

SERFF Tracking Number: MADS-126698465 State: Arkansas
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 46083
Company Tracking Number: IUL-GIO-R
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: Guaranteed Insurability Option Rider
Project Name/Number: Guaranteed Insurability Option Rider/IUL-GIO-R

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: Guaranteed Insurability Option Rider SERFF Tr Num: MADS-126698465 State: Arkansas

Rider

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num: 46083

Adjustable Life Closed

Sub-TOI: L09I.001 Single Life

Co Tr Num: IUL-GIO-R

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sue Long, Cheryl Richards Disposition Date: 06/29/2010

Date Submitted: 06/29/2010

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Guaranteed Insurability Option Rider

Status of Filing in Domicile: Pending

Project Number: IUL-GIO-R

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: This form is pending review in our domicile state of Wisconsin.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/29/2010

Explanation for Other Group Market Type:

State Status Changed: 06/29/2010

Deemer Date:

Created By: Sue Long

Submitted By: Sue Long

Corresponding Filing Tracking Number:

Filing Description:

This Guaranteed Insurability Option Rider, form IUL-GIO-R is an additional rider offered with the Individual Universal Life Policy, form IUL-P filed and approved for use in your state on 06/25/2007, under filing number MADS-125181620.

Form IUL-GIO-R is an optional rider, which provides an option to increase the specified amount, without evidence of insurability, on the life of the Insured on each of the Option dates.

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This form is new and does not replace any other forms with your department.

We retain the right to change font, paper color and to correct grammar errors (as long as those corrections do not change the intent or purpose of this informational filing).

Company and Contact

Filing Contact Information

Sue Long, Compliance Specialist smm@madisonlife.com
 PO Box 5008 800-356-9601 [Phone] 2061 [Ext]
 Madison, WI 53705 608-830-2700 [FAX]

Filing Company Information

Madison National Life Insurance Company, Inc. CoCode: 65781 State of Domicile: Wisconsin
 1241 John Q. Hammons Drive Group Code: 450 Company Type: Life and Health
 Madison, WI 53717 Group Name: State ID Number:
 (608) 830-2000 ext. [Phone] FEIN Number: 39-0990296

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Madison National Life Insurance Company, Inc.	\$50.00	06/29/2010	37627217

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	06/29/2010	06/29/2010

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Disposition

Disposition Date: 06/29/2010

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		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Guaranteed Insurability Option Rider		Yes

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Form Schedule

Lead Form Number: IUL-GIO-R

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IUL-GIO-R	Policy/Cont	Guaranteed ract/Fratern al Insurability Rider Option Rider	Initial		45.000	IUL-GIO- R.pdf
		Certificate:	Amendmen t, Insert Page, Endorseme nt or Rider				

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

1241 John Q. Hammons Drive, Madison, WI 53717

GUARANTEED INSURABILITY OPTION RIDER

GUARANTEED INSURABILITY OPTION BENEFIT.

This non-participating Rider provides an option to increase the specified amount, without evidence of insurability, on the life of the Insured on each of the Option Dates. The Policy and this Rider must be In Force on the date of the increase in Specified Amount.

REGULAR OPTION DATES. Unless an Option Date is advanced under Special Option Dates, the specified amount may be increased on the life of the Base Insured on each Policy Anniversary subsequent to issue when the attained age of the Insured is 25, 28, 31, 34, 37, and 40.

SPECIAL OPTION DATES. You may advance the next scheduled Regular Option Date and increase the specified amount on the life of the Insured as a result of:

- lawful marriage of the Insured; or
- birth of each living child born of the Insured's marriage, or
- legal adoption of each child adopted by the Insured.

The Special Option Date shall expire 90 days after the date of the occasion which created such Option.

Before a Special Option can be exercised, we may require documentation of the occasion satisfactory to Us.

NULLIFICATION OF OPTION. The exercise of a Special Option shall nullify the next available regular Option Date. Only one Special Option Date may be exercised until the Regular Option Date which was advanced has passed. If the right to apply for additional coverage under terms of this benefit is not exercised, it will expire on that Option Date. Such expiry will not affect the issue of additional coverage as of any subsequent Option Date.

ADDITIONAL COVERAGE. The increase in specified amount at each Option Date must be equal to \$25,000.

