

SERFF Tracking Number: NALF-126278931 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 43330
Company Tracking Number: TC47610(0809)
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Individual Long term Care- other
Project Name/Number: Summit Plan Consumer Flyer/TC47610(0809)

Filing at a Glance

Company: National Life Insurance Company

Product Name: Individual Long term Care- other SERFF Tr Num: NALF-126278931 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 43330

Sub-TOI: LTC03I.003 Other

Co Tr Num: TC47610(0809)

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Author: Pat DiStefano

Disposition Date: 08/31/2009

Date Submitted: 08/25/2009

Disposition Status: Filed

Implementation Date Requested: 08/26/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Summit Plan Consumer Flyer

Status of Filing in Domicile: Authorized

Project Number: TC47610(0809)

Date Approved in Domicile: 04/24/2000

Requested Filing Mode: File & Use

Domicile Status Comments: approved in domicile 4/24/2000

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/31/2009

Explanation for Other Group Market Type:

State Status Changed: 08/31/2009

Deemer Date:

Created By: Pat DiStefano

Submitted By: Pat DiStefano

Corresponding Filing Tracking Number:

TC47610(0809)

Filing Description:

This is an advertising filing for the Long Term Care ACR riders available with our Whole Life Insurance.

Company and Contact

Filing Contact Information

Pat DiStefano ,

PDistefano@nationallife.com

One National Life Drive

802-229-3450 [Phone]

Montpelier, VT 05604

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Filing Company Information

National Life Insurance Company	CoCode: 66680	State of Domicile: Vermont
One National Life Drive	Group Code: -99	Company Type:
Montpelier, VT 05604	Group Name:	State ID Number:
(802) 229-3333 ext. [Phone]	FEIN Number: 03-0144090	

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Advertising Filing Fee
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Life Insurance Company	\$25.00	08/25/2009	30098424

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	08/31/2009	08/31/2009

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Disposition

Disposition Date: 08/31/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter		Yes
Supporting Document	NAIC Filing Form		Yes
Form	Ind. long Term Care Rider		Yes

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Form Schedule

Lead Form Number: TC47610(0809)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TC47610(0809)	0	Advertising Ind. long Term Care Rider	Initial			TC47610(2).pdf

Summit Plan Whole Life Insurance

Historically, business owners and professionals have purchased life insurance to provide for their families and to protect their financial interests.

Over the past few years, however, the benefits – and uses – of life insurance have broadened as companies have introduced very specialized insurance products designed to achieve very specialized objectives.

Summit Plan is designed with today's successful individuals in mind. People who:

- Want to ensure that their family or business is protected in the event they die prematurely;
- Are maximizing their qualified retirement plan contributions and want to set aside additional dollars on a tax-favorable basis;
- Want to insure the risk against the high cost of a terminal or chronic illness;
- Want access to their cash value, on a tax-deferred basis, to help meet financial emergencies, assist with planned costs such as a child's college education, take advantage of opportunities or supplement their retirement income.¹

Summit Plan can help you accomplish your objectives, because it “pays” in four ways:

- Income tax-free death benefit paid directly to the named beneficiary without the costs, delays, and publicity of probate.
- Tax-deferred accumulation of cash value and potential for dividends.²
- Access to the cash value available after the first year.
- A variety of accelerated benefits and long-term care riders that allow you to access your policy's death benefit to help meet the costs of a long-term, terminal or chronic illness.³

Could a specially designed life insurance contract be right for you?

Life insurance has helped thousands of business owners pursue both their personal and business financial objectives.

If you want the security of knowing your money will be there when you need it; if you want to enjoy guaranteed cash accumulation; if you want to defer paying income taxes on the growth of your money; and if you want the ability to access your money on a tax-favored basis, life insurance could be an ideal financial solution.

National Life Group® is a trade name of National Life Insurance Company, Montpelier, VT and its affiliates.

Summit Plan whole life insurance, form series 9868/9869/9868ID(0105)/9869ID(0105) and applicable riders are underwritten by National Life Insurance Company, Montpelier, Vermont. Riders are optional and may not be available in all states.

1 Policy loans and withdrawals reduce the policy's cash value and death benefit and may be a taxable event. Surrender charges may reduce the policy's cash value in early years.

2 Dividends are based on the company's interest, expense and mortality experience and are not guaranteed.

3 Accelerated Care Rider, form series 7801/7802/7801ID(0199)/7802ID(0199), is available at an additional cost. Benefit payments will reduce the policy's cash value and death. For additional information about the rider benefits, please request an Outline of Coverage from your representative and read it carefully before purchasing the rider. ACR is not available in CO, CT, FL, HI, MA, NH, NY and WA.

Accelerated Benefits Rider form series 0092/7490/7493/7490ID(0200)/7493ID(0200). Receipt of Accelerated Benefits may be a taxable event and may affect your eligibility for public assistance programs. Please consult your personal tax advisor to determine the tax status of any benefits paid under this rider and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance. Proceeds received from the Accelerated Benefits Rider are not restricted in their use. Receipt of Accelerated Benefits will reduce the Cash Value and Death Benefit otherwise payable under the policy. ABR Terminal is available in all states. ABR Chronic is not available in CT, KS, MD, MN, NY and WA.

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Cover Letter

Comments:

TC47610(0809) LTC Cover Letter

Attachment:

TC47610 LTC Cover ltr.pdf

Item Status: **Status**
Date:

Satisfied - Item: NAIC Filing Form

Comments:

TC47610(0809) NAIC Filing Form

Attachment:

TC47610 LTC NAIC Filing Form.pdf




PAT DI STEFANO
COMPLIANCE ASSOCIATE
MARKET CONDUCT AND COMPLIANCE

National Life Insurance Company
NAIC Number: 0634-66680

Enclosed you will find our Long-Term Care advertising filing submission, composed of 1 individual piece,
submitted via SERFF:

RE: Individual Long Term Care Advertising Filing Submission

Forms: TC47610(0809) Title Long Term Care Rider Flyer
Description This is a public advertisement for the long-term care riders available with our whole life insurance policies.

Form number(s) of policy forms: 7801(0199) – 7802(0199)

Product Name: Individual Long Term Care

Approval Date: See SERFF filing
Filing Fee: See SERFF filing

Method or media used for dissemination: These pieces will be used in hard copy, via the internet, and/or through email communications.

Upon completion of your review, should you have any questions regarding this filing, please contact me at 800-732-8939, ext. 3450

Sincerely,



Pat di Stefano
Compliance Associate

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Alabama
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2.	Department Use Only	
	State Tracking ID	

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	National Life Insurance Co. 1 National Life Drive Montpelier, VT 05602	VT	Life	0634	66680	03-01440 90	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Pat di Stefano c/o National Life Insurance Co. 1 National Life Dr., M530 Montpelier, VT 05602	802-229-3450	802-229-3123	pdistefano@nationallife.com

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	TC47610(0809)
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	Individual Long Term Care
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10.	Product Coding Matrix Filing Code	LTC031.003
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other Cover Letter _____
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12.	Filing Submission Date	8/26/2009	
13	Filing Fee (If required)	Amount <u>\$40.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	04/24/2000 (product was approved)	
15.	Filing Description:		
<p style="text-align: center;">This is a public advertisement for the Long-Term Care riders available with our whole life insurance policies.</p>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Alabama</u>.</p>			
Print Name <u>Pat di Stefano</u>		Title <u>Associate, Market Conduct and Compliance</u>	
Signature _____		Date: <u>8/6/2009</u>	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Summit Plan Consumer Flyer	TC47610(0809)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

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18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

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