

**State:** Arkansas **Filing Company:** Boston Mutual Life Insurance Company  
**TOI/Sub-TOI:** L021 Individual Life - Endowment/L021.001 Single Life - Fixed/Indeterminate Premium  
**Product Name:** Simplified Underwriting Additional Insurance Life application  
**Project Name/Number:** Worksite SI additional Insurance Life application/IND-12-008

## Filing at a Glance

Company: Boston Mutual Life Insurance Company  
Product Name: Simplified Underwriting Additional Insurance Life application  
State: Arkansas  
TOI: L021 Individual Life - Endowment  
Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium  
Filing Type: Form  
Date Submitted: 09/04/2012  
SERFF Tr Num: BSTN-128660305  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: IND-12-008

Implementation  
Date Requested:  
Author(s): Peggy Schwartz, Kathy Padis  
Reviewer(s): Linda Bird (primary)  
Disposition Date: 09/11/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

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## General Information

Project Name: Worksite SI additional Insurance Life application Status of Filing in Domicile: Pending  
Project Number: IND-12-008 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: 09/11/2012  
State Status Changed: 09/11/2012  
Deemer Date: Created By: Peggy Schwartz  
Submitted By: Kathy Padis Corresponding Filing Tracking Number: IND-12-008

### Filing Description:

RE: NAIC # 61476 FEIN 04-1106240  
Boston Mutual Life Insurance Co.  
Individual Life Insurance Filing  
Worksite Simplified Life Application  
Form # WS-GI/MI APP - Life 7/12

Company tracking #: IND-12-008

Enclosed please find individual life application: WS-GI/MI APP – Life 7/12. This is a new form and does not replace any other application form.

It will be used with Individual life policy: END-95(ESO)(9/00) which was approved in your state. The purpose of the application is to offer a simplified underwriting process to policyholders who wish to add additional benefits or coverage.

Because this policy is offered in the Norris employer market, the employer will make choices for the offering package, such as non-tobacco or tobacco rates and/or whether spouse or child's coverage will be offered. Depending on these choices, sections of the application will be customized for that employer. A statement of variability outlining these customization options is included in this filing.

This filing does not contain any unusual or controversial items from normal company standards and it is in compliance with the laws and regulations of your state.

Domiciliary Approval: This benefit increase has been filed concurrently in Massachusetts

## Company and Contact

### Filing Contact Information

Peggy Schwartz, Product Filing Manager marguerite\_schwartz@bostonmutual.com  
120 Royall Street 781-770-0423 [Phone]  
Canton, MA 02021 781-770-0490 [FAX]

**State:** Arkansas **Filing Company:** Boston Mutual Life Insurance Company  
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**Filing Company Information**

Boston Mutual Life Insurance Company	CoCode: 61476	State of Domicile: Massachusetts
120 Royall Street	Group Code: 581	Company Type:
Canton, MA 02021	Group Name:	State ID Number:
(781) 770-0423 ext. [Phone]	FEIN Number: 04-1106240	

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? Yes  
 Fee Explanation: Massachusetts would charge \$75.00 for this Filing.  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Boston Mutual Life Insurance Company	\$75.00	09/04/2012	62239767

SERFF Tracking #:

BSTN-128660305

State Tracking #:

Company Tracking #:

IND-12-008

State:

Arkansas

Filing Company:

Boston Mutual Life Insurance Company

TOI/Sub-TOI:

L021 Individual Life - Endowment/L021.001 Single Life - Fixed/Indeterminate Premium

Product Name:

Simplified Underwriting Additional Insurance Life application

Project Name/Number:

Worksite SI additional Insurance Life application/IND-12-008

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/11/2012	09/11/2012

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## Disposition

Disposition Date: 09/11/2012

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	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Approval Date for Policy used with Application		Yes
Form	Worksite Simplified Individual Life Application		Yes

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## Form Schedule

### Lead Form Number: WS-GI/MI APP - LIFE 7/12

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		WS-GI/MI APP - LIFE 7/12	AEF	Worksite Simplified Individual Life Application	Initial:	50.010	228-078 Life enroll No ICC.pdf

