

SERFF Tracking Number: NTAL-126655581 State: Arkansas
 Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 45864
 Company Tracking Number: 75-3002-APP (5/10)
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: 75-3002-APP (5/10) Application for Accident Insurance
 Project Name/Number: /75-3002-APP (5/10)

Filing at a Glance

Company: National Teachers Associates Life Insurance Company

Product Name: 75-3002-APP (5/10) Application SERFF Tr Num: NTAL-126655581 State: Arkansas
 for Accident Insurance

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved- State Tr Num: 45864
 Closed

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: 75-3002-APP (5/10) State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: Wm. Bradley Cox Disposition Date: 06/04/2010

Date Submitted: 06/03/2010 Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number: 75-3002-APP (5/10)

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: filed Exempt

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/04/2010

Explanation for Other Group Market Type:

State Status Changed: 06/04/2010

Deemer Date:

Created By: Wm. Bradley Cox

Submitted By: Wm. Bradley Cox

Corresponding Filing Tracking Number:

Filing Description:

This application is new and does not replace any previously approved form. It is, however, similar to previously approved application by your department.

Upon approval, the application will be used to apply for or amend insurance coverage under our existing approved accident policies. We also intend to use this application with any future accident policies which may be approved for us by your Department.

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This form is being filed Exempt in our domiciliary state of Texas.

Company and Contact

Filing Contact Information

David Mather, Compliance Analyst david.mather@ntalife.com
 4949 Keller Springs Road 972-532-2133 [Phone] 2577 [Ext]
 Addison, TX 75001 972-532-2194 [FAX]

Filing Company Information

National Teachers Associates Life Insurance CoCode: 87963 State of Domicile: Texas
 Company
 4949 Keller Springs Road Group Code: Company Type: LAH
 Addison, TX 75001 Group Name: State ID Number:
 (972) 532-2100 ext. [Phone] FEIN Number: 75-1623431

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Teachers Associates Life Insurance Company	\$50.00	06/03/2010	36970239

SERFF Tracking Number: NTAL-126655581 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	06/04/2010	06/04/2010

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Disposition

Disposition Date: 06/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NTAL-126655581 State: Arkansas
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 Company
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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
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	AR Rule 19	Approved-Closed	Yes
Form	Application for Accident Insurance	Approved-Closed	Yes

SERFF Tracking Number: NTAL-126655581 State: Arkansas
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 Product Name: 75-3002-APP (5/10) Application for Accident Insurance
 Project Name/Number: /75-3002-APP (5/10)

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/04/2010	75-3002-AR-APP (5/10)	Application/ Enrollment Form Application for Accident Insurance	Initial		59.700	75-3002-AR-APP (5 10).pdf 75-3002-AR-APP (5 10) John Doe.pdf

**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**
P.O. Box 802207, Dallas, Texas 75380
Phone (888) 671-6771 Fax (972) 532-2180

Check if applicable:
 Name Change
 Policy Reinstatement
 Plan Change:
 Policy # _____
 Other _____



APPLICATION FOR ACCIDENT INSURANCE

Please supply the following information for each person applying for insurance (including the Primary Insured, Spouse, and/or Children). We will use this information to determine eligibility for coverage, including age, occupation, and medical information below. Maximum age for issuance of coverage to a Primary Insured or Spouse is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)				Social Security No. - -				
Sex	Date of Birth	Age (Max. 64)	E-mail Address					
Address		City	County or Parish	State	Zip -			
CODES	St.	Cnty.	City	Bldg.	Best place and time to call (before 5 pm)			
					<input type="checkbox"/> HM	<input type="checkbox"/> WK	<input type="checkbox"/> CELL /	<input type="checkbox"/> AM
Home Phone ()			Work Phone ()			Cell Phone ()		
School System				School or Business				
Occupation				Occupational Duties				

Complete only if Spouse is proposed to be a Covered Person under this policy.

