

SERFF Tracking Number: NYLA-126803141 State: Arkansas  
Filing Company: New York Life Insurance and Annuity Corporation State Tracking Number: 46752  
Company Tracking Number: 210-R101  
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.002 Flexible Premium  
Product Name: Home Health Care Rider  
Project Name/Number: Home Health Care Rider/

## Filing at a Glance

Company: New York Life Insurance and Annuity Corporation

Product Name: Home Health Care Rider SERFF Tr Num: NYLA-126803141 State: Arkansas  
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable SERFF Status: Closed-Approved- Closed State Tr Num: 46752  
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: 210-R101 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Linda Bird  
Authors: Susan Britton, Rosanna Castaldi Disposition Date: 09/13/2010  
Date Submitted: 09/09/2010 Disposition Status: Approved-Closed  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: Home Health Care Rider  
Project Number:  
Requested Filing Mode:

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 09/13/2010

Deemer Date:  
Submitted By: Rosanna Castaldi  
Filing Description:

This filing is for a new rider, which will be used with our individual fixed and variable deferred annuity policies.

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: Submitted on 9/8/2010  
Market Type: Individual  
Group Market Size:  
Group Market Type:  
Explanation for Other Group Market Type:  
State Status Changed: 09/13/2010  
Created By: Rosanna Castaldi  
Corresponding Filing Tracking Number:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: NYLA-126803141 State: Arkansas  
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 Product Name: Home Health Care Rider  
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Rosanna Castaldi, Contract Consultant Rosanna\_Castaldi@newyorklife.com  
 1 Rockwood Road 914-846-3105 [Phone]  
 3N844 914-846-4133 [FAX]  
 Sleepy Hollow, NY 10591

**Filing Company Information**

New York Life Insurance and Annuity Corporation CoCode: 91596 State of Domicile: Delaware  
 1 Rockwood Road Group Code: 826 Company Type:  
 3N738 Group Name: State ID Number:  
 Sleepy Hollow, NY 10591 FEIN Number: 13-3044743  
 (914) 846-3508 ext. [Phone]

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: \$50.00 per form x 1 form = \$50.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance and Annuity Corporation	\$50.00	09/09/2010	39390303

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/13/2010	09/13/2010

*SERFF Tracking Number:* NYLA-126803141      *State:* Arkansas  
*Filing Company:* New York Life Insurance and Annuity      *State Tracking Number:* 46752  
Corporation  
*Company Tracking Number:* 210-R101  
*TOI:* A02.11 Individual Annuities- Deferred Non-      *Sub-TOI:* A02.11.002 Flexible Premium  
Variable and Variable  
*Product Name:* Home Health Care Rider  
*Project Name/Number:* Home Health Care Rider/

## **Disposition**

Disposition Date: 09/13/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: Home Health Care Rider  
 Project Name/Number: Home Health Care Rider/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Compliance Certification		Yes
Supporting Document	Cover Letter		Yes
Form	Home Health Care Rider		Yes

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## Form Schedule

**Lead Form Number: 210-R101**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	210-R101	Policy/Cont	Home Health Care ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Home Health Care Rider 210-R101.pdf

# RIDER

## HOME HEALTH CARE

This rider is attached to and made a part of this Policy. Where there is a conflict between the provisions in this rider and those of this Policy, the rider provisions will control. Capitalized Terms used but not defined in this rider have the meaning set forth in this Policy.

**Receipt of amounts paid pursuant to the terms of this rider may be subject to a 10% penalty tax in addition to any income taxes due. You should consult with your personal tax advisor before exercising this rider.**

For purposes of this rider, the term "benefit," means the partial waiver of any Surrender Charges that may apply under this Policy provided the terms of this rider are met. The use of the term "benefit" in this rider shall not be construed as a benefit (or incidental benefit) offered under (i) a plan qualified under Section 401(a) of the Internal Revenue Code of 1986, as amended ("Code"); (ii) an arrangement either described under Section 403(b) of the Code or subject to Section 4975 of the Code; or (iii) an employee benefit plan within the meaning of Section 3(3) of the Employee Retirement Income Security Act of 1974, as amended.

If the Owner(s) is not a natural person, the rider benefit is based on the Annuitant.

During [the first Policy Year] the Owner(s) is ineligible to receive the rider benefit, whether or not the Qualifying Event occurs during this period.

### DEFINITIONS

**1. Eligibility Date:** The date, beginning on the first Policy Anniversary, when you may be eligible to receive the benefit under this rider, provided a Qualifying Event has occurred.

**2. Qualifying Event:** The Owner begins receiving Home Health Care Services provided by a Home Health Care Provider as recommended by a licensed physician, and has received Home Health Care Services for [sixty (60)] days during the last [six (6)] months.

