

<i>SERFF Tracking Number:</i>	<i>NALF-126732195</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46272</i>
<i>Company Tracking Number:</i>	<i>1443AR(0210)N</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>HIV Notice & Consent - NL</i>		
<i>Project Name/Number:</i>	<i>HIV Notice & Consent - NL/1443AR(0210)N</i>		

Filing at a Glance

Company: National Life Insurance Company

Product Name: HIV Notice & Consent - NL

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NALF-126732195 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46272

Co Tr Num: 1443AR(0210)N

State Status: Approved-Closed

Authors: Susan Carey, Laurie
Trombly, Michelle Goodwin

Reviewer(s): Linda Bird

Date Submitted: 07/21/2010

Disposition Date: 07/22/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: HIV Notice & Consent - NL

Project Number: 1443AR(0210)N

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/22/2010

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 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-126732194, in order to secure approval to use this form on behalf of Life Insurance Company of the Southwest.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to
Vermont and Texas concurrently.

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:

SERFF Tracking Number: NALF-126732195 State: Arkansas
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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

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	07/21/2010	38181151

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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
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