Name	Date of Birth	Age (Max 64)	Occupation	Social Security No. - -
School or Business			Occupational Duties	

The following questions apply to the persons listed above and to all children (if coverage for children is requested):

- No Yes Are you requesting Child(ren) coverage with a One Parent or Family Plan?
- No Yes Has anyone proposed to be insured: (i) ever been diagnosed with epilepsy or Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes,** _____ **is/are excluded from all coverage.**
- No Yes Within the past 12 months, has anyone proposed to be insured sought professional medical advice for rheumatoid arthritis; osteoporosis; or an injury, disease, or disorder of the: (a) back; (b) neck; (c) spine; (d) any bone; (e) foot; or (f) any joint? **If yes, please list all medications used to treat this condition and complete the chart below.** _____

Person Treated	Duration and Date of Condition	Details of Medical Condition & Treatment	Degree and Date of Recovery	Names, Addresses, & Telephone Nos. of Physicians and Treatment Centers

- No Yes Is the policy for which you are applying intended to replace or change any of your existing accident or sickness policies? **If yes, identify the company and type of coverage:** _____



I have reviewed all responses provided in this application for accuracy. Initial _____

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APPLICATION FOR ACCIDENT INSURANCE

Please supply the following information for each person applying for insurance (including the Primary Insured, Spouse, and/or Children). We will use this information to determine eligibility for coverage, including age, occupation, and medical information below. Maximum age for issuance of coverage to a Primary Insured or Spouse is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial) <i>Joe, John A</i>				Social Security No. <i>123 - 45 - 6789</i>				
Sex <i>M</i>	Date of Birth <i>1-1-74</i>	Age (Max. 64) <i>30</i>	E-mail Address <i>J. Joe @ Hotmail.com</i>					
Address <i>123 main Street</i>		City <i>Dallas</i>	County or Parish <i>Dallas</i>	State <i>TX</i>	Zip <i>75001</i>			
CODES	St.	Cnty.	City	Bldg.	Best place and time to call (before 5 pm)			
					<input type="checkbox"/> HM	<input checked="" type="checkbox"/> WK	<input type="checkbox"/> CELL	<input checked="" type="checkbox"/> AM
Home Phone <i>(214) 867-5709</i>			Work Phone <i>(214) 867-5709</i>		Cell Phone <i>(214) 867-5709</i>			
School System <i>DISD</i>				School or Business <i>Carter</i>				
Occupation <i>Teacher</i>				Occupational Duties <i>Teaching</i>				

Complete only if Spouse is proposed to be a Covered Person under this policy.

Name	Date of Birth	Age (Max 64)	Occupation	Social Security No.
<i>Jane A Joe</i>	<i>1-1-77</i>	<i>33</i>	<i>Teacher</i>	<i>234 - 56 - 7891</i>
School or Business <i>Carter</i>			Occupational Duties <i>Teaching</i>	

The following questions apply to the persons listed above and to all children (if coverage for children is requested):

- No Yes Are you requesting Child(ren) coverage with a One Parent or Family Plan?
- No Yes Has anyone proposed to be insured: (i) ever been diagnosed with epilepsy or Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes, _____ is/are excluded from all coverage.**
- No Yes Within the past 12 months, has anyone proposed to be insured sought professional medical advice for rheumatoid arthritis; osteoporosis; or an injury, disease, or disorder of the: (a) back; (b) neck; (c) spine; (d) any bone; (e) foot; or (f) any joint? **If yes, please list all medications used to treat this condition and complete the chart below.** _____

Person Treated	Duration and Date of Condition	Details of Medical Condition & Treatment	Degree and Date of Recovery	Names, Addresses, & Telephone Nos. of Physicians and Treatment Centers

- No Yes Is the policy for which you are applying intended to replace or change any of your existing accident or sickness policies? **If yes, identify the company and type of coverage:** _____



I have reviewed all responses provided in this application for accuracy. Initial _____

ACCIDENT POLICY:
 Covered Person Plan: Individual One Parent Family
 Coverage Benefit Level: Green Gold Other Plan _____

Occupational Pricing Group:
 Group 1 Group 2
 Combination (For Family Plan: One Person Group 1 and One Person Group 2)

