

SERFF Tracking Number: NALF-126494514 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 44890
Company Tracking Number: 1443(1209)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Medical Questionnaire - NL
Project Name/Number: Medical Questionnaire - NL/1443(1209)

Filing at a Glance

Company: National Life Insurance Company

Product Name: Medical Questionnaire - NL

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NALF-126494514 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44890

Co Tr Num: 1443(1209)

State Status: Approved-Closed

Reviewer(s): Linda Bird

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

Disposition Date: 02/18/2010

Date Submitted: 02/16/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Medical Questionnaire - NL

Project Number: 1443(1209)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/18/2010

Deemer Date:

Submitted By: Laurie Trombly

Filing Description:

Today we submit for your consideration a revised version of our Medical Questionnaire. We have updated this Medical Questionnaire in order to accommodate its use by National Life Insurance Company and our subsidiary company, Life Insurance Company of the Southwest (LSW). This submission is to secure approval to use the form on behalf of National Life Insurance Company. A comparable filing (NALF-126494905) of this same form is also being made today under separate cover in order to secure approval to use the form on behalf of Life Insurance Company of the Southwest.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted
concurrently to Vermont

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 02/18/2010

Created By: Laurie Trombly

Corresponding Filing Tracking Number:

SERFF Tracking Number: NALF-126494514 State: Arkansas
 Filing Company: National Life Insurance Company State Tracking Number: 44890
 Company Tracking Number: 1443(1209)
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Medical Questionnaire - NL
 Project Name/Number: Medical Questionnaire - NL/1443(1209)

Form 1443(1209) will replace:

National Life Form: 1443AR(1103) which was approved by your Department on November 19, 2003.
 LSW Form: 8024AR(1103) which was approved by your Department on February 4, 2004.

The Medical Questionnaire is a supplement to our Life Insurance Applications and is used when a Proposed Insured undergoes a medical examination as part of the underwriting of new life insurance coverage. A physician completes this form, which poses a series of medical history questions concerning the Proposed Insured. The final page of this form also captures information based on a physical examination of the Proposed Insured.

The submitted form scores 58.3 on the Flesch Readability Scale.

Company and Contact

Filing Contact Information

Laurie Trombly, Senior Policy Forms Analyst LTrombly@nationallife.com
 One National Life Drive 802-229-3614 [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: Vermont charges \$50 for this same filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Life Insurance Company	\$50.00	02/16/2010	34232954

SERFF Tracking Number: NALF-126494514 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 44890
Company Tracking Number: 1443(1209)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Medical Questionnaire - NL
Project Name/Number: Medical Questionnaire - NL/1443(1209)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/18/2010	02/18/2010

SERFF Tracking Number: NALF-126494514 *State:* Arkansas
Filing Company: National Life Insurance Company *State Tracking Number:* 44890
Company Tracking Number: 1443(1209)
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: Medical Questionnaire - NL
Project Name/Number: Medical Questionnaire - NL/1443(1209)

Disposition

Disposition Date: 02/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALF-126494514</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44890</i>
<i>Company Tracking Number:</i>	<i>1443(1209)</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Medical Questionnaire - NL</i>		
<i>Project Name/Number:</i>	<i>Medical Questionnaire - NL/1443(1209)</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Medical Questionnaire		Yes

SERFF Tracking Number: NALF-126494514 State: Arkansas
 Filing Company: National Life Insurance Company State Tracking Number: 44890
 Company Tracking Number: 1443(1209)
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Medical Questionnaire - NL
 Project Name/Number: Medical Questionnaire - NL/1443(1209)

Form Schedule

Lead Form Number: 1443(1209)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1443(1209)	Application/Medical Enrollment Questionnaire Form	Initial		58.300	1443.pdf

Medical Questionnaire

Instructions:

- Be sure to use the current and correct state specific form.
- **Fees for Incomplete Exams will be charged back.**
- Pose each question exactly as printed.
- Check each 'YES' / 'NO' box - All questions must be answered.
- **Client must be weighed on a scale and measured.**
- Be sure to sign and date the form.
- Include the Agency name and number on all Lab ID slips.
- Paramedics complete Pgs 1 & 2 and Pg 3 questions 1-11.
- Physicians complete the form in full.
- Non-Med Requirement: Pgs 1 & 2 completed by Agent.
- Deliver or mail the completed form.

