

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: CR04G Group Credit - Life/CR04G.003 Single Premium
Product Name: Group Credit Insurance
Project Name/Number: Evidence Application MIB Language/

Filing at a Glance

Company: Minnesota Life Insurance Company
Product Name: Group Credit Insurance
State: Arkansas
TOI: CR04G Group Credit - Life
Sub-TOI: CR04G.003 Single Premium
Filing Type: Form
Date Submitted: 11/05/2012
SERFF Tr Num: MNNL-128755361
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: SRH-624

Implementation: 01/01/2013
Date Requested:
Author(s): Paula Moris, Steve Halverson, Teresa Guindon
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/08/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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TOI/Sub-TOI: CR04G Group Credit - Life/CR04G.003 Single Premium
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General Information

Project Name: Evidence Application MIB Language	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments: Forms are for use in Arkansas and not in our state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Other	Explanation for Other Group Market Type: Group Credit Insurance
Overall Rate Impact:	Filing Status Changed: 11/08/2012
	State Status Changed: 11/08/2012
Deemer Date:	Created By: Steve Halverson
Submitted By: Steve Halverson	Corresponding Filing Tracking Number:

Filing Description:

RE: MINNESOTA LIFE FILE NO.: SRH-624
 13-60518.3 Group Credit Life/Disability Single Premium Evidence Application
 13-60519.3 Group Credit Life/Disability Outstanding Balance Evidence Application

We are submitting the above-referenced forms for your consideration and approval.

Forms 13-60518.3 and 13-60519.3 are virtually identical to forms 09-60421.3 and 09-60422.3, approved March 15, 2011 (SERFF Tracking Number MNNL-127070303).

The enclosed forms differ from the currently approved forms only with respect to the addition of the following sentence to the first paragraph of the authorization section at the bottom of the first page pursuant to the MIB change requiring the sentence to be added to the authorization effective January 1, 2013 – "I authorize Minnesota Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB."

The rates to be used with these forms are those approved for use with the aforementioned previously approved forms.

May we have approval of the above-referenced forms for use in Arkansas?

Company and Contact

Filing Contact Information

Steve Halverson, Senior Product Compliance Analyst	steven.halverson@securian.com
400 ROBERT STREET NORTH	651-665-4403 [Phone]
ST. PAUL, MN 55101-2098	651-665-5424 [FAX]

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: CR04G Group Credit - Life/CR04G.003 Single Premium
Product Name: Group Credit Insurance
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Filing Company Information

Minnesota Life Insurance Company	CoCode: 66168	State of Domicile: Minnesota
400 Robert Street North	Group Code: 869	Company Type: Life Insurance
Law Department	Group Name:	State ID Number:
St. Paul, MN 55101-2098	FEIN Number: 41-0417830	
(651) 665-3500 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Minnesota Life Insurance Company	\$125.00	11/05/2012	64583905

SERFF Tracking #:

MNNL-128755361

State Tracking #:

Company Tracking #:

SRH-624

State:

Arkansas

Filing Company:

Minnesota Life Insurance Company

TOI/Sub-TOI:

CR04G Group Credit - Life/CR04G.003 Single Premium

Product Name:

Group Credit Insurance

Project Name/Number:

Evidence Application MIB Language/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/08/2012	11/08/2012

SERFF Tracking #:

MNNL-128755361

State Tracking #:

Company Tracking #:

SRH-624

State: Arkansas
TOI/Sub-TOI: CR04G Group Credit - Life/CR04G.003 Single Premium
Product Name: Group Credit Insurance
Project Name/Number: Evidence Application MIB Language/

Filing Company: Minnesota Life Insurance Company

Disposition

Disposition Date: 11/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Minnesota Life Insurance Company	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Group Credit Life/Disability Single Premium Evidence Application		Yes
Form	Group Credit Life/Disability Outstanding Balance Evidence Application		Yes

State: Arkansas
TOI/Sub-TOI: CR04G Group Credit - Life/CR04G.003 Single Premium
Product Name: Group Credit Insurance
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Filing Company: Minnesota Life Insurance Company