OPTIONS:
 AHRBR _____ Other _____
 Other _____ Other _____

Total Monthly Premium for Policy and Optional Riders: \$ _____

MODE OF PAYMENT
 Initial Premium Check Attached *
 with Application: Credit Card Payment
 Other _____

Recurring Payments:
 Bank Draft Credit Card
 Payroll Deduction Other _____

* When a check is provided as a payment, National Teachers Associates Life Insurance Company (NTA) may use the information from the check to make a one-time electronic funds transfer (EFT) from your account or to process the payment as a check transaction. If we use information from the check to make an EFT, funds may be withdrawn from your account the same day that NTA receives your check. You may not receive the cancelled check from your financial institution.

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 is guilty of a crime and may be subject to fines and confinement in prison.

I (or we) certify that I have read or had read to me the completed application and submit it as my offer for the purchase of insurance. I understand that I have no coverage unless and until the policy is issued by the Company. I represent that the answers are true and correct and realize that any fraudulent statement or material misrepresentation in the application may result in a loss of coverage. I authorize the Company to call me on a recorded phone call to clarify or verify certain information in this application and agree that a transcript of such recording can be made a part of my application for insurance. No oral statement between the agent and me will be binding on the Company. No person to be covered under this policy is currently receiving benefits under Medicare or Medicaid. A copy of this application will be valid as if it were an original. I also certify that I have received a copy of the Company's Privacy Notice and HIPAA Notice of Privacy Practices.

DATED AT Dallas TX, THIS 1 DAY OF June, 2010
 City and State Day Month Year

X John G Doe X _____
 Signature of Proposed Primary Insured Signature of Applicant (if not the Proposed Primary Insured)

<input type="checkbox"/> Owner and/or <input type="checkbox"/> Payor of Policy if Other than Proposed Insured	Relationship	Address	
City	State	Zip	Social Security Number
			- -

BANK DRAFT AUTHORIZATION **PLEASE ATTACH A SPECIMEN CHECK MARKED "VOID"**

I request and authorize National Teachers Associates Life Insurance Company to make withdrawals against the bank account specified on the attached specimen check, or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them for the purpose of collecting premiums under the policy. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.

X John G Doe 6/1/10 Requested first draft date (1-28 only)
 Signature exactly as it appears on bank records Date Signed 15

I certify that I have truly and accurately recorded on this Application the information supplied by the applicant.

<u>John C Doe</u> Licensed Agent Signature	<u>John C Doe</u> Printed Agent Name	<u>111-1</u> License ID No.	<u>111</u> Agent No.
<u>4949 Keller Springs Rd., Addison, TX 75001</u> Address		<u>(800) TALK - NTA</u> Phone	

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/04/2010
Comments:			
Attachment:			
AR Read Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	06/04/2010
Comments:			
Attachments:			
75-3002-AR-APP (5 10).pdf			
75-3002-AR-APP (5 10) John Doe.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	06/04/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	06/04/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	06/04/2010
Comments:			

SERFF Tracking Number: NTAL-126655581 State: Arkansas
Filing Company: National Teachers Associates Life Insurance State Tracking Number: 45864
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TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: 75-3002-APP (5/10) Application for Accident Insurance
Project Name/Number: /75-3002-APP (5/10)

Attachment:

AR Acc App Letter.pdf

	Item Status:	Status
Satisfied - Item: AR Rule 19	Approved-Closed	Date: 06/04/2010
Comments:		
Attachment:		
AR Rule 19.pdf		



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

4949 Keller Springs Road • Addison, Texas 75001-5910
(972) 532-2100 • Fax (972) 532-2194
www.ntalife.com

ARKANSAS

I hereby certify that to the best of my knowledge and belief the following forms, according to the
Flesh test, have these readability scores:

Defined terms and headings have been excluded for purposes of the calculation of the
Readability score.

