

SERFF Tracking Number: NALF-126305095 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 43512
Company Tracking Number: TC49649(0809)
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: Individual Long Term Care- Other
Project Name/Number: Long Term Care Rider Flyer/TC49649(0809)

Filing at a Glance

Company: National Life Insurance Company

Product Name: Individual Long Term Care- Other SERFF Tr Num: NALF-126305095 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Filed

State Tr Num: 43512

Sub-TOI: LTC03I.003 Other

Co Tr Num: TC49649(0809)

State Status: Closed

Filing Type: Advertisement

Reviewer(s): Marie Bennett

Author: Pat DiStefano

Disposition Date: 09/21/2009

Date Submitted: 09/15/2009

Disposition Status: Filed

Implementation Date Requested: 09/15/2009

Implementation Date:

State Filing Description:

General Information

Project Name: Long Term Care Rider Flyer

Status of Filing in Domicile: Authorized

Project Number: TC49649(0809)

Date Approved in Domicile: 04/24/2000

Requested Filing Mode: File & Use

Domicile Status Comments: Authorized

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/21/2009

Explanation for Other Group Market Type:

State Status Changed: 09/21/2009

Deemer Date:

Created By: Pat DiStefano

Submitted By: Pat DiStefano

Corresponding Filing Tracking Number:

TC49649(0809)

Filing Description:

This is an advertising filing for our Long Term Care 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

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>NALF-126305095</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43512</i>
<i>Company Tracking Number:</i>	<i>TC49649(0809)</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.003 Other</i>
<i>Product Name:</i>	<i>Individual Long Term Care- Other</i>		
<i>Project Name/Number:</i>	<i>Long Term Care Rider Flyer/TC49649(0809)</i>		
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	09/15/2009	30567622

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	09/21/2009	09/21/2009

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Disposition

Disposition Date: 09/21/2009

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	Cover Letter		Yes
Supporting Document	NAIC Transmittal Filing Form		Yes
Form	Long Term Care Rider Flyer		Yes

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Form Schedule

Lead Form Number: TC49649(0809)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	TC49649(0809)	Advertising Long Term Care Rider Flyer	Initial			TC49649(0809)LTCridersFlyer.pdf

Protection for your family today — plus planning option for tomorrow

You need a strategy that helps protect your family in the event of your death by providing an income tax-free death benefit

By adding the Long-Term Care Riders to your life insurance policy, your policy pays a benefit at your death or if you become chronically ill.

Life Insurance with Long-Term Care Riders

Option 1:

If you never need long-term care, your insurance coverage pays an income tax-free death benefit to your beneficiaries

Option 2:

If you need long-term care, you can use your income tax-free death benefit, during your lifetime, to cover long-term care expenses

By adding these riders to your life insurance policy:

- You can have the coverage you need – tax-free – to pay for long-term care services you receive, in your own home or in a facility of your choosing.

And in the event you don't require long-term care services, your policy will provide other benefits designed to "insure" your independence:

- A tax-free death benefit for your family, leaving you free to enjoy your other assets, and
- Tax-deferred growth of cash value you can access during your life to meet emergencies, take advantage of opportunities, supplement retirement income, or achieve other lifetime accumulation objectives!

National Life Home Office: One National Life Drive, Montpelier, Vermont 05604 • (888) 297-3990 • www.nationallife.com.

LSW Home Office: 1300 West Mockingbird Lane, Dallas, Texas 75247 • (800)579-2878 • www.lifeofsouthwest.com.

National Life Group® is a trade name of National Life Insurance Company and its affiliates. Each company of National Life Group is solely responsible for its own financial condition and contractual obligations. Life Insurance Company of the Southwest is not an authorized insurer in New York and does not do any insurance business in New York.

