

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Traditional Mortgage Life Insurance - MIB Authorization
Project Name/Number: MIB Authorization /JAB-2188

Filing at a Glance

Company: Minnesota Life Insurance Company
Product Name: Traditional Mortgage Life Insurance - MIB Authorization
State: Arkansas
TOI: L04G Group Life - Term
Sub-TOI: L04G.500 Other
Filing Type: Form
Date Submitted: 01/15/2013
SERFF Tr Num: MNNL-128848073
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: JAB-2188

Implementation: On Approval
Date Requested:
Author(s): Jeanine Berfeldt
Reviewer(s): Linda Bird (primary)
Disposition Date: 01/22/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Traditional Mortgage Life Insurance - MIB Authorization
Project Name/Number: MIB Authorization /JAB-2188

General Information

Project Name: MIB Authorization	Status of Filing in Domicile: Not Filed
Project Number: JAB-2188	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Forms will not be used in state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Group Market Type: Other	Explanation for Other Group Market Type: Debtor
Overall Rate Impact:	Filing Status Changed: 01/22/2013
	State Status Changed: 01/22/2013
Deemer Date:	Created By: Jeanine Berfeldt
Submitted By: Jeanine Berfeldt	Corresponding Filing Tracking Number: JAB-2188
Filing Description:	
NAIC#: 66168	
Group #: 869	

RE: Minnesota Life Insurance Company Filing No. JAB-2188
 Change to MIB Authorization on Insurance Applications

The attached forms have been updated to comply with the MIB’s requirement to add the following sentence to the MIB authorization, which became effective January 1, 2013:

“I authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB.”

The attached group mortgage life insurance applications include the new MIB Authorization language and replace the following previously approved applications beginning on January 1, 2013:

Form Number / Form Being Replaced / Original Approval Date

12-50742 / 05-50287 Rev 10-2005 / January 23, 2006
 12-50743.3 / 00-50032.3 / December 18, 2009

I look forward to your acceptance of these forms for use in the State of Arkansas. Please contact me if you have any questions about this submission. Thank you.

Sincerely,

Jeanine A. Berfeldt
 Product Compliance Analyst
 Tel: 651.665.4460
 Fax: 651.665.5424
 Email: jeanine.berfeldt@securian.com

State: Arkansas **Filing Company:** Minnesota Life Insurance Company
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Traditional Mortgage Life Insurance - MIB Authorization
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Company and Contact

Filing Contact Information

Jeanine Berfeldt, Product Compliance Analyst
 jeanine.berfeldt@securian.com
 400 Robert Street North
 St. Paul, MN 55101-2098
 651-665-4460 [Phone]
 651-665-5424 [FAX]

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	01/15/2013	66565496

SERFF Tracking #:

MNNL-128848073

State Tracking #:

Company Tracking #:

JAB-2188

State:

Arkansas

Filing Company:

Minnesota Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Traditional Mortgage Life Insurance - MIB Authorization

Project Name/Number:

MIB Authorization /JAB-2188

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/22/2013	01/22/2013

SERFF Tracking #:

MNNL-128848073

State Tracking #:

Company Tracking #:

JAB-2188

State:

Arkansas

Filing Company:

Minnesota Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Traditional Mortgage Life Insurance - MIB Authorization

Project Name/Number:

MIB Authorization /JAB-2188

Disposition

Disposition Date: 01/22/2013

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	Explanation of Variables		Yes
Form	Mortgage Life Insurance Application		Yes
Form	Mortgage Life Insurance Application		Yes

State: Arkansas
TOI/Sub-TOI: L04G Group Life - Term/L04G.500 Other
Product Name: Traditional Mortgage Life Insurance - MIB Authorization
Project Name/Number: MIB Authorization /JAB-2188

Filing Company: Minnesota Life Insurance Company

Form Schedule

Lead Form Number: 12-50742

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Mortgage Life Insurance Application	12-50742	AEF	Initial			12-50742.johndoe.pdf
2		Mortgage Life Insurance Application	12-50743.3	AEF	Initial			12-50743.3.bracketed.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

SERFF Tracking #:

MNNL-128848073

State Tracking #:

Company Tracking #:

JAB-2188

State:

Arkansas

Filing Company:

Minnesota Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Traditional Mortgage Life Insurance - MIB Authorization

Project Name/Number:

MIB Authorization /JAB-2188

Attachment 12-50743.3.bracketed.pdf could not be reproduced here for the following reason: No message found for trailer.not.found

Mortgage Life Insurance Application

MINNESOTA LIFE

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

[ **Apply by phone (toll-free):** 1-800-xxx-xxxx]

FIRST APPLICANT (Please Print)				SECOND APPLICANT (Please Print)			
Name (first, middle, last) JOHN C. DOE			Date of birth 01/01/1977	Name (first, middle, last)			Date of birth
Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Height 6	Weight 175	Telephone number (000) 000-0000	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Height	Weight	Telephone number
Occupation MANAGER				Occupation			
Beneficiary ABC FINANCIAL INSTITUTION				Beneficiary			

First Applicant		Second Applicant		
Yes	No	Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. By applying for this insurance, do you intend to replace, discontinue or change an existing policy or contract?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. During the past 3 years, have you for any reason consulted or visited a physician or other health care provider, or been hospitalized?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Have you ever had or ever been treated for any of the following: heart, lung, kidney, liver, nervous system, or mental health disorder; high blood pressure; stroke; diabetes; cancer or tumor; drug or alcohol abuse or addiction?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you ever been diagnosed as having AIDS (Acquired Immunodeficiency Syndrome), or any disorder of your immune system; or had a test showing evidence of antibodies to the AIDS virus, HIV (Human Immunodeficiency Virus)?

