

State: Arkansas **Filing Company:** Aviva Life and Annuity Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Application for Reinstatement
Project Name/Number: 18373 (8/12)/18373 (8/12)

Filing at a Glance

Company: Aviva Life and Annuity Company
Product Name: Application for Reinstatement
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/11/2012
SERFF Tr Num: NDPL-128578064
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 18373 (8/12) REINSTATEMENT APPLICATION

Implementation: On Approval
Date Requested:
Author(s): Ben Warren, Jeff Heagel, Megan Phillips, Megan Flynn Bickel
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/15/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State:	Arkansas	Filing Company:	Aviva Life and Annuity Company
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other		
Product Name:	Application for Reinstatement		
Project Name/Number:	18373 (8/12)/18373 (8/12)		

General Information

Project Name: 18373 (8/12)	Status of Filing in Domicile: Pending
Project Number: 18373 (8/12)	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: 10/15/2012
	State Status Changed: 10/15/2012
Deemer Date:	Created By: Megan Flynn Bickel
Submitted By: Jeff Heagel	Corresponding Filing Tracking Number:

Filing Description:

Submitted for your review and approval is form 18373 (8/12), Application for Reinstatement and Insurability Statement.

This new application will be used when an insured or covered person requests reinstatement of their policy after a lapse in coverage. This application will be used with all existing whole life, indexed universal life, universal life, and term products. This application will be used in paper format only.

To the best of our knowledge, no part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in the forms in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change in the text of the forms. However, any such accommodation will not result in the use of a font or type style or size which would violate any state law or regulation.

These forms are produced from our Automated Policy Assembly Laser system and are in final print.

Your continued consideration of this filing is greatly appreciated. You may direct any questions to me at jeff.heagel@avivausa.com or 515-342-6353.

Company and Contact

Filing Contact Information

Jeff Heagel, Product Compliance Specialist jeff.heagel@avivausa.com
 7700 Mills Civic Parkway 515-342-3286 [Phone]
 West Des Moines, IA 50266-3862

Filing Company Information

Aviva Life and Annuity Company	CoCode: 61689	State of Domicile: Iowa
7700 Mills Civic Parkway	Group Code: 44	Company Type:
West Des Moines, IA 50266-3862	Group Name:	State ID Number:
(800) 800-9882 ext. [Phone]	FEIN Number: 42-0175020	

Filing Fees

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Application for Reinstatement
Project Name/Number: 18373 (8/12)/18373 (8/12)

Filing Company: Aviva Life and Annuity Company

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 X 1 form = \$50.00
Per Company: No

Company	Amount	Date Processed	Transaction #
Aviva Life and Annuity Company	\$50.00	10/11/2012	63737466

SERFF Tracking #: NDPL-128578064

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18373 (8/12) REINSTATEMENT
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/15/2012	10/15/2012

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18373 (8/12) REINSTATEMENT
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Disposition

Disposition Date: 10/15/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Certifications		Yes
Form	Application for Reinstatement and Insurability Statement		Yes

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Form Schedule

Lead Form Number: 18373 (8/12)

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		18373 (8/12)	AEF	Application for Reinstatement and Insurability Statement	Initial:	50.100	18373 8-12 Final.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Application for Reinstatement and Insurability Statement



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Mail or fax completed form to:

[P.O. Box 1555, Des Moines, IA 50306-1555] Fax: [800 531 0038]

Aviva Life and Annuity Company

[7700 Mills Civic Parkway, West Des Moines, IA 50266-3862]

Contact us:

Life Customer Contact Center – Tel: [800 800 9882]

IMPORTANT NOTE: Please do not send reinstatement premium at this time. Once your application for reinstatement has been approved, the applicant will be notified of the premium that must be received prior to reinstating the policy. For purposes of this reinstatement application, the terms “you”, “yours”, and “I” refer to the individual Proposed Insured identified below. If this life insurance policy and any attached riders insure more than one life, each insured or covered person must complete a separate reinstatement application as a Proposed Insured.

