

SERFF Tracking Number: MADS-127627209 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 49797  
Company Tracking Number: I-L REIN APP  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: I-L Rein App  
Project Name/Number: /

## Filing at a Glance

Company: Madison National Life Insurance Company, Inc.

Product Name: I-L Rein App

SERFF Tr Num: MADS-127627209 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-  
Closed State Tr Num: 49797

Sub-TOI: L08.000 Life - Other

Co Tr Num: I-L REIN APP

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Sue Long, Andrea Greiber Disposition Date: 09/16/2011

Date Submitted: 09/15/2011

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/16/2011

State Status Changed: 09/16/2011

Deemer Date:

Created By: Andrea Greiber

Submitted By: Andrea Greiber

Corresponding Filing Tracking Number:

Filing Description:

INDIVIDUAL LIFE INSURANCE – Whole, Term, Universal

The Application is 3 pages in length. Combined with the (supporting documents of the) HIPAA Authorization form and the MIB form, the Application you see is 5 pages in length.

### APPLICATION:

The Application form is for Individual Life Insurance for products that we have acquired through assumption reinsurance and/or liquidation. The blocks of business are closed blocks and only current policies are administered. Some blocks were acquired by another company before we ended up acquiring that company. As a result of the age of these products there are no current application forms to be used in the case of a reinstatement. As a result, we are filing a

SERFF Tracking Number: MADS-127627209 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 49797  
 Company Tracking Number: I-L REIN APP  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: I-L Rein App  
 Project Name/Number: /

standard reinstatement application to be used in these acquired individual life insurance blocks of business.

Authorizations are shown in the Application and HIPAA Authorization form, as applicable to each.

We are filing this Application for your review and approval. This form is new and will not replace any existing forms on file with your Department. There are no variables in this Application.

**DISCLOSURES:**

The HIPAA Authorization form is attached to the Application for reference purposes. It will be attached to the Application and must be signed by the reinstatement applicant. Also attached for references purposes is a copy of our MIB form.

**Company and Contact**

**Filing Contact Information**

Andrea Greiber, Compliance Specialist ALG@madisonlife.com  
 PO Box 5008 800-356-9601 [Phone] 2059 [Ext]  
 Madison, WI 53705 608-830-2704 [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:  
 (800) 356-9601 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	09/15/2011	51627251

SERFF Tracking Number: MADS-127627209 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 49797  
Company Tracking Number: I-L REIN APP  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: I-L Rein App  
Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/16/2011	09/16/2011

SERFF Tracking Number: MADS-127627209 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 49797  
Company Tracking Number: I-L REIN APP  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: I-L Rein App  
Project Name/Number: /

## Disposition

Disposition Date: 09/16/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MADS-127627209 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 49797  
 Company Tracking Number: I-L REIN APP  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: I-L Rein App  
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Reinstatement Application-Indiv. Life		Yes

SERFF Tracking Number: MADS-127627209 State: Arkansas  
 Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 49797  
 Company Tracking Number: I-L REIN APP  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: I-L Rein App  
 Project Name/Number: /

## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IWL-AR-1011	Application/ Reinstatement Enrollment Application-Indiv. Life Form	Initial		0.000	IL-AR-1011 c.pdf

