

SERFF Tracking Number: AFDL-125843264 State: Arkansas
Filing Company: American Public Life Insurance Company State Tracking Number: 40465
Company Tracking Number: A08MASAPP
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AO08MASAPP
Project Name/Number: AO08MASAPP/AO08MASAPP

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: AO08MASAPP SERFF Tr Num: AFDL-125843264 State: ArkansasLH
TOI: H21 Health - Other SERFF Status: Closed State Tr Num: 40465
Sub-TOI: H21.000 Health - Other Co Tr Num: A08MASAPP State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Janice Farmer, Shari Vick, Disposition Date: 10/08/2008
Ashlie Snyder
Date Submitted: 10/06/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: AO08MASAPP Status of Filing in Domicile: Pending
Project Number: AO08MASAPP Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: filed 10/3/08
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Employer, Association
Filing Status Changed: 10/08/2008 Deemer Date:
State Status Changed: 10/08/2008
Corresponding Filing Tracking Number:
Filing Description:

American Fidelity Assurance Company is filing the above listed forms for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

Enclosed you will find the above mentioned application form being filed for approval by your Department. This is a new form and is not intended to replace any forms previously approved or declined by your Department.

<i>SERFF Tracking Number:</i>	<i>AFDL-125843264</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Public Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40465</i>
<i>Company Tracking Number:</i>	<i>A08MASAPP</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>AO08MASAPP</i>		
<i>Project Name/Number:</i>	<i>AO08MASAPP/AO08MASAPP</i>		

This group policyholder application, AO08MASAPP, will be used to apply for all group products approved by your department, along with optional riders. The Flesch score for this application is 50. This application was filed in our state of domicile (Oklahoma) on 10/03/2008.

Brackets have been placed around blocks of text to denote variability. The text within these blocks will appear (as is) or not appear on the final printed document depending on what is marketed in a particular environment. This will allow a customized application depending on what products/options are marketed in a particular environment. All other text will remain static. A John Doe specimen of the application has been provided.

Thank you for your assistance with this matter. If you have any questions, please feel free to call me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com.

Company and Contact

Filing Contact Information

Shari Vick, Compliance Analyst II	shari.vick@af-group.com
2000 Classen Blvd	(800) 654-8489 [Phone]
Oklahoma City, OK 73106	(405) 523-5793[FAX]

Filing Company Information

American Public Life Insurance Company	CoCode: 60801	State of Domicile: Oklahoma
2305 Lakeland Drive	Group Code: 330	Company Type: LAH
Flowood, MS 39232	Group Name:	State ID Number:
(601) 936-2157 ext. [Phone]	FEIN Number: 64-0349942	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per submission
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$50.00	10/06/2008	22964432

SERFF Tracking Number:	AFDL-125843264	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/08/2008	10/08/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Certification/Notice	Supporting Document	Ashlie Snyder	10/07/2008	10/07/2008

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Disposition

Disposition Date: 10/08/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Certification/Notice	Approved-Closed	Yes
Supporting Document	Certification/Notice	Replaced	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Master Application	Approved-Closed	Yes

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Amendment Letter

Amendment Date:

Submitted Date: 10/07/2008

Comments:

We have corrected a typographical error on the form.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Certification/Notice

Comment:

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Form Schedule

Lead Form Number: AO08MASAPP

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	A08MASAPP	Application/ Master Enrollment Form	Application/ Master Enrollment Form	Initial		50	BRACKETED .JDOE.A08MASAPP.Final.woSetUp.pdf



American Public Life Insurance Company

A member of the American Fidelity Group
2305 Lakeland Drive • Flowood, Mississippi • 39232
Phone: (601) 936-6600 or (800) 256-8606 • Fax: (601) 932-9011

Home Office Use Only:

Group Number: _____
Effective Date: _____
No. of Insureds: _____
Guarantee Issue: _____
Take-Over: _____
Setup Date: _____