### Form Type Legend:

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



**INDIVIDUAL LIFE INSURANCE APPLICATION FORM**

Employee (First, MI, Last)		S.S.N./ITIN	Gender	Date of Birth	Age	Place of Birth
Residential Address (No PO Box)			City	State	Zip Code	
Employer	Date of Hire	Employee's Beneficiary/Relationship		I am actively at work at least [20] hours a week. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spouse's Name (if applying for coverage)		Gender	Spouse's Date of Birth	Age	Place of Birth	
<input type="checkbox"/> Have you or your spouse used tobacco or nicotine products in the last 12 months?				EMPLOYEE <input type="checkbox"/> Yes <input type="checkbox"/> No	SPOUSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> During the past six months, has your spouse been seen or treated including testing, in a hospital or any other medical facility, excluding physicians' offices for routine medical care?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant any existing life insurance policies in force?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will this policy applied for replace or change any insurance or annuities in force on the life of any proposed insured?				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Life Insurance Options: 1-3 (select only 1 option)**

OPTION 1 - Life Insurance	
EMPLOYEE FACE AMOUNT	[SPOUSE FACE AMOUNT]
[\$10,000 Weekly premium - \$10.00]	[\$5,000 Weekly premium - \$5.00]
<input type="checkbox"/> [CHILDREN'S INSURANCE RIDER (CIR) [\$15,000] Weekly premium - \$2.66]	
Total [Weekly Premium] - [\$15.00] [with CIR - [\$17.66]]	

OPTION 2 - Life Insurance	
EMPLOYEE FACE AMOUNT	[SPOUSE FACE AMOUNT]
[\$15,000 Weekly premium - \$12.00]	[\$5,000 Weekly premium - \$5.00]
<input type="checkbox"/> [CHILDREN'S INSURANCE RIDER (CIR) [\$15,000] Weekly premium - \$2.66]	
Total [Weekly Premium] - [\$17.00] [with CIR - [\$19.66]]	

I elect Option: \_\_\_\_\_ Total [Weekly] Premium: \_\_\_\_\_

**List all eligible children if applying for the Children's Insurance Rider:**

Name	DOB	Relationship
_____	_____	_____
_____	_____	_____

**OPTION 3**  I elect to Waive Coverage

**Agreement and Declaration – Read Carefully Before Signing:** I represent that the statements and answers written in this application are complete and true to the best of my/our knowledge and belief, and it is agreed that:

- A. This application shall form the basis for and become a part of any policy issued.
- B. The insurance applied for shall be in force on the date of the enrollment form signed by me, provided that the Company approves the coverage applied for without any modification, as to plan, amount of premium, and further, provided that the Company receives the first premium payment within 90 days from the date hereof. If the first premium is not received within 90 days, no insurance shall take effect until the certificate has been delivered to and accepted by me.
- C. The employee will be the owner unless otherwise indicated in the Special Request section.
- D. I acknowledge that the beneficiary for the spouse and/or children will be the Employee unless otherwise indicated.
- E. I authorize Boston Mutual to obtain a Consumer Social Security Number Report on me. If the information received from this report results in an Adverse Action, Boston Mutual will inform me of my rights under the FCRA regarding this.
- F. I acknowledge that I have received a copy of Boston Mutual Life Insurance Company's Notice of Information Privacy Practices.

*Refer to the attached list for the State Fraud Warning.*

Special Request: \_\_\_\_\_  
 Date \_\_\_\_\_ State Signed at: \_\_\_\_\_  
 Signature of Employee \_\_\_\_\_  
 Agent of Record \_\_\_\_\_ Agent NPN \_\_\_\_\_

## FRAUD WARNING NOTICES

### PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

**IIPRC Fraud Warning:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**[ALASKA:** A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**ARIZONA:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**ARKANSAS:** 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.

**CALIFORNIA:** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DELAWARE:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**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 applicant.

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**INDIANA:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a 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.

**LOUISIANA:** 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.

**MAINE:** 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.

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

**MINNESOTA:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NEW HAMPSHIRE:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**NEW JERSEY:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

## FRAUD WARNING NOTICES . . . *cont.*

### PLEASE READ THE FRAUD WARNING NOTICE FOR YOUR STATE

**IIPRC Fraud Warning:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**NEW MEXICO:** 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 CIVIL FINES AND CRIMINAL PENALTIES.

