

SERFF Tracking Number: NGLI-126542017 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 45176
Company Tracking Number: AVESIS ENROLLMENT FORM 2/10
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Avesis Enrollment Form 2/10
Project Name/Number: Avesis Enrollment Form 2/10/Avesis Enrollment Form 2/10

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Avesis Enrollment Form 2/10 SERFF Tr Num: NGLI-126542017 State: Arkansas
TOI: H20G Group Health - Vision SERFF Status: Closed-Approved- State Tr Num: 45176
Closed

Sub-TOI: H20G.000 Health - Vision Co Tr Num: AVESIS State Status: Approved-Closed
ENROLLMENT FORM 2/10

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Mandi Schwarz Disposition Date: 03/18/2010
Date Submitted: 03/15/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Avesis Enrollment Form 2/10
Project Number: Avesis Enrollment Form 2/10
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 03/18/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Other
Explanation for Other Group Market Type:
union, financial institutions
State Status Changed: 03/18/2010
Created By: Mandi Schwarz
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mandi Schwarz

Filing Description:

Group Vision Form Filing

Enrollment form: NVI/NDN ENROLL 02/10

The above group vision enrollment form is being submitted for your review and approval. This form is not intended to replace any previously approved group enrollment form.

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Company and Contact

Filing Contact Information

Mandi Schwarz, mcschwarz@nglic.com
 2 East Gilman Street 608-443-5371 [Phone]
 Madison , WI 53701 608-443-5365 [FAX]

Filing Company Information

National Guardian Life Insurance Company CoCode: 66583 State of Domicile: Wisconsin
 P.O. Box 1191 Group Code: Company Type: LAH
 Madison, WI 53701-1191 Group Name: State ID Number:
 (800) 626-7931 ext. 5325[Phone] FEIN Number: 39-0493780

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--|--------|----------------|---------------|
| National Guardian Life Insurance Company | \$0.00 | 03/15/2010 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 03/18/2010 | 03/18/2010 |

Filing Notes

| Subject | Note Type | Created By | Created On | Date Submitted |
|--------------------|------------------|----------------|------------|----------------|
| Group Market Types | Note To Filer | Rosalind Minor | 03/18/2010 | 03/18/2010 |
| Group Market Type | Note To Reviewer | Mandi Schwarz | 03/16/2010 | 03/16/2010 |

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Disposition

Disposition Date: 03/18/2010

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 | Approved-Closed | Yes |
| Supporting Document | Application | Approved-Closed | Yes |
| Form | Avesis Enrollment Form 2/10 | Approved-Closed | Yes |

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Note To Filer

Created By:

Rosalind Minor on 03/18/2010 03:08 PM

Last Edited By:

Rosalind Minor

Submitted On:

03/18/2010 03:11 PM

Subject:

Group Market Types

Comments:

I will consider the other group market types that you outlined in your Note to Reviewer.

As a reminder, the product cannot be marketed to an association unless that association has our Department's prior approval. Please review our Association Requirement at our website at:
<http://insurance.arkansas.gov/LH/Association.html>.

Also, if you market the group to a Multiple Employer Trust, that trust must be registered with our License Department. Please review the instructions at <http://www.insurance.arkansas.gov/License/forms.htm>. Scroll down to SELF, TRUST, MET, MEWA for registration instructions.

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Note To Reviewer

Created By:

Mandi Schwarz on 03/16/2010 02:29 PM

Last Edited By:

Rosalind Minor

Submitted On:

03/18/2010 03:11 PM

Subject:

Group Market Type

Comments:

I just realized that I neglected to indicate Employer, Association, and Trust for Group Market Types under the General Information Tab. Is there any way to add these group to our filing? Thank you.

Sincerely,

Mandi Schwarz

608-443-5371

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Form Schedule

Lead Form Number:

| Schedule Item | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------|--------------|-------------------|---------|----------------------|-------------|---------------------------|
| Approved- | NVI/NDN | Application/ | Avesis Enrollment | Initial | | | NVI-NDN |
| Closed | ENROLL | Enrollment | Form 2/10 | | | | ENROLL 02- |
| 03/18/2010 | 02/10 | Form | | | | | 10 Enrollment Form.pdf |



A National Vision and Dental Company

[Empty box for stamp or signature]

AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by National Guardian Life Insurance Company Madison, Wisconsin

TO BE COMPLETED BY THE EMPLOYEE

| | | | | | | | | |
|------------------------------|--|---------------------------------------|--|---------------------|--|--|---------------|----|
| Employee Last Name | | | | Employee First Name | | | | MI |
| Date of Birth / / | | Social Security Number - - | | | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Street Address | | | | | | | Apartment No. | |
| City | | | | State | Zip Code - | | | |

Do you wish to cover your eligible dependents? Yes No

If yes, complete the following:

| | Dependent Name | | Date of Birth |
|---------------------------|----------------|------|---------------|
| | FIRST | LAST | |
| Spouse / Domestic Partner | | | / / |
| Child | | | / / |

I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage. I certify that I am eligible to participate and that the above information is correct.

| | |
|-----------|------------------|
| Signature | Date / / |
|-----------|------------------|

By signing above, I understand that I must remain enrolled during the Benefit Plan period.

TO BE COMPLETED BY THE EMPLOYER

| | | | |
|--|---|---|--|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Add <input type="radio"/> Dependent(s) | <input type="checkbox"/> Change <input type="radio"/> Address <input type="radio"/> Phone <input type="radio"/> Name <input type="radio"/> COBRA | <input type="checkbox"/> Cancel Coverage <input type="radio"/> Policy Holder <input type="radio"/> Dependent(s) |
| Reason for Change | | <input type="checkbox"/> Employment Status <input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____ | |
| Requested Effective Date / / | | Date of Employment / / | |

INSURANCE FRAUD STATEMENTS

Alabama Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Alaska Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Arizona Residents: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado Residents: 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.

Connecticut Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Delaware Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

District of Columbia Residents: WARNING: 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 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.

Florida Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Georgia Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

Hawaii Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Idaho Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Illinois Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Indiana Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Iowa Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Kansas Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Maine Residents: 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.

Maryland Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Michigan Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Minnesota Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Mississippi Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Missouri Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

Montana Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Nebraska Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

Nevada Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

New Jersey Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

North Carolina Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

North Dakota Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Ohio Residents: Any person who, with intent to defraud or knowing that he 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.

Oklahoma Residents: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

Pennsylvania Residents: 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 insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

South Carolina Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Texas Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

Utah Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Vermont Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

Virginia Residents: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

West Virginia Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Wisconsin Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

Wyoming Residents: Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

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Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------------|----------------------|---------------------|-------------------------|
| Bypassed - Item: | Flesch Certification | Approved-Closed | 03/18/2010 |
| Bypass Reason: | N/A | | |
| Comments: | | | |

| | | Item Status: | Status Date: |
|-------------------------|-------------|---------------------|-------------------------|
| Bypassed - Item: | Application | Approved-Closed | 03/18/2010 |
| Bypass Reason: | N/A | | |
| Comments: | | | |