

SERFF Tracking Number: NGLI-126365205 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 44044
Company Tracking Number: 2827
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2827 Reinstatement App
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2827 Reinstatement App

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NGLI-126365205 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44044

Co Tr Num: 2827

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 11/16/2009

Date Submitted: 11/11/2009 Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/16/2009

Deemer Date:

Submitted By: Kim Bolinder

Filing Description:

Application for Reinstatement

2827 12/08

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Association

Explanation for Other Group Market Type:

State Status Changed: 11/16/2009

Created By: Kim Bolinder

Corresponding Filing Tracking Number:

Dear Commissioner/Director:

The referenced application form will be used to reinstate life insurance policies. This application will be used, on a general use basis, for existing policyholders to reinstate their policy. This is a new form and will not replace any existing

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forms.

Please note the State Fraud Clauses on the last page of the form. The clauses are in brackets, indicating that they are variable, to allow us to make changes as a result of additions or changes in state fraud requirements.

Your approval of this form would be greatly appreciated. Please contact me at the number or email address listed below if you have any questions or concerns.

Sincerely,

Kim Bolinder
Policy Forms Specialist
NGL Insurance Group
800-548-2962, Ext. 5335
kabolinder@nglic.com

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. 5325[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: APPLICATION ONLY- NO POLICY
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$20.00	11/11/2009	31962255

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/16/2009	11/16/2009

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Disposition

Disposition Date: 11/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	APPLICATION FOR REINSTATEMENT		Yes

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Form Schedule

Lead Form Number: 2827

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2827 12/08	Application/ Enrollment Form	APPLICATION FOR REINSTATEMENT	Initial		56.200	2827 12-08 w-brackets.pdf



Application for Reinstatement

National Guardian Life Insurance Company • Settlers Life Insurance Company • PO Box 1191 • Madison WI 53701-1191
Phone 800.988.0826 • Fax 608.257.2136 • www.nglic.com

Insured's Name:		Date of Birth:
Owner's Mailing Address:		Policy Number:
Social Security Number:	Home Phone Number:	Work Phone Number:

Has the Insured had any change in health since the date of the original application for the policy? Yes No

Will the insurance applied for replace or change any insurance or annuity now or recently in force? Yes No
If Yes, complete required replacement form(s).

Enclosed with this application is my payment for all overdue premiums.

Amount Enclosed \$ _____

Months Paying For _____

Other Instructions: _____

I understand that the policy will be reinstated based on this application. To the best of my knowledge, the answers are true and complete. I understand and agree that no insurance applied for will become effective until accepted by the company.

A reinstatement resulting from this application shall be contestable as to the statement made in it for a period of two years from the date of this reinstatement. A confirmation letter will be sent to you once the reinstatement has been approved and processed.

I acknowledge I have read the fraud statement on the back of this form.

Signature of Insured

Date

Signature of Owner

Date

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

Fraud Warning Statements

For Residents of AK, AL, CT, DE, HI, IA, ID, IL, IN, MA, MI, MN, MO, MS, MT, NC, ND, NV, RI, SC, SD, UT, WI, WV and WY

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.

For Residents of GA, NE, OR, TX and VT

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

For Residents of Arkansas

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.

For Residents of Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado

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.

For Residents of District of Columbia

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 insurance benefits if false information materially related to a claim was provided by the applicant.

For Residents of Florida

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.

For Residents of Kansas

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.

For Residents of Kentucky

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For Residents of Louisiana

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 or confinement in prison.

For Residents of Maine

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.

For Residents of Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

For Residents of New Jersey

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information, including information pertaining to the insured's status as a Medicaid recipient, is guilty of insurance fraud and is subject to criminal and civil penalties.

For Residents of New Mexico

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.

For Residents of Ohio

Any person who, with intent to defraud or knowing that he 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.

For Residents of Oklahoma

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

For Residents of Pennsylvania

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.

For Residents of Tennessee

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.

For Residents of Virginia

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For Residents of Washington

Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR - Required Cert - Life-2827.pdf

AR- COR.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: NOT APPLICABLE- APPLICATION IS ATTACHED UNDER FORM SCHEDULE

Comments:



**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.

November 11, 2009

Signature

Date

Mark Neidinger

Associate General Counsel – Company Officer

Individual responsible for this filing:

Name: Kim Bolinder

Title: Policy Forms Specialist

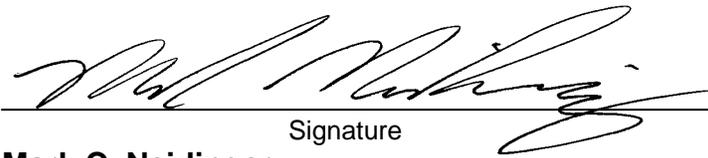
Phone #: (608) 443-5335

Email: kabolinder@nglic.com

CERTIFICATION OF READABILITY

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

Forms	Flesch Scores
2827 12/08	56.2



Signature

November 11, 2009

Date

Mark C. Neidinger

Associate General Counsel and Company Officer