

SERFF Tracking Number: GPML-127197886 State: Arkansas  
 Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 49149  
 Company Tracking Number: MBA-G-90-FPB  
 TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other  
 Product Name: MBA-Dependent Enrollment Form-Term 90  
 Project Name/Number: MBA-Dependent Enrollment Form-Term 90/MBA-G-90-FPB

## Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: MBA-Dependent Enrollment Form-Term 90 SERFF Tr Num: GPML-127197886 State: Arkansas

TOI: L04G Group Life - Term SERFF Status: Closed-Approved-Closed State Tr Num: 49149

Sub-TOI: L04G.500 Other Co Tr Num: MBA-G-90-FPB State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird

Authors: Linda Boydston, Norma Castillo Disposition Date: 06/30/2011

Date Submitted: 06/27/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:

Implementation Date:

## General Information

Project Name: MBA-Dependent Enrollment Form-Term 90

Project Number: MBA-G-90-FPB

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association

Filing Status Changed: 06/30/2011

State Status Changed: 06/30/2011

Created By: Norma Castillo

Corresponding Filing Tracking Number:

Filing Description:

Application form, MBA-G-90-FP, will be used by members who currently have MBA Term 90 Life Insurance Coverage under certificate form number GP01-MBA Term 90 in order to apply for family coverage for their dependent spouse and unmarried dependent children. GP01-MBA Term 90 was approved in your jurisdiction on 07/12/2004.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/24/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Large

Overall Rate Impact:

Deemer Date:

Submitted By: Linda Boydston

MBA-G-90-FPB is the brochure/advertising piece and will be used with the application form.

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These forms are a new submission. They have not previously been disapproved. They are not intended to supersede a form previously submitted but not yet approved. These forms are in final print format, however, we reserve the right to change the format of the forms due to technological advances.

## Company and Contact

### Filing Contact Information

Norma Castillo, Regulatory Filing Assistant anc@gpmlife.com  
 2211 N.E. Loop 410 800-938-4765 [Phone] 2724 [Ext]  
 P.O. Box 659567 210-357-6722 [FAX]  
 San Antonio, TX 78217

### Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas  
 Company  
 2211 N.E. Loop 410 Group Code: 4712 Company Type: LAH  
 P.O. Box 659567 Group Name: State ID Number:  
 San Antonio, TX 78217 FEIN Number: 74-0651020  
 (800) 938-4765 ext. 2814[Phone]

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: Texas retaliatory fee is \$100.00 for approval  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$100.00	06/27/2011	49156163

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/30/2011	06/30/2011

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## Disposition

Disposition Date: 06/30/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GPML-127197886 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	MBA Term 90 Family Insurance Coverage Enrollment Form		Yes
Form	MBA Term 90 Brochure		Yes

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## Form Schedule

Lead Form Number: MBA-G-90-FP

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	MBA-G-90-FP	Application/Enrollment Form	MBA Term 90 Family Initial Insurance Coverage Enrollment Form			48.400	MBA-G-90-FP.pdf
	MBA-G-90-FPB	Advertising	MBA Term 90 Brochure	Initial		54.100	MBA-G-90-FPB.pdf

# Application for MBA Term 90 Family Life Insurance Coverage

**Underwritten by Government Personnel Mutual Life Insurance Company (GPM Life)  
San Antonio, TX**

I hereby apply for MBA TERM 90 Family Life Insurance Coverage for my dependent(s) under group life insurance policy GP01 issued to the Military Benefit Association by GPM Life.

**Name** \_\_\_\_\_ **SSN** \_\_\_\_\_  
(Please Print) First Middle Last

Current Address \_\_\_\_\_

Home Phone No. ( ) \_\_\_\_\_ Work Phone No. ( ) \_\_\_\_\_

Alternate Phone No. ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Has your spouse used ANY tobacco products during the past 12 months?  Yes  No

**SPOUSE COVERAGE\*: Check Box. Compute Premium and list spouse information in FAMILY LIFE COVERAGE section.**

- [\$25,000  \$50,000  \$75,000  \$100,000  
 \$125,000  \$150,000  \$175,000  \$200,000  
 \$225,000  \$250,000]

A. Monthly Premium for one \$25,000 unit = \$ \_\_\_\_\_

B. Number of units of coverage X \_\_\_\_\_

C. Spouse's monthly premium (A x B) = \$ \_\_\_\_\_

\*The amount of spouse coverage may not exceed the amount of member coverage. Wyoming residents: Dependent spouse coverage may not exceed 50% of insured Member coverage.

