

State: Arkansas **Filing Company:** Government Personnel Mutual Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: MIB 2013 Authorization Change
Project Name/Number: Life Application/SEB12

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company
Product Name: MIB 2013 Authorization Change
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 11/01/2012
SERFF Tr Num: GPML-128692263
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: SEB12
Implementation: On Approval
Date Requested:
Author(s): Linda Boydston, Norma Castillo
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/07/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Government Personnel Mutual Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
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General Information

Project Name: Life Application Status of Filing in Domicile:
 Project Number: SEB12 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 11/07/2012
 State Status Changed: 11/07/2012
 Deemer Date: Created By: Norma Castillo
 Submitted By: Linda Boydston Corresponding Filing Tracking Number:

Filing Description:

This filing contains no unusual or controversial items from normal Company or industry standards.

Application form SEB12 is being submitted for your approval. It will replace the previously approved form shown below.

1. SEB10 approved 8/12/2010, SERFF Tracking # GPML-126706279

The form was created in order to comply with the MIB 2013 Authorization change by adding, "I authorize Government Personnel Mutual Life Insurance Company, or its reinsurers, to make a brief report of my child's/children's personal health information to MIB" to the authorization section in the application.

The difference between SEB12 and SEB10 is limited to the above MIB authorization and the form number. No other changes were made.

These forms are in final print format; however, we reserve the right to change the format 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 Company	CoCode: 63967	State of Domicile: Texas
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]		

Filing Fees

State: Arkansas **Filing Company:** Government Personnel Mutual Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: MIB 2013 Authorization Change

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Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Government Personnel Mutual Life Insurance Company	\$100.00	11/01/2012	64487262

SERFF Tracking #:

GPML-128692263

State Tracking #:

Company Tracking #:

SEB12

State:

Arkansas

Filing Company:

Government Personnel Mutual Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

MIB 2013 Authorization Change

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Life Application/SEB12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/07/2012	11/07/2012

SERFF Tracking #:

GPML-128692263

State Tracking #:

Company Tracking #:

SEB12

State:

Arkansas

Filing Company:

Government Personnel Mutual Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

Product Name:

MIB 2013 Authorization Change

Project Name/Number:

Life Application/SEB12

Disposition

Disposition Date: 11/07/2012

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	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Life Application		Yes

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Form Schedule

Lead Form Number: SEB12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Life Application	SEB12	AEF	Initial		57.800	SEB12.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

APPLICATION FOR LIFE INSURANCE
Government Personnel Mutual Life Insurance Company • [2211 N.E. Loop 410, San Antonio, Texas 78217]

SECURE ESTATE BUILDER/ESTATE BUILDER

1a. List each Proposed Insured Child to be insured
 (Ages 14 days to 14 years inclusive):

1b. Amount of Insurance: _____
 (Each child must be insured for the same amount)

First Name, Middle Initial	Last Name	Sex	Date of Birth Month Day Year	Measured Height, Weight	Social Security Number

2. **Owner** (First Name, MI, Last Name): _____

Relationship to Child (Check One): **Parent** **Grandparent** **Permanent Legal Guardian** (Attach legal guardianship papers)

Social Security #: _____ **Date of Birth:** _____ **Phone #:** _____

Address: _____

3. **Contingent Owner** (First Name, MI, Last Name): _____

Social Security #: _____ **Date of Birth:** _____ **Phone #:** _____

Address: _____ **Relationship to Child:** _____

4. **Beneficiary: You as the Owner will be the beneficiary unless you name someone else below:**

Name (First, MI, Last): _____

Relationship to Child: _____

Circle all applicable items.