**The Qualifying Event defined above must occur on or after the Policy Date.**

**3. Home Health Care Provider:** An organization or individual that is licensed to provide home health care to chronically ill individuals in their home or residence for an hourly or daily charge.

**4. Home Health Care Services:** Services that are provided by a Home Health Care Provider.

## RIDER PROVISIONS

### 1. What Benefit Does This Rider Provide?

If you provide satisfactory proof that the Qualifying Event has occurred, the amount of a Partial Withdrawal or full surrender that is free of Surrender Charges each Policy Year may be increased. For purposes of determining this amount, the percentage(s), stated in the Policy for determining the Surrender Charge-free amount, is/are increased by an additional [ten percent (10%)]. For example, if the percentage(s) for determining the Surrender Charge-free amount in the Policy is ten percent (10%), this percentage is increased to [twenty percent (20%)].

This benefit will not apply to any other riders or provisions in the Policy that may provide for additional or higher Surrender Charge free withdrawal benefits.

We reserve the right, at the time you request a Partial Withdrawal or a full surrender, to request satisfactory proof that you remain eligible to receive the rider benefit.

### 2. Are There Any Limitations On the Benefit of this Rider?

This benefit may not be combined with any other Surrender Charge free withdrawal benefit exercised during a Policy Year.

Benefits available under this rider are only available if Home Health Care Services are provided by a Home Health Care Provider.

### 3. What Is Satisfactory Proof Of A Qualifying Event?

Satisfactory proof is a licensed physician's certification that the Qualifying Event has occurred, evidence of the date of the Qualifying Event from the Home Health Care Provider, and a bill or invoice from a Home Health Care Provider evidencing that the Owner has received Health Care Services for at least [sixty (60)] days during the last [six (6)] months.

## GENERAL PROVISIONS

### 1. Can The Rider Benefit Be Exercised More Than Once?

The rider benefit can be exercised more than once, provided we receive satisfactory proof for each Qualifying Event and you are eligible to receive the rider benefit.

### 2. What Happens If We Deny A Rider Benefit Claim?

If we determine that you are not eligible to receive a rider benefit, at the time you request a Partial Withdrawal or full surrender of the Policy, the proceeds will not be disbursed unless 1) we notify you of the denial and 2) you instruct us that you wish to receive the proceeds, subject to any Surrender Charges that may apply.

### 3. Effective Date

This rider is effective on the Policy Date.

### 4. Minimum Accumulation Value

At the time the benefit provided by this rider is requested, the Policy must have an Accumulation Value of [\$5,000] or more.

### 5. Rider Fees

There are no fees or charges associated with this rider.

### 6. Rider Termination

To cancel this rider you must send us a signed request. This rider ends on the earlier of the following: 1) the date you signed the request subject to any action we took before we received it, or 2) when the Policy is surrendered or terminated.

In no event will termination of this rider forfeit previously waived Surrender Charges provided by this rider.

## NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION



President



Secretary

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Company Tracking Number: 210-R101  
TOI: A02.11 Individual Annuities- Deferred Non- Variable and Variable Sub-TOI: A02.11.002 Flexible Premium  
Product Name: Home Health Care Rider  
Project Name/Number: Home Health Care Rider/

## Supporting Document Schedules

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

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Statement of Variability <b>Comments:</b> <b>Attachment:</b> SOV-HHC Rider- 210-R101.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Compliance Certification <b>Comments:</b> <b>Attachment:</b> Cert-Compliance-AR.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> Cover Letter-AR.pdf		

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME:** New York Life Insurance and Annuity Corporation

This is to certify that the form referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<b>Form Number</b>	<b>Score</b>
210-R101	50.4



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Suzanne Wolf  
Assistant Vice President – Product Development

September 9, 2010

\_\_\_\_\_  
Date

## New York Life Insurance and Annuity Corporation (NYLIAC)

### Statement of Variability For Individual Annuity Home Health Care Rider Form Number: 210-R101

The following comments describe the nature and scope of the variable material denoted with brackets on the Rider. When applicable, ranges and/or alternate text are provided. Any use of variability shall be administered in accordance with the Explanation of Variability, and in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

