

SERFF Tracking Number: NYLA-126324221 State: Arkansas
 Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 43658
 Company Tracking Number: 209-100
 TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.003 Single Premium
 Product Name: Living Needs/Unemployment Benefit Rider
 Project Name/Number: Living Needs/Unemployment Benefit Rider/209-100

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: Living Needs/Unemployment Benefit Rider SERFF Tr Num: NYLA-126324221 State: Arkansas

TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 43658

Sub-TOI: A02.11.003 Single Premium Co Tr Num: 209-100 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Susan Britton, Rina Zornetsky Disposition Date: 10/06/2009

Date Submitted: 10/01/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Living Needs/Unemployment Benefit Rider

Project Number: 209-100

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This form was submitted to Delaware, our domiciliary state, on September 28, 2009 and is pending.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/22/2009

Explanation for Other Group Market Type:

State Status Changed: 10/06/2009

Deemer Date:

Created By: Rina Zornetsky

Submitted By: Rina Zornetsky

Corresponding Filing Tracking Number: 209-100

Filing Description:

This filing is for a new rider which will be used with our fixed and variable individual deferred annuity policies.

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Company and Contact

Filing Contact Information

Rina Zornetsky, Contract Consultant rina_zornetsky@newyorklife.com
 1 Rockwood Road 914-846-5813 [Phone]
 3N848
 Sleepy Hollow, NY 10591

Filing Company Information

New York Life Insurance and Annuity Corporation CoCode: 91596 State of Domicile: Delaware
 1 Rockwood Road Group Code: 826 Company Type:
 3N738 Group Name: State ID Number:
 Sleepy Hollow, NY 10591 FEIN Number: 13-3044743
 (914) 846-3508 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form X \$50 = \$50.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$50.00	10/01/2009	30990962

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/22/2009	10/22/2009
Approved- Closed	Linda Bird	10/06/2009	10/06/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Attn: Linda Bird Dept. File No. 43658 (Rider form no. 209-100)	Note To Reviewer	Rina Zornetsky	10/22/2009	10/22/2009
Request to Reopening of SERFF Filing No. 43658 (approved 10/6/2009)	Note To Filer	Linda Bird	10/22/2009	10/22/2009
Request for Reopening of SERFF Filing No. 43658 (approved 10/6/2009)	Note To Reviewer	Rina Zornetsky	10/21/2009	10/21/2009

SERFF Tracking Number: NYLA-126324221 *State:* Arkansas
Filing Company: New York Life Insurance and Annuity *State Tracking Number:* 43658
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Variable and Variable
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Project Name/Number: Living Needs/Unemployment Benefit Rider/209-100

Disposition

Disposition Date: 10/06/2009

Implementation Date:

Status: Approved-Closed

Comment: Company advised no correction needed on this filing.

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLA-126324221 State: Arkansas
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 Project Name/Number: Living Needs/Unemployment Benefit Rider/209-100

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	Certification		Yes
Supporting Document	Filing Fee Transmittal		Yes
Form	Living Needs Benefit/Unemployment Rider		Yes

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Disposition

Disposition Date: 10/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification		Yes
Supporting Document	Filing Fee Transmittal		Yes
Form	Living Needs Benefit/Unemployment Rider		Yes

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Project Name/Number: Living Needs/Unemployment Benefit Rider/209-100

Note To Reviewer

Created By:

Rina Zornetsky on 10/22/2009 01:13 PM

Last Edited By:

Rina Zornetsky

Submitted On:

10/22/2009 01:14 PM

Subject:

Attn: Linda Bird Dept. File No. 43658 (Rider form no. 209-100)

Comments:

Dear Ms. Bird:

We thank the Department for its prompt reply to our request that this file be re-opened.

However, it has come to our attention that the bracketed wording in the fourth paragraph of this rider is correct as originally filed, and there is no need for a revised version.

We ask that you close the filing and return it to its original "Approved" status.

My sincerest apologies for any inconvenience this has caused you.

