

SERFF Tracking Number: MCHX-G127095182 State: Arkansas  
 Filing Company: Sterling Life Insurance Company State Tracking Number: 48329  
 Company Tracking Number: CANAPP ( 2/11)  
 TOI: H07I Individual Health - Specified Disease - Limited Benefit Sub-TOI: H07I.002A Dread Disease - Cancer Only  
 Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu  
 Project Name/Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company /STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company

## Filing at a Glance

Company: Sterling Life Insurance Company  
 Product Name: STRXX- CAN Cancer Only Policy - Sterling Life Insu SERFF Tr Num: MCHX-G127095182 State: Arkansas  
 TOI: H07I Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 48329  
 Sub-TOI: H07I.002A Dread Disease - Cancer Only Co Tr Num: CANAPP ( 2/11) State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Author: SPI McHughConsulting Disposition Date: 03/28/2011  
 Date Submitted: 03/24/2011 Disposition Status: Approved-Closed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company Status of Filing in Domicile: Pending  
 Project Number: STRXX- CAN Cancer Only Policy - Sterling Life Insurance Company Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 03/28/2011  
 State Status Changed: 03/28/2011  
 Deemer Date: Created By: SPI McHughConsulting  
 Submitted By: SPI McHughConsulting Corresponding Filing Tracking Number:  
 Filing Description:  
 RE: Sterling Life Insurance Company  
 NAIC # 77399 FEIN # 13-1867829

Individual Cancer Application

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Application Form No. CANAPP (2/11)  
NAIC Product Code H071.002A

McHugh Consulting Resources, Inc. has been requested to file the enclosed application on behalf of Sterling Life Insurance Company. We have provided an authorization letter for your files.

We are submitting the above captioned form for your review and approval. The form is new and not intended to replace any other forms currently in use. This application will be used with previously approved forms. The approval information for the prior filing is as follows:

Form Number	SERFF Filing Number	SERFF Status	Date
STRAR-CAN	MCHX-126419847	Approved	5/21/2010
STRAR-CANOC	MCHX-126419847	Approved	5/21/2010
RIDER-CAN	MCHX-126419847	Approved	5/21/2010
APP-CAN	MCHX-126419847	Approved	5/21/2010

This application is substantially similar to the previously approved application. This new application removes a reference on the top of the second page to dependents. In addition, the application also adds the words "PAYOR ADDRESS" and "PAYOR PHONE NUMBER" to the second to last line of the first page.

This is an application for a Cancer program marketed to individuals through agent/broker solicitation and mass marketing. The issue ages are from 18 to 69.

This program provides Cancer indemnity coverage on a guaranteed renewable basis. It insures the individual against loss due to cancer only.

The form is in final printed form subject only to changes in font style, margins, page numbers, ink, and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law.

Please note this product was filed concurrently in the state of Illinois, Sterling's state of domicile.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

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Sincerely,

Nancy K. Cuzzo  
 Senior Compliance Consultant  
 McHugh Consulting Resources, Inc.  
 215-230-7960  
 mcr@mchughconsulting.com

## Company and Contact

### Filing Contact Information

Tim Hager, Compliance Project Specialist mcr@mchughconsulting.com  
 McHugh Consulting Resources, Inc. 215-230-7960 [Phone]  
 2005 South Easton Road, Suite 207 215-230-7961 [FAX]  
 Doylestown, PA 18901

### Filing Company Information

(This filing was made by a third party - McHughConsulting)  
 Sterling Life Insurance Company CoCode: 77399 State of Domicile: Illinois  
 2219 Rimland Drive Group Code: Company Type:  
 Bellingham, WA 98226 Group Name: State ID Number:  
 (360) 392-9098 ext. [Phone] FEIN Number: 13-1867829

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## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Life Insurance Company	\$50.00	03/24/2011	45925110

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/28/2011	03/28/2011

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## Disposition

Disposition Date: 03/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* MCHX-G127095182      *State:* Arkansas  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Submission Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Authorization Letter	Approved-Closed	Yes
<b>Form</b>	Application for Cancer Insurance	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/28/2011	Form No. CANAPP (2/11)	Application/ Enrollment Form	Application for Cancer Insurance	Initial		47.000	CANAPP (2_11) Generic-03_11_11.PDF

**STERLING LIFE INSURANCE COMPANY • Chicago, Illinois**  
**Application for Cancer Insurance Coverage**

[STR XX CAN]

Issue Date: \_\_\_\_\_

I apply for the following Cancer insurance policy based on the information regarding the proposed insured.

