

SERFF Tracking Number: NTAL-126783936 State: Arkansas
 Filing Company: National Teachers Associates Life Insurance Company State Tracking Number: 46616
 Company Tracking Number: 75-305 (8/10)
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: 75-305 (8/10) Supplemental Health Application
 Project Name/Number: /

Filing at a Glance

Company: National Teachers Associates Life Insurance Company

Product Name: 75-305 (8/10) Supplemental Health Application SERFF Tr Num: NTAL-126783936 State: Arkansas

TOI: H21 Health - Other SERFF Status: Closed-Approved-Closed State Tr Num: 46616

Sub-TOI: H21.000 Health - Other Co Tr Num: 75-305 (8/10) State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Rosalind Minor

Author: Wm. Bradley Cox Disposition Date: 09/02/2010

Date Submitted: 08/25/2010 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:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

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: 09/02/2010

Explanation for Other Group Market Type:

State Status Changed: 09/02/2010

Deemer Date:

Created By: Wm. Bradley Cox

Submitted By: Wm. Bradley Cox

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

Filing Description:

This application is new and does not replace any previously approved form. It is, however, similar to previously approved application form 75-305 (5/10), which was approved by your department on June 4, 2010.

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

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 Product Name: 75-305 (8/10) Supplemental Health Application
 Project Name/Number: /

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 Company CoCode: 87963 State of Domicile: Texas
 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	08/25/2010	39015680

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	09/02/2010	09/02/2010

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Project Name/Number: /

Disposition

Disposition Date: 09/02/2010

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
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Application for Supplemental Health Insurance	Approved-Closed	Yes
Form	Application for Supplemental Health Insurance - John Doe Version	Approved-Closed	Yes

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 Filing Company: National Teachers Associates Life Insurance State Tracking Number: 46616
 Company
 Company Tracking Number: 75-305 (8/10)
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: 75-305 (8/10) Supplemental Health Application
 Project Name/Number: /

Form Schedule

Lead Form Number: 75-305 (8/10)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/02/2010	75-305 (8/10)	Application/Enrollment Form	Application for Supplemental Health Insurance	Initial		52.100	75-305 (8.10).pdf
Approved-Closed 09/02/2010	75-305 (8/10)	Application/Enrollment Form	Application for Supplemental Health Insurance - John Doe Version	Initial			75-305 (8.10) 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 SUPPLEMENTAL
HEALTH INSURANCE**

Please supply the following information for each person applying for coverage. It will be used to determine eligibility for coverage, including age, height, weight, occupation, and medical information below. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)					Social Security No. - -				
Sex	Date of Birth		Age (Max. 64)	Height	Weight				
Address					E-mail Address				
City		County or Parish	State	Zip	CODES	St.	Cnty.	City	Bldg.
Home Phone ()		Work Phone ()		Cell Phone ()		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 <input type="checkbox"/> PM			
School System			School or Business			Occupation			

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

Name	Height	Weight	Date of Birth	Age (Max. 64)	Social Security No.
					- -

Index of Question Numbers to Answer for the Listed Policies and Riders:

Cancer Policy	Heart & Stroke Policy	All Purpose ICU Rider	Specified Disease Rider
1, 3, 7, 8	2, 3, 5, 7, 8	1 - 8	3, 4, 7, 8

For questions 1-4: Within the past 10 years, has any person proposed for coverage: (i) had symptoms (other than question 3), (ii) received medical advice, (iii) been diagnosed or treated, or (iv) been prescribed medication for:

- No Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), _____ is/are excluded from benefits for skin cancer. If yes for any other cancer, _____ is/are excluded from the All Purpose ICU Rider and Cancer Policy and related riders.**
- No Yes Any disease, disorder, or abnormality of, or surgery related to, the heart, such as coronary artery disease, heart disease, or heart attack, (excluding: mitral valve prolapse; heart murmur; or irregular heart beat not treated with medication)?
 - No Yes Any disease, disorder, or abnormality of the circulatory system (including arteries, veins, vessels, and lymph nodes; excluding high blood pressure if controlled)?
 - No Yes Stroke, transient ischemic attack (TIA or mini-stroke), or any disease, disorder or abnormality of the carotid artery or circulatory system of the brain?
If yes to any part of question 2, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.
- No Yes Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus? **If yes, _____ is/are excluded from benefits under all policies and riders.**
- No Yes Amyotrophic Lateral Sclerosis, Diphtheria, Encephalitis, Legionnaire's Disease, Lupus Erythematosus, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Osteomyelitis, Poliomyelitis, Rabies, Scarlet Fever, Sickle Cell Anemia, Tetanus, Toxic Shock Syndrome, Tuberculosis, Tularemia, or Typhoid Fever? **If yes, _____ is/are excluded from benefits for _____ disease(s) under the Specified Disease Rider and All Purpose ICU Rider.**
- No Yes Has anyone proposed to be insured: (i) ever been diagnosed with Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.**





NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

Thank you for selecting National Teachers Associates Life Insurance Company for your insurance needs! We appreciate the confidence that you have shown in us by completing your application. We will work hard to prove that your confidence in us is justified.

Privacy laws require us to provide you with a copy of our Privacy Notice. If you indicated on your application that we could use your name for marketing purposes, we are also required to obtain your permission on the separate form below. We sincerely appreciate your vote of support for our products, and we ask that you to sign below indicating your consent.

We hope that your experience today has been a positive first step for us to prove our commitment to you. Thank you again for your participation. We are especially excited in having you apply to become a member of our ever-growing family of policyholders.

Sincerely,

Raymond J. Martin, Jr.
President & CEO

PRIVACY NOTICE

- ❖ We do not rent, sell, lease or otherwise disclose your medical information or other nonpublic personal information (NPI) to nonaffiliated entities for purposes unrelated to our products and services, unless otherwise authorized by you or required by law.
- ❖ We use physical, electronic and procedural safeguards to protect NPI. These safeguards meet or exceed federal standards, and we review these safeguards regularly. We limit access to your NPI to only those who need it to perform their jobs. Our employees who misuse NPI are subject to disciplinary action, including termination.
- ❖ Anyone that provides services or products to you for us has agreed to protect your NPI.
- ❖ These principles apply to our past, current and future customers.

75-295 (10/08)

[Continued on the Reverse Side]



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY PRIVACY CONSENT AND AUTHORIZATION FORM

I authorize National Teachers Associates Life Insurance Company (“NTA Life”) and its affiliates to use my name, my employer’s name, my job title, the insurance plan(s) that I have acquired, and any written correspondence with NTA Life or its affiliates for marketing purposes, as evidenced by my signature on this Privacy Consent and Authorization Form (the “Consent”). I understand that my written correspondence with NTA Life may contain medical information that NTA Life may otherwise have been prevented from disclosing under federal and/or state privacy laws.

I also understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it, and it would then no longer be protected by privacy regulations. NTA Life will not condition future coverage on this Consent.

This Consent will remain in effect for the earlier of 24 months or until revoked by me in writing. I may revoke this Consent at any time by mailing a written request to NTA Life’s Director of Compliance at 4949 Keller Springs Road, Addison, TX 75001. However, I understand that any action already taken in reliance on this Consent cannot be reversed, and my revocation will not affect these actions.

NTA Life will maintain a true and correct copy of this Consent in its files while it is in force. I have been provided an opportunity to keep a copy of this Consent for my own records. I am also entitled to a copy of this Consent upon written request to NTA Life’s Director of Compliance at the address above.

Signature – Person Whose NPI May Be Disclosed

Printed Name

Date

Last 4 of SSN

75-326 (8/10)



M

INFORMATION WE MAY COLLECT

As part of our normal underwriting and operating procedures, we must obtain NPI to perform our insurance functions.

- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

INFORMATION WE MAY DISCLOSE

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

AFFILIATES

This privacy notice also applies to our affiliates, including insurance agencies, service organizations, and third party administrators such as National Teacher Associates, Inc. and its affiliated licensed corporate insurance agencies and AccuFlex Services, Inc.

HIPAA NOTICE OF PRIVACY PRACTICES

A copy of our HIPAA Notice of Privacy Practices is included with your policy packet. Additional copies are available at www.ntalife.com or by sending a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

NOTICE OF INFORMATION PRACTICES

Some states require us to describe our information practices in addition to providing a Privacy Notice. We may obtain information about individuals covered under your policy. The information that we obtain is described in this Privacy Notice and our HIPAA Notice of Privacy Practices. We may disclose information without your consent to certain business affiliates or as permitted by law. You have the right to access and, if necessary, correct your information (other than information that relates to a claim or a judicial proceeding). You also have a right to request a written reason for any adverse underwriting decision. For additional details, submit a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

75-295 (10/08)

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P.O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771



**Please Return the Privacy Consent
and Authorization Form to the Home Office.**

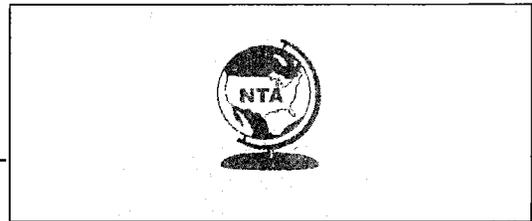


If you have a general question about this Privacy Notice, you may contact our Customer Service Department toll-free at (888) 671-6771 on Monday through Friday from 8:00 a.m. to 6:00 p.m. (central).