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

**Mailing: PO Box 2867, Clinton, IA 52733 (Admin. Office)**

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717 • Phone: 1-800-356-9601

**REINSTATEMENT APPLICATION - INDIVIDUAL LIFE INSURANCE**

I. APPLICANT(S)/INSURED(S)				
Owner's Name, <i>if other than the Applicant</i>			Insurance Policy No.	
Applicant's Name ( <i>First, Middle, Last</i> )			Phone No.(s)	
SSN	Height <i>ft. in.</i>		Weight <i>lbs.</i>	
In the last 12 months, has the Applicant used tobacco of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Applicant's Street Address ( <i>including City, State, ZIP</i> ) <input type="checkbox"/> Residence <input type="checkbox"/> Mailing or <input type="checkbox"/> Both				
Spouse's Name, <i>if applicable (First, Middle, Last)</i>				
SSN	Height <i>ft. in.</i>		Weight <i>lbs.</i>	
In the last 12 months, has the Spouse used tobacco of any kind? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Child Coverage, <i>if applicable</i>				
Name ( <i>First, Middle, Last</i> )		Date of Birth ( <i>mo/day/year</i> )	Height ( <i>feet/inches</i> )	Weight ( <i>pounds</i> )
<b>Since the effective date of the original policy, has any applicant had an application for insurance declined?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please state the name(s):				
THIRD-PARTY NOTICE REQUEST: As an Applicant or Owner of a Policy, you have the right to designate another person to receive correspondence in the event any past due premiums could cause a possible lapse of the Policy. This person is known as a "third party" and this person would <u>not</u> receive regular premium billings or other Policy correspondence. <b>Would you like to designate a third-party to receive notice if the Policy is going to lapse due to nonpayment of premium?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please complete the following:				
<u>Name of Designee</u> ( <i>First, Middle, Last</i> )				
<u>Address of Designee</u> ( <i>City, State, Zip or Country</i> )				

**II. HEALTH QUESTIONS - The terms “diagnosed”, “advised”, and “treated” mean any medical diagnosis, advice or treatment (including prescription medication) received by a licensed member of the medical profession.**

**This section applies to any applicant applying for coverage.  
For any “Yes” answer, please list the applicant’s name and question number(s) below.**

**In the past 5 years has any applicant lost the ability to perform any of the following activities independently:** dressing, bathing, feeding, toileting or continence, or transfer in or out of a chair or bed?  Yes  No

**In the past 5 years, has any applicant been diagnosed with, received, or been advised to receive, treatment for any of the following:**

- |   |  |
|---|--|
| 1. Heart attack, angina, coronary artery disease, irregular heart beat, heart valve defect, congestive heart failure, cardiomyopathy or heart surgery?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Circulatory surgery, an aneurysm or a brain tumor?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Stroke or Transient Ischemic Attack (TIA)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Cancer (any type), leukemia, melanoma, malignancy or metastatic disease?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Major organ failure, organ or tissue transplant or bone marrow transplant?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Alzheimer’s disease, dementia, Parkinson’s disease or Amyotrophic Lateral sclerosis (ALS)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Kidney or renal failure, kidney disease or kidney dialysis?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Cirrhosis of the liver, chronic hepatitis or liver disease?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Chronic Obstructive Pulmonary Disease (COPD), emphysema, lung disease or require an oxygen tank to assist with breathing?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Diabetic complications including, but not limited to: neuropathy, retinopathy, nephropathy, diabetic coma, insulin shock, or poorly controlled/uncontrolled blood sugar levels? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Alcohol or drug abuse?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**For any “Yes” answer above, please list applicant’s name and question number(s) here:**

<b>Applicant Name</b>	<b>Question No.</b>	<b>Details</b>

**III. APPLICANT UNDERSTANDING AND SIGNATURE**

- My statements made on this Application are true, complete, and correct to the best of my knowledge and belief.
- I understand that any representative I appoint, prior to acting on my behalf, will need to submit power of attorney documents, or other legal documents, to Madison National Life Insurance Company, Inc.
- **I acknowledge receipt of the HIPAA compliant “Authorization for Release of Medical Information” document with this Application and I understand I must complete, sign and return the Authorization with this Application to Madison National Life Insurance Company, Inc.**
- I hereby authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy provider, Veterans Administration Facility, or other medical or medically related facility, state or local government agency, insurance or reinsurance company, Medical Information Bureau, Inc. (MIB), consumer reporting agency, or employer, to give to Madison National Life Insurance Company, Inc., its legal representative or its reinsurers the following information to use for underwriting insurance: diagnosis, treatment and prognosis with respect to any physical or mental condition, employment, other insurance coverage, and claims history.
- **I acknowledge receipt of the “Notice To Proposed Insured” document with this Application.**
- I have the right to be interviewed as part of the application process and I may contact Madison National Life Insurance Company, Inc. for further information.
- I, or my authorized representative, may request a copy of any consumer report and receive specific reasons for any adverse underwriting decision, including items or medical records, where applicable or allowed, to support such decision, as well as the name and address of the source. We also have the right to dispute, correct, amend or delete the portion of the recorded personal information in dispute.

