

SERFF Tracking Number: NYAA-128192760 State: Arkansas
Filing Company: New York Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Whole Life Insurance
Project Name/Number: /

Filing at a Glance

Company: New York Life Insurance Company

Product Name: Individual Whole Life Insurance SERFF Tr Num: NYAA-128192760 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: L071.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed
Premium - Single Life

Filing Type: Form

Author: Gina Babka

Reviewer(s): Linda Bird

Date Submitted: 05/07/2012

Disposition Date: 05/09/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 05/09/2012

State Status Changed: 05/09/2012

Deemer Date:

Created By: Gina Babka

Submitted By: Gina Babka

Corresponding Filing Tracking Number:

Filing Description:

RE: Policy Form No. IWL1 – Individual Whole Life Insurance Policy

Our Federal Employee Identification Number (FEIN) is 13-5582869

Included in this filing is the above mentioned form. This form is new and does not replace any existing form. Currently the Policy Form provides Whole Life Insurance to the applicants ages 30 to 75 inclusive for new issues. When used as a conversion policy the issue ages will be expanded to 80. Minimum coverage amounts of \$2,500 of insurance to a

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maximum of \$100,000 (increments of \$500 are available). This policy will be marketed on a national basis through: (1) direct mail; (2) TV commercials, (3) publications, and/or (4) the internet. Premiums are gender rated for this policy. They are guaranteed and are payable to age 95.

Applications and reinstatement applications forms for this policy will be filed concurrently for approval with our Individual Level Benefit Term Life policy under SERFF Filing number NYAA-128192533.

Sincerely yours,

Nicole Smith
Contract Associate III
Tel # (800) 595-5969, ext. 5717 (direct: 813-288-5969);
Fax # (813) 288-5773; or E-mail address: Nicole_Smith@NYLAARP.newyorklife.com.

State Narrative:

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 300 Group Code: 826 Company Type:
Tampa, FL 33607 Group Name: State ID Number:
(813) 288-5717 ext. [Phone] FEIN Number: 13-5582869

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: IWL1(Non-Compact National) x \$50.00 = \$50.00

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Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$50.00	05/07/2012	58966625

SERFF Tracking Number: NYAA-128192760 State: Arkansas
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Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Individual Whole Life Insurance
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/09/2012	05/09/2012

SERFF Tracking Number: NYAA-128192760 State: Arkansas
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Product Name: Individual Whole Life Insurance
Project Name/Number: /

Disposition

Disposition Date: 05/09/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYAA-128192760 State: Arkansas
 Filing Company: New York Life Insurance Company State Tracking Number:
 Company Tracking Number:
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 Product Name: Individual Whole Life Insurance
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Variability Statement		Yes
Form	Individual Whole Life		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IWL1	Policy/Cont	Individual Whole Life Initial ract/Fraternal Certificate			51.700	IWL1 (Non Compact National).pdf



NEW YORK LIFE INSURANCE COMPANY
 51 MADISON AVENUE, NEW YORK, NY
 Administrative Office:
 5505 West Cypress Street, Tampa, Florida 33607
 1-800-[XXX-XXXX],[http://www.[nyldirect].com]

SIMPLIFIED WHOLE LIFE

The POLICY is a legal contract between the OWNER and New York Life Insurance Company.

DEFINED TERMS ARE ALL CAPITALIZED. PLEASE REFER TO THE DEFINITIONS SECTION.

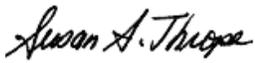
WE certify that the INSURED becomes insured on the INSURANCE DATE stated below on the Policy Data, if the initial PREMIUM is paid no later than 31 days after the INSURANCE DATE. Insurance is subject to: (a) the Suicide limitation; (b) the terms and conditions of the POLICY; and (c) OUR underwriting requirements.

POLICY DATA

POLICY NUMBER [123456]
OWNER [JOHN DOE]
INSURED [JOHN DOE]
ADDRESS [Main Street, USA]
DATE OF BIRTH [01/01/77]
AGE AT ISSUE [35]
SEX [Male]
INSURANCE DATE [4/1/12]
AMOUNT OF INSURANCE PREMIUM [\$ 32.18 monthly – automatic PREMIUM payment]
CLASS OF RISK [Standard]
BENEFICIARY [First Beneficiary MARY DOE, Wife]
 [Second Beneficiary JOHN AND MARY DOE, Children]
RIGHT TO EXAMINE THE POLICY FOR 30 DAYS The OWNER will have 30 days from the date of receipt to examine the POLICY. If the OWNER does not wish to keep the POLICY, it must be surrendered to OUR administrative office within this period. Upon such surrender, WE will return any PREMIUM paid and insurance will be void from the start.