The increase in specified amount will be issued at the same mortality classification as the policy and at the published premium rate in use by Us at the Date of Issue of the additional coverage. It will be issued at the attained age of the Insured.

Written application for the increase in specified amount purchased as of a Regular Option Date must be received on a form acceptable by Us at our Home Office. The first premium must be paid either on or within 60 days immediately before such Regular Option. If the application and the first premium are received, the additional coverage will be effective as of such Regular Option Date, provided the Insured is alive.

Written application for increase in specified amount purchased as of a Special Option Date must be received by Us at Our Home Office and the first premium paid not later than 90 days following the date of the occasion which created the Special Option. If the application and the first premium are received the new policy will take effect on the later of:

- the date of receipt of the application, or
- receipt of the first premium.

The Insured must be then living. The application must be signed by the Owner and the Insured.

MONTHLY DEDUCTION. Each monthly deduction from this Policy's Account Value on the Monthly Deduction Date as specified in the Policy will include the cost of any additional insurance provided by the exercise of an option of this rider. The monthly deduction for the additional insurance will be determined according to the provisions of the Base Policy, with the increased specified amount on the Insured substituted for the specified amount prior to increase.

REINSTATEMENT. If the Policy is reinstated, this rider may also be reinstated as long as we receive satisfactory proof of the Insured's insurability and payment of enough premium to keep the Policy and this Rider In Force for 3 months. The Rider will be reinstated as of the Policy's reinstatement date.

INCONTESTABILITY. This Rider and the increases in specified amount provided by this Rider will become incontestable two years from the Date of Issue. However, with regard to statements made concerning any Reinstatement, this Rider and the increases in specified amount provided by this Rider will become incontestable two years from the date of Reinstatement.

COST OF INSURANCE. The cost of insurance for this Rider is equal to \$1.50 per month, and is included in the monthly deduction for this Policy. Such monthly deduction for this Rider will cease upon the termination of this Rider.

CONSIDERATION. This Rider is attached to and made a part of this Policy in return for the application and the monthly deductions from the Policy's account value for the cost of this Rider and any increase in specified amount provided by this Rider.

TERMINATION. This Rider shall automatically terminate:

- upon the written request of the Owner; or
- if any premium for this Rider remains unpaid after the end of the grace period; or
- upon termination or surrender of the base Policy; or
- upon the policy anniversary next following the Insured's 40th birthday, or 90 days after the latest Special option, whichever is later; or
- on the death of the Insured; or
- when all available Regular and Special Options have been exercised or have expired.

This Rider is signed at our Home Office on the Date of Issue which shall, unless otherwise specified, be the same as the Date of Issue of the Policy.

**MADISON NATIONAL LIFE
INSURANCE COMPANY, INC.**

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Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

Form # IUL-A was approved 06/25/2007.

Attachment:

UL APP.pdf

Item Status: **Status Date:**

Bypassed - Item: Outline of Coverage

Bypass Reason: Not applicable to this life rider.

Comments:

**Madison National Life Insurance Company
PO Box 5008, Madison, WI 53705**

CERTIFICATE OF READABILITY

TO: Department of Insurance

RE: Form: IUL-GIO-R Guaranteed Insurability Option Rider

Having first carefully reviewed the captioned forms, I hereby certify that the forms meet the minimum requirements of the Flesch reading ease policy simplification test, and that:

