

State: Arkansas **Filing Company:** Symetra National Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: LO-1147 1/13
Project Name/Number: MIB Application Update/LO-1147 1/13

Filing at a Glance

Company: Symetra National Life Insurance Company
Product Name: LO-1147 1/13
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 08/29/2012
SERFF Tr Num: SYMT-128614151
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LO-1147 1/13

Implementation: On Approval
Date Requested:
Author(s): Lisa Hampton
Reviewer(s): Linda Bird (primary)
Disposition Date: 09/04/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: LO-1147 1/13
Project Name/Number: MIB Application Update/LO-1147 1/13

Filing Company: Symetra National Life Insurance Company

General Information

Project Name: MIB Application Update
Project Number: LO-1147 1/13
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/04/2012
State Status Changed: 09/04/2012
Created By: Lisa Hampton
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Lisa Hampton

Filing Description:
Symetra National Life Insurance Company
NAIC# 1129-98501
FEIN# 91-1079693

RE: LO-1147 1/13 – Application for Reinstatement and Evidence of Insurability

We are submitting copies of final versions of the above referenced form for your review and approval. The content does not deviate from normal company or industry standards.

LO-1147 1/13, Application for Reinstatement and Evidence of Insurability, is used to reinstate policies that have lapsed. This form is sent to policyowners with correspondence that is a part of our lapse procedures.

This form replaces form replaces LO-1147 5/07, approved under SERFF filing SYMX-125317705 on 10/29/07.

We have revised the authorization to comply with the recent change to the MIB General Rules, effective 1/1/2013. There are no other changes to this form.

This form was approved for use on 8/27/12 for use with Symetra Life Insurance Company under SERFF filing SYMT-128597574.

If you have questions, please contact me at the numbers noted below.

Sincerely,
Elizabeth A. Hampton
Contract Analyst
lisa.hampton@symetra.com
425-256-5468
800-796-3872 ext 65468

State: Arkansas **Filing Company:** Symetra National Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
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Company and Contact

Filing Contact Information

Lisa Hampton, Senior Compliance Analyst lisa.hampton@symetra.com
 777 108th Ave. NE, Suite 1200 425-256-5468 [Phone]
 Bellevue, WA 98004-5135 425-256-5466 [FAX]

Filing Company Information

| | | |
|---|-------------------------|-------------------------------|
| Symetra National Life Insurance Company | CoCode: 90581 | State of Domicile: Washington |
| 777 108th Ave NE, Suite 1200 | Group Code: 1129 | Company Type: Insurance |
| Bellevue, WA 98004-5135 | Group Name: | State ID Number: |
| (800) 796-3872 ext. [Phone] | FEIN Number: 91-1079693 | |

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: 1 form @ 50.00
 WA fee = 0.00
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|---|---------|----------------|---------------|
| Symetra National Life Insurance Company | \$50.00 | 08/29/2012 | 62129558 |

State: Arkansas Filing Company: Symetra National Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: LO-1147 1/13
Project Name/Number: MIB Application Update/LO-1147 1/13

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 09/04/2012 | 09/04/2012 |

SERFF Tracking #:

SYMT-128614151

State Tracking #:

Company Tracking #:

LO-1147 1/13

State:

Arkansas

Filing Company:

Symetra National Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

LO-1147 1/13

Project Name/Number:

MIB Application Update/LO-1147 1/13

Disposition

Disposition Date: 09/04/2012

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 | | Yes |
| Form | Reinstatement Application | | Yes |

SERFF Tracking #:

SYMT-128614151

State Tracking #:

Company Tracking #:

LO-1147 1/13

State: Arkansas
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 Product Name: LO-1147 1/13
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Form Schedule

Lead Form Number: LO-1147 1/13

| Item No. | Schedule Item Status | Form Number | Form Type | Form Name | Action/Action Specific Data | Readability Score | Attachments |
|----------|----------------------|--------------|-----------|---------------------------|-----------------------------|-------------------|------------------|
| 1 | | LO-1147 1/13 | AEF | Reinstatement Application | Initial: | 50.200 | LO-1147 1-13.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 |

**LO-1147 1/13
APPLICATION FOR
REINSTATEMENT & EVIDENCE
OF INSURABILITY**

Symetra Life Insurance Company
Mailing Address:
[PO Box 7902, London, KY 40742-9899]

Street Address:
[777 108th Avenue NE, Suite 1200]
[Bellevue, WA 98004-5135]

- Symetra Life Insurance Company
 Symetra National Life Insurance Company

Policy Number _____ Primary Insured _____ Other Insured Rider _____
(Print Name) (Print Name)