- Plan Sponsor Set-Up
- Master Application

GENERAL INFORMATION

1. Plan Sponsor/Policyholder: ABC School
2. Mailing Address: 345 Anystreet City Anywhere State AS Zip 00022
3. Physical Address: _____ City _____ State _____ Zip _____
(if different than mailing address)
4. Plan Sponsor/Policyholder Contact Name: Jane C. Doe
5. Contact Phone: (222) 222-2222 Fax: (222) 333-3333 6. E-mail Address: abcschool@edu.net
7. Group Type: Association Employer Other (describe) _____
8. Tax I.D.#: XXXXXXXXXX 9. SIC Code: 21 10. Year Established? 1965
11. Nature of Business: Elementary School 12. Subsidiary & Affiliated Organizations: No Yes (attach information)
13. For Associations Only: Eligibility Determined at employer level
14. Current Employees/Members are Eligible: Immediately After _____ Days Employment (Full-Time Employee means 35 hours per week.)
15. New Employees/Members are Eligible After 30 Days Employment
16. Number of Currently Eligible Employees/Members 250 17. Requested Effective Date 1/1/08
18. Do you currently have insurance like or similar to the coverage applied for? Yes No If "yes", please list type of insurance and carrier(s): _____
19. Will the insurance applied for replace any existing insurance? Yes No If "yes" list type of insurance, carrier, and termination date: _____
20. Will any coverage applied for be offered under a Cafeteria Plan? Yes No If "yes" which coverage? (List anniversary date, Plan Administrator, address and phone number.) _____
21. Are insureds exempt from: Social Security taxes? Yes No Medicare taxes? Yes No
22. Are insureds covered under Workers' Compensation? Yes No
23. Re-Enrollment frequency: 6 months 1 year Other _____

BILLING INSTRUCTIONS

- Frequency: Monthly Semi-Monthly Bi-Weekly Weekly Other _____
 Skip Month: 8/12 9/12 10/12 11/12 Which months Skipped? _____
- Billing Method: Paper Electronic – Email Address: _____ Date of 1st Deduction: 2/1/08
- Send Billing To: Name Ellen C. Doe Phone #: (222) 331-2222
(List Billing Contact and Address if different than above.)
- Billing Address: _____ City _____ State _____ Zip _____

GROUP PRODUCT SELECTION

- {Hospital Indemnity Voluntary Plan Sponsor Paid _____ % \$ _____ Pre-ex: apply credit waive
- Base Hospital Indemnity Benefit \$ 100 Per Day] Outpatient Sickness Rider [\$25 \$50 \$75]]
- Annual First Occurrence Rider \$ 1,000 Benefit] Surgical & Anesthesia Rider 2 Units]
- Emergency Accident Rider \$ 200 Max. Benefit] Wellness / Diagnostic Test Rider]
- Intensive Care/Coronary Care Rider \$ 500 Per Day] Term Life Rider [\$10,000 \$20,000]]
- Outpatient Surgical Facility Rider \$ _____ Benefit] _____ }

- {Cancer Voluntary Plan Sponsor Paid Plan Sponsor Pays _____ % \$ _____
- | | |
|--|--|
| <p style="text-align: center;">OPTION 1</p> <p><input checked="" type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3]</p> <p><input checked="" type="checkbox"/> Diagnostic Testing Benefit Rider [<input type="checkbox"/> \$25 <input checked="" type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100]</p> <p><input checked="" type="checkbox"/> Critical Illness Rider
 <input type="checkbox"/> Cancer Only [<input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$5,000]</p> <p><input type="checkbox"/> Heart/Stroke Only [<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000]</p> <p><input type="checkbox"/> Cancer/Heart/Stroke [<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000]</p> <p><input checked="" type="checkbox"/> Hospital ICU Rider Optional to Employee: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Daily Benefit \$ <u>400</u></p> <p><input type="checkbox"/> Continuation Rider]</p> | <p style="text-align: center;">OPTION 2</p> <p><input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2 <input type="checkbox"/> Level 3]</p> <p><input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input checked="" type="checkbox"/> \$75 <input type="checkbox"/> \$100]]</p> <p>Optional to Employee: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 <input type="checkbox"/> \$2,500 <input checked="" type="checkbox"/> \$5,000]</p> <p><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000]</p> <p><input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000]]]</p> <p>Optional to Employee: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
 Daily Benefit \$ <u>400</u>]</p> |
|--|--|

