

SERFF Tracking Number: STAR-127742752 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 50084
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Reinstatement App 10-11
Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Reinstatement App 10-11

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: STAR-127742752 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 50084

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Belle Lucas, Natka Varisco Disposition Date: 10/27/2011

Date Submitted: 10/21/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 10/27/2011

State Status Changed: 10/27/2011

Deemer Date:

Created By: Natka Varisco

Submitted By: Natka Varisco

Corresponding Filing Tracking Number:

Filing Description:

We would like to amend our recently approved Reinstatement Application. The application was approved on June 20, 2011. The Reinstatement Application has not been used or marketed.

Starmount has revised the Authorization language to include Pharmacy Benefit Manager as an authorized entity to release records on the insured. An additional statement has been added to confirm that the insured is aware that re-disclosed records may no longer be protected by federal privacy regulations and a description of the purpose of information to be disclosed.

We believe this filing complies with the laws and regulations of your state. Should you have any questions or require any additional information, please feel free to call me at (225) 400-9219 or by e-mail at natkav@starmountlife.com.

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Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|----------|----------------|---------------|
| Starmount Life Insurance Company | \$100.00 | 10/21/2011 | 53050606 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 10/27/2011 | 10/27/2011 |

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Disposition

Disposition Date: 10/27/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Form | Reinstatement Application | | Yes |

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Form Schedule

Lead Form Number: REAPP0611-M

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|--|-------------|---------|----------------------|-------------|--------------------------------------|
| | REAPP0611-M | Application/ Reinstatement Enrollment Form | Application | Initial | | 45.400 | Reinstmt App reg 4 AR - milliman.pdf |



Reinstatement Request

{DATE}

{Mr_Ms?} {First_Name?} {Last_Name?}
{Address_Line_1?}
{Address_Line_2?}
{City?}, {State_Province?} {Zip?}

Policy#: {A - PolicyNumber?}
DOB: { }

- 1) Has your health changed in any way since you originally-applied? (If yes, please explain.) _____ Yes No

- 2) In the past 5 years (in MO, not to exceed 10 years), have you been told you had, been treated for, or diagnosed with any of the following conditions: (Circle or underline each condition and explain all yes answers.)
 - a) Cancer; tumor; polyps; stroke; kidney failure; hepatitis; any disease or disorder of the kidneys, heart, blood, liver or circulatory system; any chronic respiratory or lung disorder; or used oxygen to assist in breathing? Yes No

 - b) Mental or nervous disorder; Alzheimer's disease; dementia; alcoholism; drug addiction; taken illegal drugs; abused prescription medication; been ticketed for DWI or DUI or had a felony conviction? Yes No

- 3) Have you ever (in MO, not to exceed 10 years) tested positive for exposure to (**in MO, have you been positively diagnosed or treated for**) the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection? Yes No

- 4) Within the last 5 years (in MO, not to exceed 10 years), have you been told you had, been treated for, or been diagnosed with diabetes or high blood pressure? (If yes, circle which condition(s).) Yes No
 - a) If yes, are you scheduling regular check-up visits and taking your medication(s) as prescribed by your physician? Yes No

- 5) In the last 5 years (in MO, not to exceed 10 years), have you received or been advised to receive any medical or surgical procedure or taken prescription medicine for any condition other than those noted above? (If yes, please explain.) Yes No

- 6) Are you currently, or have you in the past 12 months, been advised to take or used prescription drugs? (If yes, please list medications and reason for their use.) Yes No

- 7) In the past 5 years (in MO, not to exceed 10 years), have you had an application for life or health insurance rated, postponed, modified, or declined? (If yes, circle those that apply.) Yes No

- 8) Have you smoked, chewed or used tobacco in any form in the last 24 months? Yes No
 - a) If you are a cigarette smoker, do you smoke more than 2 packs per day? Yes No

- 9) What is your height (ft. in.)? _____ and weight (lbs.)? _____

I have read the above questions and declare the answers are complete and true. I agree the answers will form a part of the policy, and the insurance shall not be in force until this application or reinstatement has been approved by the company and the policy reinstated when I am in the same health condition as described above, subject to all the conditions set forth in the policy and the next premium paid by me. **In MO, benefits paid for death by suicide during the first (one) year this policy is in effect are limited to return of premiums paid. However, in Kansas, the insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by company.**

