

State: Arkansas **Filing Company:** Farmers New World Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Nervous Disorder Questionnaire
Project Name/Number: Nervous Disorder Questionnaire/51-1433 (Rev)

Filing at a Glance

Company: Farmers New World Life Insurance Company
Product Name: Nervous Disorder Questionnaire
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 11/08/2012
SERFF Tr Num: FNWW-128761562
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: 51-1433 (REV)
Implementation: On Approval
Date Requested:
Author(s): Peter Lindstrom, Sunne Powell, Isaac Liu, Joel Kuni
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/14/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Nervous Disorder Questionnaire
Project Name/Number: Nervous Disorder Questionnaire/51-1433 (Rev)

Filing Company: Farmers New World Life Insurance Company

General Information

Project Name: Nervous Disorder Questionnaire
Project Number: 51-1433 (Rev)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/14/2012
State Status Changed: 11/14/2012
Created By: Peter Lindstrom
Corresponding Filing Tracking Number: 51-1433 (Rev)

Deemer Date:
Submitted By: Peter Lindstrom

Filing Description:
NAIC NO.: 0212-63177
Re: Form No.: 51-1433 (Rev) Nervous Disorder Questionnaire

Dear Sir or Madam:

We are submitting copies of the above referenced forms for your approval. We have made changes to previously approved forms due to the sensitive nature of our previously approved Mental Health Questionnaire. The only changes to our previously approved form 51-1433 (Approved on 8/3/2005) are shown in red-lined versions which are also provided, and no other changes are made to our previously approved forms. All forms are in final format with the exception of subtle changes that may occur in font and pagination due to conversion to our mainframe and/or PC based forms systems. We will be using this questionnaire with all our approved fixed and variable life plans.

This form is used during the underwriting process (both before and after issue) for all our current fixed and variable life products. There is no minimum age for use, nor is there any premium for any of these forms.

We will be attaching form 31-4226 the Fraud Warnings and Other Notices page to all of these application forms. Form 31-4226 was previously filed in your state with a similar application and questionnaire forms and previous filings.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. We plan to introduce these forms in your state once approval has been received. These forms will be used by licensed representatives who are appointed with the company and may sell through our agency distribution systems.

In addition to the policy forms, this filing packet contains the required certifications and filing fees, if any. Washington, our state of domicile has no filing fee. To the best of our knowledge, these forms comply with the laws of your state and department.

Please provide your approval of these forms. If you have any questions, please call me at 206-275-8131, or email me at peter.lindstrom@farmersinsurance.com.

Sincerely,

Pete Lindstrom
Contract Specialist

Company and Contact

Filing Contact Information

Peter Lindstrom, Contract Specialist
3003 77th Ave SE
Mercer Island, WA 98040

peter.lindstrom@farmersinsurance.com
206-275-8131 [Phone]
206-236-6526 [FAX]

State: Arkansas **Filing Company:** Farmers New World Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Nervous Disorder Questionnaire
Project Name/Number: Nervous Disorder Questionnaire/51-1433 (Rev)

Filing Company Information

Farmers New World Life Insurance Company	CoCode: 63177	State of Domicile: Washington
3003 77th Avenue S.E.	Group Code: 212	Company Type: Life
Mercer Island, WA 98040	Group Name:	State ID Number:
(206) 275-8131 ext. [Phone]	FEIN Number: 91-0335750	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
Farmers New World Life Insurance Company	\$50.00	11/08/2012	64698489

State: Arkansas Filing Company: Farmers New World Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Nervous Disorder Questionnaire
Project Name/Number: Nervous Disorder Questionnaire/51-1433 (Rev)

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/14/2012	11/14/2012

SERFF Tracking #:

FNWW-128761562

State Tracking #:

Company Tracking #:

51-1433 (REV)

State:

Arkansas

Filing Company:

Farmers New World Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Nervous Disorder Questionnaire

Project Name/Number:

Nervous Disorder Questionnaire/51-1433 (Rev)

Disposition

Disposition Date: 11/14/2012

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		Yes
Supporting Document	red-lined copy of changes made to form		Yes
Supporting Document	statement of variability		Yes
Form	Nervous Disorder Questionnaire		Yes

SERFF Tracking #:

FNWW-128761562

State Tracking #:

Company Tracking #:

51-1433 (REV)

State: Arkansas
 TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
 Product Name: Nervous Disorder Questionnaire
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Filing Company: Farmers New World Life Insurance Company