**If any answer is YES to questions 2, 3, or 4, indicate reason on a separate piece of paper. Please see instructions on back.*

By signing below I:

1. Verify that I am between the ages of 18 and [69] and would like to apply for this mortgage life insurance coverage underwritten by Minnesota Life Insurance Company ("the Company"); 2. Understand that the Company shall incur no liability because of this application unless and until it is approved and the first premium is paid and received by Minnesota Life; 3. Understand that fees may be paid by the insurer in connection with this coverage to the plan sponsor and/or its affiliates or designates; 4. Attest that answers given are true and complete to the best of my knowledge and belief, and are representations made by me; 5. Understand that false or incorrect answers to the above questions may lead to rescission of coverage and an otherwise valid claim will be denied; 6. Authorize [my lender] to [bill and collect premium with my mortgage payment] [and to provide the information contained on this application including my mortgage loan number and loan balance to Minnesota Life Insurance Company, a non-affiliate of [lender], to activate my coverage]; 7. Authorize any health care provider, insurance company, or Medical Information Bureau ("MIB") to give medical or non-medical information about me including alcohol and drug abuse to the Company and its reinsurers; 8. Authorize the Company, or its reinsurers, to make a brief report of my personal health information to MIB; 9. Authorize all said sources except MIB to give such information to any agency employed by the Company to collect and transmit such information; 10. Understand that I must notify Minnesota Life of any changes in my health which occur between the date of this application and the date it is approved; 11. Understand this authorization is valid for 24 months; 12. Acknowledge that I have reviewed the Fraud Statement [on the back of this application]; and 13. Acknowledge that I have received, read and understand the [Consumer Protection Disclosures], Consumer Privacy Notice [and other disclosures] [on back of this application.]

[I (we) authorize Bank of America, N.A. to bill and collect the premium for this insurance with my (our) monthly mortgage payment and to provide my (our) loan number to Minnesota Life. I (We) further acknowledge that the insurance for which I (we) am (are) applying is offered through Banc of America Insurance Services, Inc., a licensed affiliate of Bank of America, N.A. I (We) acknowledge that I (we) have received, read and understand the following disclosure: Insurance is not insured by the FDIC, any other agency of the United States, the bank or its affiliates; is not a deposit or other obligation of the bank or its affiliates; and is not guaranteed by the bank or its affiliates.]

First applicant signature X /s/ JOHN C. DOE	Date (mm/dd/yy) 01/01/2013	Second applicant signature X	Date (mm/dd/yy)
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12-50742

For Office Use Only

Beneficiary ABC FINANCIAL INSTITUTION		Case number 123456	Loan balance \$39,500
Maximum term 30 YEARS	Premium \$13.60	Approval date 01/01/2013	Loan number 987654321

After you have completed the application, please fold and insert it into the envelope provided.

NOTICE TO APPLICANT - PLEASE READ

I understand that this authorization may be revoked at any time by contacting the Company in writing. The revocation is subject to the Company's right to act in reliance on the authorization prior to the notice of revocation.

INSTRUCTIONS FOR ADDITIONAL HEALTH INFORMATION

For the health questions on the front of this application, please attach a separate sheet describing which applicant(s) this applies to and indicate dates, names and addresses of physicians or other health care providers, the reason for the consultation or visit, medications prescribed, follow-up recommendations, referrals to other physicians, and, in your own words, the diagnosis, if any, that was made.

FRAUD STATEMENT

AR, LA, RI, WV: 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. **CO:** 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. **DC:** 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 benefits if false information materially related to a claim was provided by the applicant. **FL:** 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. **KY:** 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 thereto, commits a fraudulent insurance act, which is a crime. **ME, WA:** 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. **MD:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. **NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **NM:** 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. **OH:** Any person who, with intent to defraud or knowing that he/she 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. **OK:** 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. **PA:** 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. **TN:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. *Penalties include imprisonment, fines and denial of coverage.* **VA:** 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.]

Consumer Protection Disclosures

Insurance products are not deposits or other obligations of, or guaranteed by, the financial institution or any of its affiliates. Insurance products are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the financial institution, or any of its affiliates. The financial institution may not condition an extension of credit on either: (1) your purchase of an insurance product from the financial institution or any of its affiliates; or (2) your agreement not to obtain, or a prohibition on you from obtaining, an insurance product from an unaffiliated entity. By signing this application, you acknowledge your receipt of these disclosures.