1. The Flesch reading ease test has been applied to said forms, with resulting scores of:

FORM	DESCRIPTION	Score
IUL-GIO-R	Guaranteed Insurability Option Rider	45.0

2. The entire text was analyzed.
3. The type size is at least 10 point, one point leaded.



Robert J. Stubbe
Executive Vice President

Dated: June 28, 2010

MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

1241 John Q. Hammons Drive, Madison, WI 53717

Individual Life Insurance Application

A. GENERAL INFORMATION

<p>1. a. Full Name of Proposed Insured _____ b. Social Security No. _____ c. Previous Name(s) _____</p>	<p>7. Premium a. Amount \$ _____ b. Mode <input type="checkbox"/> PAC <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Annual c. Send Premium Notices to Name _____ Address _____</p>								
<p>2. Residence Address Street _____ Apt. No. _____ City _____ County _____ State _____ Zip _____ Phone _____</p>	<p>8. a. Owner <input type="checkbox"/> Proposed Insured <input type="checkbox"/> Other: _____ b. Address _____</p>								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">3. Sex</td> <td style="width:20%;">Birthdate Mo./Day/Yr.</td> <td style="width:20%;">Age</td> <td style="width:45%;">Birthplace (State)</td> </tr> <tr> <td><input type="checkbox"/> M <input type="checkbox"/> F</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	3. Sex	Birthdate Mo./Day/Yr.	Age	Birthplace (State)	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	<p>9. a. Primary Beneficiary (Print full names and relationships) _____ _____ _____ b. Contingent Beneficiary _____ _____ _____</p>
3. Sex	Birthdate Mo./Day/Yr.	Age	Birthplace (State)						
<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____						
<p>4. Height _____ Weight _____ Occupation _____</p>	<p>5. a. Face Amount \$ _____ b. Plan Name _____ c. If available, Automatic Premium Loan <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>6. Will this policy replace insurance or any annuity policies in this or other companies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									

B. MEDICAL INFORMATION

10. Have you ever had, been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or antibodies to Human T-Cell Lymphotropic Virus, type III, (HTLV-III)? Yes No

11a. To the best of your knowledge, have you been diagnosed, medically treated or consulted a physician for any of the following:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Heart attack, high blood pressure, stroke or other disorders of the heart or blood vessels	<input type="checkbox"/>	<input type="checkbox"/>	Lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Nervous system disorder	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's disease	<input type="checkbox"/>	<input type="checkbox"/>
Kidney, intestine or liver disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>	Drug and alcohol dependency	<input type="checkbox"/>	<input type="checkbox"/>
			High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>

11b. Are you under any treatment or any medication for an illness or disease not listed above? Yes No

12a. Has the proposed insured smoked or used any cigarettes within the last twelve months? Yes No

12b. Has the proposed insured had any other tobacco use in the last twelve months? Yes No

13. Have you had an application for life insurance rejected, postponed or issued other than applied for within the past 2 years? Yes No

14. Please give details to questions 10 through 13 (if answered yes). Include doctors' names, addresses, dates and other details. _____

15. Special Requests _____

I represent and agree that:

1) The statements and answers in this application have been read and are true and complete to the best knowledge and belief of the undersigned, and these statements and answers shall form the basis for and become part of the contract of insurance applied for. 2) Except as otherwise provided in the Prepayment Receipt, no insurance shall take effect until a policy is issued and delivered to the Applicant and the first full premium as shown in the policy is paid, all while the health and other conditions affecting the insurability of the proposed insured remain as directed in the application. 3) No agent is authorized to make, alter or discharge any contract; to waive the answer to any question in the application or receipt; to waive any of the Company's rights or requirements; to accept any risk; or pass upon insurability. 4) No statement made to or by, and no knowledge on the part of, any Agent or other person as to any facts pertaining to the person proposed for insurance shall be considered as having been made to or brought to the knowledge of the Company unless stated in the application.

Authorization and Acknowledgment:

I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, employer or insurance company or the Medical Information Bureau, Inc., consumer reporting agency or other person, organization or institution that has any records or knowledge of me or my health to give any such information to Madison National Life Insurance Company, Inc. or its reinsurers and to testify as to such information, all to the extent permitted by law. Such information may include diagnosis, treatment and prognosis with respect to any physical or mental condition, employment, other insurance coverage, claims history and mode of living. All of the above organizations, except the Medical Information Bureau, also are authorized to release such information to Madison National Life, its reinsurers or insurance support organization or their authorized representatives.

I understand the information obtained through this authorization will be used for underwriting purposes only. A photocopy of this authorization will be as valid as the original.

This authorization will be valid for thirty (30) months from the date shown below. I know I may receive a copy of this authorization. I also know that if a consumer report about me is prepared, I may request a copy of the report.

WARNING: 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 may be guilty of a crime and subject to fines, confinement in prison and/or denial of insurance benefits.

Amount Paid \$ _____ Signed at _____ on _____, 20_____.

Proposed Insured (If minor, parent or guardian must sign.)

Applicant (If Other Than Proposed Insured)

Agent's Statement: Is insurance to replace any existing insurance? Yes No

I have truly and accurately recorded in this application the information supplied by the Applicant.

Licensed Agent's Signature

Agent Number

Licensed Agent's Full Name (Please Print)

Regional General Agent Name