FORM	FORM NO.	SCORE
Application for Accident Insurance	75-3002-AR-APP (5/10)	59.7

Signed 
William Bradley Cox
General Counsel and
Vice President

Date 6-2-02

**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**
P.O. Box 802207, Dallas, Texas 75380
Phone (888) 671-6771 Fax (972) 532-2180

Check if applicable:
 Name Change
 Policy Reinstatement
 Plan Change:
 Policy # _____
 Other _____



APPLICATION FOR ACCIDENT INSURANCE

Please supply the following information for each person applying for insurance (including the Primary Insured, Spouse, and/or Children). We will use this information to determine eligibility for coverage, including age, occupation, and medical information below. Maximum age for issuance of coverage to a Primary Insured or Spouse is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)				Social Security No. - -		
Sex	Date of Birth	Age (Max. 64)	E-mail Address			
Address		City	County or Parish	State	Zip -	
CODES	St.	Cnty.	City	Bldg.	Best place and time to call (before 5 pm)	
					<input type="checkbox"/> HM	<input type="checkbox"/> WK
Home Phone ()			Work Phone ()		Cell Phone ()	
School System				School or Business		
Occupation				Occupational Duties		

Complete only if Spouse is proposed to be a Covered Person under this policy.

Name	Date of Birth	Age (Max 64)	Occupation	Social Security No. - -
School or Business			Occupational Duties	

The following questions apply to the persons listed above and to all children (if coverage for children is requested):

- No Yes Are you requesting Child(ren) coverage with a One Parent or Family Plan?
- No Yes Has anyone proposed to be insured: (i) ever been diagnosed with epilepsy or Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes,** _____ **is/are excluded from all coverage.**
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Person Treated	Duration and Date of Condition	Details of Medical Condition & Treatment	Degree and Date of Recovery	Names, Addresses, & Telephone Nos. of Physicians and Treatment Centers

- No Yes Is the policy for which you are applying intended to replace or change any of your existing accident or sickness policies? **If yes, identify the company and type of coverage:** _____



I have reviewed all responses provided in this application for accuracy. Initial _____

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Name of Proposed Primary Insured (Last, First, Middle Initial) <i>Joe, John A</i>				Social Security No. <i>123 - 45 - 6789</i>			
Sex <i>M</i>	Date of Birth <i>1-1-74</i>	Age (Max. 64) <i>30</i>	E-mail Address <i>J. Joe @ Hotmail.com</i>				
Address <i>123 main Street</i>		City <i>Dallas</i>	County or Parish <i>Dallas</i>	State <i>TX</i>	Zip <i>75001</i>		
CODES	St.	Cnty.	City	Bldg.	Best place and time to call (before 5 pm)		
					<input type="checkbox"/> HM	<input checked="" type="checkbox"/> WK	
					<input type="checkbox"/> CELL	<input checked="" type="checkbox"/> AM <i>9</i>	
					<input type="checkbox"/> PM		
Home Phone <i>(214) 867-5709</i>			Work Phone <i>(214) 867-5709</i>		Cell Phone <i>(214) 867-5709</i>		
School System <i>DISD</i>				School or Business <i>Carter</i>			
Occupation <i>Teacher</i>				Occupational Duties <i>Teaching</i>			

Complete only if Spouse is proposed to be a Covered Person under this policy.

Name	Date of Birth	Age (Max 64)	Occupation	Social Security No.
<i>Jane A Joe</i>	<i>1-1-77</i>	<i>33</i>	<i>Teacher</i>	<i>234 - 56 - 7891</i>
School or Business <i>Carter</i>			Occupational Duties <i>Teaching</i>	

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I have reviewed all responses provided in this application for accuracy. Initial _____

ACCIDENT POLICY:
 Covered Person Plan: Individual One Parent Family
 Coverage Benefit Level: Green Gold Other Plan _____

Occupational Pricing Group:
 Group 1 Group 2
 Combination (For Family Plan: One Person Group 1 and One Person Group 2)

OPTIONS:
 AHRBR _____ Other _____
 Other _____ Other _____

Total Monthly Premium for Policy and Optional Riders: \$ _____

MODE OF PAYMENT
 Initial Premium with Application: Check Attached *
 Credit Card Payment
 Other _____

Recurring Payments:
 Bank Draft Credit Card
 Payroll Deduction Other _____

* When a check is provided as a payment, National Teachers Associates Life Insurance Company (NTA) may use the information from the check to make a one-time electronic funds transfer (EFT) from your account or to process the payment as a check transaction. If we use information from the check to make an EFT, funds may be withdrawn from your account the same day that NTA receives your check. You may not receive the cancelled check from your financial institution.

