

SERFF Tracking Number: NYLC-128337220 State: Arkansas
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number:
Company Tracking Number: 312-650AR
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: EB GI Application
Project Name/Number: EB GI Application /312-650AR

Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: EB GI Application

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NYLC-128337220 State: Arkansas

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

Co Tr Num: 312-650AR

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Linda Lopinto, Robert

Williams III, Ariana Castillo, Wanda

Santos-Colletti, Mary Williams,

Barbara Micek

Date Submitted: 05/09/2012

Disposition Date: 05/11/2012
Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: EB GI Application

Project Number: 312-650AR

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 05/11/2012

State Status Changed: 05/11/2012

Created By: Ariana Castillo

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Robert Williams III

Filing Description:

Re: NAIC #: 82691596

FEIN #: 13-3044743

Individual Life Insurance

Guaranteed Issue Life Application 312-650AR

Dear Commissioner:

SERFF Tracking Number: NYLC-128337220 State: Arkansas
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We are enclosing for your Department's approval, a new Guaranteed Issue Life Application. This form will only be used for individual life insurance products.

New Application form 312-650AR is also being submitted for your Department's approval. This guaranteed issued life application will replace previously approved application form 304-650 which was approved by your Department on 5/16/2003. This application will be used when applying for all corporate owned/sponsored and bank owned life variable and universal life insurance products made available by New York Life on a guaranteed issued basis. This new application will be used in paper pdf form as well as electronically, which will be exactly as the paper version and will be printed out for an actual signature.

We hope that this information is satisfactory and that we can receive your Department's approval of this submission as soon as possible.

If you have any further questions or comments in this regard, please feel free to contact Diana Moody at 1-888-695-4748 ext. 2664064 or via email at dmoody@nyl.com.

Sincerely,
Linda E. LoPinto
Corporate Vice President

Attachments

State Narrative:

Company and Contact

Filing Contact Information

Robert Williams III, Contract Consultant Robert_Williams_III@nyl.com
51 Madison Avenue 212-576-3449 [Phone]
Room 0154 212-447-4141 [FAX]
New York, NY 10010

Filing Company Information

New York Life Insurance and Annuity Corporation CoCode: 91596 State of Domicile: Delaware
51 Madison Ave Group Code: 826 Company Type: Life
New York, NY 10010 Group Name: NYLIC State ID Number:

SERFF Tracking Number: NYLC-128337220 State: Arkansas
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(212) 576-4809 ext. [Phone] FEIN Number: 13-3044743

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50 per form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$50.00	05/09/2012	59040064

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	05/11/2012	05/11/2012

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Product Name: EB GI Application
Project Name/Number: EB GI Application /312-650AR

Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NYLC-128337220 State: Arkansas
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Form Schedule

Lead Form Number: 312-650AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	312-650AR	Application/ Guaranteed Issue Enrollment Life Application Form	Revised	Replaced Form #: 304-650 Previous Filing #:		312-650AR.pdf



GUARANTEED ISSUE APPLICATION FOR EXECUTIVE BENEFITS INDIVIDUAL LIFE INSURANCE

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION (NYLIAC) (A Delaware Corporation)

Executive Office: 51 Madison Avenue, New York, NY 10010

Servicing Office:The Advanced Markets Network, 11400 Tomahawk Creek Pkwy, Suite 200, Leawood, KS 66211

Please Print or Type

1. PROPOSED INSURED INFORMATION See Issue Census

Gender: Male Female

Name (First, Middle Initial, Last, Suffix)

Date of Birth (MM/DD/YYYY) Social Security No. or Tax ID No. Applied for

Complete if Individually Owned

Home Address City State Zip Code

Work Address City State Zip Code

Country of Citizenship Visa/Work Authorization (non U.S. citizens only)
Type _____ Number _____ Expiration: Month ____ Year ____

Telephone Number (Daytime) Telephone Number (Evening)

2. OWNER INFORMATION Same as Proposed Insured

If not the Proposed Insured, Owner is a: Company Trust Financial Institution Other

Name (First, Middle Initial, Last, Suffix) or Full Name of Entity/Trust if not an Individual

Street City State Country Zip Code

Date of Birth (MM/DD/YYYY) Social Security or Tax ID No. Applied for

Trustee Name

Trust Date Relationship to Proposed Insured

Country of Citizenship/Domicile Visa/Work Authorization (non U.S. citizens only)
Type _____ Number _____ Expiration: Month ____ Year ____

