

State: Arkansas **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Product Name: Individual Level Benefit Term
Project Name/Number: /

Filing at a Glance

Company: New York Life Insurance Company
Product Name: Individual Level Benefit Term
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Filing Type: Form
Date Submitted: 10/23/2012
SERFF Tr Num: NYAA-128737960
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num:
State Status: Closed-Accepted for Informational Purposes
Co Tr Num:

Implementation
Date Requested:
Author(s): Gina Babka
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/26/2012
Disposition Status: Accepted For Informational Purposes
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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General Information

Project Name: 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: Individual
 Submission Type: Resubmission Previous Filing Number: NYAA-128192533
 Individual Market Type: Overall Rate Impact:
 Filing Status Changed: 10/26/2012
 State Status Changed: 10/26/2012 Deemer Date:
 Created By: Gina Babka Submitted By: Gina Babka
 Corresponding Filing Tracking Number:

Filing Description:

Dear Ms. Byrd,

On 6/8/2012 our company filed an Individual Term Life Product with Arkansas (SERFF No. NYAA-128192533). This product was approved. During a recent development testing with our systems department, we realized that the Cash Value is not generated for all Females and any Male over 46, therefore values will not be produced within this table. While this is not inaccurate, we feel it will cause confusion to our customers within the direct mail solicitation.

Per our phone conversation today we would like to make the information on the Table of Values Page variable based on the insured's gender and age. Attached please find a revised Statement of Variability and a bracketed version of our Table of Values. This product has not been marketed.

Thank you so much for your help and timely response to this issue.
If you have any questions please do not hesitate to contact me.

Nicole Smith,
 Compliance Associate
 1-800-595-3869
 ext. 5555969

Company and Contact

Filing Contact Information

Gina Babka, Compliance Consultant Gina_Babka@NYLAARP.newyorklife.com
 5505 West Cypress Street 813-288-5717 [Phone]
 Tampa, FL 33607 813-288-5773 [FAX]

Filing Company Information

New York Life Insurance Company CoCode: 66915 State of Domicile: New York
 5505 West Cypress Street Suite Group Code: 826 Company Type:
 300 Group Name: State ID Number:
 Tampa, FL 33607 FEIN Number: 13-5582869
 (813) 288-5717 ext. [Phone]

State: Arkansas

Filing Company: New York Life Insurance Company

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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

NYAA-128737960

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	10/26/2012	10/26/2012

SERFF Tracking #:

NYAA-128737960

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

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Disposition

Disposition Date: 10/26/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Table of Values - Bracketed		Yes
Form	Statement of Variability		Yes

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Statement of Variability	BMG-SOV	OTH	Revised	Previous Filing Number:	NYAA-128192533		Statement of Variability - TL.pdf
						Replaced Form Number:	BMG-SOV		

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

GENERAL STATEMENT OF VARIABILITY
Policy Form ITL1

- Our 800 number will appear on the face page. At this time a dedicated number has not been secured.
- The website will also be included once the website is fully functional for customer service. At this time the url address is intended to be NYLDIRECT but has not been finalized.
- All “John Doe” information will vary for each individual. This includes all names, dates, and numbers.
- Pagination will be finalized once implemented onto our system and may change accordingly.
- Officer’s signatures will vary as applicable.
- The table of Policy Premium is insured specific and will vary for each insured. The table may appear as shown or the table may only have 2 columns based upon the number of applicable policy years.
- The Table of Values Page will appear as appropriate when the policy has cash values. This is expected for males only with an issue age 30 to 46.

GENERAL STATEMENT OF VARIABILITY
Application Forms

- Our address will either be “51 Madison Avenue” as shown or 5505 West Cypress St Tampa FL, 33607.
- The marketing product name may appear as shown or be “Simplified Whole Life” any reference to “term” may be replaced with “whole”
- Multiple internal tracking codes may appear as shown. Additional codes may be needed. These codes assist in controlling the direct response distribution system.
- All “John Doe” information will vary for each individual. This includes all names, dates, and numbers. Personal titles may or may not appear (Mr., Mrs., Dr. etc.)
- The Coverage Amount section will offer up to six coverage amounts. These amounts will range from \$2,500 to \$100,000 and may include the option of “other” with a fill in line.
- The payment option for EFT may refer to “Applicant (Accountholder) Signature” as shown or “Accountholder Signature” or “Applicant Signature”.

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Arkansas

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Table of Values - Bracketed		
Comments:			
Attachment(s):			
TABLE OF VALUES - BRACKETED.pdf			

TABLE OF VALUES

**AGE AT ISSUE: [35]
GENDER: [Male]**

At the Anniversary of the INSURANCE DATE	CASH VALUE Per \$1,000 of the Amount of Insurance	Length of Extended Term Insurance Available		At the Anniversary of the INSURANCE DATE	CASH VALUE Per \$1,000 of the Amount of Insurance	Length of Extended Term Insurance Available	
		Years	Days			Years	Days
[1	0.00	0	0	26	37.57	3	67
2	0.00	0	0	27	41.54	3	62
3	0.00	0	0	28	44.39	3	26
4	0.00	0	0	29	45.97	2	330
5	0.00	0	0	30	46.13	2	246
6	0.00	0	0	31	49.35	2	231
7	0.00	0	0	32	51.22	2	191
8	0.00	0	0	33	51.57	2	126
9	0.00	0	0	34	50.23	2	38
10	0.00	0	0	35	46.88	1	291
11	0.00	0	0	36	49.37	1	262
12	0.00	0	0	37	49.34	1	203
13	1.40	0	157	38	46.13	1	118
14	3.49	1	1	39	39.31	1	11
15	5.46	1	162	40	28.23	0	246
16	8.91	2	45	41	33.33	0	263
17	12.18	2	212	42	34.38	0	245
18	15.18	2	316	43	30.19	0	193
19	17.83	3	2	44	19.30	0	111
20	20.00	3	15	45	0.00	0	0]
21	23.63	3	95				
22	26.71	3	136				
23	29.29	3	137				
24	31.34	3	102				
25	32.73	3	36				

This table assumes that the required PREMIUMS have been paid to the Anniversary shown. CASH VALUES and Extended Term Insurance at times not shown will be furnished upon request.

This table assumes that the required PREMIUMS have been paid to the Anniversary shown. CASH VALUES and Paid-Up Insurance amounts at times not shown will be furnished upon request. At AGE 121, WE will send a notice to the OWNER stating that the CASH VALUE equals the Amount of Insurance.

All CASH VALUES in the Table of Values are based on the 2001 CSO Mortality Table, Age Last Birthday, Male/Female, Composite with a 4.50% interest rate per annum. Curtate functions are used.

The values and benefits in this POLICY are equal to, or greater than, the values required by the NAIC Standard Nonforfeiture Law. A detailed statement of the method of computing these values and benefits has been filed with the state in which this POLICY is delivered.