

SERFF Tracking Number: NGLI-126128688 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
Company Tracking Number: 2540 APP
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2540 APP
Project Name/Number: /

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: 2540 APP

SERFF Tr Num: NGLI-126128688 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 42230

Sub-TOI: L08.000 Life - Other

Co Tr Num: 2540 APP

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder Disposition Date: 05/06/2009

Date Submitted: 04/28/2009

Disposition Status: Approved-
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: 05/06/2009

Explanation for Other Group Market Type:

State Status Changed: 05/06/2009

Deemer Date:

Created By: Kim Bolinder

Submitted By: Kim Bolinder

Corresponding Filing Tracking Number:

Filing Description:

April 28, 2009

Arkansas Department of Insurance

Life and Health Division

Via SERFF

RE: National Guardian Life Insurance Company

NAIC # 66583 - FEIN# 39-0493780

SERFF Tracking Number: NGLI-126128688 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
Company Tracking Number: 2540 APP
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2540 APP
Project Name/Number: /
Policy Change Application: 2540 01/09

Dear Commissioner/Director:

The above form is enclosed in final print for your review and approval. This form will replace our previously approved application form, 2540 10/99, which was approved on February 1, 2001.

The application is primarily used for conversions of term policies. It will not be used by agents to market new business.

If you have any questions or comments, please contact me. We 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

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:

SERFF Tracking Number: NGLI-126128688 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
Company Tracking Number: 2540 APP
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2540 APP
Project Name/Number: /
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| National Guardian Life Insurance Company | \$50.00 | 04/28/2009 | 27467465 |

SERFF Tracking Number: NGLI-126128688 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
Company Tracking Number: 2540 APP
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2540 APP
Project Name/Number: /

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 05/06/2009 | 05/06/2009 |

SERFF Tracking Number: NGLI-126128688 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
Company Tracking Number: 2540 APP
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2540 APP
Project Name/Number: /

Disposition

Disposition Date: 05/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-126128688 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
 Company Tracking Number: 2540 APP
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: 2540 APP
 Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Form | POLICY CHANGE APPLICATION | | Yes |

SERFF Tracking Number: NGLI-126128688 State: Arkansas
 Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
 Company Tracking Number: 2540 APP
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: 2540 APP
 Project Name/Number: /

Form Schedule

Lead Form Number: 2540 01/09

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|------------------------------|---------------------------|---------|----------------------|-------------|----------------|
| | 2540 01/09 | Application/ Enrollment Form | POLICY CHANGE APPLICATION | Initial | | | 2540 01-09.pdf |

AGREEMENT

It is represented that the statements and answers in this application are true and complete to the best of my knowledge and belief. I certify that the Social Security Numbers provided on this form are true, correct and complete. It is agreed that:

- All statements and answers in this application, will form the basis of any contract of insurance that may be issued.
- National Guardian Life reserves the right to require a medical examination of the Proposed Insured(s), which may form part of the application.
- Acceptance of any policy issued on this application will constitute a ratification of corrections, additions or changes made by National Guardian Life in states that permit it. Any change in amount, plan of insurance, age at issue, classifications or benefits will be subject to written acceptance by me.
- Any benefit(s) applied for shall not be effective until such insurance is issued by National Guardian Life and delivered to me while I am in the same health as disclosed in this application.
- **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.**
- No agent may waive policy provisions, make, alter or discharge contracts, extend the time for payment of premiums, waive a complete answer to any question in the application or make any determination of your insurability.
- A reinstatement resulting from this application shall be contestable as to the statements made in it for a period of 2 years from the date of reinstatement.

It is also agreed, except as otherwise provided in the Temporary Insurance Agreement issued bearing the date of this application, that no liability exists unless all the following are true.

- The first full premium on the mode of payment selected is to be paid to National Guardian Life.
- The policy is issued and delivered to the Owner during the lifetime of the person(s) to be insured.
- There is no material change in the statements or answers to any questions on this application for any person(s) to be insured at the time of delivery.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medically related facility, insurance company or reinsuring company or the Medical Information Bureau, that has any records or knowledge of me or my health, or that of my family, to provide such information to National Guardian Life or its reinsurers for the purpose of determining my eligibility for the insurance applied for. This authorization shall be valid for 24 months from the date below. A copy of this authorization shall be as valid as the original. I also agree that I have received and read the Notice of Disclosure of Information and Notice to Applicant required by the Fair Credit Reporting Act and the Medical Information Bureau. I understand that either myself or my authorized representative may receive a copy of the authorization.

| | | |
|--|--------------|---|
| | | |
| Signed at (City, State) | Date | Signature of Proposed Insured (15 or older) |
| | | |
| | | |
| Parent/Guardian's Signature for minor children | | Signature of Optional Insured |
| | | |
| | | |
| Agent's Signature | | Owner's Signature, if other than Proposed Insured |
| | | |
| | | |
| Print Agent's Name | Agent Number | Other Insured's Signature (children 15 or older) |