This POLICY replaces all Policies and Policy Riders, if any, previously issued under the above Policy Number.

This POLICY is eligible for Dividends. However Dividends are not guaranteed and not expected to be paid.

[]
 Secretary

[]
 President

INDIVIDUAL WHOLE LIFE INSURANCE POLICY
 Paid Up At AGE 95
 Proceeds Payable at the INSURED'S Death
 This Policy is Participating

**SCHEDULE
TABLE OF VALUES**

**AGE AT ISSUE: 35
SEX: Male**

<u>At the Anniversary of the INSURANCE DATE</u>	<u>CASH VALUE Per \$1,000 of the Amount of Insurance</u>	<u>Paid-Up Insurance Per \$1,000 of the Amount of Insurance</u>
[1	\$ 0.00	\$ 0.00
2	0.00	0.00
3	5.36	26.92
4	15.01	72.61
5	25.02	116.48
6	35.37	158.51
7	46.06	198.76
8	57.08	237.24
9	68.42	273.97
10	80.06	308.99
11	92.03	342.46
12	104.34	374.46
13	117.05	405.19
14	130.22	434.84
15	143.85	463.37
16	157.91	490.78
17	172.38	517.02
18	187.19	542.08
19	202.35	565.97
20	217.77	588.68]

This table assumes that the required PREMIUMS have been paid to the Anniversary shown and a loan is not outstanding. CASH VALUES and Paid-Up Insurance amounts at times not shown or where a loan is outstanding 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.

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IMPORTANT NOTICE

ANNUAL DIVIDENDS	This POLICY is eligible to share in OUR divisible surplus. Each year WE determine the POLICY's share, if any. This share, if any, is payable in cash as a dividend on the POLICY anniversary, if all PREMIUMS due have been paid. Upon termination of the POLICY any dividends payable shall be paid to the OWNER. However, it is not expected that any dividends will be payable on this POLICY.
ASSIGNMENTS	While the INSURED is living, the OWNER may assign this POLICY, or any interest in it, by providing US with a completed assignment form. The assignment will take effect as of the date it was signed, unless otherwise requested by the OWNER. All interest is then subject to that of the assignee. The OWNER still has the rights of ownership that have not been assigned. An assignee cannot change the OWNER or beneficiary of this POLICY. WE are not responsible for the validity of any assignment. Any assignment will be subject to any action WE take before WE record the assignment. Any amount payable to the assignee will be paid in a lump sum.
DEFERRAL OF PAYMENT	OUR general practice is to pay benefits as soon as reasonably possible. However, WE may defer the payment of the Surrender and/or Loan Benefit for up to six months after receipt of a request for payment. WE will pay interest, at the rate required by state law, compounded annually on the amount of any benefit so deferred. Interest will be paid from the date of deferral until the date the benefit is paid.
ENTIRE CONTRACT	The contract consists of the: (a) POLICY; (b) attached application; (c) any application for reinstatement; and (d) any attached riders or endorsements. Statements made by the applicant in the application, in the absence of fraud, are representations, not warranties.
EXAMINATION	WE, at OUR own expense, have the right and opportunity to examine the medical records of the deceased in order to determine the cause of death.
GRACE PERIOD	This POLICY has a grace period of 31 days for the payment of any PREMIUM due once the insurance initially becomes effective. During the Grace Period the POLICY continues in force. If the INSURED dies during the Grace Period, the amount of any PREMIUM due or overdue may be deducted from any amount payable under the POLICY.
INCONTESTABILITY	Except for nonpayment of PREMIUMS, WE cannot contest the validity of the insurance or reinstated insurance after it has been in force for two years during the INSURED's lifetime from: (1) the INSURANCE DATE, and (2) the date the insurance is reinstated, if applicable. To contest, WE will only rely upon material statements signed by the applicant in applying for or reinstating such insurance.
MISSTATEMENTS	If the AGE AT ISSUE or Sex is incorrect the amount payable under the POLICY will be the amount the most recent PREMIUMS would have purchased at the correct AGE AT ISSUE or Sex.
POLICY CHANGES	The POLICY can be changed at any time in writing by OUR Chairman, President, Secretary, or one of OUR Vice Presidents. The POLICY cannot be changed without the OWNER's consent. WE will not reduce or eliminate benefits unless required by federal or state law. Any changes to this POLICY are subject to regulatory approval. No agent of OURS is authorized to change this contract.
PREMIUM	<p>The PREMIUMS are payable to AGE 95 and are guaranteed not to change. All PREMIUMS are payable in advance at the Administrative Office. Once the required PREMIUMS are paid, insurance becomes fully paid up. No further PREMIUMS are required to remain insured under this POLICY.</p> <p>There is a \$12.00 annual policy fee however, if the payment method is Electronic Funds Transfer or other than monthly, then the charge does not apply. If the OWNER changes the payment method or frequency the PREMIUM will change according to the rules on the INSURANCE DATE.</p>
REINSTATEMENT	The OWNER can apply to reinstate the POLICY within 3 years after lapse. The OWNER must: (a) apply for on a form satisfactory to US (b) pay all overdue PREMIUMS during the INSURED'S lifetime (c) repay any outstanding loans or reinstate the loan as of the date the policy lapsed. Reinstatement is subject to evidence of insurability. The reinstated coverage will have a new 2 year contestability period starting from the reinstatement date. Interest will be applied from each PREMIUM DUE DATE at 6% per year.
OTHER DETAILS	On all stated days and dates, insurance begins at 12:01 A.M. and insurance ends at midnight as applicable to the INSURED.