This Medical Questionnaire 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

1. Full Name of Proposed Insured _____

2. a. Date of birth _____ 2. b. Place of birth _____

3. Height _____ Weight _____ lbs. Change in last year _____ lbs. Reason? _____

If any question is answered 'Yes', give dates, details, results & include physician's name, address and phone number in Remarks on page 2.

4. a. To the best of your knowledge, is your health impaired in any way? Yes No
 b. Are you taking any medications currently? If so, what and why? Yes No
 c. Have you ever applied for or received disability compensation from any source? Yes No
5. a. Within the past 10 years have you made the decision, or have you been advised by a physician or other medical professional, to reduce alcohol intake or have you attended meetings of an alcohol self-help group or Alcoholics Anonymous? Yes No
 b. Except as prescribed by a physician, have you ever used narcotic drugs, amphetamines, cocaine, barbiturates, tranquilizers, hallucinogens or marijuana? Yes No
 c. Do you now use nicotine products in any form (including cigarettes, cigars, chewing tobacco, smokeless tobacco, pipe, "the patch", snuff or nicotine gum) or have you used nicotine products in any form within the last 24 months? Yes No
6. To the best of your knowledge, within the past 10 years, have you been diagnosed with or received professional treatment or advice for:
 a. Chest pain, heart murmur, rheumatic fever or irregular heart beat? Yes No
 b. Habitual cough, asthma, emphysema, sleep apnea, or shortness of breath? Yes No
 c. Ulcer, jaundice or chronic indigestion? Yes No
 d. Stroke, dizzy spells, epilepsy, convulsions, paralysis, unconsciousness, fainting or memory loss? Yes No
7. To the best of your knowledge, within the past 10 years, have you received professional treatment or advice for disease or disorder of:
 a. Heart, veins, arteries, blood, blood pressure, anemia or cholesterol? Yes No
 b. Lungs or respiratory tract? Yes No
 c. Esophagus, stomach, intestines, rectum, liver or gall bladder? Yes No
 d. Kidney, bladder, prostate, genito-urinary organs, pelvic organs or breast? Yes No
 e. Eyes, ears, nose, throat or sinuses? Yes No
 f. Brain, nervous system or headaches? Yes No
 g. Spine, bones, muscles, joints, skin or glands? Yes No
8. To the best of your knowledge, within the past 10 years, have you been advised by a physician or other medical professional that you had:
 a. Cancer, polyp or other tumor? Yes No
 b. Gout, arthritis, back pain or back disorder? Yes No
 c. High blood sugar or diabetes? Yes No
 d. Albumin, sugar, protein or blood in the urine? Yes No
 e. Renal colic or kidney stone? Yes No
 f. Anxiety, depression, neurosis, psychosis, psychological problem or condition? Yes No
9. Within the past 10 years have you tested positive for exposure to the Human Immunodeficiency Virus (HIV), or has a physician or other medical professional diagnosed you as having or treated you for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or AIDS related conditions? Yes No
10. Have you had x-rays, electrocardiograms or other diagnostic tests within the past 5 years? If so, where? Yes No
11. Have you within the past 5 years been in or do you plan to enter or have you been advised by a person licensed in a medical profession, practicing within the scope of his or her license, to enter a hospital for observation, operation or treatment? Yes No

Medical Questionnaire (Continued)

Instructions:

- Be sure to use the current and correct state specific form.
- **Client must be weighed on a scale and measured.**

- **Fees for Incomplete Exams will be charged back.**
- Include the Agency name and number on all Lab ID slips.