NATIONAL GUARDIAN LIFE INSURANCE COMPANY

Application for: Conversion GIR Term Re-Entry Policy Changes

A. PRIMARY INSURED

1. Name _____ Sex ____ SS# _____ Ht ____ Wt ____
 2. Address _____ City _____ State ____ Zip _____
 3. Phone: Home (____) _____ Work (____) _____
 Best Time to Contact _____ E-mail Address _____
 4. D.L.# _____ DOB _____ Age ____ State of Birth ____ Marital Status ____
 5. Employer's Name and Address _____
 6. Occupation and Duties _____ Income \$ _____

Complete if applying or increasing: Optional Insured or Term Rider Child's Term Rider Payor other than Owner or Insured

7. Name _____ Sex ____ SS# _____ Ht ____ Wt ____
 8. Address _____ City _____ State ____ Zip _____
 9. Phone: Home (____) _____ Work (____) _____ Best Time to Contact _____
 10. D.L.# _____ DOB _____ Age ____ State of Birth ____ Marital Status ____
 11. Employer's Name and Address _____
 12. Occupation and Duties _____ Income \$ _____

Children under age 25:

| 13. | Name | Sex | DOB | State of Birth | SS# | Ht. | Wt. |
|-----|------|-----|-----|----------------|-----|-----|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

B. OWNER (If other than Insured)

14. Name _____ Sex ____ Relationship to Insured _____
 15. Address _____ City _____ State ____ Zip _____
 16. Phone: Home (____) _____ Work (____) _____ Best Time to Contact _____
 17. DOB _____ Age ____ SS# _____
 18. Successor Owner: Insured Other _____ SS# _____

C. BENEFICIARY

19. Primary - Name _____ Sex ____ Relationship to Insured _____
 20. DOB _____ Age ____ SS# _____
 21. Contingent - Name _____ Sex ____ Relationship to Insured _____
 22. DOB _____ Age ____ SS# _____

*****ATTENTION*****

Questions 23 & 24 must be completed for the Proposed (Primary/Additional) Insured.

23. **REPLACEMENT:** Will the insurance applied for replace or change any life insurance or annuity now in force or recently terminated (last six months) with this or any other company? Yes No
(AGENT - If "Yes", attach completed Replacement Forms and if a 1035 Exchange is intended, also complete Absolute Assignment.)
24. **INSURANCE IN FORCE OR PENDING:** Do you have life and/or accident insurance pending or in force with this or any other company? (If "Yes", list below) Yes No

| Company | Life Amount | Accidental Death | Year Issued |
|---------|-------------|------------------|-------------|
| | \$ | \$ | |
| | | | |
| | | | |

D. NON-MEDICAL INFORMATION

- 25. HAS ANY PROPOSED INSURED:** Yes No
- a. Ever used any tobacco or nicotine product, including gum or a patch? Yes No
 Primary Insured
 Type of Product _____
 Date Last Used _____
 Amount/Day _____
 Spouse
 Type of Product _____
 Date Last Used _____
 Amount/Day _____
- b. Been declined, postponed, rated, or offered a policy other than applied for?
- c. Requested or received benefits or payment because of an injury, sickness or disability?
- d. Applied for life, health, or disability income insurance with this or any other company either currently or within the last year?
- e. Flown or intend to fly as a pilot or crew member of any aircraft, or participated or intend to participate in any hazardous sports, avocations or hobbies such as racing, scuba or skydiving? (If "yes", complete aviation/or avocation questionnaire)
- f. Had their driver's license suspended or revoked, had an "at fault" accident or been convicted of a moving violation or of operating while impaired or intoxicated within the past five years?
- g. Ever been convicted of a felony or currently on probation?
- h. Any intention of traveling extensively or residing outside the U.S. or Canada?
- 26. CURRENTLY:**
- a. Does any proposed insured now consume alcoholic beverages?
 Type _____
 Frequency _____
 Amount _____
- b. Are all proposed insureds United States citizens who have resided in the United States for the past three years? (If not, please explain below)
- c. Is any proposed insured in the military service? (If "yes", please give branch and rank below)
- 27. FAMILY HISTORY**
 Has anyone in your family ever developed heart disease, diabetes, cancer, stroke or mental illness? If "yes", at what age _____

If any of the above questions are answered "Yes," give complete details, including name and address of physician, date and results (If additional space is needed, please utilize a plain sheet of paper): _____

E. MEDICAL

(Circle Applicable Conditions)