MR  MS  MRS  INSURED'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CONTACT LOCATION

BUSINESS ADDRESS (NO. & STREET) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ BC \_\_\_\_\_ HC \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

RESIDENCE ADDRESS (NO. & STREET) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

MAILING ADDRESS (NO. & STREET) \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

BENEFICIARY NAME \_\_\_\_\_ BENEFICIARY RELATIONSHIP TO INSURED \_\_\_\_\_

E-MAIL ADDRESS FOR INSURED \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Is this policy intended to replace any existing policy? YES  NO

ALTERNATE CONTACT MR  MS  MRS  NAME \_\_\_\_\_

ALTERNATE CONTACT: RELATIONSHIP TO INSURED \_\_\_\_\_

ALTERNATE CONTACT ADDRESS \_\_\_\_\_

ALTERNATE CONTACT PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

PAYOR RELATIONSHIP TO INSURED \_\_\_\_\_

PAYOR NAME, ADDRESS (IF DIFFERENT FROM INSURED) \_\_\_\_\_

PAYOR PHONE NUMBER \_\_\_\_\_

PAYOR ADDRESS \_\_\_\_\_

PAYOR PHONE NUMBER \_\_\_\_\_

PAYOR CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE + 4 \_\_\_\_\_



**PLEASE READ CAREFULLY**

It is very important that you review the application carefully. Misstatements or omissions could cause an otherwise valid claim to be denied. Please check the application carefully and advise your agent if any information is not correct or not complete or if any medical history has not been included. I understand that any insurance applied for will not take effect unless and until Sterling Life Insurance Company approves my application, the contract is issued, and the required premium is received by Sterling Life Insurance Company.

In applying for this coverage, I represent and affirm the following:

1. The information which I have given as recorded on this Application is true and complete to the best of my knowledge and belief.
2. I have received the Medical Information Bureau (MIB) Disclosure Statement, the notice under the Fair Credit Reporting Act and the Notice of Information Practices.
3. a) no person named on this application is currently insured under any cancer policy issued by Sterling Life Insurance Company; b) I understand that the policy is a cancer only policy and does not pay benefits for loss from any other sickness or from accidents.

**AUTHORIZATION TO RELEASE MEDICAL INFORMATION**

I authorize Sterling Life Insurance Company or its reinsurers to acquire from and authorize any hospital, physician, medical practitioner, clinic, medically related facility, insurance company, the Medical Information Bureau, Inc. (MIB) or consumer reporting agency to release to Sterling Life Insurance Company any information regarding me or my past or present health for the purpose of evaluating this application for insurance. I also authorize Sterling Life Insurance Company or its reinsurers to disclose all such information to any doctor, the Medical Information Bureau, Inc. or any other insurance company in order to evaluate a claim or an application for insurance.

This authorization shall remain valid for a period of two years from the issue date of the policy. A photocopy of this authorization will be as valid as the original. A copy of the authorization is available to you or your representative upon request to Sterling.

X \_\_\_\_\_

Signature of Insured

City (where signed): \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I, the authorized agent, have on the Date of Application recorded the information as given to me by the Insured. I have no reason to believe the policy will replace any existing insurance. I have delivered the Notice of Information Practices. I have no knowledge of any unfavorable medical history not recorded on this Application.

Licensed Agent \_\_\_\_\_ (print) Code # \_\_\_\_\_ Field Sales Manager \_\_\_\_\_ (print) Code # \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

STERLING LIFE INSURANCE COMPANY • Chicago, Illinois  
**CONDITIONAL RECEIPT**  
 IMPORTANT READ CAREFULLY

Payment of Premium Does Not Provide Insurance Coverage Until All Conditions Specified Below Are Satisfied. Also Note Limitation On Coverage Specified Below.

**Conditions Which Must Be Satisfied Before Coverage Is Effective:**

If both of the following conditions for any person proposed to be insured in the application are satisfied:

1. The first premium has been paid with the application; and
2. The Company, upon investigation, is satisfied that on the date of this receipt shown below, such person was an acceptable risk according to the Company's rules and regulations for the plan and amount of insurance applied for;

**Effective Date of Coverage:**

then, if both of the above conditions are satisfied, the insurance applied for on such person shall take effect on one of the following dates whichever occurs last: (a) Date of the application; or

- (b) The date of completion of such person's medical examination if one is required under the Company's application requirements.

**Limitation of Certain Coverage:**

Provided that in the event of a claim on the Proposed Insured prior to issuance of the policy such insurance applied for under the application is limited to \$50,000 if a lump sum benefit, or \$500 a month if a monthly benefit is being applied for.

