

SERFF Tracking Number: NGLI-127630849 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number: 49817
Company Tracking Number: VARIABLE DATA 09/11
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Statement of Variability
Project Name/Number: Statement of Variability/

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Statement of Variability

SERFF Tr Num: NGLI-127630849 State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Accepted State Tr Num: 49817

For Informational Purposes

Sub-TOI: H21.000 Health - Other

Co Tr Num: VARIABLE DATA
09/11

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Peggy Kratz, CarLee
Cramer

Disposition Date: 09/27/2011

Date Submitted: 09/16/2011

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Statement of Variability

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust, Other

Explanation for Other Group Market Type:
Unions

Overall Rate Impact:

Filing Status Changed: 09/27/2011

Deemer Date:

State Status Changed: 09/27/2011

Submitted By: CarLee Cramer

Created By: CarLee Cramer

PPACA: Not PPACA-Related

Corresponding Filing Tracking Number:

PPACA Notes: null

Filing Description:

Arkansas Department of Insurance

VIA SERFF

RE: National Guardian Life Insurance Company

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NAIC # 66583 - FEIN# 39-0493780
Statement of Variability for GRPAPP 03/11 and Enroll 03/11

Dear Sir or Madam:

The enclosed Statement of Variability is intended to replace the variability statement previously filed and approved under SERFF tracking number NGLI-127137777.

We are filing the revised Statement of Variability to allow us the ability to add additional products to the plan/benefit selection areas of the previously approved group application and enrollment form for policy forms that are approved at a later date. For example, a selection that could be added is the group Fixed Indemnity Benefit plan that was approved by your state under SERFF tracking number NGLI-127369834.

Please feel free to contact me if you have any questions/concerns.

Sincerely,

CarLee H. Cramer

Company and Contact

Filing Contact Information

CarLee Cramer, chcramer@nglic.com
2 E. Gilman Street 608-443-5371 [Phone]
Madison, WI 53701

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5325[Phone]	FEIN Number: 39-0493780	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$0.00	09/16/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Rosalind Minor Informational Purposes		09/27/2011	09/27/2011

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Disposition

Disposition Date: 09/27/2011

Implementation Date:

Status: Accepted For Informational Purposes

HHS Status: Not Reported

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	Yes
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Supporting Document	PPACA Uniform Compliance Summary	Accepted for Informational Purposes	Yes
Supporting Document	Statement of Variability	Accepted for Informational Purposes	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Accepted for Informational Purposes	09/27/2011
Bypass Reason:	N/A - filing is for revised Statement of Variability only.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Accepted for Informational Purposes	09/27/2011
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Accepted for Informational Purposes	09/27/2011
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Accepted for Informational Purposes	09/27/2011
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary N/A	Accepted for Informational Purposes	09/27/2011

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Bypass Reason:

Comments:

Item Status:

Status

Date:

Satisfied - Item: Statement of Variability

Accepted for Informational
Purposes

09/27/2011

Comments:

Attachment:

Statement of Variability 9.11.pdf

**COMBINED APPLICATION AND ENROLLMENT FORM
DEFINITION OF VARIABLE TEXT**

ENROLLMENT FORM – Enroll 03/11

1. Any word or phrase within brackets may be deleted.
2. Starmount Life Insurance Company's name will be deleted entirely if the application is used only for National Guardian Life Insurance Company coverage and vice versa.
3. The Administrator's address may be deleted or changed as needed.
4. Statements and words relating to vision insurance will be deleted if the form is to be used only for dental coverage.
5. Statements and words relating to dental insurance will be deleted if the form is to be used only for vision coverage.
6. All bracketed statements related to life, supplemental life, critical illness, accident, short term disability or long term disability insurance may be deleted entirely if the form is only going to be used to offer dental and/or vision insurance.
7. Additional selections may be added to the Benefit Elections section for products approved in the future.
8. All bracketed statements related to dependent coverage may be deleted if no dependent coverage is being offered.
9. * or + will be deleted depending on which company is underwriting the specific coverage.
10. The "Completed by Employer" section will be deleted entirely if used for a non-employer group.
11. Either "Employer" or "Association" will be used, based on the type of group.
12. The "Authorization and Agreements" section, relating to MIB, will be deleted entirely if not applicable to the coverage being offered (e.g. dental or vision).

GROUP APPLICATION – GRPAPP 03/11

1. Any word or phrase within brackets may be deleted.
2. Starmount Life Insurance Company's name will be deleted entirely if the application is used only for National Guardian Life Insurance Company coverage and vice versa.
3. Statements and words relating to vision insurance will be deleted if the form is to be used only for dental coverage.
4. Statements and words relating to dental insurance will be deleted if the form is to be used only for vision coverage.
5. All bracketed statements related to life, supplemental life, critical illness, accident, short term disability or long term disability insurance may be deleted entirely if the form is only going to be used to offer dental and/or vision insurance.
6. Additional selections may be added to the Plan Selection section for products approved in the future.
7. * or + will be deleted depending on which company is underwriting the specific coverage.
8. The paragraph regarding "Eligibility" will be revised as needed based on the eligibility rules of the group policyholder.
9. The number of hours employees must work under "other"; [0 to 40]
10. The section regarding audits by the Company will be modified depending on whether the policy is issued to an employer group or non-employer group. The wording in each set of brackets may be deleted entirely.
11. The sentence regarding the Monthly Administration Fee may be deleted entirely.
12. The paragraph regarding fiduciary requirements by ERISA will be deleted entirely if the policy is issued to a group not subject to ERISA requirements.
13. The sentence regarding employees who are not in full-time work on the effective date will be deleted entirely if the policy is issued to a non-employer group.