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 is guilty of a crime and may be subject to fines and confinement in prison.

I (or we) certify that I have read or had read to me the completed application and submit it as my offer for the purchase of insurance. I understand that I have no coverage unless and until the policy is issued by the Company. I represent that the answers are true and correct and realize that any fraudulent statement or material misrepresentation in the application may result in a loss of coverage. I authorize the Company to call me on a recorded phone call to clarify or verify certain information in this application and agree that a transcript of such recording can be made a part of my application for insurance. No oral statement between the agent and me will be binding on the Company. No person to be covered under this policy is currently receiving benefits under Medicare or Medicaid. A copy of this application will be valid as if it were an original. I also certify that I have received a copy of the Company's Privacy Notice and HIPAA Notice of Privacy Practices.

DATED AT Dallas TX, THIS 1 DAY OF June, 2010
 City and State Day Month Year

X John G Doe X _____
 Signature of Proposed Primary Insured Signature of Applicant (if not the Proposed Primary Insured)

<input type="checkbox"/> Owner and/or <input type="checkbox"/> Payor of Policy if Other than Proposed Insured	Relationship	Address	
City	State	Zip	Social Security Number
			- -

BANK DRAFT AUTHORIZATION **PLEASE ATTACH A SPECIMEN CHECK MARKED "VOID"**

I request and authorize National Teachers Associates Life Insurance Company to make withdrawals against the bank account specified on the attached specimen check, or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them for the purpose of collecting premiums under the policy. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank. I understand that I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect to receive such notice only when such entry differs from the previous entry by more than \$200.

X John G Doe 6/1/10 Requested first draft date (1-28 only)
 Signature exactly as it appears on bank records Date Signed 15

I certify that I have truly and accurately recorded on this Application the information supplied by the applicant.

<u>John C Doe</u> Licensed Agent Signature	<u>John C Doe</u> Printed Agent Name	<u>111-1</u> License ID No.	<u>111</u> Agent No.
<u>4949 Keller Springs Rd., Addison, TX 75001</u> Address		<u>(800) TALK - NTA</u> Phone	



**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**

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(972) 532-2100 • Fax (972) 532-2194
www.ntalife.com

June 2, 2010

Arkansas Department of Insurance
Life and Health Division
1200 West Third Street
Little Rock, Arkansas 72201-1904

Re: National Teachers Associates Life Insurance Company
NAIC# 87963
Federal ID # 75-1623431

Form: 75-3002-AR-APP (5/10) Application for Accident Insurance

Dear Department of Insurance:

The above-referenced application form is enclosed for your review and approval.

This application is new and does not replace any previously approved form. It is, however, similar to previously approved application form 75-3002-AR-APP (3/07), which was approved by your department on April 4, 2007.

Upon approval, the application will be used to apply for or amend insurance coverage under our existing approved accident policies. We also intend to use this application with any future accident policies which may be approved for us by your Department.

This form is being filed Exempt in our domiciliary state of Texas.

We have included the application and required transmittal forms. If you have any questions, or if you require additional information, please call me at (800) 825-5682 extension 2156. You may also e-mail me directly at: david.mather@ntalife.com.

Sincerely,

David R. Mather
Compliance Analyst

Enclosures



**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**

4949 Keller Springs Road • Addison, Texas 75001-5910
(972) 532-2100 • Fax (972) 532-2194
www.ntalife.com

ARKANSAS

To the best of my knowledge, this submission meets the requirements of the Rule and Regulation 19 and the applicable requirements of the Arkansas Department of Insurance.

Signed William Bradley Cox
William Bradley Cox
General Counsel and
Vice President

Date 6-2-10