

State: Arkansas **Filing Company:** The Guardian Insurance & Annuity Company Inc.
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: C-AUTH-2013 (GIAC)
Project Name/Number: C-AUTH-2013/C-AUTH-2013

Filing at a Glance

Company: The Guardian Insurance & Annuity Company Inc.
Product Name: C-AUTH-2013 (GIAC)
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 11/15/2012
SERFF Tr Num: GARD-128755696
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: C-AUTH-2013

Implementation
Date Requested:
Author(s): Lisa Capella, Louis A Conte, Peter Diggins, Margaret Lewis-Forbes, John Monahan, Monica Wilson, Connie Gelfat, Carline Hamilton, Kathleen Tobin
Reviewer(s): Linda Bird (primary)
Disposition Date: 11/27/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: C-AUTH-2013 (GIAC)
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Filing Company: The Guardian Insurance & Annuity Company Inc.

General Information

Project Name: C-AUTH-2013
Project Number: C-AUTH-2013
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Kathleen Tobin

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/27/2012
State Status Changed: 11/27/2012
Created By: Kathleen Tobin
Corresponding Filing Tracking Number:

Filing Description:
Dear Commissioner:

We are enclosing for your review a revised application, form C-AUTH-2013, which replaces C-AUTH-2011, which was previously approved on 6/2/11 under SERFF Tracking Number GARD-127178721. This new form will be effective January 1, 2013.

This application form will be used to apply for previously approved life insurance policies sold by agents and brokers in the general life insurance market for The Guardian Insurance & Annuity Company, Inc (GIAC), The Guardian Life Insurance Company of America (Guardian) and Berkshire Life Insurance Company of America (Berkshire). A separate submission of this form on behalf of Guardian and Berkshire is also being made with your Department. We would appreciate any efforts your Department can make to coordinate the filing of these forms for all companies.

This revision is being made in order to comply with the new language required by the Medical Information Bureau (MIB) that the application contains a clear authorization that a report of personal health information may be made to the MIB.

Also included is a statement of variability, which describes those elements of the application that are variable in nature. Any other special certifications, fees, etc. unique to your state are attached.

The enclosed form will be laser-emitted or pre-printed with the language identical to that approved by your state. We reserve the right to change duplex printing, line location of sentences and words, and the type font (but not the point size) of the form without resubmitting it for approval.

I hope this information is satisfactory and that we may receive your Department's approval of this submission at your earliest convenience. If you have any questions or concerns over this submission, please feel free to contact me at (212) 598-7436 or via SERFF.

Sincerely,

Pete Diggins, Director
Individual Life Product Filings & Compliance

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Company and Contact

Filing Contact Information

Kathleen Tobin, Life Team Leader Kathleen_Tobin@glic.com
 7 Hanover Square 212-919-8727 [Phone]
 New York, NY 10004 212-919-2592 [FAX]

Filing Company Information

The Guardian Insurance & Annuity Company Inc.	CoCode: 78778	State of Domicile: Delaware
7 Hanover Square	Group Code: 429	Company Type:
New York, NY 10004	Group Name:	State ID Number:
(212) 598-8000 ext. [Phone]	FEIN Number: 13-2656036	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: domicile state (DE) fee of \$50 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
The Guardian Insurance & Annuity Company Inc.	\$50.00	11/15/2012	64934261

SERFF Tracking #:

GARD-128755696

State Tracking #:

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C-AUTH-2013

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Product Name:

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/27/2012	11/27/2012

SERFF Tracking #:

GARD-128755696

State Tracking #:

Company Tracking #:

C-AUTH-2013

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Arkansas

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C-AUTH-2013/C-AUTH-2013

Disposition

Disposition Date: 11/27/2012

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	Statement of Variability		Yes
Form	Authorization to Obtain and Release Information		Yes

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Filing Company: The Guardian Insurance & Annuity Company Inc.

Form Schedule

Lead Form Number: C-AUTH-2013

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Authorization to Obtain and Release Information	C-AUTH-2013	AEF	Initial		45.000	C-AUTH-2013.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



Life Customer Service Office
[3900 Burgess Place
Bethlehem, PA 18017]

Disability Customer Service Office
[700 South Street
Pittsfield, MA 01201]

- THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
THE GUARDIAN INSURANCE & ANNUITY COMPANY, INC.
BERKSHIRE LIFE INSURANCE COMPANY OF AMERICA

(Please check appropriate company(ies). Any insurer checked above is herein referred to as the "Company.")

Authorization to Obtain and Release Information

Name of Proposed Insured _____ Date of Birth _____

Address of Proposed Insured _____

This Authorization Is Designed To Comply With The HIPAA Privacy Rule

This Authorization applies to the Proposed Insured named above. It can only be signed by the Proposed Insured, or the parent or legal guardian of the Proposed Insured in the case of a minor under the age of 18.

Investigative consumer report. I authorize the Company or its legal representatives to obtain or have prepared an investigative consumer report as described in the notice given to me.