Very truly yours,

Rina Zornetsky

(914) 846-5813

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Note To Filer

Created By:

Linda Bird on 10/22/2009 10:10 AM

Last Edited By:

Linda Bird

Submitted On:

10/22/2009 10:10 AM

Subject:

Request to Reopening of SERFF Filing No. 43658 (approved 10/6/2009)

Comments:

Filing has been reopened in order for company to submit a revised Rider form.

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Product Name: Living Needs/Unemployment Benefit Rider
Project Name/Number: Living Needs/Unemployment Benefit Rider/209-100

Note To Reviewer

Created By:

Rina Zornetsky on 10/21/2009 11:10 AM

Last Edited By:

Rina Zornetsky

Submitted On:

10/21/2009 11:10 AM

Subject:

Request for Reopening of SERFF Filing No. 43658 (approved 10/6/2009)

Comments:

Attn: Ms. Carla Forde

Dear Ms. Forde:

We are requesting that the Department reopen the above filing of Rider form 209-100.

As discussed, we wish to submit a revised Rider form with a minor correction for bracketed language which appears in the 4th paragraph of the Rider. The Statement of Variability does not need to be amended, as the explanation for the bracketed text was already included in the Statement.

The Rider form has never been issued by NYLIAC.

We appreciate your cooperation in this filing and thank you for the prior approval of this form.

Sincerely,

Rina Zornetsky

(914) 846-5813

SERFF Tracking Number: NYLA-126324221 State: Arkansas
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Form Schedule

Lead Form Number: 209-100

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	209-100	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		50.100	Rider Form 209-100.pdf

RIDER

LIVING NEEDS BENEFIT/UNEMPLOYMENT

This rider is attached to and made a part of this Policy. Where there is a conflict between the provisions in this rider and those of this Policy, the rider provisions will control. Capitalized Terms used but not defined in this rider have the meaning set forth in this Policy.

Receipt of amounts paid pursuant to the terms of this Rider may be subject to a 10% penalty tax in addition to any income taxes due. You should consult with your personal tax advisor before exercising this Rider.

For purposes of this rider, the term "benefit," means the full or partial waiver of any Surrender Charges that may apply under this Policy provided the terms of the rider herein are met. The use of the term "benefit" in this rider shall not be construed as a benefit (or incidental benefit) offered under (i) a plan qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended ("Code"); (ii) an arrangement either described under Section 403(b) of the Code or subject to Section 4975 of the Code; or (iii) an employee benefit plan within the meaning of Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended.

[None of the benefits described in this rider are available on policies where any Owner(s) has attained his/her [eighty-sixth (86th)] birthday on the Policy Date. The availability of the rider benefit for the Disability Qualifying Event is further limited as described in Section 2 of the Rider Provisions below. If the Owner(s) is not a natural person, these restrictions and all rider benefits described herein are based on the Annuitant named in the Policy.]

During [the first Policy Year] the Owner(s) is ineligible to receive any rider benefit, whether or not a Qualifying Event occurs during this period.

DEFINITIONS

1 Eligibility Date: The date, beginning on the first Policy Anniversary, when you may be eligible to receive a benefit under this rider, provided a Qualifying Event has occurred.

2. Qualifying Events:

Each of the Qualifying Events defined below must occur on or after the Policy Date.

- a. **Health Care Facility Qualifying Event:** The Owner is enrolled and living in a Health Care Facility for [sixty (60)] consecutive days.
- b. **Terminal Illness Qualifying Event:** A determination by a licensed physician that

the Owner has a life expectancy of [twelve (12) months] or less.

- c. **Disability Qualifying Event:** The Owner has a disability that prevents him or her from performing any work for pay or profit for at least twelve (12) consecutive months.

- d. **Unemployment Qualifying Event:** The Owner qualifies for and has been receiving state unemployment benefits for [sixty (60)] consecutive days.

3. Health Care Facility: A Health Care Facility is a state licensed/certified nursing home or a state licensed/certified assisted living facility.

