

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: SLTL2500GCA APPVER
Project Name/Number: Application Verification Form/L081-1

Filing at a Glance

Company: Stonebridge Life Insurance Company
Product Name: SLTL2500GCA APPVER
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 11/13/2012
SERFF Tr Num: AEGB-128767908
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: SLTL2500GCA APPVER

Implementation: On Approval
Date Requested:
Author(s): Deb White
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/26/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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General Information

Project Name: Application Verification Form Status of Filing in Domicile: Pending
 Project Number: L081-1 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Discretionary Overall Rate Impact:
 Filing Status Changed: 11/26/2012
 State Status Changed: 11/26/2012 Deemer Date:
 Created By: Deb White Submitted By: Deb White
 Corresponding Filing Tracking Number: 3Y001008

Filing Description:
 Stonebridge Life Insurance Company

 November 13, 2012

Arkansas Department of Insurance
 Re: Application Verification SLTL2500GCA APPVER
 NAIC #: 65021 NAIC Group #: 0468
 Company FEIN #: 30-0164230

Dear Commissioner:

The application verification form will be used when taking the application via telemarketing methods. The company uses an electronic signature process for the customer's signature of the application when taking the application over the telephone, and will maintain records of sales of this product in a secure electronic format.

SLTL2500GCA APPVER will be used on Stonebridge Life Insurance Company paper. This form will be used in all states including Missouri where coverage under the group policy may be issued.

The application verification form will be used with previously approved Group Term To Age 120 Life Insurance Group Certificate SLTL2500GC, approved July 12, 2012 and Group Certificate Application SLTL2500GCA, approved July 27, 2012.

Thank you for the review of this form. Please do not hesitate to contact me with any concerns or questions.

Regards,

Deb White
 Contract Development
 Ph: 319-355-7265
 Fax: 319-355-2501
 deb.white@transamerica.com

Company and Contact

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: SLTL2500GCA APPVER
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Filing Contact Information

Debra White, Policy Analyst Deb.White@Transamerica.com
 4333 Edgewood Rd. NE 319-355-7265 [Phone]
 MS 2225 319-355-2501 [FAX]
 Cedar Rapids, IA 52499

Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont
 4333 Edgewood Rd. NE Group Code: 468 Company Type: Life & Health
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-8511 ext. [Phone] FEIN Number: 03-0164230

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Stonebridge Life Insurance Company	\$50.00	11/13/2012	64862036

SERFF Tracking #:

AEGB-128767908

State Tracking #:

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SLTL2500GCA APPVER

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L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/26/2012	11/26/2012

SERFF Tracking #:

AEGB-128767908

State Tracking #:

Company Tracking #:

SLTL2500GCA APPVER

State:

Arkansas

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Disposition

Disposition Date: 11/26/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Supporting Documents		Yes
Form	Application Verification Form		Yes

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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Form Schedule

Lead Form Number: SLTL2500GCA APPVER

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Application Verification Form	SLTL2500GCA APPVER	AEF	Initial		50.400	SLTL2500GCA APPVER.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**Term To Age 120 Life Insurance
Application Verification**

Keep this form with your Certificate of Insurance. Your acceptance of this offer is on file at our Administrative Office.

This document is a verification record of your telephone-recorded application for the Term to Age 120 Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of birth, gender, height and weight, the answers and information you provided to the health questions which qualified you for this plan, and your authorization to disclose your medical information to Stonebridge Life Insurance Company.

Our records indicate the following information:

Name/Address: [John Q. Public]
[1000 Anywhere Street]
[Any Town, USA 75000]

Date of Birth: [01/05/1968] Age: [44] Gender: [Male]

Height: [5'10"] Weight: [185 lbs.]

