

SERFF Tracking Number: AEGB-127109737 State: Arkansas  
Filing Company: Monumental Life Insurance Company State Tracking Number: 48743  
Company Tracking Number: SAIUL1208M  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Supplemental Application  
Project Name/Number: Supplemental Application/SAIUL1208M

## Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: Supplemental Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: AEGB-127109737 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 48743

Co Tr Num: SAIUL1208M

Authors: Michele Kusel, Suzanne  
Voight

Date Submitted: 05/11/2011

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 05/13/2011

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Supplemental Application

Project Number: SAIUL1208M

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Suzanne Voight

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/09/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/13/2011

State Status Changed: 05/13/2011

Created By: Suzanne Voight

Corresponding Filing Tracking Number:  
30822770

Filing Description:

Commissioner of Insurance

Arkansas Insurance Division

1200 West 3rd Street

Little Rock, Arkansas 72201-1904

Attn.: Policy Examination Division (Individual Life)

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Re: MONUMENTAL LIFE INSURANCE COMPANY NAIC # 468-66281  
SAIUL1208M - Supplemental Life Application

Dear Sir/Madam:

Please find attached copies of the above referenced form. This is a new form and is not intended to replace any form previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

Supplemental Life Application - Application form SAIUL1208M is a supplemental life application for use with our life portfolio.

The SAIUL1208M application form will be available electronically. It is our intent to use this form in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the Owner/Applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions Act, and to the extent applicable, the Federal ESIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the data on the electronic application in such a manner that the electronic signature is invalidated if any of the data on the application is changed. We also certify that such electronic signature intended for use with these applications will not be affixed to or duplicated on any other document.

A copy of the application, identical to the filed form, will be printed and made part of any policy issued.

We would appreciate your review and approval of this form.

Sincerely,

MONUMENTAL LIFE INSURANCE COMPANY

Suzanne K. Voight  
Policy Analyst

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Contract Development  
 (319) 355-7860 (collect)  
 Fax #: (319) 355-2501  
 Suzanne.Voight@transamerica.com

## Company and Contact

### Filing Contact Information

Suzanne Voight, Policy Analyst svoight@aegonusa.com  
 4333 Edgewood Road NE 319-355-7860 [Phone]  
 Cedar Rapids, IA 52449 319-355-2501 [FAX]

### Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa  
 4333 Edgewood Road NE Group Code: 468 Company Type:  
 Cedar Rapids, IA 52499 Group Name: State ID Number:  
 (319) 355-7888 ext. [Phone] FEIN Number: 52-0419790

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	05/11/2011	47486645

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/13/2011	05/13/2011

*SERFF Tracking Number:*      *AEGB-127109737*                      *State:*                      *Arkansas*  
*Filing Company:*              *Monumental Life Insurance Company*              *State Tracking Number:*      *48743*  
*Company Tracking Number:*      *SAIUL1208M*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Supplemental Application*  
*Project Name/Number:*      *Supplemental Application/SAIUL1208M*

## **Disposition**

Disposition Date: 05/13/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: SAIUL1208M**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SAIUL1208M	Application/Supplemental Enrollment Form	Application for Index Universal Life Policy	Initial		51.800	SAIUL1208M.pdf

**MONUMENTAL LIFE INSURANCE COMPANY**

Administrative Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

**Supplemental Application for Index Universal Life Policy**

Supplement to Application Dated: \_\_\_\_\_

Premium Amount: \$ \_\_\_\_\_

Indicate your premium allocation percentages below. Total must equal 100%.

_____	.0%	Global Index Account
_____	.0%	Index Account
_____	.0%	Basic Interest Account
_____	<b>100%</b>	<b>Total</b>

Each of the undersigned hereby certifies and represents as follows:

The statements and answers given on this application are true and correct. I acknowledge and agree that this Supplemental Application together with the original application and any amendments thereto shall be the basis for any insurance issued. This Supplemental Application shall form a part of the original application and of the policy issued thereunder, if any, and they shall be binding on any person who shall have or claim any interest under such policy.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Signature Of Owner if other than Proposed Insured

\_\_\_\_\_  
Signature Of Proposed Insured

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachment:**

Flesch Score Cert ML.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** AR Certifications

**Comments:**

**Attachments:**

AR - Cert of Regulation 34.pdf

AR - Rule and Regulation 19.pdf

AR - Bulletin 11-83.pdf

AR - Cert of Regulation 49.pdf

AR - Regulation 33 Cert.pdf

AR - Cert of Compliance 23-79-138.pdf

**MONUMENTAL LIFE INSURANCE COMPANY  
FLESCH READABILITY CERTIFICATION**

**Form Number (may vary by state)**

**Flesch Score**

SAIUL1208M

51.8

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

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Cheryl Bock, Assistant Vice President of Contract Development

**STATE OF ARKANSAS  
REGULATION 34**

Form Number: SAIUL1208M

Date: 5/11/2011

We certify that to the best of our knowledge and belief, we are in compliance with Arkansas Rule and Regulation 34 regarding Universal Life products.

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President Contract Development

MONUMENTAL LIFE INSURANCE COMPANY

**RULE AND REGULATION 19  
STATE OF ARKANSAS**

Form Number: SAIUL1208M

Date: 5/11/2011

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

*Cheryl Bock*

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Cheryl Bock, Assist. Vice President Contract Development

MONUMENTAL LIFE INSURANCE COMPANY

**BULLETIN 11-83  
STATE OF ARKANSAS**

Form Number: SAIUL1208M

Date: 5/11/2011

I hereby certify that the accompanying life product is in compliance with Bulletin 11-83.

*Cheryl Bock*

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Cheryl Bock, Assist. Vice President Contract Development

MONUMENTAL LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49  
STATE OF ARKANSAS

Form Number: SAIUL1208M

Date: 5/11/2011

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

*Cheryl Bock*

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Cheryl Bock, Assist. Vice President Contract Development

# **REGULATION 33 CERTIFICATION**

Company Name: Monumental Life Insurance Company

Form Number: SAIUL1208M

Date: 5/11/11

We certify that, to the best of our knowledge and belief, we are in compliance with Regulation 33 of the State of Arkansas.

*Cheryl Bock*

Assistant Vice President, Contract Development

MONUMENTAL LIFE INSURANCE COMPANY

**CERTIFICATION OF  
ARKANSAS INSURANCE CODE  
23-79-138**

Policy Number: SAIUL1208M

Date: 5-11-2011

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

*Cheryl Bock*

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Cheryl Bock, Assistant Vice President, Contract Development