75-326 (8/10)

**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 SUPPLEMENTAL
HEALTH INSURANCE**

Please supply the following information for each person applying for coverage. It will be used to determine eligibility for coverage, including age, height, weight, occupation, and medical information below. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial) <i>Doc, John A</i>					Social Security No. <i>127 - 45 - 6789</i>				
Sex <i>M</i>	Date of Birth <i>1-1-74</i>	Age (Max. 64) <i>36</i>	Height <i>6'2"</i>	Weight <i>180</i>					
Address <i>123 Main</i>					E-mail Address <i>J. Doc@School.com</i>				
City <i>Dallas</i>	County or Parish <i>Dallas</i>	State <i>TX</i>	Zip <i>75002</i>	CODES	St.	Cnty.	City	Bldg.	
Home Phone <i>(214) 867-5309</i>	Work Phone <i>(214) 867-5309</i>	Cell Phone <i>(214) 867-5309</i>	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 <input type="checkbox"/> PM						
School System <i>DISD</i>		School or Business <i>Carter</i>			Occupation <i>Teacher</i>				

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

Name <i>Jane A Doc</i>	Height <i>5'10"</i>	Weight <i>130</i>	Date of Birth <i>1-1-77</i>	Age (Max. 64) <i>33</i>	Social Security No. <i>234 - 56 - 7891</i>
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Index of Question Numbers to Answer for the Listed Policies and Riders:

Cancer Policy	Heart & Stroke Policy	All Purpose ICU Rider	Specified Disease Rider
1, 3, 7, 8	2, 3, 5, 7, 8	1-8	3, 4, 7, 8

For questions 1-4: Within the past 10 years, has any person proposed for coverage: (i) had symptoms (other than question 3), (ii) received medical advice, (iii) been diagnosed or treated, or (iv) been prescribed medication for:

- No Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), _____ is/are excluded from benefits for skin cancer. If yes for any other cancer, _____ is/are excluded from the All Purpose ICU Rider and Cancer Policy and related riders.**
- No Yes Any disease, disorder, or abnormality of, or surgery related to, the heart, such as coronary artery disease, heart disease, or heart attack, (excluding: mitral valve prolapse; heart murmur; or irregular heart beat not treated with medication)?
 - No Yes Any disease, disorder, or abnormality of the circulatory system (including arteries, veins, vessels, and lymph nodes; excluding high blood pressure if controlled)?
 - No Yes Stroke, transient ischemic attack (TIA or mini-stroke), or any disease, disorder or abnormality of the carotid artery or circulatory system of the brain?
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- No Yes Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus? **If yes, _____ is/are excluded from benefits under all policies and riders.**
- No Yes Amyotrophic Lateral Sclerosis, Diphtheria, Encephalitis, Legionnaire's Disease, Lupus Erythematosus, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Osteomyelitis, Poliomyelitis, Rabies, Scarlet Fever, Sickle Cell Anemia, Tetanus, Toxic Shock Syndrome, Tuberculosis, Tularemia, or Typhoid Fever? **If yes, _____ is/are excluded from benefits for _____ disease(s) under the Specified Disease Rider and All Purpose ICU Rider.**
- No Yes Has anyone proposed to be insured: (i) ever been diagnosed with Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.**





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We hope that your experience today has been a positive first step for us to prove our commitment to you. Thank you again for your participation. We are especially excited in having you apply to become a member of our ever-growing family of policyholders.

Sincerely,

Raymond J. Martin, Jr.
President & CEO

PRIVACY NOTICE

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- ❖ We use physical, electronic and procedural safeguards to protect NPI. These safeguards meet or exceed federal standards, and we review these safeguards regularly. We limit access to your NPI to only those who need it to perform their jobs. Our employees who misuse NPI are subject to disciplinary action, including termination.
- ❖ Anyone that provides services or products to you for us has agreed to protect your NPI.
- ❖ These principles apply to our past, current and future customers.

