

SERFF Tracking Number: PRLD-126441133 State: Arkansas
Filing Company: Principal National Life Insurance Company State Tracking Number: 44491
Company Tracking Number: AA3517N
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Mature Age Questionnaire
Project Name/Number: Mature Age Questionnaire/AA3517N

Filing at a Glance

Company: Principal National Life Insurance Company

Product Name: Mature Age Questionnaire SERFF Tr Num: PRLD-126441133 State: Arkansas
TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 44491
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: AA3517N State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: R Grubb Disposition Date: 01/06/2010
Date Submitted: 01/06/2010 Disposition Status: Approved-Closed
Implementation Date: 02/01/2010 Implementation Date:

State Filing Description:

General Information

Project Name: Mature Age Questionnaire
Project Number: AA3517N
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 01/06/2010

Deemer Date:
Submitted By: R Grubb
Filing Description:
RE New Submission - Individual Life Application
AA 3517 N Mature Age Questionnaire

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 01/04/2010
Domicile Status Comments: Approved by our
domicile state, Iowa, on January 4, 2010.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 01/06/2010
Created By: R Grubb
Corresponding Filing Tracking Number:

Enclosed for your approval is the form referenced above.

Mature Age Questionnaire form AA 3517 N is a new form that does not replace any form currently on file with the department. The form will be completed by an examiner when additional information is necessary, based on our current underwriting guidelines, for the underwriter to complete his review.

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The new form is intended for general use with all of our individual life insurance products when new coverage is applied for either through a newly issued policy or an adjustment made to an in-force policy. The form will be used in conjunction with our previously approved life insurance applications.

The form enclosed for your review and approval is in final print form, subject only to minor modifications in paper size, stock, ink, border, company logo, and adaptation to computer printing. In addition, depending on printer capabilities, the form may be printed either simplex or duplex.

If you have questions or would like more information, please feel free to contact me.

Company and Contact

Filing Contact Information

Rosemary Grubb, Senior Analyst grubb.rosemary@prinipal.com
 711 High Street 800-255-6603 [Phone] 2 [Ext]
 Des Moines, IA 50392-0001 515-235-5494 [FAX]

Filing Company Information

Principal National Life Insurance Company CoCode: 71161 State of Domicile: Iowa
 711 High Street Group Code: 332 Company Type: Life, Health &
 Annuities
 Des Moines, IA 50392-0001 Group Name: State ID Number:
 (515) 246-7062 ext. [Phone] FEIN Number: 34-1022982

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 # |
|---|---------|----------------|---------------|
| Principal National Life Insurance Company | \$20.00 | 01/06/2010 | 33290283 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 01/06/2010 | 01/06/2010 |

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Disposition

Disposition Date: 01/06/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------------------------|--------------------------|-----------------------------|----------------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Form | Mature Age Questionnaire | | Yes |

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Form Schedule

Lead Form Number: AA3517N

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-------------|--|---------|----------------------|-------------|-------------|
| | AA 3517 N | Application/Mature Age Enrollment Questionnaire Form | Initial | | 64.000 | AA3517N.pdf |



Principal Life Insurance Company
Principal National Life Insurance Company
 Members of the Principal Financial Group®
 Only one company is the issuer and responsible for obligations of any given policy.

P.O. Box 10431
 Des Moines, IA 50306-0431

**Mature Age
 Questionnaire**

| | |
|-------------------------------------|--------------------------------|
| Print full name of Proposed Insured | Date of Birth (Month/Day/Year) |
|-------------------------------------|--------------------------------|

1. DELAYED WORD RECALL (DWR) – Part I

Examiner: Read aloud one word on the list while showing the Proposed Insured the corresponding flashcard. Ask the Proposed Insured to give a sentence using that word. After the response, proceed to the next word and flashcard until all the words have been used and a sentence for each has been given. Recording of responses for DWR – Part I is **not** required.

Instructions to the Proposed Insured: In this part of the assessment, I will read a word while showing a flashcard and ask you to use the word in a sentence. The sentence may be as short or long as you like. Later, I am going to ask you to recall the words. Do you have any questions? Please use “BOOK” in a sentence...Please use “FLOWER” in a sentence...

- | | | | | |
|------|--------|-------|---------|--------|
| BOOK | FLOWER | TRAIN | RUG | MEADOW |
| SALT | FINGER | APPLE | CHIMNEY | BUTTON |

2. COGNITIVE QUESTIONS

Examiner: Ask the Proposed Insured the following questions and record the exact responses. Indicate if Correct or Incorrect.

Instructions to the Proposed Insured: Now, I will ask you some general questions.

| | Proposed Insured Response | Correct | Incorrect |
|--|--|--------------------------|--------------------------|
| a. What is today’s date? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What day of the week is it? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Where are we currently? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| d. What is your home telephone number? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| e. How old are you? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| f. When were you born? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Who is the President of the United States now?..... | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Who was the President just before the current one? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| i. What is the season?..... | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Subtract 3 from 20 and keep subtracting 3 from each new number, all the way down. | Proposed Insured Responses: _____ Correct Responses: <u>17</u> <u>14</u> <u>11</u> <u>8</u> <u>5</u> <u>2</u> <u>-1</u> | <input type="checkbox"/> | <input type="checkbox"/> |

3. DELAYED WORD RECALL (DWR) – Part II

Examiner: Repeat procedure as instructed in DWR – Part I. After completing this DWR – Part II assessment, place the flashcards out of sight of the Proposed Insured for the remainder of the interview. Note the time. Allow at least 5 minutes, but no more than 10 minutes before proceeding to DWR – Part III of this assessment form.