INFORMATION ABOUT THE INSURED

Policy Number	Proposed Insured			Date of Birth (mm/dd/yy) / /	
Address			Email Address		
City		State	Zip	Phone Number	
Current Occupation			Height ft. in.		Weight lbs.

EVIDENCE OF INSURABILITY - REPRESENTATIONS

Since the date of the original application or change to the application, have you:

1. Been diagnosed with, treated for, tested positive for, or been given medical advice by a member of the medical profession for a disease or disorder such as:
 - a. Brain or nervous system Yes No
 - b. Heart, blood vessels or circulatory system Yes No
 - c. Respiratory system Yes No
 - d. Stomach, liver, intestines, rectum, pancreas or abdominal organs Yes No
 - e. Genito-urinary organs Yes No
 - f. Skeletal system Yes No
 - g. Eyes, ears, nose or throat Yes No
 - h. Blood, skin, thyroid, lymph or other glands Yes No
 - i. Psychiatric or mental health disorder or disease Yes No
 - j. Gynecological disorders or diseases Yes No
 - k. Cancer, tumor, cyst or nodule Yes No
 - l. Sexually transmitted disorders or diseases Yes No
 - m. Disorders or diseases of the immune system except those related to Human Immunodeficiency Virus (AIDS virus) Yes No
2. Been treated, examined, or advised by a member of the medical profession within the last 5 years? Yes No
If yes, give details below.
3. Used any medications? Yes No
4. Been diagnosed by a medical professional as having or been treated for AIDS or ARC (AIDS-related complex)? Yes No
5. Tested positive for antibodies to the AIDS Human T-Cell Lymphotropic (HIV) virus? Yes No



Application for Reinstatement and Insurability Statement

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NON MEDICAL QUESTIONS

1. Do you use any form of tobacco or nicotine based products? Yes No
 - a. Have you used any form of tobacco or nicotine based products in the past 5 years? Yes No
If yes, when did you last use tobacco or nicotine based products _____
Type _____ Quantity _____
2. Within the last 5 years, have you ever:
 - a. Used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, or other habit forming drugs, except as prescribed by a physician? Yes No
 - b. Received medical treatment or counseling for, or been advised by a physician to discontinue the use of alcohol or prescribed or non-prescribed drugs? Yes No
 - c. Been a member of any self-help group such as Alcoholics Anonymous or Narcotics Anonymous? Yes No
3. Have you been declined, rated, or had coverage modified or reinstatement declined by another insurance company? Yes No
4. Have you engaged in or intend within the next 2 years to engage in aviation activities other than as a passenger? Yes No
5. Have you engaged in or intend within the next 2 years to engage in ballooning, gliding, boat or vehicle racing, mountain or rock climbing, parachuting, sky diving, under-water diving, or any such hazardous activity? Yes No
6. Have you had your driver's license restricted, suspended or revoked, or received a warning letter? Yes No
7. Have you ever plead guilty to or been convicted of driving while impaired, intoxicated or under the influence of any drug? Yes No
8. Have you plead guilty to or been convicted of any moving violation within the last 5 years? Yes No
9. Have you ever plead guilty to or been convicted of a felony or misdemeanor or do you have such charge currently pending against you? Yes No
10. Have you, the owner, or beneficiary been a resident or citizen of, or an entity organized under the laws of, a country other than the U.S.? Yes No
11. Have you, the owner, or beneficiary established a residence outside the U.S. or Canada within the last 2 years or intend on establishing a residence outside the U.S. or Canada within the next 2 years? Yes No
12. Do you intend to travel within the next 2 years outside the U.S or Canada? Yes No
13. Are you or is the owner or beneficiary a member of the Armed Forces or an active or reserve military unit or have any of you entered into a written agreement to become a member of the Armed Forces? Yes No