Medical Records and other information. I authorize any physician, medical or mental health professional, practitioner, hospital, clinic, other health facility, pharmacy, pharmacy benefit manager, consumer reporting agency, the Social Security Administration, MIB, Inc., insurance or reinsurance company, or employer or other organization, institution or person that has any records or knowledge of the Proposed Insured or his/her health to release any and all medical and non-medical information in its possession about the Proposed Insured, to the Company or its legal representatives. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, pharmaceutical history, mental or physical condition, or treatment of the Proposed Insured. I understand that the information released could contain reference to or results of HIV Antibody (AIDS) testing, and may relate to the symptoms, evaluation, diagnosis, examination, treatment or prognosis of any mental or physical condition, including psychiatric, and psychological conditions, and drug or alcohol abuse.

I agree that this authorization shall be valid for two years from the date shown below and that a copy of the authorization shall be as valid as the original. I agree that if I sign this authorization electronically, that it will be equally as effective and valid as if I signed the form through traditional means. I understand, however, that I am under no obligation to sign this document electronically.

I know that I may revoke this authorization in writing, at any time, by sending a written request for revocation to the Guardian Corporate Secretary at [7 Hanover Square, New York, NY 10004-2616], or the Berkshire Corporate Secretary at [700 South Street, Pittsfield, MA 01201]. I understand that a revocation is not effective to the extent that the Company and/or any of the entities listed above has already relied on this authorization, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself.

I understand that the Company or its legal representatives will use the information obtained by this authorization to determine eligibility for insurance or eligibility for benefits under an existing policy. I further understand that if I refuse to sign this authorization, the Company may not be able to process my application, or pay a claim in the case of coverage which is already in force. The Company or its legal representatives will not release any information obtained to any person or organization except to reinsurance companies, MIB, Inc., Innovative Underwriters Services (a subsidiary of The Guardian Life Insurance Company of America), or other persons or organizations performing business or legal services in connection with an application, claim, or as may be lawfully permitted or required, or as I may further authorize. I understand that any information disclosed pursuant to this Authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal regulations governing privacy (such as the HIPAA Privacy Rule).

I authorize the Company or its legal representatives to make a brief report of my personal health information to the MIB, Inc.

I acknowledge that I have been given a copy of this authorization and also acknowledge receipt of the Notice of Insurance Information Practices, which includes the Fair Credit Reporting Act Pre-Notice, the Medical Information Bureau Pre-Notice, and Medical Records.

Signed at _____ this _____ day of _____, _____
City and State Day Month Year

Signature of Proposed Insured or Parent/Legal Guardian

Witness Signature



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Company Tracking #:

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR read glicGIAC.pdf			
Certificate of Compliance with Rule 19 and 49 giaC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variabilty		
Comments:			
Attachment(s):			
Statement of Variability for C-AUTH-2013.pdf			



STATE OF ARKANSAS

The Guardian Life Insurance Company of America & The Guardian Insurance & Annuity Company, Inc., hereby certify that the enclosed forms referenced below have achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Title	Form Number	Flesch Score
Authorization to Obtain and Release Information	C-AUTH-2013	45*^

These forms are printed, except for specification pages, schedules and tables, in not less than ten point type, one point leaded.

*scored with the L-AP-2011 AR

^ fraud warning removed for purposes of scoring

Pete Diggins
Director, Individual Life – Product Filings and Compliance
Date: November 15, 2012



**Certificate of Compliance with
Arkansas Rule and Regulation 19 and 49**

Insurer: **The Guardian Insurance & Annuity Company, Inc.**
Form Number(s): C-AUTH-2013

Form Title	Form Number
Authorization to Obtain and Release Information	C-AUTH-2013

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and 49.

Signature of Company Officer
Peter Diggins

Name

Director, Individual Life – Product
Filings and Compliance

Title

Nov.12, 2012

Date

Statement of Variability for C-AUTH 2013

The following describes the variable data in the application form being submitted for approval. The areas where the variables appear within the application attached to this submission are bracketed. With your Department's consent, we intend to treat these variable fields as information that can vary, without requiring the application form to be re-approved by your state.

Variable	Page Location/ Description	Range of Data, if applicable, or explanation of data
Variable 1	Page 1: Customer Service Office Address	This is the mailing address of our Customer Service Office used to correspond with the company. We are considering this as variable data since we would like to retain the ability to change the address of the company without resubmitting the applications. The current CSO address is 3900 Burgess Place, Bethlehem, PA 18017.
Variable 2	Page 1: Disability Customer Service Office	This is the mailing address of our Disability Customer Service Office used to correspond with the company. We are considering this as variable data since we would like to retain the ability to change the address of the company without resubmitting the applications. The current CSO address is 700 South Street, Pittsfield, MA 01201.
Variable 3	Page 1: Guardian Corporate Secretary Home Office Address	This is the home office address of The Guardian Life Insurance Company of America. We are considering this as variable data since we would like to retain the ability to change the address of Guardian without resubmitting the applications. The current home office address is 7 Hanover Square, New York, NY 10004-2616.
Variable 4	Page 1: Berkshire Corporate Secretary Home Office Address	This is the home office address of Berkshire Life Insurance Company of America. We are considering this as variable data since we would like to retain the ability to change the address of Berkshire without resubmitting the applications. The current home office address is 700 South Street, Pittsfield, MA 01201.