Form Schedule

Lead Form Number: 13-60518.3

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Group Credit Life/Disability Single Premium Evidence Application	13-60518.3	AEF	Initial			AR1360518.3A&BspevidappNovember12012.pdf
2		Group Credit Life/Disability Outstanding Balance Evidence Application	13-60519.3	AEF	Initial			AR1360519.3A&BobevidappNovember12012.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 Group Credit Insurance
Single Premium**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Primary applicant (first, middle, last)		Social Security No.		Date of birth			
Address (street, city, state & zip code)				Telephone number ()			
Primary applicant's height	Primary applicant's weight	Primary applicant's occupation					
Co-applicant (joint insurance only) (first, middle, last)				Date of birth			
Co-applicant's height	Co-applicant's weight	Co-applicant's occupation					
Loan term	Loan maturity date	Interest rate	Amount financed	Payment amount	Final payment amount (if different)	No. of payments	Payment frequency
Creditor beneficiary (policyholder) and address			Loan number	Loan effective date		Loan officer	

CREDIT LIFE INSURANCE			CREDIT DISABILITY INSURANCE				
Group policy number	Insurance maximum		Group policy number	Maximum monthly disability benefit		WAITING PERIOD	
Max. loan repayment period	Type of coverage <input type="checkbox"/> net <input type="checkbox"/> gross <input type="checkbox"/> level		Max. loan repayment period	Max. aggregate disability benefit		Retroactive benefit <input type="checkbox"/> yes <input type="checkbox"/> no	
Term of insurance	Termination date of insurance		Term of insurance	Termination date of insurance		Critical period coverage <input type="checkbox"/> yes <input type="checkbox"/> no	

CREDIT INSURANCE APPLIED FOR:

<input type="checkbox"/> SINGLE LIFE INSURANCE	Total Premium \$[]	<input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only)	Total Premium \$[]
<input type="checkbox"/> JOINT LIFE INSURANCE	\$[]		

INITIAL AMOUNT OF LIFE INSURANCE _____ MONTHLY DISABILITY BENEFIT _____
 If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, that I (we) may terminate it at any time, and that I (we) may use alternative coverage or purchase insurance elsewhere: **I (we) understand that if Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that

1. If life insurance is selected, I [will be under age [67] on the termination date of insurance] [am presently under age [66]] and my loan is repayable within the maximum loan repayment period shown above.
2. If joint life insurance is selected, we are eligible if the older applicant [will be under age [67] on the termination date of insurance] [is presently under age [66]] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance.
3. If disability insurance is selected, I [will be under age [67] on the termination date of insurance] [am presently under age [66]] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date.
4. A person signing this application as co-applicant is not eligible for single disability insurance.

The following questions must be answered:

PRIMARY APPLICANT		CO-APPLICANT		
YES*	NO	YES*	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any person(s), medical practitioner, institution, insurance company or the Medical Information Bureau ("MIB") to give information about my (our) physical and mental health, including alcohol or drug abuse, to Minnesota Life Insurance Company ("Company") and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I authorize Minnesota Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. I understand that the Company may provide information concerning the status of my(our) application to the plan sponsor and/or its affiliates or designates. I understand this authorization may be revoked at any time by sending a written request addressed Group Division Underwriting, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota 55101-2098. This revocation is subject to the Company's right to act in reliance on the authorization prior to the notice of revocation.

This authorization is valid for 24 months from the date this application is signed. I (we) have read this authorization, all disclosures provided, and the Consumer Privacy Notice provided, and understand that I (we) have the right to request and receive a copy of this authorization and that a photocopy shall be as valid as the original. I understand that the Company shall incur no liability because of this application unless and until it is approved by the Company, the loan is disbursed and the premium is paid, while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately. These answers are true and complete to the best of my knowledge and belief and are representations of the person(s) signing below. I understand that any false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

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.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE		DATE	CO-APPLICANT'S SIGNATURE		DATE
To Be Completed By the Insurance Company	LIFE APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____	DATE	EFFECTIVE DATE		
	DISABILITY APPROVED <input type="checkbox"/> DECLINED <input type="checkbox"/> BY _____				

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

The Company or its reinsurers may send your information, without your express authorization, to government agencies involved in regulation of insurance or, without identifying you, to insurance organizations for statistical studies.

