

SERFF Tracking Number: NGLI-125964104 State: Arkansas  
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41258  
Company Tracking Number: 2735FE-AR  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: 2735FE  
Project Name/Number: /

## Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2735FE SERFF Tr Num: NGLI-125964104 State: ArkansasLH  
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 41258  
Sub-TOI: L08.000 Life - Other Co Tr Num: 2735FE-AR State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Authors: Peggy Kratz, Kim Bolinder Disposition Date: 01/07/2009  
Date Submitted: 12/30/2008 Disposition Status: Approved  
Implementation Date Requested: Implementation Date:

State Filing Description:

## 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: Group  
Submission Type: New Submission Group Market Size: Small and Large  
Overall Rate Impact: Group Market Type: Association  
Filing Status Changed: 01/07/2009  
State Status Changed: 01/07/2009 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:  
December 30, 2008

Arkansas Department of Insurance  
(Submitted via SERFF)

RE: National Guardian Life Insurance Company  
NAIC # 66583 FEIN# 39-0493780

SERFF Tracking Number: NGLI-125964104 State: Arkansas  
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Application Form: 2735FE-AR 12/08

Dear Commissioner/Director:

We are submitting this application form for approval. Form 2735FE-AR 12/08 is similar to form 2735FE-AR 11/07 which you approved on February 20, 2008 under SERFF filing number NGLI-125437628.

We intend to use this with previously approved preneed whole life policy forms. We are requesting that this application be approved on a GENERAL USE basis; we will use the application with appropriate whole life policy forms as approved for use in Arkansas. In the updated version, we have removed the Funeral Trust assignment language from page 2.

The following areas of the form are bracketed for variability:

1. The Mail Policy to field has been bracketed so that we may add or delete a mailing option.
2. The Payment Options field is bracketed so that we may delete a plan or payment mode that we are no longer offering.
3. The Statement of Health field is bracketed so that if we delete a plan, we may delete a portion of that text that would no longer be applicable.
4. The Applicant Signatures field is bracketed so that we may change, delete, or update the statement to comply with all Insurable Interest statement requirements.
5. The Acknowledgement of Payment field is bracketed so that we may remove it or print it on a separate page.

Your review and approval of this form would be greatly appreciated; if you have any questions or comments, please contact me via the email address or phone number provided.

Sincerely,

Kim Bolinder, Policy Forms Specialist  
National Guardian Life Insurance Company  
(800) 626-7931, extension 5335  
kabolinder@nglic.com

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## Company and Contact

### Filing Contact Information

Kim Bolinder, Policy Forms Specialist kabolinder@nglic.com  
 2 East Gilman Street (608) 443-5335 [Phone]  
 Madison, WI 53701 (608) 443-5365[FAX]

### Filing Company Information

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin  
 P.O. Box 1191 Group Code: Company Type: LAH  
 Madison, WI 53701-1191 Group Name: State ID Number:  
 (800) 626-7931 ext. 5790[Phone] FEIN Number: 39-0493780  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation: 1 application @ \$20  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$20.00	12/30/2008	24759807

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/07/2009	01/07/2009

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## Disposition

Disposition Date: 01/07/2009

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
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		Yes

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## Form Schedule

**Lead Form Number:** 2735FE-AR 12/08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2735FE-AR 12/08	Application/ Enrollment Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUI TY	Initial		53	2735FE-AR 12-08.pdf

**ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY - (PLEASE PRINT)**

2735FE-AR 12/08 NGL AssetGuard

National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927  
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191MAIL POLICY TO:  AGENT  
 OWNERPROPOSED INSURED/ANNUITANT  Male  Female\_\_\_\_\_  
First Name MI Last Name Phone Number Social Security Number Age Date of Birth

OWNER - Complete only if other than Insured/Annuitant

\_\_\_\_\_  
First Name MI Last Name Social Security Number Relationship to InsuredMAILING ADDRESS  INSURED/ANNUITANT  OWNER (Where to send information about this Policy)\_\_\_\_\_  
Street Address City State Zip**PAYMENT PLAN**Face Amount \$ \_\_\_\_\_ Premium \$ \_\_\_\_\_  
 Single Pay Life  1 Year  3 Year  
 Other \_\_\_\_\_ (please describe)**PLAN**

- 
- A
- 
- 
- B
- 
- 
- C
- 
- 
- D
- 
- 
- E
- 
- 
- F

**PAYMENT MODE - Do Not Complete for Single Pay**

- 
- Annual
- 
- Quarterly
- 
- Semi-Annual
- 
- Monthly Direct
- 
- 
- Monthly EFT -
- please attach a voided check*
- 
- Name of Bank \_\_\_\_\_
- 
- Routing Number \_\_\_\_\_
- 
- Account Number \_\_\_\_\_
- 
- 
- Checking
- 
- Savings Draw Date \_\_\_\_\_