Instructions to the Proposed Insured: Now, I am going to repeat the same words as before; show the flashcards again, and ask you to, again, use them in a sentence. You may either make up a new sentence or use the same sentence you used before. Do you have any questions? Please use “BOOK” in a sentence...Please use “FLOWER” in a sentence...

- | | | | | |
|------|--------|-------|---------|--------|
| BOOK | FLOWER | TRAIN | RUG | MEADOW |
| SALT | FINGER | APPLE | CHIMNEY | BUTTON |

Examiner:

Record exact time DWR – Part II was completed: _____ : _____ AM PM .

Set your watch or timer for 5-10 minutes. After 5-10 minutes proceed to DWR – Part III to request the Proposed Insured’s recall of the DWR words.

Print full name of Proposed Insured

4. ACTIVITIES OF DAILY LIVING

Examiner: Ask the Proposed Insured the following questions and record the exact responses.

Instructions to the Proposed Insured: Now, I will ask you some questions about daily living activities.

- a. Who does the housework in your home? _____
- b. Who does the yard work at your home? _____
- c. Who shops for your food? _____
- d. Do you drive? Yes No If "Yes", what distance do you drive per day? _____
- e. Who manages the finances of your household? For example, who pays bills and balances the checkbook? _____
- f. Do you belong to any social, volunteer, leisure, religious, or other groups or clubs? Yes No
If "Yes", which ones and how often do you attend meetings? _____
- g. Do you live by yourself? Yes No If "No", with whom do you live? _____
- h. Do you use any assistance for walking or getting around, such as a wheelchair, walker, cane, crutches or other support, including holding onto furniture, rails, walls or another person? Yes No If "Yes", list all assistance used.

- i. Do you engage in any regular exercise (e.g., walking, running, aerobics, swimming, strength training, etc.)? Yes No
If "Yes", how often and for how long do you exercise? _____
- j. Have you fallen at any time in the last two years? Yes No If "Yes", list dates of falls and any medical evaluations as a result of the fall. _____

5. CLOCK DRAWING

Examiner: Ask the Proposed Insured to do the following. (Allow the Proposed Insured the opportunity to try up to three times.)

Instructions to the Proposed Insured:

- a. Draw a circle below to represent the face of the clock.
- b. Draw all the numbers on the face of the clock. Then draw the hands of the clock in a position where the time shown is 10 minutes past 11 o'clock.

Print full name of Proposed Insured

6. DELAYED WORD RECALL (DWR) – Part III

Examiner: Do not repeat the list of words, nor show the flashcards. Record each word that the Proposed Insured can recall, even if the same word is repeated or did not appear in the original list of words.

Instructions to the Proposed Insured: A few minutes ago I read and showed you some words and asked you to make a sentence with each of them. I would like you to recall as many of the words as you can remember. Take your time.

a. _____

b. Correct number of words recalled: _____

7. OBSERVATIONS

Examiner: You play a vital role in giving your general observations, so that a clear picture may be obtained of the Proposed Insured's physical and cognitive abilities. Any observations you make will be taken seriously. Please be honest in the following observations.

- a. What is the Proposed Insured's general affect (cheerful, depressed, tired, etc.)? _____
- b. Does the Proposed Insured have difficulty walking, sitting, rising? _____
- c. Is there difficulty with understanding directions? _____
- d. If a friend or relative accompanies this person, does the Proposed Insured seem to rely on that person for physical help or in following directions? _____
- e. How is the Proposed Insured dressed (neatly, sloppily, etc.)? _____
- f. Are there other observations you would like to make? _____

8. ADDITIONAL DETAILS (if needed)

Examiner: If additional space is needed to answer questions on the previous pages, please list the question number and details.

| Quest. # | Details |
|----------|---------|
| | |
| | |
| | |
| | |

SIGNATURES

I have read the statements and answers recorded above; they are to the best of my knowledge and belief true, complete and correctly recorded. I agree that they will become part of my application and any policy issued on it.

| | | | |
|---|--|-------------------------------------|------|
| Signature of Proposed Insured X | Signed at: City | State | Date |
| Printed Name of Examiner | <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> ARNP <input type="checkbox"/> LPN <input type="checkbox"/> RN | Examiner's Phone Number () | |
| Signature of Examiner X | Time Assessment Completed <input type="checkbox"/> AM <input type="checkbox"/> PM | | |
| Exam Company Name | | | |

Please return this completed form directly to Principal.

FLASH WORD CARDS

Examiner: Use these 10 words flashcard style for the DWR. Cut along dashed lines to separate into individual flashcards.

BOOK

FLOWER

TRAIN

RUG

MEADOW

SALT

FINGER

APPLE

CHIMNEY

BUTTON

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

We have reviewed our procedures and assure you that we are in compliance with and provide the notice required by Arkansas Code Ann. 23-79-138.

We have reviewed our issue procedures and assure you that we are in compliance with and provide the Life and Health guaranty notice required by Regulation 49.

We certify that the forms in the above numbered submission meet the provision of Rule and Regulation 19 regarding unfair sex discrimination in the sale of insurance, as well as all applicable requirements of the Department.

Attachment:

AR Readability cert.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: Not applicable to this submission.

Comments:



ARKANSAS CERTIFICATION

RE: AA 3517 N

This is to certify that the submitted forms have achieved a Flesch Reading Ease Score as noted below and comply with the requirement of Arkansas Statute Annotated 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| <u>Form No.</u> | <u>Score</u> |
|-----------------|--------------|
| AA 3517 N | 64 |

A handwritten signature in black ink, appearing to read "Jeff Hostetter", written in a cursive style.

Date 01/06/2010

Jeff Hostetter
Assistant Director, Individual Product Management