5. Has any Proposed Insured Child ever been diagnosed with or treated for heart disease or disorder, abnormal heartbeat, murmur, cancer, leukemia, tumor or polyp, epilepsy, convulsions, seizures, cerebral palsy, multiple sclerosis, mental or nervous disorder, behavior or cognitive disorder, attempted suicide, or premature birth? YES NO

6. In the past 10 years, has any Proposed Insured Child been treated for or given medical advice by a member of the medical profession for diabetes, sickle cell anemia, blood disorder, chronic respiratory disorder (excluding mild asthma with occasional inhaler use), cystic fibrosis, liver disease, intestinal disease or other disorder of the gastrointestinal system, kidney disease, bladder disease, or other disorder of the genitourinary system, muscular dystrophy, or any disorder of the back, spine, bones, joints, or muscles? YES NO

7. In the past 10 years, has any Proposed Insured Child been diagnosed by a member of the medical profession as having, or been treated for, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), HIV disease, or tested positive for antibodies to the HIV virus? YES NO

8. To the best of your knowledge, has any Proposed Insured Child listed above in the past 24 months used illegal, restricted or controlled substance, except as prescribed by a medical professional; received counseling or treatment for alcohol or substance abuse; or been convicted of a felony, incarcerated, confined to a juvenile facility or been subject to probation? YES NO

9. In addition to any doctors or hospitals listed above, in the last 10 years, has any Proposed Insured:
 (a) been treated, examined or observed in a hospital, clinic, or other medical facility? YES NO
 (b) consulted with any other doctors? YES NO
 (c) been treated for, diagnosed as having, or had an operation for any other cause(s) not listed above? YES NO

AGREEMENT: I am the parent or grandparent (if legal guardian please attach a copy of guardianship papers) of the Proposed Insured Child/Children. I have read this application and all statements and answers as they pertain to them. I understand the questions and my answers, and I represent that all of the information given in it is true, complete, and correctly written. I understand that any misstatements as to the health or physical condition of the Proposed Insured Child/Children that are material to the risk assumed may cause any policy issued to become void within the contestable period. It is agreed that:

- A. This application and any amendments or supplements to it will be relied on by GPM Life as the basis of any policy which may be issued. The signer(s) agree that a complete faxed copy of this document is equivalent to the original.
- B. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for "Home Office Endorsements." Written consent must be obtained for any change in the application, where required by law.
- C. Any policy issued by GPM Life or applied for shall not take effect until the full first premium is paid, the policy is delivered to the owner during the lifetime of each Proposed Insured Child, the effective date of the policy has arrived, and all the statements and answers given in the application continue to be true and complete. The Proposed Owner, Parent, and/or Legal Guardian must notify GPM Life of any material change in health or other risk factors taking place before policy delivery.
- D. NO AGENT, BROKER OR MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS OR PASS UPON INSURABILITY, TO MAKE OR MODIFY CONTRACTS, OR TO WAIVE ANY OF GPM LIFE'S RIGHTS, CONDITIONS, OR REQUIREMENTS. ONLY AN AUTHORIZED OFFICER OF GPM LIFE CAN DO THESE THINGS.

BACKUP WITHHOLDING CERTIFICATION: (required to comply with Federal tax law): Under penalties of perjury, I (the proposed owner) certify that (A) my Social Security (Taxpayer Identification) number as shown in the Application is correct, and (B) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (NOTE: You must cross out item B above if you have been notified by the IRS that you are currently subject to backup withholding.)

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, insurer, or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, or other insurance support organization having information as to the mental or physical health, other insurance, character, habits, or age of Proposed Insured Child/Children, to give such information to GPM Life or its reinsurer(s) at any time, including after any Proposed Insured Child's death. I authorize Government Personnel Mutual Life Insurance Company, or its reinsurers, to make a brief report of my child's/children's personal health information to MIB. I further authorize all said sources, except MIB, to give such information to any agent or insurance support organization acting for GPM Life or its reinsurer(s). Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by GPM Life to its reinsurer(s), the MIB, or other persons or organizations performing business or legal services in connection with my child's 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) 24 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. 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" and "Medical Information Bureau, Inc." from GPM Life.

WARNING: Any person who knowingly and with the intent to defraud any insurance company, or other person, files an application for insurance or settlement 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.

