

SERFF Tracking Number: NWPA-128093463 State: Arkansas  
Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number:  
Company Tracking Number: LAAA-0100AO, EXAMINATION FORM - NWLA  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: LAAA-0100AO, Examination Form - NWLA  
Project Name/Number: LAAA-0100AO, Examination Form - NWLA/LAAA-0100AO, Examination Form - NWLA

## Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company

Product Name: LAAA-0100AO, Examination Form - NWLA SERFF Tr Num: NWPA-128093463 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: L08.000 Life - Other

Co Tr Num: LAAA-0100AO, EXAMINATION FORM - NWLA State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Amy Burchette, Sandra Davies, Dan Gallion, Cindy Malloy, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Darcy L. Spangler, Drema Wallace, Leslie Hernandez, Darcy Spangler Disposition Date: 02/28/2012

Date Submitted: 02/17/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LAAA-0100AO, Examination Form - NWLA

Status of Filing in Domicile: Pending

Project Number: LAAA-0100AO, Examination Form - NWLA

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: 02/28/2012

State Status Changed: 02/23/2012

Deemer Date:

Created By: Carrie Ruhlen

Submitted By: Carrie Ruhlen

Corresponding Filing Tracking Number: LAAA-0100AO, Examination Form - NWLA

Filing Description:

Re: LAAA-0100AO, Examination Form

NAIC #92657

SERFF Tracking Number: NWPA-128093463 State: Arkansas  
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Enclosed for filing, subject to your approval, is form LAAA-0100AO, Examination Form. This is a new form and does not replace any existing forms.

Form LAAA-0100AO becomes Part B of any current or future Nationwide Life and Annuity Insurance Company application when a paramedical or physician examination is obtained in the new business or post issue underwriting process.

The underwriting examination requirement is based on the proposed insured's age and face amount of coverage and/or based on the proposed insured's medical history. When an examination is obtained in the new business process, LAAA-0100AO will become part of the policy contract. We will rely on the information provided on this form, and it will serve as a basis for rescinding coverage should we discover material misrepresentation during the contract's incontestability period. This form may also facilitate underwriting any post issue policy adjustment change, when a contract provides such a provision.

Form LAAA-0100AO has been written in a readable fashion and attains a Flesch score of 55.3.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

## Company and Contact

### Filing Contact Information

Carrie Ruhlen, Compliance Specialist      ruhlenc@nationwide.com  
One Nationwide Plaza      614-249-8042 [Phone]  
1-33-102      614-249-1199 [FAX]  
Columbus, OH 43215

### Filing Company Information

Nationwide Life and Annuity Insurance      CoCode: 92657      State of Domicile: Ohio  
Company  
One Nationwide Plaza      Group Code: 140      Company Type:  
1-10-03      Group Name:      State ID Number:  
Columbus, OH 43215      FEIN Number: 31-1000740  
(800) 882-2822 ext. [Phone]

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## Filing Fees

SERFF Tracking Number: NWPA-128093463 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: \$50.00 per form.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life and Annuity Insurance Company	\$50.00	02/17/2012	56451378

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/28/2012	02/28/2012
Approved-Closed	Linda Bird	02/23/2012	02/23/2012

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Examination Form	Carrie Ruhlen	02/24/2012	02/24/2012

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
REQUEST TO REOPEN FOR CORRECTION	Note To Filer	Linda Bird	02/24/2012	02/24/2012
REQUEST TO REOPEN FOR CORRECTION	Note To Reviewer	Carrie Ruhlen	02/24/2012	02/24/2012

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## Disposition

Disposition Date: 02/28/2012

Implementation Date:

Status: Approved-Closed

Comment: Correction made to the original submission.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Statement of Variability		Yes
Form (revised)	Examination Form		Yes
Form	Examination Form	Replaced	Yes

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## Disposition

Disposition Date: 02/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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**Amendment Letter**

Submitted Date: 02/24/2012

**Comments:**

We inadvertently left the term "medical" in the agreement paragraph just above the signatures lines and would like to remove it from the Examination Form. You have our assurance that no other changes have been made to this form and this form has not yet been utilized.

We apologize for this inconvenience and thank you for reopening for correction.

Thanks!