The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau
50 Braintree Hill, Suite 400
Braintree, MA 02184-8734
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642
Website Address: www.mib.com

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? If the type of coverage is NET: (1) the initial amount of insurance is the initial amount financed or the insurance maximum, whichever is less; (2) the unpaid balance is equal to the scheduled remaining principal balance plus accrued interest; and (3) the death benefit will be calculated by determining the ratio of the initial amount of insurance to the initial amount financed and applying this ratio to the unpaid balance of the insured debtor's loan on the date of his or her death.

If the type of coverage is GROSS: (1) the initial amount of insurance is the sum of the scheduled loan payments over the term of the loan or the insurance maximum, whichever is less; and (2) the death benefit will be calculated by determining the ratio of the initial amount of insurance to the sum of the scheduled loan payments over the term of the loan and applying this ratio to the sum of the remaining scheduled loan payments on the date of the insured debtor's death. (For gross insurance coverage provided on a balloon loan, the scheduled loan payments include the balloon loan payment.)

For insurance coverage on a single payment loan (principal and interest to be repaid in one single payment), the death benefit is payable on a LEVEL basis and the amount of the death benefit is equal to: if the type of coverage is net, the initial amount of life insurance as shown in the debtor's application plus accrued interest on the date of the debtor's death; or if the type of coverage is gross, the initial amount of life insurance as shown in the debtor's application.

If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Are there limitations/exclusions affecting the amount of the death benefit? The Company will not pay a claim if the insured debtor's death occurs within 6 months after the effective date of insurance and is caused by a pre-existing medical condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance.

The Company will not pay any life claim if the insured debtor, whether sane or insane, dies by suicide within 6 months from the effective date of his or her insurance. The Company's liability will be limited to a refund of the insurance premium paid.

If there is joint life insurance in force, these limitations/exclusions apply to both jointly insured debtors.

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of:

(1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met:

(1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the Maximum Aggregate Disability Benefit has been paid; or (3) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in the debtor's application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) the loan is discharged through payment or prepayment; or (7) the insured debtor reaches age [67].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the effective date of his or her insurance and which results in total disability commencing within six months after the effective date of the insured debtor's insurance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date. In no case will insurance be extended beyond 60 days after the initial scheduled maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) the debtor requests in writing that insurance be terminated; or (5) the insured debtor dies. If joint life insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life benefit is paid; or (6) the insured debtor reaches age [67] and has disability insurance; or (7) the insured debtor reaches age [67] and has life insurance. [If joint life insurance is in force and insurance terminates on one of the debtors due to attainment of age [67], insurance will continue on the other insured under single life coverage if that person is under age [67]] [If joint life insurance is in force, insurance will terminate on both debtors on the date either debtor reaches age [67]].

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the termination date of insurance or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Rule of 78" formula for decreasing term coverage and the "Pro Rata" formula for level term life coverage. However, refunds of less than \$1.00 will not be made.

**Application Group Credit Insurance
Outstanding Balance**

MINNESOTA LIFE

Minnesota Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

Primary applicant (first, middle, last)		Social Security No.		Date of birth		
Address (street, city, state & zip code)				Telephone number ()		
Primary applicant's height	Primary applicant's weight		Primary applicant's occupation			
Co-applicant (joint life insurance only) (first, middle, last)			Date of birth			
Co-applicant's height	Co-applicant's weight		Co-applicant's occupation			
Loan term	Loan maturity date	Interest rate	Amount financed	Payment amount	No. of payments	Payment frequency
Creditor beneficiary (policyholder)		Loan number	Loan effective date	Loan officer	Type of coverage <input type="checkbox"/> closed-end <input type="checkbox"/> open-end	

CREDIT LIFE INSURANCE			CREDIT DISABILITY INSURANCE		
Group policy number	Insurance maximum		Group policy number	Maximum monthly disability benefit	Waiting period
Maximum loan repayment period			Maximum loan repayment period	Maximum aggregate disability benefit	Retroactive benefit <input type="checkbox"/> yes <input type="checkbox"/> no
Term of insurance	Termination date of insurance		Term of insurance	Termination date of insurance	Critical period coverage <input type="checkbox"/> yes <input type="checkbox"/> no

CREDIT INSURANCE APPLIED FOR: <input type="checkbox"/> SINGLE LIFE INSURANCE <input type="checkbox"/> SINGLE DISABILITY INSURANCE (Primary Applicant Only) <input type="checkbox"/> JOINT LIFE INSURANCE	CLOSED-END: Estimated	OPEN-END: Monthly Rate Per
	Total Premium	\$1000 of Insured Amount
	\$[]	\$[]
	\$[]	\$[]

INITIAL AMOUNT OF INSURANCE _____ MONTHLY DISABILITY BENEFIT _____

If Critical Period Coverage is indicated, a maximum of [12] monthly disability benefits are payable per claim occurrence.

