

SERFF Tracking Number: NGLI-126021138 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 41458
Company Tracking Number: 2815PN-I-AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2815PN-I-AR
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2815PN-I-AR	SERFF Tr Num: NGLI-126021138	State: ArkansasLH
TOI: L08 Life - Other	SERFF Status: Closed	State Tr Num: 41458
Sub-TOI: L08.000 Life - Other	Co Tr Num: 2815PN-I-AR	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Peggy Kratz, Kim Bolinder	Disposition Date: 02/09/2009
	Date Submitted: 02/04/2009	Disposition Status: Approved-Closed
		Closed
Implementation Date Requested: On Approval		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: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/09/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/09/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	
February 4, 2009	

Arkansas Department of Insurance

FILED VIA SERFF

Re: National Guardian Life Insurance Company

NAIC # 66583 FEIN# 39-0493780

SERFF Tracking Number: NGLI-126021138 State: Arkansas
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Application: 2815PN-I-AR 01/09

The above-referenced application is enclosed for your review and approval. This form is replacing form 2815PN-I-AR 05/08, which was recently approved on January 29, 2009, under SERFF #NGLI-1256000391, with your state reference #41938. We discovered prior to its implementation, that the annuity option is not available on an individual basis in your state. We have revised the form removing the annuity and changed the form number.

As with the previous submission, the application form is a guaranteed issue application. We have bracketed the entire Payment Plan section, so that we may delete any plan or payment mode not being offered.

Your review and approval is greatly appreciated. Thank you in advance for your assistance.

Sincerely,

Kim Bolinder, Policy Forms Specialist
National Guardian Life Insurance Company
800-626-7931, 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. 5790[Phone] FEIN Number: 39-0493780

SERFF Tracking Number: *NGLI-126021138* *State:* *Arkansas*
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$20.00	02/04/2009	25496906

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/09/2009	02/09/2009

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Disposition

Disposition Date: 02/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Supporting Document	List of Approved Forms		Yes
Form	APPLICATION FOR LIFE INSURANCE		Yes

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Form Schedule

Lead Form Number: 2815PN-I-AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	2815PN-I-AR 01/09	Application/ Enrollment Form	APPLICATION FOR LIFE INSURANCE	Initial		52	2815PN-I-AR 01-09.pdf

APPLICATION FOR LIFE INSURANCE - (PLEASE PRINT)

2815PN-I-AR 01/09 Series 9

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

MAIL POLICY TO:

-
- AGENT
-
-
- FUNERAL HOME
-
-
- OWNER

PROPOSED INSURED Male Female

_____ <i>First Name</i>	_____ <i>MI</i>	_____ <i>Last Name</i>	_____ <i>Phone Number</i>	_____ <i>Social Security Number</i>	_____ <i>Age</i>	_____ <i>Date of Birth</i>
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OWNER - Complete only if other than Insured

_____ <i>First Name</i>	_____ <i>MI</i>	_____ <i>Last Name</i>	_____ <i>Social Security Number</i>	_____ <i>Relationship to Insured</i>
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MAILING ADDRESS INSURED OWNER (Where to send information about this Policy)

_____ <i>Street Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
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PAYMENT PLAN

Funeral Price \$ _____ Face Amount \$ _____

 Single Pay LifeMulti Pay Life: 3 Year 5 Year 7 Year

Initial Premium + _____ Multi Pay Premium = _____ Total Premium Amount (with app)

\$ _____ \$ _____ \$ _____

PAYMENT PLAN

-
- Annual
-
-
- Semi-Annual
-
-
- Quarterly
-
-
- Monthly Direct
-
-
- Monthly EFT

DIRECTION FOR PAYMENT OF PROCEEDS (These directions may be changed any time before the funeral is provided by giving written notice to the Insurer.)

NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named below, if any, upon receipt of proof that funeral merchandise and services have been provided. In the event that NGL rescinds or declines to issue the Policy, I also assign to the Funeral Provider (1) the right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided, (2) the right to compromise claims and (3) the right to agree to rescission.

_____ <i>Name of Funeral Provider</i>	_____ <i>Street Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>
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_____ <i>Name of Primary Beneficiary</i>	_____ <i>Street Address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>	_____ <i>Relationship to Insured</i>
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APPLICANT REPLACEMENTIs the insurance being applied for intended to replace or change any existing life insurance or annuity?
If "Yes", complete required replacement form(s). YES NO**AGENT REPLACEMENT**

Is the insurance being applied for intended to replace or change any existing life insurance or annuity?

 YES NO**APPLICANT SIGNATURES**

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. 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.

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.

Signed at _____

State _____

Signature of Proposed Insured _____

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.

_____ <i>Agent(s) Signature</i>	_____ <i>Agent Name(s) Printed</i>	_____ <i>NGL Agent #</i>	_____ <i>Agent State License#</i>	_____ <i>%</i>
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_____ <i>Agent(s) Signature</i>	_____ <i>Agent Name(s) Printed</i>	_____ <i>NGL Agent #</i>	_____ <i>Agent State License#</i>	_____ <i>%</i>
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APPLICATION FOR LIFE INSURANCE



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

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

APPLICATION FOR INSURANCE



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

Insured: _____
Agent: _____

IRREVOCABLE ASSIGNMENT OF POLICY

Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following:

1. The assignment of death benefit proceeds is permanent and cannot be changed by the Owner.
2. The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid.
3. The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

Immediate Transfer (For purposes of Medicaid Eligibility ONLY) - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. **To make an immediate transfer election please initial here _____.**

Signature of Owner

Date

AUTOMATIC PAYMENT AUTHORIZATION

Monthly Electronic Funds Transfer

I request and authorize NGL to make monthly withdrawals against the financial institution account specified at right or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank.

If using a checking account, please include a void check. For savings account, please contact the bank to verify EFT is allowed and verify correct routing and account number.

Date of month to initiate payment (dates available are 1st through 28th) – select one: _____

Bank Name _____

Bank Routing/ABA # _____

Account # _____

Checking Savings

(Signature as it appears on bank records)

(Date)

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Rate Information

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Supporting Document Schedules

Review Status:
Satisfied -Name: Flesch Certification 02/04/2009
Comments:
Attachment:
AR-COR-2815PN.pdf

Review Status:
Satisfied -Name: Statement of Variability 02/04/2009
Comments:
Attachment:
AR-2815PN-Statement of Variability.pdf

Review Status:
Satisfied -Name: List of Approved Forms 02/04/2009
Comments:
Attachment:
AR- List of approved forms-2815PN.pdf

CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of National Guardian Life Insurance Company, certify that the Flesch scores for the submitted forms are listed below:

Forms	Flesch Scores
2815PN-I-AR 01/09	52.3

Mathew J. Dew

February 4, 2009

Signature

Date

Mathew J. Dew

Vice-President & General Counsel

◊

EXPLANATION OF VARIABLES

Please note we have bracketed one area of application **2815PN-I-AR 01/09** for variability.

1. The Payment Plan field is bracketed so that we may delete a plan or payment mode that we are no longer offering.



NGL Insurance Group

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

Application Form: **2815PN-I-AR 1/09**

We anticipate that our initial use of this application will be with the following forms:

FORM NAME	APPROVAL DATE
NPNSPIDB2000	08/01/2001
NPNDFD2008-AR	01/29/2009