

State: Arkansas Filing Company: Monumental Life Insurance Company
TOI/Sub-TOI: L07I Individual Life - Whole/L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: Form AB02100 0512
Project Name/Number: Form AB02100 0512 /L068-A2

Filing at a Glance

Company: Monumental Life Insurance Company
Product Name: Form AB02100 0512
State: Arkansas
TOI: L07I Individual Life - Whole
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 07/18/2012
SERFF Tr Num: AEGB-128583082
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: FORM AB02100 0512

Implementation: On Approval
Date Requested:
Author(s): Paige Johnson
Reviewer(s): Linda Bird (primary)
Disposition Date: 07/18/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: Monumental Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Form AB02100 0512
Project Name/Number: Form AB02100 0512 /L068-A2

General Information

Project Name: Form AB02100 0512 Status of Filing in Domicile: Pending
Project Number: L068-A2 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filed concurrently.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 07/18/2012
State Status Changed: 07/18/2012
Deemer Date: Created By: Paige Johnson
Submitted By: Paige Johnson Corresponding Filing Tracking Number: 3Y001008

Filing Description:
July 18, 2012

Commissioner of Insurance
Arkansas Insurance Division
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

RE: MONUMENTAL LIFE INSURANCE COMPANY NAIC # 468-66281, FEIN # 52-0419790
Part B – Tobacco Certification – Form AB02100 0512

Dear Sir/Madam:

We respectfully request that the above captioned form be considered for approval.

Please find attached a copy of the above referenced form. This form is intended to replace Form AB02100, which was approved by your Department on 3/14/2003. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, and adaptation to computer printing.

Form AB02100 is a form that was previously approved by your Department and is a part of Form A93100. Form AB02100 0512 will be used when an applicant answers affirmatively to the tobacco question on Form A93100, and only if the applicant meets the requirements of the certification.

The purpose of Form AB02100 0512 is to charge lower non-smoker rates to those individuals who only smoke cigars at celebrations or commemoratives less than 12 times per year. To be eligible for the lower non-smoker rate an individual would have to answer “No” to question 1 and “Yes” to question 2. If an individual smokes cigars more than 12 times per year, they would not be eligible for the lower non-smoker rate.

We would appreciate your review and approval of this form. Should you have any questions or need any additional information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

State: Arkansas Filing Company: Monumental Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Form AB02100 0512
Project Name/Number: Form AB02100 0512 /L068-A2

MONUMENTAL LIFE INSURANCE COMPANY

Paige Johnson
Forms Management Specialist
(319) 355-6869
Fax #: (319) 355-2501
Paige.johnson@Transamerica.com

Company and Contact

Filing Contact Information

Paige Johnson, Forms Management Coordinator
4333 Edgewood Road NE
Cedar Rapids, IA 52499
Paige.Johnson@Transamerica.com
319-355-6869 [Phone]

Filing Company Information

Monumental Life Insurance Company
4333 Edgewood Road NE
Cedar Rapids, IA 52499
(319) 355-7888 ext. [Phone]
CoCode: 66281
Group Code: 468
Group Name:
FEIN Number: 52-0419790
State of Domicile: Iowa
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Monumental Life Insurance Company	\$50.00	07/18/2012	60998122

SERFF Tracking #:	AEGB-128583082	State Tracking #:	Company Tracking #:	FORM AB02100 0512
State:	Arkansas	Filing Company:	Monumental Life Insurance Company	
TOI/Sub-TOI:	L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life			
Product Name:	Form AB02100 0512			
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/18/2012	07/18/2012

SERFF Tracking #:	AEGB-128583082	State Tracking #:	Company Tracking #:	FORM AB02100 0512
State:	Arkansas	Filing Company:	Monumental Life Insurance Company	
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Disposition

Disposition Date: 07/18/2012

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 - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Life Application		Yes

State:	Arkansas	Filing Company:	Monumental Life Insurance Company
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Form Schedule

Lead Form Number: Form AB02100 0512

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1		AB02100 0512	AEF	Life Application	Initial:	63.800	AB02100 0512 Std.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

Monumental Life Insurance Company
Home Office: [Cedar Rapids, IA]
Administrative Office: [100 Light Street, Floor B1, Baltimore, Maryland 21202-2559]

Application for Life Insurance (For Military Personnel and Dependents)

Part B - Tobacco Certification

(For proposed insureds that answer affirmatively to question 4b).

Has any person proposed for insurance:

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 1. used tobacco products, other than cigars, within the last twelve (12) months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. smoked cigars at celebrations or commemoratives, twelve (12) or less times per year? | <input type="checkbox"/> | <input type="checkbox"/> |

Witness

(Licensed Resident Agent where required
by statute or regulation)

Proposed Insured

Pending Case Number

Date

SERFF Tracking #:	AEGB-128583082	State Tracking #:		Company Tracking #:	FORM AB02100 0512
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Supporting Document Schedules

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

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

**MONUMENTAL LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by state)

Flesch Score

Form AB02100 0512

63.8

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

Cheryl Bock, Assistant Vice President of Contract Development

**MONUMENTAL LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY**

FORM AB02100 0512

We have bracketed the variable items in this form. No change in the variability will be made which in any way expands the scope of the wording. Monumental Life Insurance Company reserves the right to correct, at any time, any and all typographical errors that do not impact the benefits or intent of language.

Form AB02100 0512 – Part B – Tobacco Certification

1. **Home Office:** The address is bracketed to take into consideration any future address changes.
2. **Administrative Office:** The address is bracketed to take into consideration any future address changes.