

SERFF Tracking Number: NALF-126732194 State: Arkansas  
 Filing Company: Life Insurance Company of the Southwest State Tracking Number: 46271  
 Company Tracking Number: 1443AR(0210)N  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: HIV Notice & Consent - LSW  
 Project Name/Number: HIV Notice & Consent - LSW/1443AR(0210)N

## Filing at a Glance

Company: Life Insurance Company of the Southwest

Product Name: HIV Notice & Consent - LSW SERFF Tr Num: NALF-126732194 State: Arkansas  
 TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 46271  
 Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: 1443AR(0210)N State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Disposition Date: 07/22/2010  
 Authors: Susan Carey, Laurie Trombly, Michelle Goodwin  
 Date Submitted: 07/21/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: HIV Notice & Consent - LSW  
 Project Number: 1443AR(0210)N  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: Submitted to Vermont and Texas concurrently.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 07/22/2010

Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 07/22/2010  
 Created By: Laurie Trombly  
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Laurie Trombly

Filing Description:

Today we submit for your consideration a new HIV Notice & Consent Form for use with the products in our life portfolio.

We have updated this HIV Notice & Consent form in order to accommodate its use by National Life Insurance Company and our subsidiary company, Life Insurance Company of the Southwest (LSW).

We have submitted a separate filing, NALF-126732195, in order to secure approval on behalf of National Life Insurance Company.

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## 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

Life Insurance Company of the Southwest CoCode: 65528 State of Domicile: Texas  
 1300 West Mockingbird Lane Group Code: -99 Company Type:  
 Dallas, TX 75247 Group Name: State ID Number: 1117  
 (214) 638-9316 ext. [Phone] FEIN Number: 75-0953004

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? Yes  
 Fee Explanation: Texas charges \$100 for this same filing.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Life Insurance Company of the Southwest	\$100.00	07/21/2010	38181048

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/22/2010	07/22/2010

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## Disposition

Disposition Date: 07/22/2010

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		No
Supporting Document	Application		No
Supporting Document	Third Party Authorization		Yes
Form	HIV Notice & Consent Form for AIDS		Yes
	Virus Testing		

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## Form Schedule

**Lead Form Number: 1443AR(0210)N**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1443AR(0210)N	Other	HIV Notice & Consent Form for AIDS Virus Testing	Initial			1441ARN.pdf



**NOTICE AND CONSENT FORM FOR AIDS VIRUS (HIV) TESTING**

This Notice 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

To evaluate your eligibility for insurance or insurance benefits, it is requested that you consent to be tested for the AIDS virus (HIV). By signing and dating this form, you agree that this test may be performed and that underwriting decisions will be based on the test results.

**Disclosure of Test Results:**

All test results will be treated confidentially. The results of the test will be reported to the insurer identified on this form. Results of the tests will not otherwise be disclosed except as allowed by law or as stated below.

**Meaning of Test Results:**

While positive HIV antibody test results do not mean that you have AIDS, they do mean that you may be at increased risk of developing AIDS or AIDS-related conditions. The test is a test for antibodies of the HIV virus, the causative agent for AIDS, and shows whether you have been exposed to the virus.

Positive HIV antibody test results could adversely affect your application for insurance. This means that your application may be declined, that an increased premium may be charged, or that other policy changes may be necessary.

**Release of Results:**

The results of this test may be released to the following:

1. the proposed insured;
2. the person legally authorized to consent to the test;
3. a licensed physician, medical practitioner, or other person designated by the proposed insured;
4. an insurance medical information exchange under procedures that are designed to assure confidentiality, including the use of general codes that also cover results of tests for other diseases or conditions not related to AIDS, or for the preparation of statistical reports that do not disclose the identity of any particular proposed insured;
5. a reinsurer, if the reinsurer is involved in the underwriting process, under procedures that are designed to assure confidentiality;
6. persons who have the responsibility to make underwriting decisions on behalf of the insurer; or
7. insurer's legal counsel who needs such information to effectively represent the insurer in regard to matters concerning the proposed insured.

The insurer may contact you for the name of a physician or other health care provider to whom you may authorize disclosure and with whom you may want to discuss the results.

You may designate below the physician to whom test results may be reported:

Name:

Address: *(City, State, Zip Code)*

**Consent:**

I have read and I understand this Notice and Consent Form. I voluntarily consent to testing and disclosure as described above. I understand that I have the right to request and receive a copy of this form. A photocopy of this form will be as valid as the original.

Name of Proposed Insured: *(Print or Type.)*

Signature of Proposed Insured or Parent/Guardian:

Birthdate:

State of Residence:

Date Signed:

**Copies to the Company, the Customer, the Examiner, and the Agent**

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## Supporting Document Schedules

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** Third Party Authorization

**Comments:**

**Attachment:**

Third Party Authorization.pdf

January 16, 2009

To Whom It May Concern:

This letter is to authorize **Bennett E. Law**, Vice President – Policy Forms & General Services, of National Life Insurance Company, Montpelier, Vermont, as a **Designated Representative** of Life Insurance Company of the Southwest to submit product filings on their behalf.

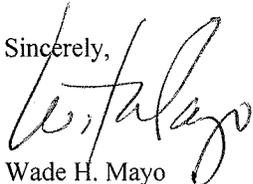
All questions and comments regarding this filing should first be addressed to Mr. Law. I stand ready, however, to answer for Life Insurance Company of the Southwest directly should that need arise.

Mr. Law may be contacted at:

National Life Insurance Company  
One National Life Drive  
Montpelier, Vermont 05604  
Phone: 802-229-3675  
Fax: 802-229-3743

Life Insurance Company of the Southwest thanks you for your consideration in this matter.

Sincerely,



Wade H. Mayo  
President & Chief Executive Officer



January 16, 2009

To Whom It May Concern:

This letter is to authorize **Laurie R. Trombly**, Manager – Forms Management, of National Life Insurance Company, Montpelier, Vermont, as a **Designated Representative** of Life Insurance Company of the Southwest to submit product filings on their behalf.

All questions and comments regarding this filing should first be addressed to Mrs. Trombly. I stand ready, however, to answer for Life Insurance Company of the Southwest directly should that need arise.

Mrs. Trombly may be contacted at:

National Life Insurance Company  
One National Life Drive  
Montpelier, Vermont 05604  
Phone: 802-229-3614  
Fax: 802-229-3743

Life Insurance Company of the Southwest thanks you for your consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Wade H. Mayo". The signature is fluid and cursive.

Wade H. Mayo  
President & Chief Executive Officer