**STATEMENT OF HEALTH (To be completed by Proposed Insured)**Are you currently on oxygen, hospitalized, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders:  YES  NOCongestive Heart Failure Immune System Disorder Chronic Obstructive Pulmonary (lung) Disease Amputation (caused by disease)  
Heart Disease Cirrhosis of the Liver Emphysema  
Stroke Drug or Alcohol Dependency Alzheimer's/Dementia  
Cancer (other than skin) Kidney failure (including dialysis) Diabetic Coma/Insulin ShockIf the health question is not answered or answered "Yes" or if the Proposed Insured is physically or mentally unable to answer the question, **the 1 Pay Life Plan is not available.** On other plans, a Policy with limited death benefits during the early Policy years may be issued.**BENEFICIARY INFORMATION**\_\_\_\_\_  
Name of Primary Beneficiary, Estate of Insured, NGL Funeral Expense Trust or NGL Estate Planning Trust**APPLICANT SIGNATURES**

To the best of my knowledge and belief, the above information is true and complete. If I have elected monthly EFT, I request and authorize NGL to make monthly withdrawals against the bank account specified above. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I acknowledge that the Policy applied for provides funds at the time of death which may be used for the purchase of funeral services and merchandise, but does not provide specific funeral services and merchandise. It is not an agreement with a funeral establishment. I understand that any information provided regarding the cost of funeral services was provided as general consumer information only. No representations were made that specific merchandise and/or services have been purchased or will be provided at the time of death. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life.

**I acknowledge that I have read the fraud warning statement on the last page of this form.**

Signed at \_\_\_\_\_

State \_\_\_\_\_

\_\_\_\_\_  
Signature of Proposed Insured/Annuitant

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner (Required if other than Insured)

Date \_\_\_\_\_

**AGENT'S STATEMENT**

I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Agent(s) Signature\_\_\_\_\_  
Agent Name(s) Printed\_\_\_\_\_  
NGL Agent #\_\_\_\_\_  
Agent State License#\_\_\_\_\_  
%\_\_\_\_\_  
Agent(s) Signature\_\_\_\_\_  
Agent Name(s) Printed\_\_\_\_\_  
NGL Agent #\_\_\_\_\_  
Agent State License#\_\_\_\_\_  
%

**ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY**



National Guardian Life Insurance Company (NGL) • Phone 800.988.0826 • Fax 866.228.9927  
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

**ACKNOWLEDGMENT OF PAYMENT**

This acknowledges payment from \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.

\_\_\_\_\_  
*Agent Signature*

\_\_\_\_\_  
*Date*

**FRAUD WARNING STATEMENT**

**For Residents of Arkansas**

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

"Policy" is defined as the insurance policy, certificate or annuity contract for which I am applying.

*SERFF Tracking Number:*      *NGLI-125964104*                      *State:*                      *Arkansas*  
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*Company Tracking Number:*      *2735FE-AR*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *2735FE*  
*Project Name/Number:*      */*

## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

12/23/2008

### Comments:

### Attachments:

AR - Required Certification 2 - Title 19 12.30.08.pdf

AR - Required Certification - Life 12.30.08.pdf

AR-COC & READ 12.30.08.pdf



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

I, **Mark C. Neidinger**, an officer of **National Guardian Life Insurance Company**, hereby certify that, to the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink, appearing to read "Mark Neidinger".

December 30, 2008

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*Signature*

*Date*

**Mark C. Neidinger**

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Form Filing Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



**STATE OF ARKANSAS  
CERTIFICATION OF COMPLIANCE**

I, **Mark Neidinger**, an officer of ***National Guardian Life Insurance Company***, hereby certify the following:

- Our company is in compliance with Arkansas Code Ann. 23-79-138. Our policy issue system is set up so that the required notice providing information on the Arkansas Department of Insurance is automatically included with each policy issued in the state of Arkansas.
- In compliance with Regulation 49, our policy issue system automatically generates the required Life and Health Guaranty Association Notice with each policy issued in Arkansas.
- To the best of my information, knowledge and belief the attached filing is in compliance with Rule and Regulation 19 regarding Unfair Sex Discrimination in the Sale of Insurance.

December 30, 2008

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*Signature*

*Date*

***Mark Neidinger***

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kabolinder@nglic.com



**CERTIFICATION OF COMPLIANCE**

I, Mark C. Neidinger, an officer of *National Guardian Life Insurance Company* hereby certify that I have authority to bind and obligate the company by filing this (these) form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing complies with all applicable provisions of the **ARKANSAS** statutes and with all applicable administrative rules of the Commissioner of Insurance;
2. These form(s) do not contain any inconsistent, ambiguous, or misleading clauses;
3. These form(s) do not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);
4. The only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the attached form(s) or in an attachment; and
5. The attached form(s) are in final printed format or typed facsimile and will be offered for issuance or delivery in **ARKANSAS** after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.

**CERTIFICATION OF READABILITY**

I, Mark C. Neidinger, an officer of the *National Guardian Life Insurance Company*, certify that the Flesch scores for the submitted forms are listed below:

<u>Forms</u>	<u>Flesch Scores</u>
2735FE-AR-12/08	52.7

**December 30, 2008**

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Signature

Date

**Mark C. Neidinger**

*Associate General Counsel and Company Officer*

**Individual responsible for this filing:**

Name: Kim Bolinder

Title: Policy Forms Specialist

Phone #: (608) 443-5335

Email: kbolinder@nglic.com