I (we) are applying for the credit insurance coverage(s) selected above and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the sponsor of this plan and/or its affiliates or designates. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. I (we) understand that if **Critical Period Disability Insurance Coverage is indicated above, a MAXIMUM of [12] MONTHLY DISABILITY BENEFITS ARE PAYABLE PER CLAIM OCCURRENCE.** I (we) also agree that:

- I am eligible for life insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. **In no event is life insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- If joint life insurance is selected, we are eligible if the older applicant is presently under age [66] and our loan is repayable within the maximum loan repayment period shown above. We must be jointly and individually liable under the loan. Co-signers or guarantors are not eligible for insurance. **In no event is joint life insurance coverage to remain in force beyond the date the older of the two of you reaches age [67]. Please read the "When does your insurance terminate?" provision.**
- I am eligible for disability insurance if I am presently under age [66] and my loan is repayable within the maximum loan repayment period shown above. I also must be presently working outside the home for wages or profit for [30] hours or more per week and have been so working for [30] days or more immediately prior to this date. **In no event is disability insurance coverage to remain in force beyond the date you reach age [67]. Please read the "When does your insurance terminate?" provision.**
- A person signing this application as co-applicant is not eligible for single disability insurance.

The following questions must be answered:

PRIMARY APPLICANT		CO-APPLICANT (JOINT LIFE INSURANCE ONLY)		
YES*	NO	YES*	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. During the past three years, have you for any reason consulted a physician(s) or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past two years, have you been absent from work for a period of more than five consecutive days because of illness or injury?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. During the past five years, have you been treated for or advised that you had any of the following: heart, lung, nervous or depression, back, neck, kidney or liver disorder; high blood pressure; hernia; drug abuse including alcohol; cancer or tumor; AIDS, or any disorder of your immune system; diabetes; arthritis?

* If your answer to any question is yes, give particulars including name and address of doctors or hospitals, the reason for the visit or consultation, and in your own words, the diagnosis that was made. If additional space is needed, attach a separate sheet.

The answers above are true and complete to the best of my (our) knowledge. To determine my (our) insurability, or for claim purposes, I (we) authorize any person(s), medical practitioner, institution, insurance company or the Medical Information Bureau ("MIB") to give information about my (our) physical and mental health, including alcohol or drug abuse, to Minnesota Life Insurance Company ("Company") and its reinsurers. I authorize all said sources, except MIB, to give such information to any agency employed by the Company to collect and transmit such information. I authorize Minnesota Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB. I understand in determining eligibility for insurance or benefits, this information may be made available to underwriting, claims, medical and support staff of the Company. I understand that the Company may provide information concerning the status of my(our) application to the plan sponsor and/or its affiliates or designates. I understand this authorization may be revoked at any time by sending a written request addressed Group Division Underwriting, Minnesota Life Insurance Company, 400 Robert Street North, St. Paul, Minnesota 55101-2098. This revocation is subject to the Company's right to act in reliance on the authorization prior to the notice of revocation.

This authorization is valid for 24 months from the date this application is signed. I (we) have read this authorization, all disclosures provided, and the Consumer Privacy Notice provided, and understand that I (we) have the right to request and receive a copy of this authorization and that a photocopy shall be as valid as the original. I understand that the Company shall incur no liability because of this application unless and until it is approved by the Company, the loan is disbursed and the premium is paid, while my (our) health and other conditions affecting my (our) insurability are as described on this application. I (we) understand the premium is due immediately. These answers are true and complete to the best of my knowledge and belief and are representations of the person(s) signing below. I understand that any false or incorrect answers to the above questions may lead to rescission of coverage. If coverage is rescinded, an otherwise valid claim will be denied.

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.

THIS INSURANCE CONTAINS LIMITATIONS/EXCLUSIONS PERTAINING TO BENEFITS PAYABLE.