Owner if other than Insured _____ Policy Owner Phone Number _____

Policy Owner Mailing Address _____
City State Zip

| | Primary Insured | Other Insured Rider |
|----------------------------------|-----------------|---------------------|
| Current Height | | |
| Current Weight | | |
| What is your current occupation? | | |
| How long employed there? | | |

I (We) hereby apply for reinstatement of the policy and represent the following answers to be true and complete to the best of my (our) knowledge and belief. Reinstatement shall not take effect until this application is approved by us during the lifetime of any insured covered under the policy. I (We) understand this application shall become part of the policy and I (we) may request a copy of this application should I (we) so desire. I (We) acknowledge the representations made herein shall become incontestable as defined in the Incontestability provision contained in the policy. I (We) have also read the Notice of Insurance Information Practices.

| | Primary Insured | | Other Insured Rider | |
|--|--|--|--|--|
| | Yes | No | Yes | No |
| 1. During the past two (2) years has any insured previously covered under this policy: | | | | |
| a. Had an injury, medical disorder, disease, or physical impairment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Consulted or received any medical treatment or advice from a physician or any other licensed practitioner, or been under observation, care, or treatment in any hospital or any other treatment facility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Been declined, postponed, or limited for any insurance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Used any drug or narcotic except as prescribed by a licensed physician? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Had any driver's license revoked or suspended, or been convicted of driving while impaired or a felony crime? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Taken or been advised to take any prescribed medication, or treatment, or undergone any diagnostic tests (excluding Human Immunodeficiency Virus [HIV] tests)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. To the best of your knowledge and belief, is anyone previously covered under this policy currently disabled or been disabled within the past two (2) years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. What tobacco products or nicotine aids has any insured previously covered under this policy used in the previous 24 months? Check what type of product. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Cigarettes |
| | <input type="checkbox"/> Cigars | <input type="checkbox"/> Cigars | <input type="checkbox"/> Cigars | <input type="checkbox"/> Cigars |
| | <input type="checkbox"/> Pipe | <input type="checkbox"/> Pipe | <input type="checkbox"/> Pipe | <input type="checkbox"/> Pipe |
| | <input type="checkbox"/> Smokeless/Chew | <input type="checkbox"/> Smokeless/Chew | <input type="checkbox"/> Smokeless/Chew | <input type="checkbox"/> Smokeless/Chew |
| | <input type="checkbox"/> Gum | <input type="checkbox"/> Gum | <input type="checkbox"/> Gum | <input type="checkbox"/> Gum |
| | <input type="checkbox"/> Patch | <input type="checkbox"/> Patch | <input type="checkbox"/> Patch | <input type="checkbox"/> Patch |
| | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None |
| | <input type="checkbox"/> Other (Please Name) |
| | _____ | _____ | _____ | _____ |
| When was tobacco/nicotine last used? | | | | |

If the answer to question 1 or 2 is "YES" – Please provide details below.

| Name of Insured | Nature of Illness or Injury | Date | Duration of Illness | Treatment | Full Name & Address of Physician, Practitioner, Hospital or Treatment Facility |
|-----------------|-----------------------------|------|---------------------|-----------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

I authorize any physician, medical practitioner, hospital, medical clinic, other provider of health care, any insurance company, any consumer reporting agency or employer, or the MIB, Inc. to disclose to Symetra or Symetra National or their authorized medical, underwriting and claims representatives all information and records relating to diagnosis, treatment, medical history, physical and mental condition and evaluation, including information about drugs, alcoholism, or mental illness, or any other medical, financial or personal information relating to me or my dependent children. The Company will use this authorization to determine eligibility for insurance and/or benefits. **This authorization is valid for 24 months from this date. A photocopy is as valid as the original. I understand I have a right to receive a copy of this authorization if I desire.**

I authorize Symetra Life Insurance Company or Symetra National Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB.

FRAUD WARNING

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

SIGNATURE BLOCK

There is no coverage in force until reinstatement is approved by Symetra and all required premiums are paid.

Signed this, _____ at _____
 Day Month Year

State of _____

 Signature of Applicant/Owner If other than Proposed Insured

 Signature of Primary Insured (Age 15 or Older, 16 in CA)

 Signature of Other Insured Rider (Age 15 or Older, 16 in CA)

NOTICE OF INSURANCE INFORMATION PRACTICES

MIB, Inc. (Medical Information Bureau, MIB) – MIB, Inc. is a nonprofit corporation which operates an information exchange on behalf of its member life insurance companies. We are a member. The purpose of the MIB is to protect its member companies and their policyowners from those who would conceal significant facts relevant to their eligibility for insurance. The information we obtain from MIB may alert us to the possible need for further investigation. We rarely use it to make a final underwriting decision, but if we do, we will notify you in writing. As a member company, we will ask the MIB if it has a record about you. If you previously applied to a member company, MIB may have information about you in its file. We will treat information about you as confidential. Symetra or its reinsurers may, however, make a brief report to the MIB. This report is transmitted in a coded form, in order to maintain confidentiality, and only authorized underwriting and claims personnel have access to the code. If you later apply to another MIB member company for life or health insurance, or you submit a claim to a member company, MIB, upon request, will supply the member company with the information it may have about you in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. Information for consumers about MIB may be obtained on its website at www.mib.com. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB may also be contacted at 1-866-692-6901 (TTY 1-866-346-3642).