Will this insurance replace or change any life insurance that you now have? Yes No

Initial Life Insurance Benefit Amount: [\$100,000.00]

Health Questions

1. Have you used any tobacco or nicotine based products within the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. In the past 3 years, have you had a driver's license suspended and/or revoked or been cited or arrested for driving while intoxicated (DWI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. In the past 10 years, have you been diagnosed with or treated for: any disease or disorder of the heart, blood, lungs, liver, kidneys; AIDS or AIDS Related Complex; any mental, nervous, circulatory, digestive or immune disorder; high blood pressure, stroke, hepatitis, cancer or tumor, diabetes, drug or alcohol abuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 10 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Other than those conditions covered in Question 3 during the last three years have you had an examination that was caused by an illness, injury, or abnormal physical condition, or follow-up of a diagnosed condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FULL DETAILS YOU PROVIDED TO QUESTIONS 2, 3, 4, or 5 THAT YOU ANSWERED "YES"

QUES. NO.	REASON OR CONDITION	DATE(S)	RESULTS	NAMES, COMPLETE ADDRESSES AND TELEPHONE NUMBERS OF DOCTORS AND MEDICAL FACILITIES

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

I understand and affirm by my signature below that, to the best of my knowledge and belief, the information in this entire application is true and complete. I understand that if I fail to give true and complete answers on this application, benefits may be denied during the first 2 Certificate Years I understand that no insurance is in effect unless the following happens while I am alive. Stonebridge: (1) approves this application; and (2) receives the first premium [before] [within 21 days after] the Certificate Effective Date. **I have read or have had read to me the NOTICE TO APPLICANT that accompanies this form as required by the Fair Credit Reporting Act [and my state's fraud notice that is on this application verification form].**

Authorization for disclosures of medical information to Stonebridge Life Insurance Company
I understand I am not required to sign this authorization; however, without it Stonebridge cannot achieve two purposes, (1) its underwriters cannot determine my eligibility for insurance; and (2) its claim adjusters may not be able to pay my claim. I authorize any medical practitioner, medical related institution, government agency, paramedic facility, medical record retrieval services, pharmaceutical services, insurance company, reinsurer, plan administrator, the MIB, Inc, or any Consumer Reporting Agency, to disclose to Stonebridge **all of my medical records** except psychotherapy notes (e.g., my medical history, diagnoses, symptoms, treatments, prescription drug information, alcohol or drug or tobacco use or abuse or information regarding communicable or infectious conditions, such as AIDS). I understand that entities to which this information may be disclosed may not be covered by federal privacy rules and if this information is redisclosed, it may no longer be protected by those rules. I understand this authorization or a copy: (1) expires 24 months from the date signed or if earlier, upon completion of any claim for benefits; (2) a copy will be sent to me; and (3) I may revoke it in writing at any time by sending written notice to Stonebridge [(Valley Forge, Pa. 19493)] except to the extent it is already relied upon.

FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [11/01/2012]
[Applicant's Signature] [Date Application signed]

Residents of ARKANSAS and NEW MEXICO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicants.

Residents of RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Residents of NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Residents of KENTUCKY and PENNSYLVANIA: 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.

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

SERFF Tracking #:

AEGB-128767908

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Flesch Score SL.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Supporting Documents		
Comments:			
Attachment(s):			
AR Cover Letter SL.pdf Explanation of Variability.pdf			

**STONEBRIDGE LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

SLTL2500GCA APPVER

50.4

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

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

Stonebridge Life Insurance Company

November 13, 2012

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Regards,

Deb White
Contract Development
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Fax: 319-355-2501
deb.white@transamerica.com

Explanation of Variability for Application Verification SLTL2500GCA APPVER

1. The name and address, date of birth, age, marital status, gender, height, weight, and coverage amount will be unique to each applicant.
2. The Administrative Office address may be.
 - a) 2700 West Plano Parkway
Plano, Texas 75075-8200
 - b) 520 Park Avenue
Baltimore, Maryland 21201
 - c) Valley Forge, Pennsylvania 19493
3. The telephone number for customer service will match the company's Administrative office location that will be issuing and administering the issued policy.
4. Either "before" or "within 21 days after" the Effective Date will be printed on an application to reflect when the first premium is due as described in the policy that may be issued to the applicant.
5. The applicant's electronic signature and date of application will be unique to each applicant.
6. The appropriate/required fraud statements will be included or excluded in its entirety depending on the states in which the application is used.