

<i>SERFF Tracking Number:</i>	<i>NALF-126285472</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43416</i>
<i>Company Tracking Number:</i>	<i>5230(0909)</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Statement of Health-NL</i>		
<i>Project Name/Number:</i>	<i>Statement of Health-NL/5230(0909)</i>		

Filing at a Glance

Company: National Life Insurance Company

Product Name: Statement of Health-NL

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NALF-126285472 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43416

Co Tr Num: 5230(0909)

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Susan Carey, Laurie
Trombly, Michelle Goodwin, Susan
Preedom

Disposition Date: 09/02/2009

Date Submitted: 08/28/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Statement of Health-NL

Project Number: 5230(0909)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/02/2009

Deemer Date:

Submitted By: Michelle Goodwin

Filing Description:

National Life Insurance Company

NAIC No. 0634-66680

FEIN No. 03-0144090

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 09/09/2009

Created By: Michelle Goodwin

Corresponding Filing Tracking Number:

Form Number: 5230(0909), Statement of Health – Supplement to Application

SERFF Tracking Number: NALF-126285472 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 43416
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
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Project Name/Number: Statement of Health-NL/5230(0909)

For use with: 9212AR(1008), Application for Life Insurance
Approved on July 8, 2008

Today we are submitting for your consideration a new Statement of Health, form 5230(0909). This application has been submitted to the Vermont Department of Insurance, representing our state of domicile, and is currently pending there.

This Statement of Health will be used in conjunction with the application noted above in the solicitation of products of our life insurance portfolio. Currently we allow policies to be delivered up to the 90th day from the date of the application. If the Statement of Health form is submitted, this period may be extended for an additional 60 days.

The submitted application scores 79.0 on the Flesch Readability Test.

Also included with this submission are any required Certifications or Checklists and filing fees. The proposed effective date for the submitted form is November 15, 2009.

Company and Contact

Filing Contact Information

Michelle Goodwin, Policy Forms Analyst MGoodwin@Nationallife.com
One National Life Drive 802-229-7441 [Phone]
Montpelier, VT 05604 802-229-3743 [FAX]

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: \$50.00
Retaliatory? Yes
Fee Explanation: VT charges \$50
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Life Insurance Company	\$50.00	08/28/2009	30185617

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 09/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALF-126285472</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>5230(0909)</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Statement of Health-NL</i>		
<i>Project Name/Number:</i>	<i>Statement of Health-NL/5230(0909)</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Statement of Health		Yes

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Form Schedule

Lead Form Number: 5230(0909)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	5230(0909)	Application/ Statement of Health Enrollment Form	Initial		79.000	5230(0909).pdf

Statement of Health
Supplement to Application

Instructions: Provide a copy of this completed form to the Company, the Customer and the Agent.

This Statement of Health is submitted in conjunction with an application to a Company of the National Life Group:

National Life Insurance Company

Home / Administrative Office: One National Life Drive, Montpelier, VT 05604

Life Insurance Company of the Southwest

Administrative Office: One National Life Drive, Montpelier, VT 05604

Home Office: 1300 West Mockingbird Lane, Dallas, TX 75247-4921

Part 1 - Proposed Insured Information

Name of Proposed Insured:

Policy Number:

Part 2 - General Information

Since the date of the Health History questions on the application for the above policy has the Proposed Insured:

1. made application to another company for life, health, accident or disability insurance (a) which has been declined, postponed or modified, or (b) which has been issued, or (c) which is pending at the present time? Yes No
2. consulted or been examined or treated by a physician or any other healing arts professional or paraprofessional? Yes No
3. had any injury, illness or change in health? Yes No

Part 3 - Remarks

If any of the above questions are answered "Yes" explain in detail below. (Use back of page or extra paper if necessary.)

Part 4 - Fraud Warnings and Notices

AR/LA/MD/NM - 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 civil fines, criminal penalties and confinement in prison. **CO** - 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. **DC** - 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 may 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. **FL/OK** - Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim, makes any claim for the proceeds of an insurance policy, or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. **KY/PA** - 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 act, which is a crime and subjects such person to criminal and civil penalties. **OH** - Any person who, with intent to defraud or knowing that he or she 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. **NJ** - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **ME/TN/VA/WA** - 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.

Statement of Health - Supplement to Application

Part 5 - Notice to Applicant

The policy cannot be issued and/or delivered until this Statement has been completed. If all of the above questions are answered "No", a copy of this Statement must be sent to the Administrative Office. **If the Statement is not completed or if any question is answered "Yes", the Statement and the policy must be returned to the Administrative Office.** Issuance and/or delivery of the policy will be subject to approval by the Company of the Statement of Health. Approval by the Company shall be based on its underwriting rules. The Proposed Insured (and the Applicant if other than the Proposed Insured) represent each to the best of his or her knowledge and belief that the above answers and statements are true and complete and that all explanations requested have been set forth above. This Statement of Health is a supplement to the application for the policy. All provisions of the application apply. A copy of this Statement of Health shall be attached to the policy.

Part 6 - Authorizing Signatures

Signed at: (City & State) _____ on (mm/dd/yyyy) _____

Proposed Insured: (Please print below) _____ Proposed Insured: (Please sign in full below) _____

Applicant: (Please print below) _____ Applicant: (Please sign in full below) _____

Soliciting Agent/Insurance Producer: (Sign name in full below) _____
Only one signature required when Proposed Insured is the Applicant.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Readability.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A due to Statement of Health being filed for approval Comments:		

Arkansas Certification

This is to certify that the attached form number 5230(0909) has achieved a Flesch Reading Score of 79.0 and complies in all respects with the requirements of Arkansas Statute Annotated Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

National Life Insurance Company



Bennett E. Law, FSA, MAAA
Vice President
Policy & Business Forms Management

August 28, 2009

Date