**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.**

<b>Applicant’s Signature</b>	<b>Signature Date</b>	<b>Dated at this City &amp; State</b>
<b>Owner’s Signature, if other than the Applicant</b>	<b>Signature Date</b>	<b>Dated at this City &amp; State</b>
<b>Spouse’s Signature, if applicable</b>	<b>Signature Date</b>	<b>Dated at this City &amp; State</b>
<b>Witness’s Signature</b>	<b>Signature Date</b>	<b>Dated at this City &amp; State</b>

MNL Use:

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

PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601

**Authorization for Release of Medical Information  
HIPAA Compliant**

Applicant's Name

Applicant's Date-of-Birth

**I authorize** any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy or pharmacy benefit manager, medical facility, or other health care provider (hereinafter collectively referred to as "*Providers*") that has provided payment, treatment or services to me or on my behalf within the past 10 years to disclose my entire medical record, prescription history, medications prescribed and any other protected health information concerning me to Madison National Life Insurance Company, Inc. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By giving my signature below, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this Authorization and I instruct any *Providers* to release and disclose my entire medical record without restriction. This protected health information is to be disclosed under this Authorization so Madison National Life Insurance Company, Inc. can:

1. underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations;
2. obtain reinsurance;
3. administer claims and determine or fulfill responsibility for coverage and provision of benefits;
4. administer coverage; and
5. conduct other legally permissible activities that relate to any coverage I have, or have applied for, with Madison National Life Insurance Company, Inc.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that any authorized representative or I have the right to receive a copy of this Authorization and we have the right to revoke this authorization in writing, at any time, by providing written request for revocation to: Madison National Life Insurance Company, Inc., Attention: Policy Owner Services, PO Box 5008, Madison, WI 53705.

I understand that a revocation is not effective to the extent that any of my *Providers* has already relied on this Authorization to disclose information about me or to the extent that Madison National Life Insurance Company, Inc. has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

I understand that my *Providers* may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I further understand that if I refuse to sign this Authorization to release my complete medical record, Madison National Life Insurance Company, Inc. may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments.

Signature of Applicant or Authorized Representative

Date

Description of Authorized Representative's Authority or Relationship to Applicant

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

**Mailing: PO Box 5008, Madison, WI 53705 • Phone: 1-800-356-9601**

Home Office: 1241 John Q. Hammons Drive, Madison, WI 53717

### **NOTICE TO PROPOSED INSURED**

#### **MIB, Inc. Notice**

Information regarding your insurability will be treated as confidential. Madison National Life Insurance Company, Inc. or its reinsurer(s) may, however, make a brief report thereon to MIB, Inc. (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB will, upon request, supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Call MIB's toll-free telephone number 1-866-692-6901 (or TTY 1-866-346-3642, for the hearing impaired) and the information shall be disclosed either directly to you or to a medical professional, whichever you prefer. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734.

Madison National Life Insurance Company, Inc. or its reinsurer(s) may also release information in its file to other life insurance companies to whom you apply for life or health insurance, or to whom a claim may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

SERFF Tracking Number: MADS-127627209 State: Arkansas  
Filing Company: Madison National Life Insurance Company, Inc. State Tracking Number: 49797  
Company Tracking Number: I-L REIN APP  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: I-L Rein App  
Project Name/Number: /

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> CERT OF COMP.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> This is an Application filing. <b>Comments:</b>		

## CERTIFICATE OF COMPLIANCE

I, **Larry Graber**, an officer of **Madison National Life Insurance Company, Inc.**, hereby certify that I have authority to bind and obligate the company by filing this/these form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing comply(ies) with all applicable provisions of the **Arkansas** Statutes and with all applicable administrative rules of the Commissioner of Insurance;
2. The form(s) does/do not contain any inconsistent, ambiguous, or misleading clauses;
3. The form(s) does/do not contain specification or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);
4. The only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the attached transmittal form or in the attached form(s) or in an attachment; and
5. The attached form(s) is/are in final printed format or typed facsimile and is/are as will be offered for issuance or delivery in **Arkansas** after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.



---

President and CEO

September 15, 2011

Individual responsible for this filing:

Andrea L. Greiber  
(608) 830-2059  
[alg@madisonnational.com](mailto:alg@madisonnational.com)