INDIVIDUAL WHOLE LIFE INSURANCE

WE will pay a benefit for the: (a) INSURED's death; or (b) Loan and/or Surrender Benefit; in accordance with all of the following:

DEATH BENEFIT	The Death Benefit is payable when the INSURED dies and after WE receive satisfactory proof of the INSURED's death. OUR general practice is to pay Death Benefits as soon as reasonably possible. Death Benefit payments including any refund of unearned PREMIUMS will be made within 2 months after we receive due proof of the INSURED's death. WE will pay interest on Death Benefit payments as required by law. The Death Benefit payable includes any death benefit from riders, as applicable, and is payable in a lump sum.
WHAT BENEFIT IS PAYABLE	Except as stated below or in the Non-Forfeiture Values provision, the Death Benefit payable is the Amount of Insurance in force on the INSURED, on the date of the INSURED's death. WE will adjust the Death Benefit by adding any unearned PREMIUMS paid or deducting any PREMIUM due but not paid. Any existing LOAN BALANCE will also be deducted from the Death Benefit.
LOAN BENEFIT	<p>Subject to the Deferral Of Payment section on the Important Notice page(s), the OWNER can obtain a loan from US on the security of the CASH VALUE, if the OWNER gives US a completed request in a form satisfactory to US.</p> <p>The maximum amount available for a loan equals the CASH VALUE as of the end of the POLICY year minus;</p> <ul style="list-style-type: none">a. any PREMIUM due;b. any unpaid loan and accrued interest ;c. the interest that will accrue on the loan. <p>The effective annual rate of interest on a loan is 8%. The accrued interest on a loan principal is due on each ANNIVERSARY DATE following the date of the loan, except that: No interest will accrue on or after the date the OWNER requests to surrender the insurance as stated in the Surrender Benefit section. If such accrued interest is not paid within 31 days after such ANNIVERSARY DATE, it will be added to, and become a part of the loan principal as of such ANNIVERSARY DATE.</p> <p>The OWNER can repay all or any part of a loan at any time. Failure to repay the loan or the accrued interest on the loan principal will not end insurance, except that: WE will give notice to the OWNER if on any ANNIVERSARY DATE the LOAN BALANCE equals or exceeds the CASH VALUE. If within 31 days after the date of such notice, the OWNER has not reduced the increased LOAN BALANCE to an amount less than the CASH VALUE, insurance will end.</p>
SURRENDER BENEFIT	Subject to the Deferral Of Payment section on the Important Notice page(s), the OWNER can surrender all of the insurance and receive the CASH SURRENDER VALUE, if the OWNER gives US a completed request in a form satisfactory to US; and the INSURED is alive on the date of surrender. All insurance will end as of the date of surrender. The date of surrender is the date WE receive the OWNER's request for surrender.
SUICIDE	If the INSURED dies within the first two years insurance is in force and the death is due to, related to or occurs during: suicide, an attempt at suicide or an intentional self-inflicted injury; WE will only return the PREMIUMS paid for insurance. If this POLICY is issued from the conversion of a term policy by US, this Suicide provision will be determined from the term policy's INSURANCE DATE.
BENEFICIARY	Beneficiary(ies) are classed as first, second and so on. Unless otherwise provided in the beneficiary designation, the benefits will be paid in equal shares to the first beneficiary(ies) who survives the INSURED by 15 days. If no first beneficiary(ies) so survives, payment will be made in equal shares to any second beneficiary(ies) who survives the INSURED by 15 days, and so on. Surviving beneficiary(ies) in the same class will have an equal share in the proceeds otherwise designated for a deceased beneficiary in that class. If no beneficiary is designated or no beneficiary survives the INSURED, the benefit will be payable to the INSURED's estate.
OWNERSHIP	The OWNER can transfer all or any part of incidents of ownership of the insurance as described below.