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic, Pharmacy Benefit Manager or other medical related facility, insurance company, family member, the Medical Information Bureau, or other organization or person, that has any record of me or my health to give Starmount Life Insurance Company, my legal representative for medical records receipt, or its reinsurers, any such information. This includes knowledge about drug abuse, alcoholism or mental illness, and HIV (Human Immunodeficiency Virus) and/or AIDS (Acquired Immune Deficiency Syndrome) status. Although information about drug or alcohol abuse, mental illness, and HIV and/or AIDS status may be protected by government regulation, I allow Starmount to collect it to determine insurability. I understand I (or my authorized representative) am entitled to a copy of the information obtained; that this authorization will expire in 30 months from the date of signature (in KS and OK, 24 months), but can be revoked at any time with the applicant's written notification. This information will be used to determine insurability. I understand that I (or my authorized representative) am entitled to receive a copy of this authorization form. A photo copy is as valid as the original. I am also aware that the records may be subject to re-disclosure by the recipient. I am aware that re-disclosed information may no longer be protected by federal privacy regulations. I acknowledge receipt of the MIB Disclosure Notice. 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 felony of the third degree.

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 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.

Home Phone: () - **Cell/Work Phone:** () - **SS #** - - - - -

Your Signature: _____ **Date:** ____ / ____ / ____

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TOI: L08 Life - Other

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Flesch Readability (Rgn4).pdf

Item Status:

Status

Date:

Satisfied - Item: Application

Comments:

Attachment:

Reinstmt App reg 4 AR - milliman.pdf

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

| <u>FORM</u> | <u>WORDS</u> | <u>PARAGRAPHS</u> | <u>SENTENCES</u> | <u>SCORE</u> |
|--------------------|---------------------|--------------------------|-------------------------|---------------------|
| REAPP0611 | 890 | 49 | 44 | 45.4 |

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**

Digitally signed by Jeffrey G. Wild
DN: cn=Jeffrey G. Wild, c=US,
o=Starmount Life, ou=Financial,
email=JeffW@Starmountlife.com
Date: 2011.10.21 09:42:17 -05'00'

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: 10/21/2011



Reinstatement Request

{DATE}

{Mr_Ms?} {First_Name?} {Last_Name?}
{Address_Line_1?}
{Address_Line_2?}
{City?}, {State_Province?} {Zip?}

Policy#: {A - PolicyNumber?}
DOB: { }

- 1) Has your health changed in any way since you originally-applied? (If yes, please explain.) _____ Yes No

- 2) In the past 5 years (in MO, not to exceed 10 years), have you been told you had, been treated for, or diagnosed with any of the following conditions: (Circle or underline each condition and explain all yes answers.)
 - a) Cancer; tumor; polyps; stroke; kidney failure; hepatitis; any disease or disorder of the kidneys, heart, blood, liver or circulatory system; any chronic respiratory or lung disorder; or used oxygen to assist in breathing? Yes No

 - b) Mental or nervous disorder; Alzheimer’s disease; dementia; alcoholism; drug addiction; taken illegal drugs; abused prescription medication; been ticketed for DWI or DUI or had a felony conviction? Yes No

- 3) Have you ever (in MO, not to exceed 10 years) tested positive for exposure to (**in MO, have you been positively diagnosed or treated for**) the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection? Yes No
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- 8) Have you smoked, chewed or used tobacco in any form in the last 24 months? Yes No
 - a) If you are a cigarette smoker, do you smoke more than 2 packs per day? Yes No
- 9) What is your height (ft. in.)? _____ and weight (lbs.)? _____

REAPP0611-M

Policy Owner’s initials _____

OVER (signature required) →
Reinstatement Application 06/11 Reg 4

I have read the above questions and declare the answers are complete and true. I agree the answers will form a part of the policy, and the insurance shall not be in force until this application or reinstatement has been approved by the company and the policy reinstated when I am in the same health condition as described above, subject to all the conditions set forth in the policy and the next premium paid by me. **In MO, benefits paid for death by suicide during the first (one) year this policy is in effect are limited to return of premiums paid. However, in Kansas, the insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by company.**

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Home Phone: () - Cell/Work Phone: () - SS # - - - - -

Your Signature: _____ **Date:** ____ / ____ / ____