- 28. HAS ANY PROPOSED INSURED EVER HAD, BEEN TOLD THEY HAVE, OR BEEN TREATED FOR:** Yes No
- a. Rheumatic fever, high blood pressure, chest pain, any cardiovascular condition or stroke?
- b. Lung or respiratory condition?
- c. Liver, kidney, bladder, prostate, genito-urinary or gastro-intestinal disorder?
- d. Diabetes, thyroid or other endocrine disorder?
- e. Cancer, tumor, cyst, any disorder of the lymph glands or any blood disorder?
- f. Arthritis or any disorder of the muscles, bones, joints or glands?
- 29. HAS ANY PROPOSED INSURED:**
- a. Used alcohol or drugs habitually or to excess?
- b. Been told to discontinue such use, received or been advised to receive treatment or counseling for alcohol or other drug use?
- c. Been a member of any self-help group such as Alcoholics or Narcotics Anonymous?
- d. Had an unexplained or unintentional weight loss or gain of more than 10lbs. in the past year?
- e. Had any complications of pregnancy or are currently pregnant?
 Expected date of delivery _____
- 30. OTHER THAN THE ABOVE, HAS ANY PROPOSED INSURED IN THE PAST FIVE YEARS:**
- a. Consulted any physician or been hospitalized for any reason not previously explained?
- b. Received treatment or taken medication, had surgery or currently scheduled to receive treatment, take medication or have surgery?
- c. Had an electrocardiogram, x-ray, blood study, urinalysis or other diagnostic study? (Do not report any AIDS or HIV testing here)
- 31. HAS ANY PROPOSED INSURED:**
 Been given, by a member of the medical profession, a diagnosis of or treatment for AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) or had an FDA-licensed test that is positive for the presence of an HIV antigen?
Do not include any test results from an anonymous testing and counseling site nor the results of a home test kit.
- 32. DOES ANY PROPOSED INSURED:**
 Have any mental, emotional or physical impairment or disease not already described in this application?

F. IF POLICY CHANGE - COMPLETE FOLLOWING

- | | Current Amount | Proposed Amount |
|--|--|-----------------|
| 33. Plan/Riders: | | |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ |
| 34. Conversion/GIR Instructions: _____ | Select Option (UL Only) <input type="checkbox"/> A <input type="checkbox"/> B | |
| _____ | | |
| 35. If Partial Conversion: _____ | <input type="checkbox"/> Cancel remaining coverage <input type="checkbox"/> Reduce existing coverage | |
| 36. Term Re-entry Amount \$ _____ | | |
| 37. Change in Planned Periodic Premium and/or Premium Mode: | | |
| | <input type="checkbox"/> Increase annual premium to: \$ _____ | |
| | <input type="checkbox"/> Decrease annual premium to: \$ _____ | |
| 38. Change in death benefit (UL only): <input type="checkbox"/> Change to Option A (Level) - Specified amount will be increased by Cash Value on date of change. | | |
| | <input type="checkbox"/> Change to Option B (Increasing) - Specified amount will be decreased by Cash Value on date of change. | |
| 39. Dividend Option (Traditional only): <input type="checkbox"/> Paid-up Additions (Not available if rated) <input type="checkbox"/> Accumulate at Interest (W-9 Required) | | |
| | <input type="checkbox"/> Reduce Premium (Annual Mode only) <input type="checkbox"/> Cash | |
| 40. Nonforfeiture Option: <input type="checkbox"/> APL <input type="checkbox"/> Reduced Paid-up <input type="checkbox"/> Extended Term (Not available if rated) | | |
| 41. Premium Mode: <input type="checkbox"/> ANN <input type="checkbox"/> SA <input type="checkbox"/> QTR <input type="checkbox"/> PAC <input type="checkbox"/> PAYROLL DED <input type="checkbox"/> GOVT ALLOT <input type="checkbox"/> SINGLE PREM <input type="checkbox"/> OTHER | | |
| Premium Paid \$ _____ | Unscheduled Premium \$ _____ (Checks payable to National Guardian Life) | |
| Other Premium Instructions _____ | | |

G. OTHER INSTRUCTIONS

Pre-Authorized Check Plan (PAC) - (Attach Voided Check)

 (Full Name of Bank)

 (Print Street, City, State & Zip)

 (Print Name of Depositor as it appears on Bank Records)

I hereby request and authorize you to draw on my checking account, maintained at the above named bank, the payment to National Guardian Life Insurance Company (NGL) of subsequent monthly payments on the policy(ies). It is agreed that:

1. If a check or electronic debit should be returned unpaid, NGL has the right to revoke this method of payment.
2. The cancelled check or electronic bank debit memorandum will be proof of payment.
3. The Company or I can discontinue this method of payment with proper notice.
4. This method of payment will not change any of the provisions of my NGL policy(ies).
5. If the policy(ies) has no cash value and premium payments are not current, the first draft may be for an amount that will bring premiums current.

 (Date) (Bank Signature of Depositor) (Social Security Number)

- Select One Draw Option:**
- Before the 15th of the month
- On or after the 15th of the month

MUST COMPLETE

- Checking Account, or
- Savings Account

All policies affected:

SERFF Tracking Number: NGLI-126128688 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 42230
Company Tracking Number: 2540 APP
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 2540 APP
Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - Required Cert - Life-2540.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: NOT APPLICABLE. THIS IS AN APPLICATION FILING.

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.

April 28, 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