3. PLAN SPONSOR INFORMATION Same as Owner

Name of Entity Tax ID No. Applied for

Street City State Country Zip Code

Name of Plan Sponsor Contact

Name of Alternate Plan Sponsor Contact

4. TYPE OF PLAN

Deferred Compensation SERP Split Dollar 162 Bonus Other _____

5. PRODUCT AND RIDER SELECTION

Bank Owned Life Insurance (BOLI): BOLI 40 BOLI 50 Other: _____

Corporate Owned Life Insurance (COLI): CEAVUL CorpExec UL CorpExec VUL Other: _____

Rider 1: _____ Rider 2: _____ Unisex Rates: Yes No

Life Insurance Qualification Test: GPT CVAT

6. COVERAGE INFORMATION See Issue Census

Base Face Amount: \$ _____ Term Face Amount: \$ _____

Life Insurance Benefit Option: Option 1-Level Option 2-Increasing
 Option 3-Return of Premium (CEAVUL, CorpExec UL & CorpExec VUL)

7. POLICY DATE

Policy Date (MM/DD/YYYY): _____

8. PREMIUM AND BILLING INFORMATION See Issue Census

Premium Paid at Issue: \$ _____ Billing Frequency: Annual Semi-Annual Quarterly Single

Planned Premium in Year 1: \$ _____

Planned Premium in Years 2-10:

Year 2: \$ _____ Year 5: \$ _____ Year 8: \$ _____

Year 3: \$ _____ Year 6: \$ _____ Year 9: \$ _____

Year 4: \$ _____ Year 7: \$ _____ Year 10: \$ _____

9. BENEFICIARY INFORMATION Same as Owner: If a Trust, check here:

If additional space is needed use "17. Additional Information Details"

Primary (P)/ Contingent (C)	Name/Trust Name and Trustees	Relationship to Proposed Insured	Social Security/ Tax ID Number	%
<input type="checkbox"/> P <input type="checkbox"/> C				
<input type="checkbox"/> P <input type="checkbox"/> C				
<input type="checkbox"/> P <input type="checkbox"/> C				
<input type="checkbox"/> P <input type="checkbox"/> C				

Other _____

Note: Unless otherwise specified, the surviving beneficiaries within a class (primary or contingent) will share equally.

10. REPLACEMENT

Does the life insurance for which you are applying replace, in whole or in part, any existing life insurance or annuity contract(s)? Yes No

Do you intend now, or in the future, to take a loan against the cash value of any policy presently in force because of the new policy for which you are applying? Yes No

11. CITIZENSHIP / WORK STATUS See Issue Census

A. Is the Proposed Insured a U.S. citizen or do you have permanent U.S. resident status and do you currently reside in the U.S.? Yes No

If "No", please provide details below including Visa type, country of citizenship, country of residence and any plans to become a U.S. citizen, if not already provided in Section 1 or 2.

B. Is the Proposed Insured currently engaged in active, full-time work (of at least 30 hours per week) in a normal capacity? Yes No

If "No", please provide details below.

C. Is the Proposed Insured currently employed by, or a Director of, the Employer and have you been actively at work as described in the previous question for the past 90 days? Yes No

If "No", please provide details below.

D. During the 90 days immediately prior to the date of this application, has the Proposed Insured been hospitalized or otherwise absent from work due to illness or accident (not including vacation or holidays) for either more than 3 consecutive days or more than a total of 5 days? Yes No

If "Yes", please provide details below.

Citizenship/Work Status Questions:

12. TOBACCO / NICOTINE USAGE See Issue Census

Have you used any tobacco, nicotine or any nicotine substitution product in any form in the last 12 months?... Yes No

If "Yes", please provide details below, including type(s), frequency, and last date used.

Details to Tobacco/Nicotine Question:

13. ILLUSTRATION

Do not complete this section if: (1) A signed illustration is not required by law; or (2) An illustration was signed and matches the policy for which you are applying.

I, the Owner, acknowledge that:

- An illustration was not shown or given to me.
- An illustration was shown or given to me, but the policy being applied for is different from the illustration.
- An illustration was displayed to me on a screen that matches the policy(ies) applied for, but no printed copy of the illustration was furnished. The illustration on the screen included the following personal information: See Census

Type of Policy: _____ Proposed Insured: _____

Initial Death Benefit (Base Face Amount plus Term Face Amount): _____

Issue Age: _____ Gender: _____

I acknowledge that I did not sign an illustration for the reason stated above and I understand that an illustration matching the policy as issued will be provided for signature no later than at the time the policy is delivered.