If you are insured for a minimum of 2 units (\$100,000) on your life, each child may be covered, AT NO EXTRA COST, for \$2,500 per unit you purchased on your life. Child benefits are \$500 per unit at age 14 days to 6 months, then \$2,500 per unit to age 21, or age 25 if a full-time student in an accredited school. A maximum of \$12,500 is available for each child.

## FAMILY LIFE COVERAGE

Please list your spouse and all unmarried dependent children under age 21, or age 25 if enrolled full-time in an accredited school. **Specify relationship if other than your natural child.**

NAME	DATE OF BIRTH	HEIGHT/WEIGHT	DEPENDENT'S RELATIONSHIP
			(Spouse)

Spouse SSN: \_\_\_\_\_

**MEDICAL HISTORY AND OTHER INSURABILITY QUESTIONS:** Failure to completely and correctly answer the questions below may result in coverage being voided from its effective date. These questions pertain to everyone to be insured for life insurance coverage.

- |   |   |
|---|---|
| <p>1. Has <b>any person to be insured</b> ever had or been treated for cancer, heart or circulatory trouble, high blood pressure, diabetes, psychiatric conditions, neurological impairment, disorders of the kidney, liver, gastrointestinal system or blood, respiratory disorders, alcohol or drug abuse, Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the antibodies to the HIV virus?.....</p> | <p style="text-align: center;"><i>Circle Answers</i></p> <p>Yes      No</p> |
| <p>2. Currently, or during the past 5 years, has <b>any person to be insured</b> consulted any physician or other practitioner, been hospitalized, had an operation or been under any kind of prescribed medication?.....</p>   | <p>Yes      No</p>  |
| <p>3. In the past 5 years, has <b>any person to be insured</b> been convicted of 2 or more moving violations, or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked?.....<br/>Driver's License No./State _____</p>   | <p>Yes      No</p>  |
| <p>4. In the past 5 years, has <b>any person to be insured</b> engaged in: ballooning, cave exploration, parachuting, hang gliding, vehicle racing, scuba diving, mountain climbing or made any flight other than as a passenger?.....</p>  | <p>Yes      No</p>  |

If the answers to any of the above questions is "Yes", give complete details below. (If necessary, use a separate sheet of paper and attach it to the application.)

Name of person	Illness or Condition – Date of Onset – Duration – Treatment – Operations – Medication – Degree of recovery and Date	Name and address of Physician or other Practitioner and Hospitals where confined or treated.
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**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.

**For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or any person who 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.

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

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I agree that coverage will not become effective for my dependents until the first day of the calendar month coincident with or next following the date this application is approved by GPM Life and the premium is received by the Military Benefit Association.

Only an officer of GPM Life can modify the insurance contract or waive any requirement for coverage.

**AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION:** I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, employer, insurer or its agent, reinsurer, Medical Information Bureau, Inc. (MIB), government or law enforcement unit, consumer reporting agency, or the Department of Motor Vehicles having information as to the mental or physical health, occupation, avocation, other insurance, character, habits, driving record, finances or age of me or my minor children, to give such information to Government Personnel Mutual Life Insurance Company or its reinsurer(s) at any time, including after my death. I further authorize all said sources, except Medical Information Bureau, Inc., to give such information to any

agent or insurance support organization acting for Government Personnel Mutual Life Insurance Company or its reinsurer(s).

Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by Government Personnel Mutual Life Insurance Company to its reinsurer(s), the Medical Information Bureau, Inc. in connection with my application or claim, or as may be otherwise lawfully required.

I agree that a photocopy of this form will be as valid as the original. I also agree that this form will be valid for (1) 30 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. (For Virginia residents: I agree that this form will remain valid for 30 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, and for the duration of a claim for benefits.) I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices", "Investigative Consumer Reports", and "Medical Information Bureau Inc.", from Government Personnel Mutual Life Insurance Company.

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Do you have any life insurance or annuity contract?  Yes  No.

Is the insurance applied for intended to replace any existing insurance or annuity contract?  Yes  No.