If any of the above conditions are not met, the policy applied for will not take effect unless and until the first premium is paid and the policy is issued during such person's lifetime. In the event the application is declined, the payment shown on this receipt will be returned to the applicant. The application shall be deemed declined if the policy is not issued within 75 days after the date of the application.

Form No. CANRECEIPT

Application No.	
Amount of Insurance	\$

Received from \_\_\_\_\_

\$ \_\_\_\_\_ as First Full Premium.

- Annual  
 Monthly Automatic Premium Collection

If any check, draft or money order given in payment of the premium is not honored, this receipt shall be void.

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proposed Insured \_\_\_\_\_

Date \_\_\_\_\_ Authorized Agent \_\_\_\_\_

STERLING LIFE INSURANCE COMPANY • Chicago, Illinois  
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Date \_\_\_\_\_ Authorized Agent \_\_\_\_\_

SERFF Tracking Number: MCHX-G127095182 State: Arkansas  
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	03/28/2011
<b>Comments:</b>		
<b>Attachments:</b>		
AR Readability Certification signed.PDF		
AR Cert of Compliance with Rule 19 signed.PDF		
AR Certification of Compliance 23-79-138 and R&R 49 signed.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	03/28/2011
<b>Comments:</b>		
Please see form schedule.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	03/28/2011
<b>Bypass Reason:</b> Application filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	03/28/2011
<b>Bypass Reason:</b> Application filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Submission Letter	Approved-Closed	03/28/2011

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**Comments:**

**Attachment:**

FINAL Cover letter - Application Re-file Project.PDF

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Authorization Letter	Approved-Closed	<b>Date:</b> 03/28/2011
<b>Comments:</b>		
<b>Attachment:</b>		
Sterling Life Authorization Letter 2011.PDF		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** Sterling Life Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
Form No. CANAPP (2/11)	47



Signed: \_\_\_\_\_

Name: Ron Bendes

Title: President Insurance Products

Date: 3/22/11

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Sterling Life Insurance Company  
Form No. CANAPP (2/11)

Form Number(s):

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



\_\_\_\_\_  
Signature of Company Officer

Ron Bendes  
\_\_\_\_\_  
Name

President Insurance Products  
\_\_\_\_\_  
Title

3/22/11  
\_\_\_\_\_  
Date

**CERTIFICATE OF COMPLIANCE**

Insurer: Sterling Life Insurance Company

Form Numbers: Form No. CANAPP (2/11)

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



---

Signature of Company Officer

Ron Bendes

---

Name

President Insurance Products

---

Title

3/21/11

---

Date

# McHugh Consulting Resources, Inc.

March 24, 2011

**Sent via SERFF**

Jay Bradford  
Insurance Commissioner  
Arkansas Department of Insurance  
Compliance - Life and Health  
1200 West Third Street  
Little Rock, AR 72201-1904

**RE: Sterling Life Insurance Company  
NAIC # 77399 FEIN # 13-1867829**

**Individual Cancer Application**  
Application Form No. CANAPP (2/11)  
**NAIC Product Code H071.002A**

Dear Commissioner Bradford:

McHugh Consulting Resources, Inc. has been requested to file the enclosed application on behalf of Sterling Life Insurance Company. We have provided an authorization letter for your files.

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This program provides Cancer indemnity coverage on a guaranteed renewable basis. It insures the individual against loss due to cancer only.

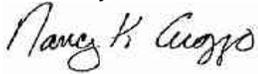


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Please note this product was filed concurrently in the state of Illinois, Sterling's state of domicile.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned at 215.230.7960 if there are any questions that we can answer regarding this filing.

Sincerely,

A handwritten signature in black ink that reads "Nancy K. Cuozzo". The signature is written in a cursive style with a large initial 'N' and 'C'.

Nancy K. Cuozzo  
Senior Compliance Consultant  
McHugh Consulting Resources, Inc.  
215-230-7960  
mcr@mchughconsulting.com

# STERLING

Life Insurance Company

Real People. Wise Choices.®

Ronald Bendes  
Chief Marketing Officer  
2219 Rimland Drive  
Bellingham, WA 98226  
WORK 360.392.9457 FAX 360.392.9051  
ron.bendes@sterlingplans.com

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January 6, 2011

NAIC Company Code: 77399

Re: Attached Filing Submission

Please accept this letter as authorization from Sterling Life Insurance Company for McHugh Consulting Resources, Inc. to file any or all policy forms and/or rates as referenced in the corresponding SERFF filing on behalf of Sterling Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Bendes", written in a cursive style.

Ron Bendes