

Loss, when referring to:

- 1) Hand or foot, means the actual severance through or above the wrist or ankle joints.
- 2) Sight of eye, means entire and irrevocable loss of sight.

4. EXCLUSIONS: The policy provides benefits only for loss of life of a Covered Person due to Injury as defined in the policy. No benefits will be paid for loss resulting from:

- a. Having any sickness, disease or declining process caused by a sickness, including physical or mental infirmity. Also, benefits will not be paid to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury;
- b. Suicide, or intentionally self-inflicted injuries, while sane or insane (in Missouri and Texas, while sane);
- c. Medical or surgical treatment except when required as the result of accidental bodily injury;
- d. Injury incurred prior to the effective date of coverage;
- e. Bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound) or accidental ingestion of a poisonous food substance;
- f. War or any act of war, declared or undeclared;
- g. Committing an assault, felony or participating in a riot or insurrection or being engaged in an illegal occupation;
- h. Injuries received while intoxicated or while under the influence of any controlled substance, unless administered at the advice of and in the dosage prescribed by a physician;
- i. Any poison, gas or intoxicant, unless administered on the advice of and in the dosage prescribed a physician, voluntarily or involuntarily taken;
- j. Injuries received by an active duty member of an armed service or reserve as a result of a military related accident, or who are deployed at the time of the accident, or the accident is directly related to participation in military maneuvers or training exercises; (Send us proof of service. We will refund any premium paid for this time);
- k. Participation in any form of aeronautics, including getting in or out and on or off, except as a fare paying passenger in a regularly scheduled, commercial, licensed aircraft provided by a Common Carrier and operated by a licensed pilot;
- l. Driving in an organized or scheduled race or speed test or while testing an automobile or vehicle on any racetrack or speedway;
- m. Engaging in skin-diving, scuba-diving, hang-gliding, bungee-jumping, sail-gliding, para-sailing, para-kiting, mountain gliding, or parachuting (except where the insured has to make a jump for self-preservation);
- n. Participation in any sport for pay or profit.

5. RENEWABILITY- This policy is optionally renewable for life subject to our rights to cancel all policies by class.

6. PREMIUM RATES-

The premium rate per \$1,000 of coverage is \$1.20.

Premiums are subject to change. A 31-day grace period is allowed to pay each premium after the first one.