REPLACEMENT QUESTIONS

1. Will any existing annuity or life insurance be replaced or changed if this policy is reinstated? Yes No
2. Do you have any life insurance applications currently pending or do you plan to apply for new life insurance coverage with any other company? Yes No
3. What is the total amount of all existing life insurance on your life? \$ _____
4. Will you or anyone on your behalf, receive compensation if this policy is issued and/or reinstated? Yes No
5. Have you, or has anyone on your behalf, discussed or arranged for the sale or assignment of this policy or any beneficial interest in an entity that owns this Policy? Yes No
6. Will any person or entity, other than Aviva Life and Annuity Company, evaluate you in order to provide any form of life expectancy evaluation? Yes No
7. Will any portion of the initial or future premiums on this policy be paid or provided by anyone other than you, your family member, or your employer? Yes No



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Application for Reinstatement and Insurability Statement

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REPLACEMENT QUESTIONS (continued)

8. Please provide your total household income \$ _____ and net worth \$ _____
9. Has the ownership or control of this Policy changed since it was originally issued? Yes No
If so, please explain why in the detail section below.

Details of questions answered "Yes." Identify details for each "Yes" response above. For questions (1)-(5) in the **Evidence of Insurability – Representations** section above, include the name/address and phone number of all doctors seen and reason for consultation. (Attach separate sheet if necessary, signed & dated by the Proposed Insured.)

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize the Company, its reinsurers, or its authorized representatives, to obtain from any consumer reporting agency or employer one or more consumer reports including, but not limited to, a credit report about me, which may include information about my physical or mental health.

I understand that an investigative consumer report may be prepared in connection with this application. I authorize the Company, its reinsurers, or its authorized representatives, to prepare or obtain from any consumer reporting agency one or more investigative consumer reports about me. I understand that an investigative consumer report involves personal interviews with sources such as neighbors, friends, or associates, and may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I may request to be personally interviewed if an investigative consumer report is prepared or obtained in connection with this application. I further understand that, if an investigative consumer report is prepared or obtained, I have the right to request in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation, and a summary of my rights under the Fair Credit Reporting Act.

I authorize the Company, its reinsurers, or its authorized representatives, to release information obtained in connection with this application including, but not limited to, any consumer reports, investigative consumer reports, or personal health information to reinsurers, the Medical Information Bureau (MIB), or other persons or organizations performing business or legal services in connection with my application, claim, or as may be permitted or required by law, or as I may further authorize.

IMPORTANT INFORMATION ABOUT THE USA PATRIOT ACT

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT ACT, which requires financial institutions to obtain, verify and record information that identifies persons who engage in certain transactions with or through a financial institution, including insurance companies. This means that the Company will need to verify the **name, residential or street address (no P.O. Boxes), date of birth and social security number, drivers license and/or other identification information of all policy owners as may be required by law.**

AGREEMENTS AND REPRESENTATIONS

I hereby represent that the answers and statements on the application(s) and any Supplements required are complete, true and correctly recorded. Information not recorded on the application(s) and any Supplements will not be treated as known to Aviva Life and Annuity Company ("the Company"). A copy of the application(s) and any Supplements shall be a part of the policy, and it is agreed that the policy and copy of the application(s) and any Supplements constitute the entire contract. No changes will be made unless the Owner agrees and the change is authorized in writing by an officer of the Company.



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Application for Reinstatement and Insurability Statement

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AGREEMENTS AND REPRESENTATIONS (continued)

I understand that the life insurance policy and coverage will be reinstated only if and when all of the following are true: (1) the Company receives full and good settlement for the reinstated policy while the Proposed Insured is living; (2) the Proposed Insured is a risk insurable under the Company's rules, limits and standards for the amount of insurance and plan of insurance applied for (as determined by the Company's authorized Officers at its Home Office); and (3) the Proposed Insured is living, and the answers and statements in the application and any Supplements are, and continue to be, complete and true at the time of reinstatement.