**OHIO:** Any person who, with intent to defraud or knowing that he 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.

**OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**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.

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.

**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 include imprisonment, fines and denial of insurance benefits.

**TEXAS:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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

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

**WEST VIRGINIA:** 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.

**ALL OTHER STATES:** 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.]

SERFF Tracking #:

BSTN-128660305

State Tracking #:

Company Tracking #:

IND-12-008

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
WS GI MI Life app 7 12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:	Please find the Cover Letter attached.		
Attachment(s):			
Copy of FLLT-life.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Please find the Statement of Variability attached.		
Attachment(s):			
statement of variability LIFE.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Approval Date for Policy used with Application		
Comments:	The Policy, Interest Sensitive Life, Worksite ELO, was approved in Arkansas on November 2, 2005.		



I certify to the best of my knowledge and belief that these forms are in compliance with the NAIC Model Act regarding Simplified and Readable Life Insurance Policies.

I also certify that the Flesch scores for the form(s) contained in this submission are as indicated below.

FORM #	FLESCH SCORE
WS-GI/MI APP - LIFE 7/12	50.01

I also certify that these forms are printed in not less than 10 point type, one point leading.

A handwritten signature in black ink that reads "John Rubén Flores".

Vice President and General Counsel

Date: July 16, 2012



*Peggy Schwartz, FLMI, ALHC, AIRC*  
*Product Filing Manager*

**VIA SERFF**

August 8, 2012

RE: NAIC # 61476 FEIN 04-1106240  
Boston Mutual Life Insurance Co.  
Individual Life Insurance Filing  
Worksite Simplified Life Application  
Form # WS-GI/MI APP - LIFE 7/12

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Enclosed please find individual life application: WS-GI/MI APP- LIFE 7/12. This is a new form and does not replace any other application form.

It will be used with Individual life policy: END-95(ESO)(9/00) which was approved in your state. The purpose of the application is to offer a simplified underwriting process to existing policyholders who wish to add additional benefits or coverage to their policies.

Because this product is offered in the Norris employer market, the employer will make choices for the offering package, such as non-tobacco or tobacco rates and/or whether spouse or child's coverage will be offered. Depending on these choices, sections of the application will be customized for that employer. A statement of variability outlining these customization options is included in this filing.

This filing does not contain any unusual or controversial items from normal company standards and it is in compliance with the laws and regulations of your state.

Domiciliary Approval: This filing has been done through the Insurance Compact and Massachusetts has approved the Compact.

Please contact me if you need more information or if you have any questions about this filing.

Sincerely

A handwritten signature in cursive script that reads "Peggy Schwartz".

Peggy Schwartz, FLMI, ALHC, AIRC  
Product Filing Manager  
800 669 2668 X423  
Fax: 781 770 0490  
marguerite\_schwartz@bostonmutual.com

**BOSTON MUTUAL LIFE INSURANCE COMPANY  
EXPLANATION OF VARIABLES  
INDIVIDUAL LIFE SIMPLIFIED APPLICATION**

**GENERAL VARIABLES**

Unless otherwise noted, all bracketed text in the forms and within this statement of variability is variable only to the extent that it may be included or omitted according to a policyholder's plan of insurance.

Titles of specific Acts or Laws may be modified as appropriate.

Letters and numbers as they appear in a list, punctuation or words such as "and" or "or" will be included or omitted as needed in order to make the statement or list read correctly.

Page 1:

**[Have your or your spouse used tobacco or nicotine products in the last 12 months?]**

The above question will be removed or included depending on whether tobacco rates or non-tobacco rates are used.

**[During the past six months, has your spouse been seen or treated including testing in a hospital of any other medical facility excluding physicians' offices for routine medical care?]**

**[Spouse Face Amount] [Children's Insurance Rider (CIR)] [with CIR – [\$xx]]**

The above questions or statements will be removed or included depending on whether the spouse or children's insurance options are taken

Page 2 & 3

Brackets have been added to the state fraud warnings listed because it is anticipated that states have mandated or will mandate changes to these statements. As an example, Maryland Bulletin 12-07 outlines a slight wording change to their fraud warning that does not become effective until 1/1/2013.