14. POLICY TRANSFERS / PREMIUM FINANCING

Does the Proposed Insured or Owner plan to transfer any right, title, or ownership interest in the policy being applied for to a third party, or has any of these parties ever transferred any rights, title or ownership in any life insurance policy to a third party? Yes No

Is any part of the premium for this policy being financed by a third party, or has the Proposed Insured or Owner been offered any inducement, fee or compensation, including "free life insurance," as an inducement to purchase life insurance? Yes No

If the Proposed Insured or Trust, other than a Trust established by the Employer, is the Owner complete the following question:

Has the Proposed Insured or Owner, within the past twelve months, authorized any third party to have a life settlement or viatical company review the Proposed Insured's medical status? Yes No

15. FRAUD NOTICE

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.

16. AGREEMENT

Those persons who sign below agree that:

1. All of the statements in this application are correctly recorded, and are complete and true to the best of the knowledge and belief of those persons who made them. Answers that are not true and complete may, subject to the policy's Incontestability Provision, invalidate coverage.
2. No agent or medical examiner has any right to accept risks, make or change contracts, or give up any of NYLIAC's rights or requirements.
3. The issuance of the policy is contingent on the completion and NYLIAC's receipt of the Issue Census and the Consent to Insurance, if attached, which are incorporated into and become a part of this application.
4. To put a policy or benefit issued in response to this application in force, the policy or written evidence of the benefit must be delivered to the Owner and the full first premium paid while all persons to be covered are living.
5. The policy date is the date from which policy charges are calculated and become due. The effective date of coverage is the later of the policy date or the date the first premium is paid. Unless Binder coverage is obtained, coverage does not begin until the effective date. If the policy date is earlier than the effective date of coverage, the policy owner pays policy charges calculated beginning on that earlier policy date although coverage does not begin until the effective date. At the time of the application, on or before the effective date, the Owner can select a policy date. The policy date may be chosen to correspond to the effective date, to obtain a lower premium rate based on a younger insurance age, because it is preferable to pay premiums on that date or have policy values accrue as on that date, or for other reasons. If no specific policy date is selected, and if no Binder coverage is obtained, the policy date will be the date that the initial premium is received.
6. For Employer Owned - The employer may be subject to IRS record keeping and annual reporting requirements relating to employer-owned life insurance contracts. Please consult with your tax advisor.
7. **WARNING:** The arrangement of a sale, transfer or assignment of this policy, prior to or within a period of time specified by state law after the date the policy was issued, to a third party, such as a viatical settlement entity, a life settlement entity, other secondary market provider or premium financing entity, may violate the law of your state of residence. If there are any questions pertaining to these matters please consult with your legal advisor.



PRODUCER'S STATEMENT
(Not a part of the Application)

1. REPLACEMENT

Is replacement involved in this transaction? Yes No

If "Yes," please provide details: _____

2. PRODUCER INFORMATION

Name: _____
Street: _____
City: _____
State: _____
Country: _____
Zip Code: _____
Telephone: _____

3. BROKER/DEALER INFORMATION (Variable Cases Only)

Name: _____
Street: _____
City: _____
State: _____
Country: _____
Zip Code: _____
Telephone: _____

4. LICENSING

In what state(s) will this policy/policies be issued? _____
Is the Producer licensed in this/these state(s)? Yes No
Is the Broker/Dealer licensed in this/these state(s) (variable cases only)? Yes No
Is the Producer appointed with NYLIAC in this/these state(s)? Yes No
Is the Broker/Dealer appointed with NYLIAC in this/these state(s) (variable cases only)? Yes No

5. PLAN SERVICING ENTITY INFORMATION

Name: _____
Street: _____
City: _____
State: _____
Zip Code: _____
Telephone: _____ Tax ID _____

6. SIGNATURES

I, the Producer, declare that: (a) the application was secured by me personally, and that I have no understanding or agreement with any other person, directly or indirectly, as to commissions or compensation on any applied for, except as may be specified below; and, (b) I have not paid or allowed, and I agree that I will not hereafter pay or allow, either directly or indirectly to be paid, any compensation or commission other than that specified below, or any rebate or premium in any manner whatsoever.

Dated at (City, State): _____, on (MM/DD/YYYY): _____

Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%
Print Full Name	Signature	Marketer Number	%

Must Total 100%

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Readability Cert.pdf

Item Status:

**Status
Date:**

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
READABILITY CERTIFICATION

I certify that the form listed on the attached page(s) meet the standards of your State's Readability Laws.

Flesch Score for form submitted with this filing is:

Form No.
312-650AR

Flesch Score
50

NEW YORK LIFE INSURANCE AN ANNUITY CORPORATION



Signature

Linda E. LoPinto

Name

Corporate Vice President

Title

May 7, 2012

Date