Form Schedule

Lead Form Number: 51-1433 (Rev)									
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Nervous Disorder Questionnaire	51-1433 (Rev)	AEF	Revised	Previous Filing Number:		59.210	51-1433 (Rev) - Nervous Disorder - Gen - Master Rev 11-12.pdf
						Replaced Form Number:	51-1433		

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

Farmers New World Life Insurance Company

Nervous Disorder Questionnaire



FARMERS
LIFE INSURANCE

Proposed Insured/Insured: _____ Policy Number: _____

- 1) Have you ever (*Georgia, Indiana, and Oregon residents only*: during the past 10 years) consulted a physician or other healthcare provider, been treated, or hospitalized for depression or anxiety disorder, bipolar disorder, psychotic disorder, schizophrenia, or any other emotional, mental or psychiatric disorder? Yes No

If "Yes," please complete the following:

Diagnosis/ Disorder:	Date of Diagnosis:	Date of Last Visit:	Number of Visits Within Last Two Years:	Name, Address and Telephone Number of Physician, Healthcare Provider or Medical Facility:
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- 2) Have you ever (*Georgia, Indiana, and Oregon residents only*: during the past 10 years) been evaluated or treated in an emergency room or acute care facility or been hospitalized for the above disorder(s)? Yes No

If "Yes," please complete the following:

Date(s) of Visit(s)/ Hospitalization(s):	Number of Days in Hospital:	Name, Address and Telephone Number of Emergency Room, Hospital or Medical Facility:
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- 3) Do you currently take or have you taken medication(s) for your disorder(s)? Yes No

If "Yes," please complete the following:

Current Medication(s):	Dosage and frequency of use:	Date Prescribed:
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Medication(s) taken in the past two years, but not currently:

Date Discontinued:

4) List the symptom(s) of your disorder(s) which have occurred within the last two years:

Symptom(s):	Date:	Name, Address and Telephone Number of Physician, Healthcare Provider or Medical Facility:
<input type="checkbox"/> Depressed Mood	_____	_____
<input type="checkbox"/> Fatigue or loss of energy	_____	_____
<input type="checkbox"/> Excessive sleeping, or difficulty sleeping	_____	_____
<input type="checkbox"/> Weight loss	_____	_____
<input type="checkbox"/> Diminished ability to concentrate or make decisions	_____	_____
<input type="checkbox"/> Feelings of guilt, pessimism, helplessness and low self-esteem	_____	_____
<input type="checkbox"/> Loss of interest or pleasure in life	_____	_____
<input type="checkbox"/> Sudden feelings of panic or terror	_____	_____
<input type="checkbox"/> Extreme mood swings	_____	_____
<input type="checkbox"/> Other	_____	_____
Describe symptom(s): _____		

5) Have you ever attempted suicide or made a suicidal gesture? (Suicidal gesture means an act or threatened act that indicates or communicates a wish to die or a plea for help.)..... Yes No
If "Yes," please give date(s): _____

Name and address of medical professional or counselor: _____

6) Have you missed school or work in the last two years because of your disorder(s) or symptom(s)? Yes No
If "Yes," please provide number of days lost and date(s): _____

7) Have you ever (**Georgia, Minnesota and Mississippi residents only:** during the past five years) received counseling (*residents of Nebraska need not answer regarding counseling*) or treatment for the use of any drug, including but not limited to: marijuana, cocaine, amphetamines, Ecstasy, MDMA, barbiturates, narcotics, opiates (such as heroin), hallucinogens (such as LSD or PCP) or any prescription medications? Yes No
If "Yes," what drug(s) have you used or do you currently use? _____

8) Have you been advised to reduce or stop drinking alcohol by a medical professional or received counseling (*residents of Nebraska need not answer regarding counseling*) or treatment for alcohol use?..... Yes No
If "Yes," please provide details: _____

9) Within the past six months, have you consulted with or been treated by a physician or other healthcare provider for any cause other than the insurance medical examination, if any? Yes No
If "Yes," please provide details. Include the physician or medical practitioner's name, address and telephone number; reason for visit(s); date(s) of visit(s); and list any medications, tests and treatments prescribed: _____

I acknowledge that I have read all the statements and answers to the above questions and that they are complete and true and are fully recorded to the best of my knowledge and belief. I understand that the above statements shall form a part of the Policy Contract.

I also acknowledge that I have read and that I understand the fraud warning and/or other notice listed on form 31-4226 for my state of residence, if any.