Investigative Consumer Report – As a part of our underwriting procedure, we may request an investigative consumer report from a consumer reporting agency. A consumer report confirms and supplements the information on your application about your employment, residence, finances, smoking habits, marital status, occupation, hazardous avocations and general health. This report may also include information concerning your general reputation, personal characteristics and mode of living except as may be related directly or indirectly to your sexual orientation, including drug and alcohol use, motor vehicle driving record and any criminal activity. This information may be obtained through personal interviews with you, your family, friends, neighbors and business associates. If a report is required, you may request to be personally interviewed. If you wish to be personally interviewed, request this in the remarks section on the reverse side of this application and we will notify the consumer reporting agency.

The information contained in the report may be retained by the consumer reporting agency and later disclosed to other companies to the extent permitted by the Fair Credit Reporting Act. We hold investigative consumer reports in strict confidence, and we use them only to evaluate your application on a fair and equitable basis. You have a right to inspect and obtain a copy of this report from the consumer reporting agency. Such a report rarely has an adverse effect on an individual's eligibility for insurance. If it should, however, we will notify you in writing, and identify the reporting agency. You, or your authorized representative, are entitled to a copy of this Notice. Please indicate on page two if you would like to receive a copy of an investigative report (if any) obtained during the application process.

Disclosure to Others – Personal information we obtain about you during the underwriting process is confidential, and we will not disclose it to other persons or organizations without your written authorization, except to the extent necessary for the conduct of our business. Examples of situations where we may share information about you follow:

1. The agent may retain a copy of your application. If reinsurance is required, the reinsurance company will have access to our application file. We give the consumer reporting agency enough identity information about you so that it may initiate a consumer report investigation.
2. We may release information to another life insurance company to whom you have applied for life or health insurance, or to whom you have submitted a claim for benefits, if you have authorized that company to obtain such information, and it submits your authorization to us with its request for information.
3. As stated earlier, we may report information to the Medical Information Bureau.
4. We may release information to persons or organizations conducting bona fide actuarial or scientific research studies, audits or evaluations, or to our affiliates who may wish to market products or services.
5. We will disclose information to government regulatory officials, law enforcement authorities, and others where required by law.

Access and Correction – In general, you have a right to learn the nature and substance of any personal information about you in our file, upon your written request. Whenever we make an adverse underwriting decision, we will notify you of the reasons for the decision and the source of the information on which we based our decision. We will give medical record information, however, only to a licensed physician of your choice or yourself. Please refer to the section on MIB, Inc., for that organization's disclosure procedure. There are procedures by which you can obtain access to personal information about you appearing in our policy files, including information contained in investigative consumer reports. We have also established procedures by which you may request correction, amendment or deletion of any information in our files which you believe to be inaccurate or irrelevant. A description of these procedures will also be sent to you upon request. If you feel that any information we have is inaccurate or incomplete, please write to the Individual New Business Department of Symetra, PO Box 84068, Seattle, WA 98124-9918. Your comments will be carefully considered and corrections made where justified.

SERFF Tracking #:

SYMT-128614151

State Tracking #:

Company Tracking #:

LO-1147 1/13

State:

Arkansas

Filing Company:

Symetra National Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

LO-1147 1/13

Project Name/Number:

MIB Application Update/LO-1147 1/13

Supporting Document Schedules

| | | Item Status: | Status Date: |
|--------------------------|----------------------|--------------|--------------|
| Satisfied - Item: | Flesch Certification | | |
| Comments: | | | |
| Attachment(s): | | | |
| AR Certification SNL.pdf | | | |

| | | Item Status: | Status Date: |
|-------------------|---|--------------|--------------|
| Satisfied - Item: | Application | | |
| Comments: | The application is in the Forms Schedule tab. | | |

State of Arkansas

CERTIFICATION

LO-1147 1/13

I hereby certify that we are in compliance with 23-79-138; Bulletin 6-87; Bulletin 11-88;
and Regulation 49.

A handwritten signature in black ink, appearing to read 'SWS', is positioned above a horizontal line.

Suzanne Webb Sainato, V.P.
Chief Compliance Officer
Symetra Life Insurance Company