Owner's Signature X	Date	City & State Where Application Completed
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AGENT'S STATEMENT: I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of the Proposed Insured Child/Children which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notices regarding Information Practices and the Medical Information Bureau, Inc. were given to the Owner, Parent, Legal Guardian. I further certify that I have interviewed the Owner, Parent, Legal Guardian face to face, seen all Proposed Insured Children face to face, and witnessed the above signature(s):
 Photo ID verified Type of ID _____ (REQUIRED)

To the best of your knowledge:	Yes	No
A. Do any Proposed Insured Children have an existing life insurance policy or annuity contract?	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the insurance applied for intended to replace or change any existing life insurance or annuity policy or contract?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to A or B is "Yes", attach completed replacement forms if required by your state.

X _____ Writing Agent's Signature	_____ Date	_____ Agent's Name (Please Print)	_____ State / License #	_____ GPM Life Agent #
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RECEIPT FOR PAYMENT

Received from _____ Date _____
the sum of \$ _____. The payment is received subject to the conditions below. This receipt does not provide any insurance.

I certify that I have explained all of the terms of this receipt to the Owner(s)/Applicant(s), and Proposed Insured, if different.

Signature of Writing Agent

ALL CHECKS MUST BE MADE PAYABLE TO GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

This receipt is not valid unless it is signed by an agent of GPM Life. This receipt is not valid unless the amount paid with the application, if paid by check or draft, is honored on first presentation for payment. Any policy issued by GPM Life shall not take effect until the full first premium is paid, the policy is delivered to the owner during the lifetime of the Proposed Insured, the effective date of the policy has arrived, and all the statements and answers given in the application continue to be true and complete. The Proposed Insured and Owner/Applicant must notify GPM Life of any material change in health or other risk factors taking place before policy delivery.

NO AGENT, BROKER OR MEDICAL EXAMINER IS AUTHORIZED TO ACCEPT RISKS OR PASS UPON INSURABILITY, TO MAKE OR MODIFY CONTRACTS, OR TO WAIVE ANY OF GPM LIFE'S RIGHTS, CONDITIONS, OR REQUIREMENTS. ONLY AN AUTHORIZED OFFICER OF GPM LIFE CAN DO THESE THINGS.

NOTICE OF INFORMATION PRACTICES AND NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.

WRITING AGENT: This special notice must be detached and given to the Proposed Insured.

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

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.

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY • [San Antonio, Texas 78265]

MEDICAL INFORMATION BUREAU, INC: Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734, telephone number (617) 426-3660]. Information for consumers about MIB may be obtained on its website at [www.mib.com]. We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits is submitted.

SERFF Tracking #:

GPML-128692263

State Tracking #:

Company Tracking #:

SEB12

State: Arkansas

Filing Company:

Government Personnel Mutual Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	Readability Certification-signed.pdf Regulation 19.pdf Regulation 49.pdf		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):	Memorandum of Variability.pdf		

02AR

ARKANSAS

SUBJECT - Individual Life Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER FLESCH SCORE

SEB12

57.8

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.


Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

AR certification1

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

SEB12

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.



C. Alan Ferguson
Senior VP, General Counsel
& Secretary

AR certification3

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

SEB12

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.



C. Alan Ferguson
Senior VP, General Counsel
& Secretary

Memorandum of Variability
Explanation of Variable Statements and Fields
For Government Personnel Mutual Life Insurance Company
Form SEB12

Each variable section, statement or field is denoted by [brackets]. The explanations below follow the order in which the variable fields appear in the form.

<i>Variable Statements/Fields</i>	<i>How or When Used</i>
Page 1	
1. [2211 NE Loop 410, San Antonio, Texas 78217, San Antonio, Texas 78265]	This is the company's address.
4. [50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734]	This is MIB's address
5. [617-426-3660]	This is MIB's phone number
6. [www.mib.com]	This is MIB's webpage address