Consumer Privacy Notice

To underwrite your insurance request, the Company may ask for additional personal information, such as an insurance medical exam; lab tests; medical records from your insurance company, physician or hospital; a report from the Medical Information Bureau (MIB), a non-profit organization of life insurance companies that exchanges information among its members. Information about your insurability is confidential. Without your express authorization, the Company or its reinsurers may send your information to government agencies that regulate insurance; or, without identifying you, to insurance organizations for statistical studies; or may make a brief report of health information to the MIB. If you apply to a MIB member company for life or health insurance, or submit a benefits claim for benefits to a member company, the MIB, upon request, will supply the member 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 these files; to know 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 to learn what is in your file, its source, how to correct or amend it or how to learn why coverage was not issued as applied for. You can send a written statement as to 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 rights, you may contact:

Group Division Underwriting
Minnesota Life Insurance Company
400 Robert Street North
St. Paul, Minnesota 55101-2098
Telephone: (800) 872-2214

For information about the MIB, you may contact:

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

SERFF Tracking #:

MNNL-128848073

State Tracking #:

Company Tracking #:

JAB-2188

State:

Arkansas

Filing Company:

Minnesota Life Insurance Company

TOI/Sub-TOI:

L04G Group Life - Term/L04G.500 Other

Product Name:

Traditional Mortgage Life Insurance - MIB Authorization

Project Name/Number:

MIB Authorization /JAB-2188

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Applications 12-50742 and 12-50743.3 are attached to the Forms Schedule tab.		

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables		
Comments:			
Attachment(s):	12-50742_Explanation of Variables.pdf 12-50743.3_Explanation of Variables.pdf		

Explanation of Variables
Minnesota Life Insurance Company
Form 12-50742

1. [Apply by phone (toll-free): 1-800-XXX-XXXX] may be removed if application by telephone is not being offered. This section is also bracketed in the event the toll-free number changes.

2. **Authorization:**

- Age [69] will be changed if a different eligibility age is being used.
- The text “Authorize [my lender] to [bill and collect premium with my mortgage payment] [and to provide the information contained on this application including my mortgage loan number loan balance to Minnesota Life Insurance Company, a non-affiliate of [lender] to activate my coverage]” will vary based on marketing approach used for a specific client.

The premium payment options that are available for this plan include escrow, EFT (electronic funds transfer), credit card or direct billing. The language of the bracketed text above may change depending on the premium collection method being offered.

- The text “[Acknowledge that I have reviewed the fraud statement [on the back of this application]” will vary based on the location of the fraud statement within the marketing package. That item might appear on a separate page, or it may be included on the front or back page of the application.
- The text [Consumer Protection Disclosures] will vary if a client chooses to re-title the disclosures to be something similar, such as “Federal Disclosures”.
- The phrase “[on the back of this application]” will vary based on the location of the Consumer Protection Disclosures and other disclosures within the marketing package. Those disclosures may appear on the front of the application, the back of the application, or on a separate piece within the marketing package.

3. **General Variability:**

- The general placement and format of information may vary depending on marketing and client needs (i.e. paper size, organization of information, method of distribution or production, etc.)
- Various sections of the form may be printed in color.
- Graphics or images may be added depending on marketing and client needs.
- The content within the “Fraud Warning” section may change by state depending on filing experience. Variability of this section is necessary only to accommodate changes requested by state insurance departments during the filing process or when a state’s laws change.

Explanation of Variables
Minnesota Life Insurance Company
Form 12-50743.3

1. [Apply by phone (toll-free): 1-800-720-1728] may be removed if application by telephone is not being offered. This section is also bracketed in the event the toll-free number changes.

2. **Authorization:**

- Age [69] will be changed if a different eligibility age is being used.
- The text “Authorize [my lender] to [bill and collect premium with my mortgage payment] [and to provide the information contained on this application including my mortgage loan number loan balance to Minnesota Life Insurance Company, a non-affiliate of [lender] to activate my coverage]” will vary based on marketing approach used for a specific client.

The premium payment options that are available for this plan include escrow, EFT (electronic funds transfer), credit card or direct billing. The language of the bracketed text above may change depending on the premium collection method being offered.

- The text “[Acknowledge that I have reviewed the fraud statement [on the back of this application]” will vary based on the location of the fraud statement within the marketing package. That item might appear on a separate page, or it may be included on the front or back page of the application.
- The text [Consumer Protection Disclosures] will vary if a client chooses to re-title the disclosures to be something similar, such as “Federal Disclosures”.
- The phrase “[on the back of this application]” will vary based on the location of the Consumer Protection Disclosures and other disclosures within the marketing package. Those disclosures may appear on the front of the application, the back of the application, or on a separate piece within the marketing package.

3. **General Variability:**

- The general placement and format of information may vary depending on marketing and client needs (i.e. paper size, organization of information, method of distribution or production, etc.)
- Various sections of the form may be printed in color.
- Graphics or images may be added depending on marketing and client needs.
- The content within the “Fraud Warning” section may change by state depending on filing experience. Variability of this section is necessary only to accommodate changes requested by state insurance departments during the filing process or when a state’s laws change.
- The Electronic Funds Transfer authorization is bracketed to allow it to be included or not depending on marketing and client needs.