75-295 (10/08)

[Continued on the Reverse Side]



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I authorize National Teachers Associates Life Insurance Company ("NTA Life") and its affiliates to use my name, my employer's name, my job title, the insurance plan(s) that I have acquired, and any written correspondence with NTA Life or its affiliates for marketing purposes, as evidenced by my signature on this Privacy Consent and Authorization Form (the "Consent"). I understand that my written correspondence with NTA Life may contain medical information that NTA Life may otherwise have been prevented from disclosing under federal and/or state privacy laws.

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Signature – Person Whose NPI May Be Disclosed

John A Doe
Printed Name

8-1-10
Date

6789
Last 4 of SSN



INFORMATION WE MAY COLLECT

As part of our normal underwriting and operating procedures, we must obtain NPI to perform our insurance functions.

- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

INFORMATION WE MAY DISCLOSE

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

AFFILIATES

This privacy notice also applies to our affiliates, including insurance agencies, service organizations, and third party administrators such as National Teacher Associates, Inc. and its affiliated licensed corporate insurance agencies and AccuFlex Services, Inc.

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75-295 (10/08)

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: AR 19.pdf AR Read.pdf	Approved-Closed	09/02/2010
Satisfied - Item: Application Comments: Attachments: 75-305 (8.10).pdf 75-305 (8.10) John Doe.pdf	Approved-Closed	09/02/2010
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:	Approved-Closed	09/02/2010
Bypassed - Item: Outline of Coverage Bypass Reason: N/A Comments:	Approved-Closed	09/02/2010
Bypassed - Item: PPACA Uniform Compliance	Approved-Closed	09/02/2010

SERFF Tracking Number: NTAL-126783936 State: Arkansas
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Product Name: 75-305 (8/10) Supplemental Health Application
Project Name/Number: /
Summary
Bypass Reason: N/A
Comments:

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	09/02/2010
Comments:			
Attachment:			
AR Letter.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

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 8-25-10



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 Supplemental Health Insurance	75-305 (8/10)	52.1

Signed 
William Bradley Cox
General Counsel and
Vice President

Date 8-25-10

**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 SUPPLEMENTAL
HEALTH INSURANCE**

Please supply the following information for each person applying for coverage. It will be used to determine eligibility for coverage, including age, height, weight, occupation, and medical information below. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial)					Social Security No. - -				
Sex	Date of Birth		Age (Max. 64)	Height	Weight				
Address					E-mail Address				
City		County or Parish	State	Zip	CODES	St.	Cnty.	City	Bldg.
Home Phone ()		Work Phone ()		Cell Phone ()		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 <input type="checkbox"/> PM			
School System			School or Business			Occupation			

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

Name	Height	Weight	Date of Birth	Age (Max. 64)	Social Security No.
					- -

Index of Question Numbers to Answer for the Listed Policies and Riders:

Cancer Policy	Heart & Stroke Policy	All Purpose ICU Rider	Specified Disease Rider
1, 3, 7, 8	2, 3, 5, 7, 8	1 - 8	3, 4, 7, 8

For questions 1-4: Within the past 10 years, has any person proposed for coverage: (i) had symptoms (other than question 3), (ii) received medical advice, (iii) been diagnosed or treated, or (iv) been prescribed medication for:

- No Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), _____ is/are excluded from benefits for skin cancer. If yes for any other cancer, _____ is/are excluded from the All Purpose ICU Rider and Cancer Policy and related riders.**
- No Yes Any disease, disorder, or abnormality of, or surgery related to, the heart, such as coronary artery disease, heart disease, or heart attack, (excluding: mitral valve prolapse; heart murmur; or irregular heart beat not treated with medication)?
 - No Yes Any disease, disorder, or abnormality of the circulatory system (including arteries, veins, vessels, and lymph nodes; excluding high blood pressure if controlled)?
 - No Yes Stroke, transient ischemic attack (TIA or mini-stroke), or any disease, disorder or abnormality of the carotid artery or circulatory system of the brain?
If yes to any part of question 2, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.
- No Yes Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for antibodies to the AIDS virus? **If yes, _____ is/are excluded from benefits under all policies and riders.**
- No Yes Amyotrophic Lateral Sclerosis, Diphtheria, Encephalitis, Legionnaire's Disease, Lupus Erythematosus, Meningitis, Multiple Sclerosis, Muscular Dystrophy, Osteomyelitis, Poliomyelitis, Rabies, Scarlet Fever, Sickle Cell Anemia, Tetanus, Toxic Shock Syndrome, Tuberculosis, Tularemia, or Typhoid Fever? **If yes, _____ is/are excluded from benefits for _____ disease(s) under the Specified Disease Rider and All Purpose ICU Rider.**
- No Yes Has anyone proposed to be insured: (i) ever been diagnosed with Type I diabetes; or (ii) been prescribed insulin or insulin refills within the past 10 years? **If yes, _____ is/are excluded from the All Purpose ICU Rider and Heart and Stroke Policy and related riders.**





NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P. O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771

Thank you for selecting National Teachers Associates Life Insurance Company for your insurance needs! We appreciate the confidence that you have shown in us by completing your application. We will work hard to prove that your confidence in us is justified.

Privacy laws require us to provide you with a copy of our Privacy Notice. If you indicated on your application that we could use your name for marketing purposes, we are also required to obtain your permission on the separate form below. We sincerely appreciate your vote of support for our products, and we ask that you to sign below indicating your consent.

We hope that your experience today has been a positive first step for us to prove our commitment to you. Thank you again for your participation. We are especially excited in having you apply to become a member of our ever-growing family of policyholders.

Sincerely,

Raymond J. Martin, Jr.
President & CEO

PRIVACY NOTICE

- ❖ We do not rent, sell, lease or otherwise disclose your medical information or other nonpublic personal information (NPI) to nonaffiliated entities for purposes unrelated to our products and services, unless otherwise authorized by you or required by law.
- ❖ We use physical, electronic and procedural safeguards to protect NPI. These safeguards meet or exceed federal standards, and we review these safeguards regularly. We limit access to your NPI to only those who need it to perform their jobs. Our employees who misuse NPI are subject to disciplinary action, including termination.
- ❖ Anyone that provides services or products to you for us has agreed to protect your NPI.
- ❖ These principles apply to our past, current and future customers.

75-295 (10/08)

[Continued on the Reverse Side]



NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY PRIVACY CONSENT AND AUTHORIZATION FORM

I authorize National Teachers Associates Life Insurance Company ("NTA Life") and its affiliates to use my name, my employer's name, my job title, the insurance plan(s) that I have acquired, and any written correspondence with NTA Life or its affiliates for marketing purposes, as evidenced by my signature on this Privacy Consent and Authorization Form (the "Consent"). I understand that my written correspondence with NTA Life may contain medical information that NTA Life may otherwise have been prevented from disclosing under federal and/or state privacy laws.

I also understand that the information used or disclosed may be subject to re-disclosure by the person or class of persons receiving it, and it would then no longer be protected by privacy regulations. NTA Life will not condition future coverage on this Consent.

This Consent will remain in effect for the earlier of 24 months or until revoked by me in writing. I may revoke this Consent at any time by mailing a written request to NTA Life's Director of Compliance at 4949 Keller Springs Road, Addison, TX 75001. However, I understand that any action already taken in reliance on this Consent cannot be reversed, and my revocation will not affect these actions.

NTA Life will maintain a true and correct copy of this Consent in its files while it is in force. I have been provided an opportunity to keep a copy of this Consent for my own records. I am also entitled to a copy of this Consent upon written request to NTA Life's Director of Compliance at the address above.

Signature – Person Whose NPI May Be Disclosed

Printed Name

Date

Last 4 of SSN

75-326 (8/10)



M

INFORMATION WE MAY COLLECT

As part of our normal underwriting and operating procedures, we must obtain NPI to perform our insurance functions.

- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

INFORMATION WE MAY DISCLOSE

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

AFFILIATES

This privacy notice also applies to our affiliates, including insurance agencies, service organizations, and third party administrators such as National Teacher Associates, Inc. and its affiliated licensed corporate insurance agencies and AccuFlex Services, Inc.

HIPAA NOTICE OF PRIVACY PRACTICES

A copy of our HIPAA Notice of Privacy Practices is included with your policy packet. Additional copies are available at www.ntalife.com or by sending a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

NOTICE OF INFORMATION PRACTICES

Some states require us to describe our information practices in addition to providing a Privacy Notice. We may obtain information about individuals covered under your policy. The information that we obtain is described in this Privacy Notice and our HIPAA Notice of Privacy Practices. We may disclose information without your consent to certain business affiliates or as permitted by law. You have the right to access and, if necessary, correct your information (other than information that relates to a claim or a judicial proceeding). You also have a right to request a written reason for any adverse underwriting decision. For additional details, submit a **written request** to our Privacy Officer at 4949 Keller Springs Road, Addison, TX 75001.

