

SERFF Tracking Number: FIVE-127115894 State: Arkansas
Filing Company: 5 Star Life Insurance Company State Tracking Number: 48438
Company Tracking Number: 411
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Individual Term -- SmartStart
Project Name/Number: /

Filing at a Glance

Company: 5 Star Life Insurance Company

Product Name: Individual Term -- SmartStart

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: FIVE-127115894

SERFF Status: Closed-Approved-Closed

Co Tr Num: 411

Author: Mildred Hunt

Date Submitted: 04/07/2011

State: Arkansas

State Tr Num: 48438

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/13/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/13/2011

State Status Changed: 04/13/2011

Created By: Mildred Hunt

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mildred Hunt

Filing Description:

ICC11 I-CSP App R411: Children's Single Premium Individual Term Life Insurance Application

Company and Contact

Filing Contact Information

Mildred Hunt, Compliance Manager

909 North Washington Street

Alexandria, VA 22314

mhunt@afba.com

703-706-5975 [Phone]

703-224-0214 [FAX]

Filing Company Information

5 Star Life Insurance Company

CoCode: 77879

State of Domicile: Louisiana

SERFF Tracking Number: FIVE-127115894 State: Arkansas
 Filing Company: 5 Star Life Insurance Company State Tracking Number: 48438
 Company Tracking Number: 411
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: Individual Term -- SmartStart
 Project Name/Number: /
 909 North Washington Street Group Code: 77879 Company Type: Life Insurance
 Alexandria, VA 22314 Group Name: NAIC Company
 (703) 706-5975 ext. [Phone] FEIN Number: 54-1829709 State ID Number:

Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------|---------|----------------|---------------|
| 5 Star Life Insurance Company | \$50.00 | 04/07/2011 | 46357276 |

SERFF Tracking Number: FIVE-127115894 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: Individual Term -- SmartStart
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 04/13/2011 | 04/13/2011 |

SERFF Tracking Number: FIVE-127115894 State: Arkansas
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TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: Individual Term -- SmartStart
Project Name/Number: /

Disposition

Disposition Date: 04/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Cover Letter | | Yes |
| Form | Children's Single Premium Individual Term Life Insurance Application | | Yes |

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Form Schedule

Lead Form Number: ICC11 I-CSP App R411

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|----------------------|--|---|---------|----------------------|-------------|------------------------------------|
| | ICC11 I-CSP App R411 | Application/Children's Enrollment Form | Single Premium Individual Term Life Insurance Application | Initial | | | ICC11 I-CSP App R411 (generic).pdf |



CSP 2 411

Beneficiary

Check here if you would like an additional beneficiary form sent to you.

- -

First Name Last Name SSN Relationship to Child MM/DD/YYYY DOB

Other Insurance

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

Does your child have any existing life insurance or annuity contracts? Yes No

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

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

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

Statement of Health

Answer each question and initial in box to acknowledge you've read and, **TO THE BEST OF YOUR KNOWLEDGE AND BELIEF**, understood each question. Circle the specific condition and give full details to any "yes" answers in the section below.

Child's Height Ft In Child's Weight Lbs

Applicant's Initials Here

- I. Has the child been diagnosed, treated, or prescribed medication by a member of the medical profession for specified symptoms such as: heart trouble, elevated blood pressure, gynecological or genitourinary disorders, ulcers, cancer, diabetes, mental or nervous disorder or psychotherapeutic treatment, epilepsy, respiratory disorder, kidney or liver disorder (including hepatitis), enlarged lymph nodes or immune deficiency disorder, thyroid disorder, blood disorder, albumin, blood or sugar in urine, back trouble/disorder, arthritis, or unexplained weight loss? Yes No
- II. Has the child been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? Yes No
- III. Has the child proposed for insurance received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs? Yes No

Details: _____

Conditions Relating to this Application

Agreement: I represent that all statements and answers in this application are complete, true and correctly recorded **TO THE BEST OF MY KNOWLEDGE AND BELIEF**. I agree that: 1) upon approval of this application by 5Star Life Insurance Company, it, the policy and any riders or endorsements will constitute the entire insurance contract; 2) except as provided, **insurance applied for will not become effective until approved by 5Star Life Insurance Company and is subject to the child's health being as described in this application, and upon receipt of the full premium in which case the coverage shall take effect as of the effective date as shown in the policy;** 3) if within 60 days of receipt of all required documentation this application is not approved, it will become void and all premiums paid will be refunded; I will be so notified.

Signatures must be personal:

Applicant _____ Date MM/DD/YYYY
 (Parent, step-parent, grandparent, legal guardian)

Relationship to Insured _____

Owner _____ Date MM/DD/YYYY
 (If different than Applicant)

Signed at (City, State) _____

Agent Name _____
 Agent Signature _____
 Date MM/DD/YYYY

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

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TOI: L041 Individual Life - Term

Sub-TOI: L041.500 Other

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

ARKANSAS Certificate of Readability.pdf

Item Status:

Status

Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

ARKANSAS Cover Letter.pdf



ARKANSAS INSURANCE DEPARTMENT

READABILITY CERTIFICATION

Re: *ICC11 I-CSP App R411: Children's Single Premium Individual Term Life Insurance Application*

The undersigned, authorized as Executive Vice President, Finance and Compliance, to be responsible for policy and related material filings by the officers of 5 Star Life Insurance Company, hereby certifies that each form in this filing meets the Flesch minimum reading ease score of 50.