**By my signature below, I attest that the answers and statements, each of which I have made and read, are complete and true and shall form the basis for the issuance of insurance.**

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<b>Member's Signature</b>	<b>Signed At (City/State)</b>	<b>Date</b>
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<b>Spouse's Signature</b> (If applying for Spouse Coverage)	<b>Signed At (City/State)</b>	<b>Date</b>
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**If you make corrections to this form, please initial each correction.**

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**Send the application to: MILITARY BENEFIT ASSOCIATION, 14605 Avion Parkway, P.O. Box 221110, Chantilly, VA 20153-1110.**

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# ADDITIONAL INFORMATION

**WRITING AGENT:** These special notices must be detached and given to the Proposed Insured.

**PROPOSED INSURED:** PLEASE RETAIN THESE SPECIAL NOTICES FOR YOUR RECORDS.

## NOTICE UNDER THE FAIR CREDIT REPORTING ACT

**INFORMATION PRACTICES:** In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

**INVESTIGATIVE CONSUMER REPORTS:** As part of the underwriting process, we may request an investigative consumer report from a consumer reporting agency for the purpose of obtaining information about your character, reputation and mode of living, through personal interviews with your friends, neighbors, and associates. You may ask for a personal interview with the consumer reporting agency in connection with any investigative consumer report which may be prepared. You are also entitled, upon written request pursuant to law, to be informed of the nature and scope of the investigation and to receive a copy of the report.

For further information, write the Underwriting Department, GPM Life, P. O. Box 659567, San Antonio, Texas 78265-9567.

## GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY San Antonio, Texas 78265

**MEDICAL INFORMATION BUREAU, INC.:** Information regarding your insurability will be treated as confidential. Government Personnel Mutual Life Insurance Company, or our reinsurer(s), may, however, make a brief report thereon to the MIB Inc. (MIB) formerly known as Medical Information Bureau, a not-for profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Government Personnel Mutual Life Insurance Company, or its reinsurer(s), may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).



**MILITARY BENEFIT ASSOCIATION**

14605 Avion Parkway, P.O. Box 221110  
Chantilly, VA 20153-1110  
(703) 968-6200

[www.militarybenefit.org](http://www.militarybenefit.org)



**GPM LIFE**

*This coverage is underwritten by  
Government Personnel Mutual Life Insurance  
Company (GPM) under policy number GP01*

Not available in all states.

[www.gpmlife.com](http://www.gpmlife.com)

# MBA TERM 90 LIFE – FAMILY INSURANCE COVERAGE

## MILITARY BENEFIT ASSOCIATION

Underwritten by Government Personnel Mutual Life Insurance Company (GPM Life), San Antonio, TX

### ELIGIBILITY

If you currently have MBA Term 90 Life Insurance Coverage, you may apply for family coverage for your dependent spouse, under age 62, and unmarried dependent children at least 14 days old but under age 21 (age 25 if a full-time student in an accredited school). A spouse or child may NOT be insured as a dependent if he or she is insured as a Member of MBA. If a husband and wife are separately insured as Members under the same coverage, their dependent children may be insured dependents of either the husband or the wife, but not both.

You must notify MBA within 30 days of the birth of any child not listed on the application form.

### AMOUNTS AVAILABLE

You may apply for family coverage of up to \$250,000 for your dependent spouse in units of \$25,000. The amount of a dependent's coverage may not exceed the amount of the member's coverage. (Wyoming residents: Dependent spouse coverage may not exceed 50% of insured Member coverage).

If you currently have a minimum of 2 units (\$100,000) in force on your life, each dependent child may be covered, AT NO EXTRA COST, for \$2,500 per unit that you currently have in force. Child benefits are \$500 per unit at age 14 days to 6 months, then \$2,500 per unit to age 21, or age 25 if a full-time student in an accredited school. A maximum of \$12,500 is available for each dependent child.

### PREMIUM RATES

Rates are based on the dependent spouse's current age on the effective date of coverage and apply for the first twelve months, excluding age group changes. Although rates have not changed in the past, we reserve the right to change rates in any year after issue of coverage. Individual Group Rates may be increased but only if the entire Group's rates are changed. It will be necessary for you to increase your allotment or premium payment when premiums increase. If you fail to pay the increase in premium, coverage will be continued, but in a reduced amount.

### COMPETITIVE MONTHLY PREMIUMS

Dependent spouses qualify for non tobacco discount if they have not used tobacco products during the past 12 months.

Dependent Spouse Monthly Premium Per \$25,000 Unit of Coverage		
Spouse's Attained Age	Non Tobacco User Premium	Tobacco User Premium
0-39	\$ 1.65	\$ 3.30
40-49	1.90	3.80
50-59	8.75	16.75
60-89	16.25	32.50

To calculate the premium, find the monthly premium for your spouse's attained age using the Dependent Spouse Premium table above and multiply the monthly premium by the number of \$25,000 units of desired coverage.

### LIVING BENEFIT

An insured dependent spouse, under age 69, with \$50,000 or more coverage may elect to receive 25% of coverage in force, while he or she is living. This benefit may be paid in one lump sum to the insured under this coverage upon request and verification that the insured has a life expectancy of less than 12 months after diagnosis of a terminal illness.