PRIMARY APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
To Be Completed By the Insurance Company	<input type="checkbox"/> LIFE APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE
	<input type="checkbox"/> DISABILITY APPROVED BY _____	<input type="checkbox"/> DECLINED BY _____	DATE
			EFFECTIVE DATE

CONSUMER PRIVACY NOTICE

To underwrite your insurance request, the Company may ask for additional personal information. Information regarding your insurability is confidential.

Typical additional information may include: an insurance medical exam; laboratory tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

The Company or its reinsurers may send your information, without your express authorization, to government agencies involved in regulation of insurance or, without identifying you, to insurance organizations for statistical studies.

The Company or its reinsurers may make a brief report of health information to the MIB. If you apply to another MIB member company for life or health insurance, or a claim for benefits is submitted to such a company, the MIB, upon request, will supply such company with the information in its file.

You or your authorized representative have the right to: receive by mail or to copy your personal information in the Company or MIB files, including the source and who received copies within the past two years; to correct or amend personal information in the Company or MIB files; to know the specific reasons why coverage was not issued as applied for; and to revoke your authorization at any time.

At your written request, within 30 days the Company will explain in writing how you can learn what is in your file, the source of information, how to correct or amend it or how to find out why coverage was not issued as applied for. You can request correction by sending a written statement explaining why you disagree. If we correct or amend the information, we will notify you and anyone who may have received the information. If we do not agree with your statement, we will notify you and keep your statement in your file.

For further information about your file or your rights you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, MN 55108-2098

For information about Medical Information Bureau you may contact:

Medical Information Bureau
50 Braintree Hill, Suite 400
Braintree, MA 02184-8734
MIB Telephone: (866) 692-6901
MIB TTY: (866) 346-3642
Website Address: www.mib.com

NOTICE OF PROPOSED INSURANCE

This notice of proposed insurance contains the essential features of the insurance plan. You will receive a certificate of insurance within 30 days of the date your insurance becomes effective. The certificate will describe the principal features of the group policy(ies) that affect you.

To whom will benefits be payable? Claim payments will be made to the Creditor Beneficiary to reduce or extinguish the loan. If claim payments are more than the balance of the loan, remaining payments will be made to the insured debtor or to the insured debtor's estate, or if required by law, to a secondary beneficiary.

What is the amount of the death benefit? The death benefit will be the lesser of: (1) the unpaid balance of the loan on the date of death; or (2) the maximum amount of insurance specified in the group policy.

If joint life insurance is in force, the death benefit is payable if either jointly insured debtor dies. Only one death benefit is payable.

Are there any limitations/exclusions affecting the amount of the death benefit? As to each advance on the loan, the Company will not pay a claim on that advance if death occurs within six months after the date of the advance and is caused by a pre-existing medical condition as defined below.

A pre-existing medical condition is a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance.

As to each advance on an insured debtor's loan, the Company will not pay a claim but it will refund premium paid for insurance on that advance if death occurs within 6 months after the date of the advance and is caused by suicide, whether sane or insane.

If there is joint life insurance in force, these limitations/exclusions apply to both jointly insured debtors.

What is the amount of monthly disability benefit? The monthly disability benefit will be an amount equal to the lesser of: (1) the minimum scheduled installment payment as specified in the loan agreement, excluding any delinquencies and/or late fees, due in the month in which total disability commences; or (2) the Maximum Monthly Disability Benefit.

What is critical period insurance coverage? Critical period insurance coverage is disability insurance coverage that provides for a maximum number of monthly disability benefit payments per claim occurrence. The maximum number of monthly disability benefits is as shown in the debtor's application.

What is the definition of total disability? The insured debtor's complete and continuous inability, due to either sickness or injury, to engage in any occupation for which he or she is reasonably suited by age, education, training or experience.

For how long will the monthly disability benefit be paid? The monthly disability benefit will be payable for any continuous period of total disability until any one of the following conditions are met: (1) the payments total an amount equal to the unpaid balance of the loan on the date total disability commences, including principal and interest, under the terms of the loan note or agreement; or (2) the Maximum Aggregate Disability Benefit has been paid; or (3) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the loan reaches its adjusted maturity date; or (4) the termination date of insurance as shown in the debtor's application is reached; or (5) if critical period disability insurance coverage is in force, when the maximum number of monthly disability benefits payable per claim occurrence are paid; or (6) the loan is discharged through payment or prepayment; or (7) the insured debtor reaches age [67].