SIGNATURES

I have reviewed and understand the information contained above in the "Agreements and Representations", including reviewing the answers and statements on the application(s) and any Supplements for accuracy, "Authorization to Obtain and Disclose Information" and "Important Information About the USA Patriot Act" sections.

I understand, acknowledge and agree that the Agent/Producer has no authority to make any promise, representation or waiver regarding coverage or the terms of the policy. I also understand, acknowledge and agree that the Agent/Producer has no authority to provide any legal or tax advice on behalf of the Company. If any such legal or tax advice has been given, I understand, acknowledge and agree it has been done without Company authority and has not been given on behalf of the Company. I understand, acknowledge and agree that I am responsible for obtaining independent legal or tax advice with respect to any such matters. I understand, acknowledge and agree that all premium payments after the first are to be provided directly to the Company and that the Agent/Producer has no authority to receive, transmit, sign, endorse, deposit or process any subsequent payments made on the policy.

I have not been involved with and I am not aware of: (1) any planned sale or assignment of this policy to a life settlement or viatical company, secondary market purchaser or investor; (2) any planned sale or assignment of any interest in a trust or entity that shall own or have an interest in this policy; or (3) any offer of money, future payments, "free insurance" or anything of value to any Owner, Proposed Insured or Beneficiary in connection with this application or policy.

I understand the Company and its affiliates, agents and Independent contractors may listen to or record telephone calls between me and its representatives without additional notice to me.

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 and confinement in prison, depending on state law.

Location Signed (City, State):	Signature of Proposed Insured (or Insured's Personal Representative*) X
On (date):	Signature of Owner #1 if other than the Proposed Insured X
Signature of Licensed Agent/Producer X	Signature of Owner #2 (or Insured's Personal Representative*) X
If Owner is a Corporation, Business firm or Trust, print name of individual authorized to sign	
Signature of Authorized Signer X	
Title of Authorized Signer	

*If you are the Proposed Insured's Personal Representative, describe the scope and/or basis of your authority to act on the Proposed Insured's behalf:



* 1 8 3 7 3 0 8 1 2 0 4 *

SERFF Tracking #:

NDPL-128578064

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18373 (8/12) REINSTATEMENT
APPLICATION

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Certifications		
Comments:			
Attachment(s):			
AR Reg 19 Certification.pdf			
AR Reg 49 Certification.pdf			

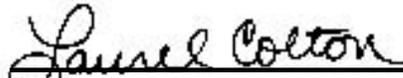
AR

ARKANSAS READABILITY CERTIFICATION

This is to certify that the following forms have achieved a Flesch Reading Ease Score of as indicated below and comply with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>FORM NUMBER</u>	<u>NAME</u>	<u>FLESCH SCORE</u>
11802 (8/12)	Application for Reinstatement and Insurability Statement	50.1

Aviva Life and Annuity Company



**Laurel Colton, FLMI, ACS, AIRC
Director, Life Product Compliance**

10/11/2012

Date

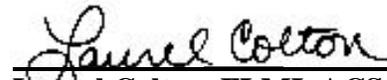
RD/CRT/AR

AR

**Arkansas Certification
Regulation 19**

I certify that this submission meets the provisions of Regulation 19, Section 10B, as well as all applicable statutes, regulations, and bulletins of the State of Arkansas.

Aviva Life and Annuity Company


**Laurel Colton, FLMI, ACS, AIRC
Director, Life Product Compliance**

10/09/2012
Date

Form Numbers

18373 (8/12) – Application for Reinstatement and Insurability Statement

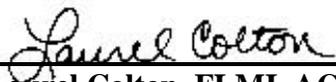
Regulation 19

AR

**Arkansas Certification
Regulation 49**

We have reviewed Regulation 49 against the issue procedures of the Company and certify that we are in compliance with the requirements of Regulation 49.

Aviva Life and Annuity Company



**Laurel Colton, FLMI, ACS, AIRC
Director, Life Product Compliance**

10/09/2012
Date

Form Number

18373 (8/12) Application for Reinstatement and Insurability Statement

Regulation 49