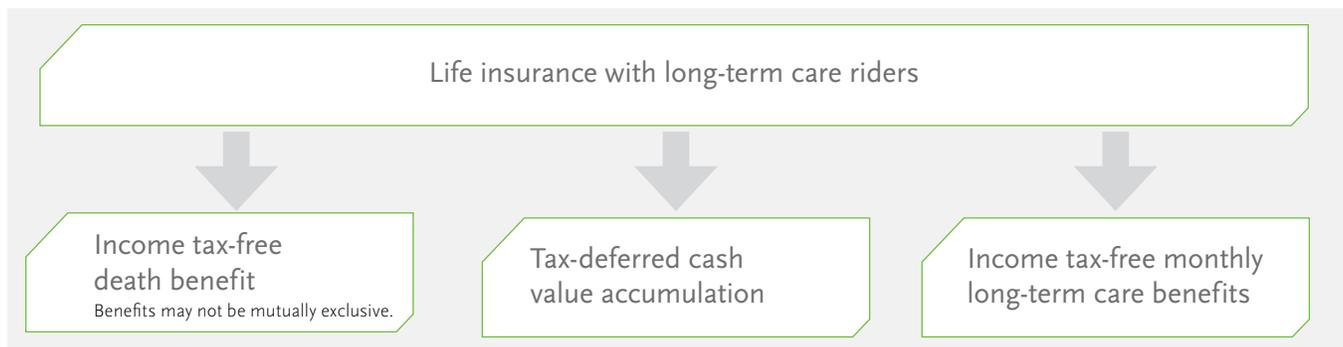
Life is about choice ... and about protecting your ability to choose

Your goal:

You want a strategy that pays a benefit to your family if you die prematurely plus a way to pay for potential long-term care costs, without liquidating other assets.

A potential solution:

Permanent life insurance with long-term care riders.



Life insurance with Long-term Care Riders – how it works:

- For an additional premium you can add long-term care riders to your life insurance policy.
- At the time you purchase your life insurance you are also underwritten for the long-term care.
- Eligibility begins when you are certified as being chronically ill or having a severe cognitive impairment.
- Once you have incurred long-term care expenses, you can access policy death benefit as reimbursement for those expenses.
- Benefits are payable monthly and are based on a percentage amount and for the length of time chosen by you at purchase.
- If you do not use your entire death benefit for LTC expenses, your family receives the remaining death benefit income tax-free at your death.

Life Insurance with riders that provide living benefits

¹ Policy loans and withdrawals reduce the policy's cash value and death benefit and may result in a taxable event.

National Life's Accelerated Care Rider -- Advanced Benefits Rider in Kansas and Oregon, form series 7802, is only available on National Life policies. This rider is not available in CO, CT, FL, HI, MA, NH, NJ, NY, WA.

NLIC: ACR (form series 7801(0199)/7801ID(0199)/7802(0199)/7802ID(1099)), CCP (form series 7803(0199)/7803ID(0199)/7804(0199)/7804ID(0199)).

LSW's Long-Term Care Rider (Accelerated Death Benefits for Long-Term Care Rider in Texas and Maryland), form series 8096 (0899) is only available on LSW policies. This rider is not available in CT, FL, HI, KS, MA, MN, MT, ND, NH, NJ, OR, VT, WA.

LSW: LTC (form series 8096(0899)/8096ID(0899)), EBR (form series 8097(0899)/8097ID(0899)).

Each payment of Accelerated Care Benefits represents an early payment of part of the Death Benefit of your life insurance policy. We will reduce the amount of life insurance coverage provided by the policy by the amount of each Accelerated Care Benefit paid. Because the total Death Benefit includes any paid-up additions, one year term insurance provided by a Flex Term Rider, and any terminal dividend, all of these elements of the life insurance coverage will be reduced with each and every payment of Accelerated Care Benefits.



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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments: Cover Letter		
Attachment: TC49649(0809)Generic Cover.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: TC49649(0809)Generic Cover.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal Filing Form		
Comments: NAIC Transmittal Filing Form		
Attachment: TC49649 0709 LTC NAIC Standard 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: TC49649(0809) Title Long Term Care Riders 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: 7801-7802(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,

A handwritten signature in cursive script that reads "Pat di Stefano".

Pat di Stefano
Compliance Associate




PAT DI STEFANO
COMPLIANCE ASSOCIATE
MARKET CONDUCT AND COMPLIANCE

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Sincerely,

A handwritten signature in cursive script that reads "Pat di Stefano".

Pat di Stefano
Compliance Associate

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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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 05604	VT	Life	0634	66680	03-0144090	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Pat DiStefano c/o National Life Insurance Co. 1 National Life Drive, M530 Montpelier, VT 05604	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	TC49649(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, Other
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10.	Product Coding Matrix Filing Code	LTC03L003
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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		
13	Filing Fee (If required)	Amount <u>\$25.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	4/24/2000 (date product was approved)	
15.	Filing Description: Advertising describing our Long-Term Care rider, available with various permanent individual life policies. For use by our licensed agents with the public.		

16.	Certification (If required)		
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>Arkansas</u> .			
Print Name <u>Patricia diStefano</u>		Title <u>Compliance Associate</u>	
Signature _____		Date: <u>09/15/2009</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			<input 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 _____	

LH FFA-1

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 _____	

LH RFA-1