

State: Arkansas **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: YouthLife Web
Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company
Product Name: YouthLife Web
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 09/04/2012
SERFF Tr Num: STAR-128659010
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Belle Lucas, Natka Varisco, Ruston Woolley, Jennifer LeGlue
Reviewer(s): Linda Bird (primary)
Disposition Date: 09/11/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: YouthLife Web
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: 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: 09/11/2012
State Status Changed: 09/11/2012
Deemer Date: Created By: Jennifer LeGlue
Submitted By: Belle Lucas Corresponding Filing Tracking Number:

Filing Description:

Re: STARMOUNT LIFE INSURANCE COMPANY, NAIC#68985
Website Application for YouthLife- modified premium whole life policy -12-001

Dear Sir/Madam:

We are pleased to file the above referenced website application in Arkansas. This filing is a new filing and is being filed without an illustration. This product is an individual modified premium whole life policy.

The original paper application filing was approved on 7-24-2012 (FRCS-128579961) and we are now requesting approval of the website application.

Please contact me if you have any questions at 225-400-9282 or by email bellel@starmountlife.com.

Sincerely,

Belle Lucas

Belle Lucas
Compliance Specialist

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist bellel@starmountlife.com
P.O. Box 98100 225-926-2888 [Phone]
Baton Rouge, LA 70898

State: Arkansas **Filing Company:** Starmount Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: YouthLife Web
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Filing Company Information

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
7800 Office Park Boulevard	Group Code:	Company Type:
Baton Rouge, LA 70809	Group Name:	State ID Number:
(225) 926-2888 ext. [Phone]	FEIN Number: 72-0977315	

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Starmount Life Insurance Company	\$100.00	09/04/2012	62250559

SERFF Tracking #:

STAR-128659010

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Starmount Life Insurance Company

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

Product Name: YouthLife Web

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Correspondence Summary

Dispositions

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

SERFF Tracking #:

STAR-128659010

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Starmount Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

YouthLife Web

Project Name/Number:

/

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		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	YouthLife web application		Yes

State: Arkansas

Filing Company:

Starmount Life Insurance Company

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

Product Name: YouthLife Web

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		YLAPP1-web	AEF	YouthLife web application	Initial:		AR-YL-1.pdf AR-YL-2.pdf AR-YL-3 self.pdf AR-YL-4.pdf AR-YL-5.pdf AR-YL-5 agent.pdf AR-YL-3.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



Youth Life

- STEP ONE**
- STEP TWO
- STEP THREE
- STEP FOUR
- STEP FIVE

Benefit Amount

- \$5,000 per child
- \$10,000 per child
- \$15,000 per child
- \$25,000 per child
- \$35,000 per child

Child 1: Name

Gender Male Female

Date of Birth

Height Ft. In.

Weight

REMOVE CHILD

ADD ANOTHER CHILD

NEXT STEP

YLAPP1-web

AR-web



Youth Life



1. Have any Proposed Insured had, scheduled or been advised to have any medical or surgical examination or current treatment for any disorder, injury or sickness (except for routine wellness exams, pregnancy, and minor infections/ailments such as sinus infections and colds)?

Yes No

Does this answer apply to:

John M Doe Yes No

2. Does any Proposed Insured now have any impairment, disorder or disease?

Yes No

Does this answer apply to:

John M Doe Yes No

3. Has any Proposed Insured ever had high blood pressure requiring 3 or more blood pressure medications; cancer; a tumor; diabetes (insulin dependent); asthma; stroke; any disease or disorder of the kidneys, heart, blood, lungs, liver; tested positive for exposure to the HIV (Human Immunodeficiency Virus) infection or been diagnosed by a health care provider as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection; mental disease or disorder, alcoholism, a drug habit, or taken illegal drugs; been ticketed for DWI or DUI or had a felony conviction?

Yes No

Does this answer apply to:

John M Doe Yes No

4. Do any of the Proposed Insureds have existing life insurance policies or annuity contracts?

Yes No

Does this answer apply to:

John M Doe Yes No

5. Do any of the Proposed Insureds have any existing insurance policies or contracts this would replace or change?

Yes No

Does this answer apply to:

John M Doe Yes No

PREVIOUS STEP

NEXT STEP

YLAPP1-web

AR-web



Youth Life



Relationship to Proposed Insureds

Self

John M Doe

First Name John

Middle Initial M

Last Name Doe

Address

City

State Arkansas

ZIP

Home Phone

Cell or Work Phone

Email

Beneficiary Information

If none listed, benefits will go to your estate.

