

SERFF Tracking Number: GARD-125848743 State: Arkansas
Filing Company: The Guardian Life Insurance Company of America State Tracking Number: 40492
Company Tracking Number: L-AP-CONV-2008
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Life Application
Project Name/Number: Express Conversion Application (GLIC)/L-AP-CONV-2008

Filing at a Glance

Company: The Guardian Life Insurance Company of America

Product Name: Life Application SERFF Tr Num: GARD-125848743 State: ArkansasLH
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 40492
Sub-TOI: L08.000 Life - Other Co Tr Num: L-AP-CONV-2008 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Louis A Conte, Peter Diggins, Dena Griffiths, Margaret
Lewis-Forbes, John Monahan, Connie Gelfat, Kathleen Tobin
Disposition Date: 10/17/2008
Date Submitted: 10/09/2008 Disposition Status: Approved
Implementation Date Requested: 01/15/2009 Implementation Date:

State Filing Description:

General Information

Project Name: Express Conversion Application (GLIC) Status of Filing in Domicile: Not Filed
Project Number: L-AP-CONV-2008 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 10/17/2008
State Status Changed: 10/17/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
The Guardian Life Insurance Company of America
NAIC #: 429-64246 FEIN #: 13-5123390
Application for Term Conversion/Exchange Express– L-AP-CONV-2008

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Sincerely,
 John J. Monahan, Director
 Individual Markets Compliance

Company and Contact

Filing Contact Information

Dena Griffiths, Compliance & Research Specialist
 7 Hanover Square
 New York, NY 10004
 DGriffiths@glic.com
 (212) 598-8694 [Phone]
 (212) 919-2592[FAX]

Filing Company Information

The Guardian Life Insurance Company of America
 7 Hanover Square
 New York, NY 10004
 (212) 598-8704 ext. [Phone]
 CoCode: 64246
 Group Code: 429
 Group Name:
 FEIN Number: 13-5123390
 State of Domicile: New York
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: Per Form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Guardian Life Insurance Company of America	\$20.00	10/09/2008	23085343

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/17/2008	10/17/2008

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Disposition

Disposition Date: 10/17/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Readability		Yes
Form	Application for Term Conversion/Exchange Express		Yes

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Form Schedule

Lead Form Number: L-AP-CONV-2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-AP-CONV-2008	Application/Enrollment Form	Application for Term Conversion/Exchange Express	Initial		41	L-AP-CONV-2008.pdf



Customer Service Office
 3900 Burgess Place
 Bethlehem, PA 18017
 1-800-441-6455

The Guardian Life Insurance Company of America
 The Guardian Insurance & Annuity Company, Inc.
 (Please check appropriate company. In this form, "the Company" is the insurer checked above.)

APPLICATION FOR TERM CONVERSION/EXCHANGE EXPRESS

1. <u>INSURED'S FIRST NAME</u>	<u>MIDDLE INITIAL</u>	<u>INSURED'S LAST NAME</u>

2. Insured's Date of Birth: _____
 mm/dd/yyyy

3. Is the insured currently totally disabled as defined in the Waiver of Premium Rider? Yes No
 If Yes, give details: _____

4. <u>EXISTING POLICY NUMBER BEING CONVERTED/EXCHANGED</u>	(Check one): <input type="checkbox"/> Full Conversion <input type="checkbox"/> Partial Conversion If partial conversion, indicate disposition of any remaining term or other coverage not being converted/exchanged (check one) <input type="checkbox"/> Remain in force <input type="checkbox"/> Terminated (Any remaining coverage is subject to meeting Company minimum amounts)
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5. **New Policy**

(a) Plan _____

(b) Amount \$ _____

(c) The policy will have the same riders (except the Guaranteed Insurability Option rider) as the converted Term coverage unless you indicate otherwise.
 Discontinue: Waiver of Premium Accidental Death Benefit

(d) Dividend Option (for Whole Life products only)
 A Paid in cash C Left at Interest (Complete W-9 form if elected)
 B Reduce Premiums D Paid Up Additional Insurance
 Q One Year Term Insurance (indicate Target Face Amount \$ _____)

(e) Premium Payment
 Annual Semi Annual
 Quarterly GOM (Submit form R223 and a void check)
 (Add to existing control number _____)

(f) Automatic Premium Loan Yes No
 If left blank, Automatic Premium Loan (APL) will be the default option. APL is not available on Universal Life products.

(g) Complete only if converting to Universal Life
 Death Benefit Option _____ Planned Premium _____
 7702 Test _____

6. Effective Date of Conversion/Exchange _____

NOTE: The Owner, designation of payees, and any election of a payment plan will be the same as the surrendered Term or other coverage.

I represent that any statements given as answers in the request form are true and complete to the best of my knowledge and belief.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application of 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 may also be subject to civil penalties.

Dated at _____ on _____
City and State mm/dd/yyyy

Signature of Owner/insured if no other Owner

Required Agent Information Agency Name and Code _____	
First Agent Name, Code and Percent Interest	Second Agent Name, Code and Percent Interest

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Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 10/07/2008

Comments:

Attachment:

Guardian Certif of Compliance with Rule 19.pdf

Review Status:

Satisfied -Name: Readability 10/08/2008

Comments:

Attachment:

GLIC Readabiity.pdf



**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: **The Guardian Life Insurance Company of America**

Form Number(s): **L-AP-CONV-2008**

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.

Signature of Company Officer

John J. Monahan

Name

Director Individual Markets Compliance

Title

Date October 8, 2008



STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: The Guardian Life Insurance Company of America

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Title	Form Number	Flesch Score
Application for Term Conversion/Exchange Express	L-AP-CONV-2008	40.6

Name: John J. Monahan
Title: Director, Individual Markets Compliance
Date: October 8, 2008