What disabilities are not covered? The group policy does not cover any loss resulting directly or indirectly from any total disability caused by: (1) intentionally self-inflicted injuries; or (2) normal pregnancies, normal childbirths or elective abortions. Complications due to pregnancy or childbirth will be covered only if the complications themselves are totally disabling; or (3) war or any act of war, whether such war is declared or undeclared; or (4) as to each advance on the loan; a condition for which the insured debtor received or had medical treatment, advice or diagnostic tests either for that same condition or a related condition within the six month period immediately prior to the date of the advance and which results in total disability commencing within six months after the date of the advance.

When does the insurance terminate? Insurance terminates on the date: (1) the loan is discharged through payment, prepayment, renewal or refinancing; or (2) the loan reaches its initial scheduled maturity date or, if the maturity date has been adjusted according to a procedure specified in the loan agreement to recognize periodic changes in the loan interest rate (variable interest loan), the date the loan reaches the adjusted maturity date; or (3) the termination date of insurance as shown in the debtor's application is reached; or (4) for coverage on an open-end loan account, the date the open-end loan account terminates; or (5) the Creditor Beneficiary transfers the loan without recourse and no longer services the loan; or (6) any required loan repayment which includes the insured debtor's insurance premium is more than [90 days] overdue; or (7) the Creditor Beneficiary receives the insured debtor's written request to terminate his or her insurance; or (8) the group policy(ies) terminate provided the insured debtor receives 30 days written notice; or (9) the insured debtor dies. If joint life insurance is in force, insurance terminates on both debtors on the date either of the joint insured debtors die and a life benefit is paid; or (10) the insured debtor reaches age [67] and has disability insurance; or (11) the insured debtor reaches age [67] and has life insurance. [If joint life insurance is in force and insurance terminates on one of the debtors due to the attainment of age [67], insurance will continue on the other insured under single life coverage if that person is under age [67]] [If joint life insurance is in force, insurance will terminate on both debtors on the date either debtor reaches age [67]].

Termination of the insured debtor's insurance shall be without prejudice to any claim that occurred prior to such termination.

Will any unearned premiums be refunded? Yes. If insurance terminates prior to the scheduled maturity date of the loan or the premium charged an insured debtor is greater than the premium required for either the debtor's age or amount of insurance, a refund of unearned premium will be given to the debtor. The method of calculating refunds is the "Pro Rata" formula. However, refunds of less than \$1.00 will not be made.

SERFF Tracking #:

MNNL-128755361

State Tracking #:

Company Tracking #:

SRH-624

State: Arkansas

Filing Company: Minnesota Life Insurance Company

TOI/Sub-TOI: CR04G Group Credit - Life/CR04G.003 Single Premium

Product Name: Group Credit Insurance

Project Name/Number: Evidence Application MIB Language/

Rate Information

Rate data applies to filing.

Filing Method: No rates included in this filing

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision: 04/09/2008

Filing Method of Last Filing: For Approval

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Minnesota Life Insurance Company	%	%				%	%

SERFF Tracking #:

MNNL-128755361

State Tracking #:

Company Tracking #:

SRH-624

State:

Arkansas

Filing Company:

Minnesota Life Insurance Company

TOI/Sub-TOI:

CR04G Group Credit - Life/CR04G.003 Single Premium

Product Name:

Group Credit Insurance

Project Name/Number:

Evidence Application MIB Language/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	Attached is the Certification of Readability form.		
Attachment(s):			
srh624arreadabilitycertificationNovember52012.pdf			

CERTIFICATION OF READABILITY

This is to certify that the attached SEE BELOW
Form Number _____ has achieved a Flesch Reading Ease Score of _____
and complies with the requirements of Ark. Stat. Ann. §66-3251 through 66-3258, cited as the
Life and Disability Insurance Policy Language Simplification Act.

Group Credit Life/Disability Single Premium Evidence Application	13-60518.3	46.7
Group Credit Life/Disability Outstanding Balance Evidence Application	13-60519.3	47.3



Signature (Must be an Officer)

Name: Paula J. Moris

Title: Assistant Secretary

Date: November 5, 2012

If an insurer chooses to score certain forms as separate from the policy with which they may be used, this information must be contained in the certificate.

If a policy is scored by a method other than the Flesch reading ease score, use of the alternate method shall be explained in detail.