Carrie Ruhlen

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
LAAA-0100AO	Application/EE nrollment Form	Examination Initial Form					55.300	LAAA-0100AO JD.pdf

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Project Name/Number: LAAA-0100AO, Examination Form - NWLA/LAAA-0100AO, Examination Form - NWLA

**Note To Filer**

**Created By:**

Linda Bird on 02/24/2012 10:48 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

02/24/2012 10:48 AM

**Subject:**

REQUEST TO REOPEN FOR CORRECTION

**Comments:**

Filing has been re-opened in order for correction to be made.

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**Note To Reviewer**

**Created By:**

Carrie Ruhlen on 02/24/2012 10:08 AM

**Last Edited By:**

Carrie Ruhlen

**Submitted On:**

02/24/2012 10:08 AM

**Subject:**

REQUEST TO REOPEN FOR CORRECTION

**Comments:**

We discovered an error on our Exam form that was just recently approved. Can you reopen this filing so we can supply you with the corrected form?

I apologize for any inconvenience this may cause.

Thanks!

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## Form Schedule

**Lead Form Number: LAAA-0100AO**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	LAAA-0100AO	Application/Examination Form Enrollment Form	Initial		55.300	LAAA-0100AO JD.pdf





**THE FOLLOWING STATE(S) REQUIRE THAT WE PROVIDE THESE NOTICES:**

**The following fraud statement is for Applicants in the state(s) of: ALABAMA, HAWAII, IDAHO, KANSAS, MISSISSIPPI, MONTANA, NEW HAMPSHIRE, NORTH CAROLINA, SOUTH DAKOTA and WYOMING**

Fraud Statement: Any person who submits an application or a claim containing a false or deceptive statement, and does so with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, may be guilty of insurance fraud.

**ARKANSAS and RHODE ISLAND** Fraud Statement: 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 is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO** Fraud Statement: **IMPORTANT NOTICE – IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.**

**DISTRICT OF COLUMBIA** Fraud Statement: **WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.**

**LOUISIANA** Fraud Statement: **CAUTION: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**NEW MEXICO** Fraud Statement: 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 is guilty of a crime and may be subject to civil fines and criminal penalties.

**OKLAHOMA** Fraud Statement: **WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**

**TENNESSEE and WASHINGTON** Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**VIRGINIA** Fraud Statement: Any person who, with the intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Certification - NWLA.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b> The Examination forms will be used with the following Application forms:		

LAA-0111M1, Application for Life Insurance, approved 08-31-2011, SERFF #NWPA-127385672, State Tracking #49632  
 LAA-0112M1, Application for Life Insurance, approved 08-31-2011, SERFF #NWPA-127385672, State Tracking #49632  
 LAA-0113M1, Application for Life Insurance, approved 08-31-2011, SERFF #NWPA-127385672, State Tracking #49632  
 LAA-0110M1, Application for Life Insurance, approved 11-19-2009, SERFF #NWPA-126363065, State Tracking #44106  
 LAA-0105M1, Application for Modified Single Premium Life Insurance, approved 07-25-2008, SERFF #NWPA-125735382, State Tracking #39654  
 LAF-0111M1, Application for Conversions/Policy Adjustments to an Existing Life Insurance Policy, approved 05-04-2004

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability-AO NWLA.pdf		



ARKANSAS

Certificate of Compliance

Insurer: Nationwide Life and Annuity Insurance Company

Form Numbers: LAAA-0100AO, Examination Form

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

These forms also meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink that reads "James J. Rabenstine". The signature is written in a cursive style with a horizontal line underneath it.

James J. Rabenstine  
Vice President  
NF Compliance  
Date: 02-17-2012

**NATIONWIDE LIFE AND ANNUITY INSURANCE COMPANY  
(01/2012)  
STATEMENT OF VARIABILITY FOR FORM**

**LAAA-0100AO Examination Form**

Bracketed items in the above captioned forms indicate variability as follows:

**LAAA-0100AO**

Nationwide's Business Group Name, Address, Phone Number and Fax Number	Nationwide's Business Group Name, address, fax and/or telephone information is bracketed throughout each form in case they change in the future.
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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/15/2012	Form	Examination Form	02/24/2012	LAAA-0100AO JD.pdf (Superseded)





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