A handwritten signature in blue ink, appearing to read 'Kimberley E. Wooding', written over a horizontal line.

Kimberley E. Wooding
Executive Vice President,
Finance and Compliance

Dated: April 6, 2011



Mildred E. Hunt
Compliance Manager

April 6, 2011

VIA SERFF

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

Re: **5 Star Life Insurance Company; NAIC No.: 77879; NAIC Code: 0000
FEIN: 54-1829709**

| <i>Form Number</i> | <i>Description</i> |
|----------------------|--|
| ICC11 I-CSP App R411 | Children's Single Premium Individual Term Life Insurance Application |

Dear Mr. Honey:

Submitted for filing and approval is the above referenced form. Form number ICC10 I-CSP App R1210 was approved by the Department on January 14, 2011. The SERFF Tracking Number is: FIVE-126966446.

The application is submitted in conjunction with the Juvenile Life Policy (ICC10 SPTKC) approved by Department on January 14, 2011. The SERFF Tracking Number is: FIVE-126966446.

This is not an illustrated product.

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

| | <i>Description</i> |
|---------------------------------------|--|
| ICC1011 I-CSP App R1210 <u>411</u> | Page 1, <u>Insured Child's Information</u> <ul style="list-style-type: none"> • Deleted reference to E-mail address • Deleted reference to Daytime Number • Deleted reference to Evening Number • Deleted reference to Place of Birth, State, and County Page 1, <u>Coverage and Premiums</u> <ul style="list-style-type: none"> • Deleted Coverage Amount • Inserted: <i>Please choose one: 0 \$10,000 of coverage for \$150; 0 \$15,000 of coverage for \$225</i> |

909 North Washington Street, Alexandria, VA 22314

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

mhunt@afba.com

| | |
|--|--|
| | <ul style="list-style-type: none">• Deleted One-Time Premium• Inserted: <i>One-Time Payment Method</i>• Deleted reference to Bank Draft• Revised to read: Personal Check (<i>Make check payable to 5Star Life</i>) <p>Page 1, <u>Owner (If other than Applicant)</u></p> <ul style="list-style-type: none">• Revised heading to read: <i>Applicant (Parent, Step-parent, Grandparent, or Legal Guardian)</i>• Inserted <i>Email:</i> _____ <p>Page 1, <u>Payor</u></p> <ul style="list-style-type: none">• Revised heading to read: <i>Owner (If other than Applicant)</i>• Inserted <i>Email:</i> _____• Deleted reference to: ○ Owner; ○ Applicant; ○ Other (Complete all info below) <p>Page 2, <u>Beneficiary(ies)</u></p> <ul style="list-style-type: none">• Revised heading to read: <i>Beneficiary(ies) Beneficiary</i>• Deleted Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive the Applicant, or if none, by all secondary beneficiaries who survive the Applicant. The right to change the beneficiary is reserved to the Owner unless otherwise stated. Inserted <i>Check here</i> <input type="checkbox"/> <i>if you would like an additional beneficiary form sent to you.</i>• Deleted Beneficiary: Primary in its entirety• Deleted Secondary <p>Page 2, <u>Statement of Health</u></p> <ul style="list-style-type: none">• Revised to read: Answer each question and initial in box to acknowledge you've read and, <u>TO THE BEST OF YOUR KNOWLEDGE AND BELIEF</u>, UNDERSTOOD EACH QUESTION. Circle the specific condition and give full details to any "yes" answers on a separate 8.5x11 sheet of paper <i>in the section below.</i>• Question I. Deleted in its entirety: "I. Is the child proposed for insurance currently taking prescribed medication, receiving medical attention, or advised by a medical physician that surgical treatment is required?"• Question H <i>I.</i> revised to read: "<i>I.</i> Has the child been diagnosed or treated, <i>or prescribed medication</i> by a member of the medical profession for specified symptoms. . . ."• Question III <i>II.</i> renumbered.• Question IV: <i>III.</i> renumbered. <p>Page 2, <u>Conditions Relating to this Application</u></p> <ul style="list-style-type: none">• Deleted the following information: Authorized: I hereby authorize any licensed physician; medical practitioner; hospital; clinic; insurance company; employer; Medical Information Bureau; or Motor Vehicle Administration that may have records of his/her physical or mental health condition to give 5Star Life Insurance Company, its authorized representative, and its reinsurers any such information. I understand that his information will be used to determine the child's eligibility for insurance and that I may revoke this authorization and application at any time by providing written notice. A photocopy of this authorization shall be as valid as the original. This authorization shall be valid for 24 months from the |
|--|--|

Mr. Dan Honey
April 6, 2011
Page 3 of 3

| | |
|--|---|
| | date below. I acknowledge that I am, or my authorized representative is, entitled to receive a copy of this authorization. Page 2, <u>Signature Lines</u> <ul style="list-style-type: none">• Deleted reference to Payor (if different than Applicant); Date |
| | |

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

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

Very truly yours,