RIDER PROVISIONS

1. What does this Rider Provide?

If you provide satisfactory proof that a Qualifying Event has occurred, we will waive any Surrender Charges, or a portion thereof, that may apply when a Partial Withdrawal is made or when this Policy is surrendered for its Accumulation Value on or after the Eligibility Date, subject to terms of the rider benefit. We reserve the right, at the time you request a Partial Withdrawal or a full surrender, to request satisfactory proof that you remain eligible to receive the rider benefit.

2. Are There Any Limitations On the Benefits of this Rider?

For the Disability Qualifying Event, any Partial Withdrawal or full surrender made on or after your [sixty-sixth (66th)] birthday will not be eligible for this rider benefit and any applicable Surrender Charges will apply.

For the Unemployment Qualifying Event, the rider provides a one-time increase of the percentage amount of the Policy's Accumulation Value that will not be subject to a Surrender Charge, and that amount shall be increased to [fifty percent (50%)] of the Policy's Accumulation

Value at the time of a Partial Withdrawal or full surrender.

3. What Is Satisfactory Proof Of A Qualifying Event?

For a Health Care Facility, Terminal Illness or Disability Qualifying Event, satisfactory proof is a licensed physician's certification that the Qualifying Event has occurred. We will also accept the Health Care Facility administrator's certification as satisfactory proof of the occurrence of a Health Care Facility Qualifying Event. For the Disability Qualifying Event, we may also require proof of continued disability as of the date of the Partial Withdrawal or surrender of the Policy.

We reserve the right to have the Owner examined by a licensed physician of our choice, at our expense.

Satisfactory proof that an Unemployment Qualifying Event has occurred is a determination letter from the applicable state's Department of Labor indicating that the Owner qualifies for and is receiving state unemployment benefits.

GENERAL PROVISIONS

1. Can Rider Benefits Be Exercised More Than Once?

Other than for the Unemployment Qualifying Event, rider benefits can be exercised more than once, provided we receive satisfactory proof for each Qualifying Event and you are eligible to receive the rider benefit.

2. What Happens If We Deny A Rider Benefit Claim?

If we determine that you are not eligible to receive a rider benefit, at the time you request a Partial Withdrawal or full surrender of the Policy, the proceeds will not be disbursed unless 1) we notify you of the denial and 2) you instruct us that you wish to receive the proceeds, subject to any Surrender Charges that may apply.

3. Effective Date

This rider is effective on the Policy Date.

4. Minimum Accumulation Value

At the time any benefit provided by this rider is requested, the Policy must have an Accumulation Value of [\$5,000] or more.

5. Rider Fees

There are no fees or charges associated with this rider.

6. Rider Termination

To cancel this rider you must send us a signed request. This rider ends on the earlier of the following: 1) the date you signed the request subject to any action we took before we received it, or 2) when the Policy is surrendered or terminated.

In no event will termination of this rider forfeit previously waived Surrender Charges provided by this rider.

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

President

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification Comments: Attached is our readability certification for this rider form. Attachment: Cert-readability-AR.pdf</p>		

	Item Status:	Status Date:
<p>Bypassed - Item: Application Bypass Reason: The subject form is a Rider. Comments:</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Cover Letter Comments: Our cover letter explains the use of this rider form and includes a complete list of the policy forms with which the rider will be issued. The approval date of each policy form is included. Attachment: Cover Letter-AR.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Statement of Variability Comments: Attached is the Statement of Variability for this rider form. Attachment: SOV-209-100.pdf</p>		

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Item Status: **Status Date:**

Satisfied - Item: Certification

Comments:

Certification is included.

Attachment:

Cert-compliance-AR.pdf

Item Status: **Status Date:**

Satisfied - Item: Filing Fee Transmittal

Comments:

Our filing fee will be paid via EFT.

