

SERFF Tracking Number: STAR-127345365 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 49588
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Modification Rider
Project Name/Number: /SHGRPOL-RID

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Modification Rider

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: STAR-127345365 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49588

Co Tr Num:

Author: Belle Lucas

Date Submitted: 08/18/2011

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 08/19/2011

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number: SHGRPOL-RID

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 08/19/2011

State Status Changed: 08/19/2011

Created By: Belle Lucas

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

To Whom It May Concern:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Belle Lucas

The enclosed Policy Modifications Rider will be used to amend any health insurance policy or certificate to reflect changes in insurance amounts, increases or decreases in benefits, name changes, etc. A John Doe sample of the form is provided.

The Rider form will be used with the following previously approved forms:

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 VI-2007CT-AR, et al- approved 9/6/07;
 DN-2007CT-AR, et al-approved 1/19/07;
 DN-2010GRPCT-AR, et al-approved 6/30/11

We also plan to use the rider with any form approved at a later date.

A Statement of Variability is also included to provide examples of additional uses of the form.

Please call or email me at 225-400-9282 or at belle@starmountlife.com if you have any questions.

Sincerely,
 Belle Lucas
 Compliance Specialist

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist
 P.O. Box 98100
 Baton Rouge, LA 70898

belle@starmountlife.com
 225-926-2888 [Phone]

Filing Company Information

Starmount Life Insurance Company
 7800 Office Park Boulevard
 Baton Rouge, LA 70809
 (225) 926-2888 ext. [Phone]

CoCode: 68985
 Group Code:
 Group Name:
 FEIN Number: 72-0977315

State of Domicile: Louisiana
 Company Type:
 State ID Number:

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	08/18/2011	50734398

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/19/2011	08/19/2011

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Disposition

Disposition Date: 08/19/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	policy rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SHGRPOL-RID

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/19/2011	SHGRPOL-RID	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		Initial		41.600	Starmount Policy Modifications Rider.pdf



STARMOUNT LIFE INSURANCE COMPANY

8485 Goodwood Blvd. Baton Rouge, LA 70806-7878

Administrative Office: [Starmount Life Insurance Company, 8485 Goodwood Blvd., P.O. Box 98100
Baton Rouge, LA 70898-9100
Toll Free Telephone No: 1-888-729-5433]

Policy Modifications

Policy Modifications: Policy/Certificate Number [Current Policy/Certificate #], Form # [DN-2007 GRP] [VI-2007 GRP] [DN-2010 GRP] is amended as follows:

[The Policyholder is changed from [Original Name of Group to whom policy was issued] to [New Name of Group for which coverage remains in force].

[The Anniversary Date is changed from [Original Anniversary Date] to [New Anniversary Date].

[The Initial Term is changed from [12 months] to [15 months]

[The Initial Premium Rate guarantee period shown on the Premium Schedule is changed to read as follows:
Initial Premium Rate is guaranteed from [initial effective date, 2009] to [new renewal date, 2010].]

[New premium rates as a result of this change are: \$XX.XX per month]

[The following procedure is added to the Schedule of Covered Procedures:

Covered Procedures	Procedure Class*	Waiting Period (Months)	Limitation	Maximum Reimbursement	
[Adjunctive Pre-Diagnostic Oral Cancer Screening]	[A]	[(0)]	(e) (jj)	Up to \$45	Up to \$45

]

In all other respects, the Policy/Certificate remains the same.

RIDER: This rider, issued [January 1, 2009, forms a part of Policy/Certificate No. [2ABC109] issued to [**Policyholder**]. It is effective [Date change is effective]. It does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

Signed for **The Company**

Jeffrey G. Wild, Secretary

Erich Sternberg, President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/19/2011
Comments:			
Attachment:			
Flesch Readability.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	08/19/2011
Bypass Reason:	N/A- rider only		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	08/19/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	08/19/2011
Bypass Reason:	N/A		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	08/19/2011
Bypass Reason:	N/A- limited benefits only.		
Comments:			

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	Item Status:	Status
Satisfied - Item: Statement of Variability	Approved-Closed	08/19/2011
Comments:		
Attachment:		
SHGRPOL-RID Stmt of Variables.pdf		

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

FORM	WORDS	PARAGRAPHS	SENTENCES	SCORE
SHGRPOL-RID	252	33	120	41.6

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.

Digitally signed by Jeffrey G. Wild
DN: cn=Jeffrey G. Wild, o=Starmount Life, ou=Financial,
email=JeffW@Starmountlife.com, c=US
Date: 2011.08.09 09:29:19 -05'00'

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: 08-09-2011

Form SHGRPOL-RID
Statement of Variability

The attached endorsement will be used to make the following types of changes to the policy to which it is attached.

1. Changes in the insured's/policyholder's name (due to marriage, divorce, etc.)
2. Changes in the premium due date at the Policyholder's request
3. Change in initial rate guarantee
4. Provide notification to existing Insureds of any change in premium rates (subject to any required state approvals)
5. Verify change in premium tier, as requested by the insured. For example, a change from Insured Only coverage to Family coverage.
6. Addition or deletion of dependents
7. Change in eligibility, i.e., Adding/Deleting Class of Employees
8. Change Dependent age eligibility – per state mandate, or upon group's request
9. Change in the effective date or termination date
10. Adding or Deleting Optional Benefit Riders, as requested by the Policyholder
11. Change in benefit amount, benefit limits, waiting periods, or elimination periods.
12. With respect to Dental insurance, adding a Covered Procedure to the list of Covered Dental Procedures

Note that any changes made by this Rider will always be in accordance with the previously approved variability for the policy to which the endorsement is attached.