**REQUEST
PROCEDURE**

To: (a) designate a beneficiary or change a beneficiary designation; and/or (b) transfer ownership; WE must be given a completed, request from the OWNER on a form satisfactory to US. The request will take effect as of the date it was signed, unless the OWNER requests another date, subject to any payment made or any other action taken by US before OUR receipt. In the case of a transfer of ownership, any incidents of ownership so transferred, shall be transferred on the date the transfer becomes effective.

WHEN INSURANCE ENDS

Except as stated in the Non-Forfeiture Values provision, the insurance will end on the earlier of:

1. prior to AGE 95, the last day of the INSURANCE PERIOD for which the last PREMIUM has been paid, except that insurance will not end if the PREMIUM is paid within the Grace Period; or
2. the date insurance ends as stated in the Loan Benefit or Surrender Benefit sections on the Individual Permanent Life Insurance page(s).

NON-FORFEITURE VALUES

**OPTIONS WHEN
INSURANCE ENDS**

If insurance ends due to unpaid PREMIUM, and it has no CASH SURRENDER VALUE there are no options available. If insurance has CASH SURRENDER VALUE, and ends due to unpaid PREMIUM, the OWNER can elect to surrender the insurance for its CASH SURRENDER VALUE or the insurance will continue as paid-up insurance.

**SURRENDER FOR
CASH**

Subject to the Deferral Of Payment section on the Important Notice page(s), the OWNER can surrender all of the insurance for its CASH SURRENDER VALUE. To do so, the OWNER must: (a) make a request in a form satisfactory to US, no later than 3 months after the date insurance ends; and (b) give up the Policy. If surrender is requested within 30 days after a policy anniversary, the CASH VALUE will be no less the CASH VALUE as of such POLICY anniversary.

All insurance will end on the date of surrender. The date of surrender is the date WE receive the OWNER's request for such surrender.

PAID-UP INSURANCE

Paid-up insurance begins as of the date WE record the OWNER's notice electing it, or begins on the date insurance ended if later. No more PREMIUMS are due for this insurance. It is payable to the beneficiary when WE have proof that the INSURED died while this paid-up insurance option was in effect.

The amount of paid-up insurance is as stated in the Table Of Values on the Schedule page(s). The amount is calculated on the basis of the INSURED's AGE AT ISSUE; and the period of time such insurance was continuously in force under the POLICY.

The amount of paid-up insurance is calculated as of the PREMIUM DUE DATE after insurance ends. The calculation is made by applying the CASH SURRENDER VALUE at the net single premium rate for the INSURED's AGE on that date. In most cases, this amount will be less than the Amount of Insurance that ended. After this paid-up insurance goes into effect, no benefits from riders will be provided.

Paid-up insurance can be surrendered at any time. It has CASH VALUE and loan value. Its CASH VALUE will be determined on a basis consistent with the basis used to determine CASH VALUE under the POLICY. All insurance will end on the date of surrender. The date of surrender is the date WE receive the OWNER's request for surrender.