_____ (Proposed Insured) is being examined at the request of _____ (Agent)

Explain 'Yes' answers to questions 2-6 in Remarks.

1. Did the Proposed Insured fully understand the questions? (If 'No', provide details in Remarks.) Yes No
2. Do you know the Proposed Insured? Yes No
3. Are you related to the Proposed Insured? Yes No
4. Does the Proposed Insured appear **unhealthy**? Yes No
5. Are you the Proposed Insured's personal physician? Yes No
6. Do you have any knowledge of the Proposed Insured's habits, environment or other factors which might aid in the appraisal of the Proposed Insured? Yes No

Remarks

7. Was Proposed Insured weighed and measured? Yes No
 - a. Height in shoes: _____ ft. _____ in.
 - b. Weight in clothes: _____ lbs.
8. Girth: (for Males only)
Chest _____ in. Abdomen at umbilicus _____ in.
9. Blood Pressure and Pulse
 - a. Three blood pressure readings:
____ / ____ , ____ / ____ , ____ / ____
Note: If blood pressure is 140/90 or higher, a recheck is required on another day. You may schedule for this now. Please note date of recheck.
 - b. Pulse rate: _____
 - c. Pulse irregularities: _____

10. Specimens forwarded to (Name of Laboratory)

_____ on (date) _____

11. What requirements were completed?

- Blood Profile Urinalysis Resting EKG
 Stress Test Chest X-Ray

Questions 12 & 13 to be completed by Physician only

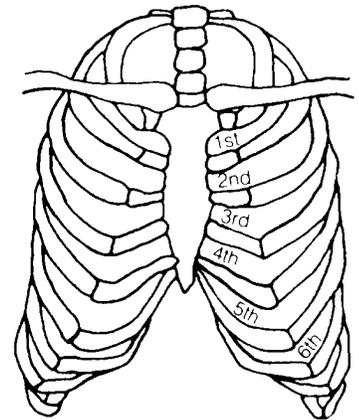
12. Do you find any abnormality of:
 - a. Sight or hearing Yes No
 - b. Eyes, ears, nose, or throat Yes No
 - c. Lungs or chest Yes No
 - d. Abdominal organs or digestive tract Yes No
 - e. Nervous system including reflexes Yes No
 - f. Thyroid, endocrine system, or skin Yes No
 - g. Muscular or skeletal systems Yes No
13. Heart - Do you find any:
 - a. Enlargement Yes No
 - b. Murmur(s) Yes No
 - c. Dyspnea Yes No
 - d. Edema Yes No

If murmur is present describe and illustrate

Systolic _____ Localized _____
 Diastolic _____ Soft I-II _____
 Presystolic _____ Moderate III-IV _____
 Constant _____ Loud V-VI _____
 Transmitted _____

Indicate:

- Apex by **X**
 Murmur area by **○**
 Heard loudest by **↑**
 Transmission by **↓**



- Effect of exercise increase decrease none
 Effect of inspiration increase decrease none
 Effect of expiration increase decrease none
 Impression:

Name, Address & Telephone No. of Examining Facility

Location/Date & Time of Exam

If exam not arranged by paramed company, Tax ID/EIN # required & please submit a separate "itemized" bill.

Physician/Paramedical (Print)

Signature of Physician/Paramedical

SERFF Tracking Number: NALF-126494514 State: Arkansas
Filing Company: National Life Insurance Company State Tracking Number: 44890
Company Tracking Number: 1443(1209)
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Medical Questionnaire - NL
Project Name/Number: Medical Questionnaire - NL/1443(1209)

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Supplemental Application included under the Forms Schedule tab.		

Arkansas Certification

This is to certify that the attached form number 1443(1209) has achieved a Flesch Reading Score of 58.3 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
Life Insurance Company of the Southwest



Bennett E. Law
Vice President
Designated Representative

February 16, 2010
Date