

**State:** Arkansas **Filing Company:** New York Life Insurance Company  
**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
**Product Name:** Individual Level Benefit Term Life  
**Project Name/Number:** /

### Filing at a Glance

Company: New York Life Insurance Company  
 Product Name: Individual Level Benefit Term Life  
 State: Arkansas  
 TOI: L04I Individual Life - Term  
 Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life  
 Filing Type: Form  
 Date Submitted: 07/23/2012  
 SERFF Tr Num: NYAA-128590414  
 SERFF Status: Closed-Approved-Closed  
 State Tr Num:  
 State Status: Approved-Closed  
 Co Tr Num:  
  
 Implementation: On Approval  
 Date Requested:  
 Author(s): Gina Babka  
 Reviewer(s): Linda Bird (primary)  
 Disposition Date: 07/30/2012  
 Disposition Status: Approved-Closed  
 Implementation Date:  
  
 State Filing Description:

**State:** Arkansas **Filing Company:** New York Life Insurance Company  
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## 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: 07/30/2012  
 State Status Changed: 07/30/2012  
 Deemer Date: Created By: Gina Babka  
 Submitted By: Gina Babka Corresponding Filing Tracking Number:

### Filing Description:

This filing includes the correct application for form number AISLW10. This will replace the application submitted and approved under NYAA-128192533. The incorrect application was previously submitted under that form name. This form has not been issued.

This application will also be used with the Whole Life product submitted and approved under filing number NYAA-128192760.

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

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: 1 FORM X \$50  
 Per Company: No

Company	Amount	Date Processed	Transaction #
New York Life Insurance Company	\$50.00	07/23/2012	61110264

SERFF Tracking #:

NYAA-128590414

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

New York Life Insurance Company

TOI/Sub-TOI:

L041 Individual Life - Term/L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name:

Individual Level Benefit Term Life

Project Name/Number:

/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/30/2012	07/30/2012

**SERFF Tracking #:**

NYAA-128590414

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

Arkansas

**Filing Company:**

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## Disposition

Disposition Date: 07/30/2012

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		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Life Insurance Internet Application		Yes

SERFF Tracking #:

NYAA-128590414

State Tracking #:

Company Tracking #:

State: Arkansas

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## Form Schedule

### Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		AISLW10	AEF	Life Insurance Internet Application	Revised: Replaced Form #: AISLW10 Previous Filing #: 128192533		AISLW10.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# APPLICATION

## Request for Life Insurance • [Simplified Term Life]



New York Life Insurance Company  
[51 Madison Avenue • New York, NY 10010]

[ XXXX-XXX-XXX ]

### APPLICANT

Social Security No.    -   -        Male  Female  
(Required)

Date of Birth  /  /  (Required)

Daytime Phone Number (  )

Email Address

First Name  Middle  Last Name   
 Address   
 City  State  Zip

### Coverage Amount Requested

\$XX,XXX  
  \$XX,XXX  
  \$XX,XXX  
  \$XX,XXX  
  \$XX,XXX  
  \$XXX,XXX

### Beneficiary Designation (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Beneficiary Name	Relationship to You	Share	Beneficiary Name	Relationship to You	Share

### PAYMENT OPTIONS

Send no money now. Payments will be billed monthly.  
 I want premiums to be deducted from my checking account each month.

Account Holder:  Routing Number:  Account Number:

I authorize New York Life to deduct premiums from my account.

/  /

**AUTHORIZATION ELECTRONICALLY SIGNED** [Applicant (Account Holder) Signature] Date

### STATEMENT OF HEALTH

- In the past 2 years, have you had treatment or medication for or been diagnosed by a doctor as having heart trouble, stroke, cancer, lung disease or disorder, diabetes, drug or alcohol abuse, liver or kidney disease, AIDS, AIDS Related Complex, immune system disorder or tested positive for exposure to HIV infection?.....  YES  NO
- In the past 2 years, for any condition, have you been admitted to or confined in a hospital, nursing home, extended care or special treatment facility?.....  YES  NO
- In the past 3 months, have you been advised by a doctor or had treatment, medication or diagnostic tests of any type? (Note: You are not required to report negative AIDS or HIV tests.).....  YES  NO

Please supply full details for health questions answered "Yes." List date(s) of onset below, along with types of treatment, medicine and dosage.

### APPLICANT DETAILS

### READ AND SIGN

Is the insurance applied for intended to replace, discontinue or change any existing insurance or annuity?.....  YES  NO

I understand that insurance will be effective on the date of the policy, provided my premium is received within 31 days of such Insurance Date. I understand that premium payment for insurance does not mean there is any coverage in force before the effective date as specified by New York Life ("NYL"). If material facts have been misstated here, benefits may be denied if the insured's death occurs within the first two years after the Insurance Date. I represent that, to the best of my knowledge and belief, the information on this application is true and complete. I authorize MIB, Inc., or any insurance company to release information about me to NYL, or its reinsurers, to determine my eligibility for life insurance. I authorize NYL, or its reinsurers, to make a brief report about me to MIB. **Note:** 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.

/  /

**APPLICATION ELECTRONICALLY SIGNED** Date