75-295 (10/08)

NATIONAL TEACHERS ASSOCIATES LIFE INSURANCE COMPANY

P.O. Box 802207 • DALLAS, TEXAS 75380 • (888) 671-6771



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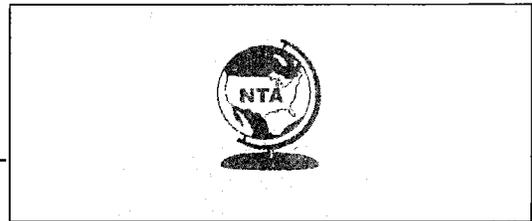


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75-326 (8/10)

**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 SUPPLEMENTAL
HEALTH INSURANCE**

Please supply the following information for each person applying for coverage. It will be used to determine eligibility for coverage, including age, height, weight, occupation, and medical information below. Maximum age for issuance is 64.

Name of Proposed Primary Insured (Last, First, Middle Initial) <i>Doc, John A</i>					Social Security No. <i>127 - 45 - 6789</i>				
Sex <i>M</i>	Date of Birth <i>1-1-74</i>	Age (Max. 64) <i>36</i>	Height <i>6'2"</i>	Weight <i>180</i>					
Address <i>123 Main</i>					E-mail Address <i>J. Doc@School.com</i>				
City <i>Dallas</i>	County or Parish <i>Dallas</i>	State <i>TX</i>	Zip <i>75002</i>	CODES	St.	Cnty.	City	Bldg.	
Home Phone <i>(214) 867-5309</i>	Work Phone <i>(214) 867-5309</i>	Cell Phone <i>(214) 867-5309</i>	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 <input type="checkbox"/> PM						
School System <i>DISD</i>		School or Business <i>Carter</i>			Occupation <i>Teacher</i>				

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

Name	Height	Weight	Date of Birth	Age (Max. 64)	Social Security No.
<i>Jane A Doc</i>	<i>5'10"</i>	<i>130</i>	<i>1-1-77</i>	<i>37</i>	<i>234 - 56 - 7891</i>

Index of Question Numbers to Answer for the Listed Policies and Riders:

Cancer Policy	Heart & Stroke Policy	All Purpose ICU Rider	Specified Disease Rider
1, 3, 7, 8	2, 3, 5, 7, 8	1-8	3, 4, 7, 8

For questions 1-4: Within the past 10 years, has any person proposed for coverage: (i) had symptoms (other than question 3), (ii) received medical advice, (iii) been diagnosed or treated, or (iv) been prescribed medication for:

- No Yes Cancer (including internal, in situ, melanoma, or skin cancer)? **If yes due to skin cancer (other than melanoma), _____ is/are excluded from benefits for skin cancer. If yes for any other cancer, _____ is/are excluded from the All Purpose ICU Rider and Cancer Policy and related riders.**
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75-295 (10/08)

[Continued on the Reverse Side]



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Signature – Person Whose NPI May Be Disclosed

John A Doe
Printed Name

8-1-10
Date

6789
Last 4 of SSN



INFORMATION WE MAY COLLECT

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- ❖ NPI that we collect may include an insured's name, address, date of birth, social security number, work history, income, medical history, policy beneficiary, premium payments, claims, information about insurance coverage, etc.
- ❖ NPI is collected from forms, telephone calls, personal conversations with our agents or employees, and from the Internet.
- ❖ NPI may be provided by you; your family, employer, or medical service provider; the individual named as the policy owner, insured person, payor, or beneficiary; or our agents.

INFORMATION WE MAY DISCLOSE

We may share NPI that we collect and your dealings with us (such as your coverage, premiums and claim history) with our agents and other third parties who perform services or functions for us. You may not have a right to opt-out of disclosures of NPI that are critical to the service and administration of your policies. Other disclosures of NPI may be authorized by you or required by law.

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75-295 (10/08)

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75-326 (8/10)



**NATIONAL TEACHERS ASSOCIATES
LIFE INSURANCE COMPANY**

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

August 25, 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: 75-305 (8/10) Application for Supplemental Health 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 75-305 (5/10), which was approved by your department on June 4, 2010.

Upon approval, the application will be used to apply for or amend insurance coverage under our existing approved supplemental health policies. We also intend to use this application with any future supplemental health 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