Would you like to name a beneficiary?

Yes

Relationship to Insured:

PREVIOUS STEP

NEXT STEP

YLAPP1-web

AR-web



Youth Life



Payment Frequency:

- Monthly
- Every 3 months
- Every 6 months
- Annually

Payment Information

Deduct payments from my checking account:

Bank Route #

Account #

Bank Name

OR

Charge Payments to:

Credit Card #

Expiration Date / (mm/yy)

[PREVIOUS STEP](#)

[NEXT STEP](#)

YLAPP1-web

AR-web



Youth Life

- STEP ONE
- STEP TWO
- STEP THREE
- STEP FOUR
- STEP FIVE

Agreement and Signature

Please read the following:

By submitting this on-line application, I acknowledge the following:

The full amount of insurance protection begins the first day the policy is in force. If the age or sex has been misstated, the amount payable under the policy(ies) will be such amount as the premium payment would have purchased for the correct age or sex. Benefits paid for death by suicide during the first two years this policy is in effect are limited to return of premiums paid.

I agree the answers will be part of the policy(ies), which will not be in force until the first premium(s) is received by Starmount, the application approved, and the policy(ies) issued and delivered to me when the insured(s) is in the same health condition stated above. I declare the above answers are complete and true to the best of my knowledge and belief. Should any Proposed Insured be declined, the amount paid for said individual will be refunded.

FRAUD STATEMENTS: 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.

Check to sign this application as the Custodial Parent, Grandparent, Legal Guardian, or Self

Date 9/4/2012

I would like to receive e-mails on updates, product information, and offerings. Starmount Life does not share personal information.

How did you find our Web Site?

Pick an Option

PREVIOUS STEP

SUBMIT APPLICATION

YLAPP1-web

AR-web



Youth Life

- STEP ONE
- STEP TWO
- STEP THREE
- STEP FOUR
- STEP FIVE

Agreement and Signature

Please read the following:

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The full amount of insurance protection begins the first day the policy is in force. If the age or sex has been misstated, the amount payable under the policy(ies) will be such amount as the premium payment would have purchased for the correct age or sex. Benefits paid for death by suicide during the first two years this policy is in effect are limited to return of premiums paid.

I agree the answers will be part of the policy(ies), which will not be in force until the first premium(s) is received by Starmount, the application approved, and the policy(ies) issued and delivered to me when the insured(s) is in the same health condition stated above. I declare the above answers are complete and true to the best of my knowledge and belief. Should any Proposed Insured be declined, the amount paid for said individual will be refunded.

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Check to sign this application as the Custodial Parent, Grandparent, Legal Guardian, or Self

Date 9/4/2012

I would like to receive e-mails on updates, product information, and offerings. Starmount Life does not share personal information.

How did you find our Web Site? An Agent

AGENT: Does the proposed insured have any existing policy or contract? If yes, please sign below and list the policy or contract information as requested.

- Yes
- No

Agent's (Producer) Signature:

Lic. No.:

Please list the name of the insurer, policy or contract number, or application number:

Agent: Leave with the applicant the original or a copy of written or printed communications used for presentation to the applicant and submit a copy of the replacement notice with the application to the replacing insurer.

[PREVIOUS STEP](#)

[SUBMIT APPLICATION](#)

YLAPP1-web

AR-web



Youth Life



Relationship to Proposed Insureds

First Name

Middle Initial

Last Name

Address

City

State

ZIP

Home Phone

Cell or Work Phone

Email

Beneficiary Information You will be the beneficiary unless otherwise requested.

Would you like to name a beneficiary other than yourself?

Yes

Relationship to Insured:

PREVIOUS STEP

NEXT STEP

YLAPP1-web

AR-web

SERFF Tracking #:

STAR-128659010

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Starmount Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

YouthLife Web

Project Name/Number:

/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	This is a website application. The paper application was approved on 7/24/12 under FRCS-128579961.		