### EXCLUSION

No benefit will be paid in the first two years of coverage if the dependent's death occurs from suicide, or if a factor(s) affecting insurability, such as health is misrepresented. Instead, the premiums, if any, will be refunded.

## BENEFIT PROVISIONS AND SCHEDULE

Death Benefit Schedule			
Number of \$25,000 Units	DEPENDENT SPOUSE'S Age at Death		
	0-69	70-79	80-89
1	\$ 25,000	\$ 8,750	\$ 2,500
2	\$ 50,000	\$ 17,500	\$ 5,000
3	\$ 75,000	\$ 26,250	\$ 7,500
4	\$ 100,000	\$ 35,000	\$ 10,000
5	\$ 125,000	\$ 43,750	\$ 12,500
6	\$ 150,000	\$ 52,500	\$ 15,000
7	\$ 175,000	\$ 61,250	\$ 17,500
8	\$ 200,000	\$ 70,000	\$ 20,000
9	\$ 225,000	\$ 78,750	\$ 22,500
10	\$ 250,000	\$ 87,500	\$ 25,000

*Note: The Lump Sum Death Benefits listed above assume that the Member pays the premium increases scheduled at each new age bracket; otherwise, the Lump Sum Death Benefit will be reduced to 90% of the amounts the premium actually paid provides at the Dependent Spouse's age. You may request an example from MBA.*

### EFFECTIVE DATE OF INSURANCE

Coverage becomes effective on the first day of the month coincident with or next following both a) approval by Government Personnel Mutual Life Insurance Company (GPM Life) of your application for insurance and b) receipt by MBA of the required premium, if applicable.

However, if the dependent spouse and/or children are hospitalized on the date his or her insurance would otherwise go into effect, the coverage will not begin until the day after he or she is discharged.

## CONVERSION PRIVILEGE

Dependents have a conversion privilege to an Individual policy of life insurance with GPM Life, as explained in the certificate of coverage.

### CANCELLATION PROTECTION, TERMINATION

Life insurance coverage cannot be terminated by the insurer prior to age 90 for the dependent spouse, as long as your MBA membership continues, the master group policy stays in force, and premiums continue to be paid. Child coverage terminates on the date the child marries, reaches age 21 (age 25 if enrolled as a full-time student in an accredited school), or when Member ceases to be insured, if earlier.

### HOW TO APPLY

**Complete the Application Form** – Requests for insurance must be approved by GPM Life. Be sure to submit a signed application form completed in its entirety. Additional evidence of insurability and/or a medical examination may be required, particularly in those cases where the amount of insurance applied for, plus the amount of life insurance coverage sponsored by MBA already in force, exceeds \$250,000. The maximum coverage available on one individual under any combination of life insurance coverage sponsored by MBA is \$500,000.

**Return the Application Form** – Your dependent(s) must meet eligibility requirements on the effective date of insurance coverage. Therefore, application forms must be approved while they are still eligible. Application forms should be received at least three months before determination of eligibility.

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## Supporting Document Schedules

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

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Reability Certification-signed.pdf  
Bulletin 15-2009.pdf  
Regulation 49.pdf  
Rule and Regulation 19.pdf

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

**Satisfied - Item:** Application

**Comments:**

Application is being submitted for approval under the Form Schedule Tab.

02AR

ARKANSAS

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

FLESCH SCORE

**MBA-G-90-FP**

**48.4**

**MBA-G-90-FPB**

**54.1**

This is to certify that the above referenced forms have achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Insurance Code 23-80-206.



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Sean Staggs, FSA, MA, AA

Assistant Vice President & Associate Actuary

AR certification2

ARKANSAS

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**MBA-G-90-FP**

**MBA-G-90-FPB**

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 15-2009 and the form complies with these guidelines.

A handwritten signature in black ink, appearing to read "C. Alan Ferguson", written over a horizontal line.

C. Alan Ferguson

Senior Vice President, General Counsel and Secretary

AR certification3

ARKANSAS

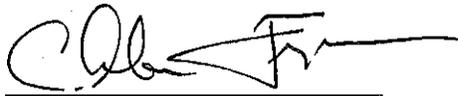
INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**MBA-G-90-FP**

**MBA-G-90-FPB**

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.

A handwritten signature in black ink, appearing to read "C. Alan Ferguson", written over a horizontal line.

C. Alan Ferguson

Senior Vice President, General Counsel and Secretary

AR certification1

ARKANSAS

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

**MBA-G-90-FP**

**MBA-G-90-FPB**

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.

A handwritten signature in black ink, appearing to read "C. Alan Ferguson", written over a horizontal line.

C. Alan Ferguson

Senior Vice President, General Counsel and Secretary