Signature of Proposed Insured/Insured (or parent, if Proposed Insured/Insured is a juvenile) _____ Date _____

Signature of Insurance Producer (if present) or Witness _____ Agent # or Relationship _____ Date _____

Farmers New World Life Insurance Company

{ Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
 Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 (614) 764-9975
 Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 (877) 376-8008 }

SERFF Tracking #:

FNWW-128761562

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

51-1433 (REV)

State:

Arkansas

Filing Company:

Farmers New World Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Nervous Disorder Questionnaire

Project Name/Number:

Nervous Disorder Questionnaire/51-1433 (Rev)

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
Nervous Disorder Flesch Score .pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	We will be using forms: e-Life App-Rpl and App Part 1-Rpl approved on 10/3/2012 in Serff filing FNWW-128708047 with this form.		

		Item Status:	Status Date:
Satisfied - Item:	red-lined copy of changes made to form		
Comments:			
Attachment(s):			
51-1433 (Rev) - Nervous Disorder - Gen - Redlined Rev 11-12.pdf			

		Item Status:	Status Date:
Satisfied - Item:	statement of variability		
Comments:			
Attachment(s):			
Farmers Statement of Variability.pdf			

Farmers New World Life Insurance Company
Certificate of Readability

The undersigned certifies that the attached forms have a Flesch score as follows:

<u>Form #</u>	<u>Flesch Score</u>
51-1433 (Rev)	59.21

By:

A handwritten signature in black ink, appearing to be 'John Patton', followed by a long horizontal line extending to the right.

Name: John Patton
Its: Vice President of Staff Operations

November 5, 2012

Farmers New World Life Insurance Company

~~Mental Health~~ Nervous Disorder Questionnaire



FARMERS
LIFE INSURANCE

Proposed Insured/Insured: _____ Policy Number: _____

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If "Yes," please complete the following:

Diagnosis/ Disorder:	Date of Diagnosis:	Date of Last Visit:	Number of Visits Within Last Two Years:	Name, Address and Telephone Number of Physician, Healthcare Provider or Medical Facility:
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- 2) Have you ever (*Georgia, Indiana, and Oregon residents only*: during the past 10 years) been evaluated or treated in an emergency room or acute care facility or been hospitalized for the above disorder(s)? Yes No

If "Yes," please complete the following:

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Medication(s) taken in the past two years, but not currently:	Date Discontinued:
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<input type="checkbox"/> Weight loss	_____	_____
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<input type="checkbox"/> Feelings of guilt, pessimism, helplessness and low self-esteem	_____	_____
<input type="checkbox"/> Loss of interest or pleasure in life	_____	_____
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<input type="checkbox"/> Extreme mood swings	_____	_____
<input type="checkbox"/> Other	_____	_____
Describe symptom(s): _____		

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If "Yes," please give date(s): _____

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9) Within the past six months, have you consulted with or been treated by a physician or other healthcare provider for any cause other than the insurance medical examination, if any? Yes No
If "Yes," please provide details. Include the physician or medical practitioner's name, address and telephone number; reason for visit(s); date(s) of visit(s); and list any medications, tests and treatments prescribed: _____

I acknowledge that I have read all the statements and answers to the above questions and that they are complete and true and are fully recorded to the best of my knowledge and belief. I understand that the above statements shall form a part of the Policy Contract.

I also certify acknowledge that I have read and that I understand the fraud warning and/or other notice listed on form 31-4226 for my state of residence, if any.

Signature of Proposed Insured/Insured
(or parent, if Proposed Insured/Insured is a juvenile)

Date

Signature of Agent Insurance Producer (if present) or Witness

Agent # or Relationship Date

Farmers New World Life Insurance Company

{ Mercer Island Life Office: 3003 77th Ave. S.E., Mercer Island, WA 98040-2890 (206) 232-8400
 Columbus Life Office: PO Box 182325, Columbus, OH 43218-2325 (614) 764-9975
 Variable Policy Service Office: PO Box 724208, Atlanta, GA 31139 (877) 376-8008 }

FARMERS NEW WORLD LIFE INSURANCE COMPANY
3003 77th Avenue SE, Mercer island, WA 98040-0290

EXPLANATION OF VARIABILITY
Application Forms

Brackets denote that the text within the brackets is variable subject to the following limitations on each of the applications in this filing:

- Address and Phone Number- Will insert the company home office address and phone number for sections listed on each application.
- Administrative office address and telephone number- Will insert the company administrative office address and telephone number for sections listed on each application.
- Fraud Warning and Other Notices:
 - Specific fraud statements may be revised based upon revised state law and regulation regarding such statements. Additional state fraud statements may be added upon newly enacted statute or newly adopted regulation in a given state that requires such on our application form.
- Corporate Logo- The company would like the option, at its discretion, to change the corporate logo without refiling.

The above information is standard variable information on all our questionnaires being filed.