<b>Bracketed Information</b>	<b>Explanation of Variability</b>
<b>Paragraph 5 – Benefit Ineligibility</b>	For changes to the required period of time during which the owner is not eligible to receive rider benefits. The range for this period is between and including six (6) and twelve (12) months
<b>Definitions 2. Qualifying Event</b>	For changes to the required period of time during which the Owner has received Home Health Care Services. The range for this period of time is between and including thirty (30) and ninety (90) days and the period of months in which those days may occur may range from three (3) months to twelve (12) months.
<b>Rider Provisions 1. What Benefit Does This Rider Provide?</b>	For changes to the increase of the Surrender Charge free amount. The range for this amount is between and including five percent (5%) and ninety percent (90%). For the example discussed in the last sentence of the first paragraph: for changes to the resulting percentage in conjunction with the benefit provided.
<b>Rider Provisions 3. What Is Satisfactory Proof Of A Qualifying Event?</b>	For changes to the required period of time during which the Owner has received Home Health Care Services. The range for this period of time is between and including thirty (30) and ninety (90) days and the period of months in which those days may occur may range from three (3) months to twelve (12) months.
<b>General Provisions 4. Minimum Accumulation Value</b>	For changes to the minimum Accumulation Value required under the policy to request a benefit under this rider. The range for this amount is between and including two thousand five hundred dollars (\$2,500) and ten thousand dollars (\$10,000).
<b>Officer Signatures and or Title</b>	For any change to the corporation's officers and or their titles

**NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**  
**NEW YORK LIFE INSURANCE COMPANY**

**STATE OF ARKANSAS**

**In Re: Form (s): 210-R101**

I certify that the rider form contained in this filing complies with Arkansas Insurance Regulation 19.

*Suzanne Wolf*

\_\_\_\_\_  
Signature

Suzanne Wolf

\_\_\_\_\_  
Name

Assistant Vice President-Product Development

\_\_\_\_\_  
Title

09/09/2010  
Date



**NEW YORK LIFE INSURANCE COMPANY**  
**NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**  
(A Delaware Corporation)  
1 Rockwood Road, Sleepy Hollow, NY 10591

"The Company You Keep"®

Suzanne Wolf  
Assistant Vice President - Product Development  
Bus: (914) 846-3508 Fax: (914) 846-4487 Toll Free: (800) 280-3551  
E-Mail: [Suzanne\\_M\\_Wolf@newyorklife.com](mailto:Suzanne_M_Wolf@newyorklife.com)

September 9, 2010

Hon. Jay Bradford  
Commissioner  
1200 W. Third Street  
Little Rock, AR 72201-1904

**RE: NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION**  
Form No.: 210-R101 Waiver of Surrender Charge Benefit Rider  
N.A.I.C. NO.: 826-91596  
F.E.I.N.: 13-3044743

Dear Hon. Jay Bradford:

We are enclosing for your approval a new waiver of surrender charge benefit rider, our Home Health Care Rider, form number 210-R101, which will be issued by New York Life Insurance and Annuity Corporation (NYLIAC). This rider does not replace any existing rider.

This rider will be issued with our individual deferred fixed annuity policies issued by NYLIAC and solicited through our agency distribution channel. At some point in the future, we may also include this rider with our individual deferred variable annuities. In addition, we may, at some point in the future, include this rider with our individual deferred fixed and variable annuities solicited through our independent agencies. The chart below provides the form numbers and a brief description of the policy forms that this rider will be issued with, as well as the current filing/approval information.

This rider provides for an increase in the amount of a partial withdrawal or full surrender that is free of surrender charges once satisfactory proof that the owner began receiving Home Health Care Services has been provided. Please refer to the rider form for additional details. This rider will be automatically included at issue, and at no charge to the policy owner. We intend to begin offering this rider on or about February 1, 2011 with our fixed deferred annuity products.

This form will be pre-printed or laser-emitted with identical language approved by your Department. The Corporation reserves the right to alter the color, layout, format, pagination, signature graphic, and the type of font (but point size no less than 10 point) of these forms without resubmitting for approval, unless otherwise informed.

#### **Domicile Approval Status**

This form was filed with the Insurance Department of our domicile State of Delaware on September 8, 2010 and is pending approval.

We would appreciate receiving your Department's approval of this new form at your earliest convenience. If you have any questions regarding this submission, you may contact me at my e-mail address or phone number referenced above.

Sincerely,



Suzanne Wolf  
 Assistant Vice President– Product Development

SW: rc

New York Life Insurance and Annuity Corporation Policy Forms that will be used with rider form 210-R101		
Policy Form	Description	Filing/Approval Information
210-192	Individual Single Premium Deferred Fixed Annuity	3/9/2010
210-P105	Individual Single Premium Deferred Fixed Annuity	Being filed under separate cover
210-P108	Individual Flexible Premium Deferred Fixed Annuity	Being filed under separate cover
210-P 111	Individual Single Premium Deferred Fixed Annuity with Market Value Adjustment	Being filed under separate cover
000-190	Individual Flexible Premium Deferred Variable Annuity	6/23/1999
208-191	Individual Flexible Premium Deferred Variable Annuity	10/22/2008
208-192	Individual Flexible Premium Deferred Variable Annuity	10/22/2008
210-P110	Individual Flexible Premium Deferred Variable Annuity (will replace 000-190)	Being filed under separate cover