Attachment:

Filing Fee Transmittal-AR.pdf

STATE OF ARKANSAS
CERTIFICATION OF READABILITY

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION

This is to certify that the attached form () Policy (X) Rider () Endorsement () Application form no. **209-100**, has achieved a Flesch Reading Ease Score of 50.1, and complies with the requirements of Arkansas Stat. Ann Sec. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Suzanne Wolf

Signature

Suzanne Wolf

Name

Assistant Vice President-Product Development

Title

10/1/2009

Date



NEW YORK LIFE INSURANCE COMPANY
NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
(A Delaware Corporation)
1 Rockwood Road, Sleepy Hollow, NY 10591

"The Company You Keep"®

Suzanne Wolf
Assistant Vice President - Product Development
Bus: (914) 846-3508 Fax: (914) 846-4487 Toll Free: (800) 280-3551
E-Mail: Suzanne_M_Wolf@newyorklife.com

October 1, 2009

Hon. Julie Benafield Bowman
Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

RE: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
Form No.: 209-100 Living Needs Benefit/Unemployment Rider

N.A.I.C. NO.: 826-91596
F.E.I.N.: 13-3044743

Dear Hon. Julie Benafield Bowman:

We are enclosing for your approval a new waiver of surrender charge benefit rider, our Living Needs Benefit/Unemployment rider, form number 209-100, which will be issued by New York Life Insurance and Annuity Corporation (NYLIAC). This rider will be used with our previously approved fixed and variable individual deferred annuity policies issued by NYLIAC.

This rider provides for a waiver of any surrender charges, or a portion thereof, that would otherwise apply, when the policy owner makes a partial withdrawal or surrenders the policy for its accumulation value provided certain Qualifying Events occur. Qualifying Events include a Terminal Illness diagnosis, enrollment and living in a Health Care Facility, receiving state Unemployment Benefits, or a Disability as defined in the rider. Please refer to the rider form for additional details. This rider will be included at issue with all fixed and variable individual deferred annuity policies issued on or about January 1, 2010. There is no charge for this rider.

This form replaces the existing "Living Needs Benefit" rider, form 991-299.26, which was approved by your Department on 4/27/1992 and "Unemployment Benefit" rider, form 992-300, which was approved by your Department on 4/9/1992.

This rider will be solicited individually through the company's agents as well as independent agencies (independent distribution channel).

Attached is a list of the policy forms with which this new rider will be issued. Included in this list is the form number, description of each policy, and your Department's date of approval.

Domicile Approval Status

This form was filed with the Insurance Department of our domicile State of Delaware on September 28, 2009 and is pending approval.

We would appreciate receiving your Department's approval of this new form at your earliest convenience.

Sincerely,



Suzanne Wolf
Assistant Vice President– Product Development

SW: rz

New York Life Insurance and Annuity Corporation Forms that will be used with rider form 209-100 in AR		
Policy Form	Description	Approval Date
205-190	Individual Deferred Single Premium Fixed Annuity	3/16/2005
205-191AR	Individual Deferred Single Premium Fixed Annuity	3/16/2005
207-198	Individual Deferred Single Premium Fixed Annuity	7/10/2007
207-199	Individual Deferred Single Premium Fixed Annuity	7/10/2007
208-193	Individual Deferred Single Premium Fixed Annuity	3/18/2008
204-180	Individual Deferred Flexible Premium Fixed Annuity	7/1/2003
204-185	Individual Deferred Single Premium Fixed Annuity	7/1/2003
204-186.50	Individual Deferred Single Premium Fixed Annuity	7/1/2003
000-190	Individual Deferred Flexible Premium Variable Annuity	6/23/1999
208-191	Individual Deferred Flexible Premium Variable Annuity	10/22/2008
208-192	Individual Deferred Flexible Premium Variable Annuity	10/22/2008

New York Life Insurance and Annuity Corporation (NYLIAC)

Statement of Variability For Individual Annuity Living Needs Benefit/Unemployment Rider Form Number: 209-100

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination. The following information, that is bracketed, is denoted as variable.

Paragraph 4 - Availability of Benefits: The following disclosure language will be included for field issued contracts made available through our independent agencies. This language informs a customer of the issue age limitations and further clarifies the limitation for eligibility under the Disability Qualifying Event.