DEFINITIONS

AGE	AGE means the INSURED's AGE AT ISSUE plus the number of complete years from the INSURANCE DATE.
AGE AT ISSUE	AGE AT ISSUE means the INSURED's attained age on the date that the application was signed.
ANNIVERSARY DATE	ANNIVERSARY DATE means the annual reoccurrence of the INSURANCE DATE.
CASH VALUE	CASH VALUE means the amount stated for selected years in the Table Of Values on the Schedule page(s). Straight line interpolation will determine the CASH VALUE at times between Anniversaries. The amount is calculated on the basis of the INSURED's AGE AT ISSUE; and the period of time such insurance was continuously in force under this POLICY.
CASH SURRENDER VALUE	CASH SURRENDER VALUE means the amount of CASH VALUE less any LOAN BALANCE.
GRACE PERIOD	GRACE PERIOD means the 31 day period that begins on any PREMIUM DUE DATE if the PREMIUM due on such date is not yet paid. During the GRACE PERIOD, the insurance will be continued. However, if the PREMIUM due on the PREMIUM DUE DATE is not paid by the end of the GRACE PERIOD, insurance will lapse and end, except as stated in the Non-Forfeiture Values provision.
INSURANCE DATE	INSURANCE DATE means the date that insurance takes effect, subject to the initial PREMIUM being paid.
INSURANCE PERIOD	INSURANCE PERIOD means the span of time from a PREMIUM DUE DATE through the day before the next PREMIUM DUE DATE, during which insurance continues, if the PREMIUM for such span of time is paid.
INSURED	INSURED means a person whose life became insured under this POLICY, as approved by US, and remains insured under this POLICY. An INSURED must be a legal resident of the fifty states of the United States of America, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, or Guam, at issue.
LOAN BALANCE	LOAN BALANCE means the sum of all unpaid loans increased by accrued interest on a daily basis.
OUR	OUR means New York Life Insurance Company.
OWNER	OWNER means the person who has all rights of ownership for the insurance. Unless otherwise stipulated, on the INSURANCE DATE the OWNER will be the INSURED.
POLICY	POLICY means this insurance contract, which provides insurance on the life of the INSURED. The POLICY is issued to the OWNER by US.
PREMIUM	PREMIUM means the applicable full periodic payment towards the insurance coverage, which must be paid for insurance to take effect on the INSURANCE DATE and/or for insurance to continue in force under the POLICY. PREMIUM is due on each PREMIUM DUE DATE.
PREMIUM DUE DATE	PREMIUM DUE DATE means the following dates by which the PREMIUM must be received: (a) initially the INSURANCE DATE; (b) thereafter, until AGE 95, based upon the mode of payment elected by the OWNER and approved by US, the annual, semiannual, quarterly or monthly reoccurrence of the INSURANCE DATE.
US	US means New York Life Insurance Company.
WE	WE means New York Life Insurance Company.

New York Life Insurance Company
51 Madison Avenue, New York, NY 10010

INDIVIDUAL WHOLE LIFE INSURANCE POLICY

Paid Up At AGE 95

Proceeds Payable at the INSURED'S Death

This Policy is Participating

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 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachments:		
READABILITY CERTIFICATION.pdf		
Arkansas Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Applications and reinstatement applications forms for this policy will be filed concurrently for approval with our Individual Level Benefit Term Life policy under SERF Filing number NYAA-128192533		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo		
Comments:		
Attachment:		
AM_SWL_5.2.12_AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Variability Statement		
Comments:		
Attachment:		
Statement of Variability - IWL1.pdf		



READABILITY CERTIFICATION

Name Of Company: New York Life Insurance Company

Policy Form: Individual Simplified Whole Life - Form IWL1

This is to certify for the state of New York that the forms listed on the attached page(s) attain the following readability criteria.

A. Option Selected

- 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____
- 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated on the attached page(s).

B. Test Option Selected

- 1. Test was applied to entire policy form(s).
- 2. Test was applied on a sample basis. Form(s) contain(s) more than 10,000 words. copy of form(s) enclosed indicating word samples tested.

C. Samples of Certification

A checked block indicates the standard has been achieved.

- 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- 4. The section titles are captioned in bold face or otherwise stand out, significantly from the text.
- 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- 6. The style, arrangement and overall appearance of the policy gives no undue prominence to any portion of the policy or to any endorsements or riders.
- 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

<u>Form #</u>	<u>Sentences</u>	<u>Words</u>	<u>Syllables</u>	<u>Flesch Score</u>
IWL1	140	3111	4875	51.7

Michael Horan

Corporate Vice-President
Officer's Title

Date: May 4, 2012

Arkansas Certification

I, Michael Horan, hereby certify that the submission of Policy IWL1 meets the provisions of this rule as well as all applicable requirements of the Arkansas Department of Insurance.

I also certify that each certificate holder is provided with a Guaranty Association Notice and contact information, including telephone number and address, for New York Life and the Arkansas Department Of Insurance.



Michael Horan, Vice President

May 4, 2012

GENERAL STATEMENT OF VARIABILITY
Policy Form IWL1

- 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.