{Accident <input type="checkbox"/> 24 Hour] <input type="checkbox"/> 1 Unit	<input type="checkbox"/> Voluntary <input type="checkbox"/> Plan Sponsor Pays _____ % <input type="checkbox"/> Off The Job Only] <input type="checkbox"/> 2 Units	<input type="checkbox"/> 3 Units	\$ _____ <input type="checkbox"/> 4 Units]	
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Special Request(s) For Any Group Product(s):

MASTER APPLICATION AGREEMENT

If this application is approved American Public Life Insurance Company, group insurance will take effect: (a) on the Effective Date; or, (b) on the date the required number of eligible persons have enrolled, if such persons are to pay for part of the cost of their coverage; whichever is the later date. Group insurance will be issued: (a) at the Company's rates; and, (b) under the terms and conditions of the policy or policies applied for. If this application is not approved, no insurance will take effect. Any premium payment advanced by the Policyholder will be returned.

THE POLICYHOLDER DECLARES that to the best of his knowledge and belief the statements and answers shown above are true and complete. The Policyholder understands and agrees that: (a) the application will form a part of any policy issued; (b) no information given to, or acquired by, any representative of the Company will bind the Company unless it appears in writing on this application; (c) no waiver or modification will bind the Company unless it is in writing and is signed by an Executive Officer of the Company; and (d) only those persons eligible under the terms of the policy or policies issued will be covered. I hereby request American Public Life Insurance Company to issue the Group Insurance Policy(ies) and Certificates of Insurance for the coverage applied for. I agree to collect and remit premiums for insurance products for the insured (and dependents, if applicable).

No Insurance is Effective until the Policy and Certificates are actually issued and then only from the Effective Date.

<i>Jane E. Doe</i>	President	12/31/07
Signature of Plan Sponsor Official	Title	Date

<i>John Q. Agent</i>	12345
Agent Signature	Agent Number

Employer groups may be subject to certain State and/or Federal Employment related laws (including ERISA, IRS Sections 89 and 125, and COBRA) and is solely responsible for compliance of these laws including any required benefit payments not covered by an Insurance Plan.

FRAUD WARNING

In **FL, KY, OH** and **OK**: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim (in **FL** and **KY** – or application) containing any false, incomplete, or misleading information (in **FL** – is guilty of a felony of the third degree.) concerning a material fact is guilty of insurance fraud (in **KY** – insurance fraud is a felony). In **LA, ME, NJ, NM** and **VA**: Any person who knowingly presents 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 (in **NJ** and **NM** – civil fines and criminal penalties.) fines and confinement in prison (in **ME, TN** and **VA** – and denial of insurance benefits).

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 10/08/2008
Comments:
Attachment:
 AR FLESCH HEALTH.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 10/08/2008
Bypass Reason: see the form tab
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 10/08/2008
Bypass Reason: n/a
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 10/08/2008
Bypass Reason: n/a
Comments:



A member of the American Fidelity Group

ARKANSAS FLESCH CERTIFICATION

This is to certify that the Flesch scores for the enclosed forms are as follows:

Form Number	Flesch Score	Words Contained in Text
A08MASAPP Application	50	1045

The forms are printed in not less than 10 point type, one point leaded.

The application has been scored by the Flesch method.

A handwritten signature in black ink, appearing to read 'Alex M Bagby', written over a horizontal line.

Alex M Bagby, A.S.A., M.A.A.A.
Vice President and Chief Risk Officer

October 3, 2008

Date

SERFF Tracking Number: *AFDL-125843264* *State:* *Arkansas*
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Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Certification/Notice	10/02/2008	AR FLESCHE HEALTH.pdf



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