“None of the benefits described in this rider are available on policies where any Owner(s) has attained his/her [eighty-sixth (86th)] birthday on the Policy Date. The availability of the rider benefit for the Disability Qualifying Event is further limited as described in Section 2 of the Rider Provisions below. If the Owner(s) is not a natural person, these restrictions and all rider benefits described herein are based on the Annuitant named in the Policy.”

In addition, for changes to the maximum age for initial eligibility for this rider’s benefit. The range for this period is between seventy-five (75) and ninety (90) years old.

The following disclosure language will be included when the contract is not a field issue:

“If the Owner(s) is not a natural person, all rider benefits described herein are based on the Annuitant named in the Policy.”

Paragraph 5 – Benefit Ineligibility: For changes to the required period of time during which the owner is not eligible to receive rider benefits. The range for this period is between and including six (6) and twelve (12) months.

Definitions

Health Care Facility Qualifying Event: For changes to the required period of time during which the Owner is confined in a Health Care Facility. The range for this period of time is between and including sixty (60) and ninety (90) consecutive days.

Unemployment Qualifying Event: For changes to the required period of time during which the owner has been receiving state unemployment benefits. The range for this period is between and including sixty (60) and ninety (90) days.

Terminal Illness Qualifying Event: For changes to the required duration of the Owner’s life expectancy. The range for this duration is between and including six (6) and twelve (12) months.

Rider Provision 2. - Are There Any Limitations On the Benefits of this Rider?

Disability Qualifying Event:

For changes to the maximum age at which the owner is eligible for the rider benefit under a Disability Qualifying Event. The range for this age is between and including ages sixty-five (65) and seventy-five (75).

Unemployment Qualifying Event:

For changes to the increase of the percentage amount of the policy's Accumulation Value that is not subject to a Surrender Charge. The range for this percentage is between and including twenty-five percent (25%) and one hundred percent (100%).

Minimum Accumulation Value: For changes to the minimum Accumulation Value required under the policy to request a benefit under this rider. The range for this amount is between and including two thousand five hundred dollars (\$2,500) and ten thousand dollars (\$10,000).

Officer Signatures and or Title: For any change to the corporation's officers and or their titles

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
NEW YORK LIFE INSURANCE COMPANY

STATE OF ARKANSAS

In Re: Form (s): 209-100

I certify that the rider form contained in this filing complies with Arkansas Insurance Regulation 19.

Suzanne Wolf

Signature

Suzanne Wolf

Name

Assistant Vice President-Product Development

Title

10/1/2009

Date

**ARKANSAS
INSURANCE
DEPARTMENT**

FILING FEE TRANSMITTAL FORM ***

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name : New York Life Insurance and Annuity Corporation NAIC#: 826-91596

Company Contact Person: Suzanne Wolf Telephone No.: Toll Free: (800) 280-3551

<u>INSURANCE DEPARTMENT USE ONLY</u>		
ANALYST :	AMOUNT:	ROUTE SLIP:

ALL FEES ARE PER EACH INSURED, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/ FORM FILINGS

- | | |
|--|--|
| Life and/or Disability policy form filing and review, per each policy, contract, annuity form , per each insurer, per each filing | ## x \$50= \$ ####
**Retaliatory \$###.## |
| Life and/or Disability- Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. | * ### x \$50= \$ ###.##
**Retaliatory \$###.## |
| Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of certificate, rider , endorsement or application if each is filed separately from the basic form. | * 1 x \$20= \$ 50.
**Retaliatory \$50.00 |
| Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. | * ### x \$20= \$ ###.##
**Retaliatory \$###.## |
| Life and/or Disability: Filing and review of Insured's advertisements, per advertisement, per each insurer. | * ### x \$25= \$ ###.##
**Retaliatory \$###.## |

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. * ## x \$ 400 = \$ ###.##

Filing to amend Certificate of Authority. *** ### x \$100 = \$ ###.##

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.