

SERFF Tracking Number: AFDL-125678315 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 39203
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: AMD-8249 Emergency Facility Optional Rider
Project Name/Number: /

Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMD-8249 Emergency Facility SERFF Tr Num: AFDL-125678315 State: ArkansasLH

Optional Rider

TOI: H21 Health - Other

SERFF Status: Closed

State Tr Num: 39203

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Sue Joslyn

Disposition Date: 06/10/2008

Date Submitted: 06/04/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Form is concurrently being filed in a number of states, including our state of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 06/10/2008

State Status Changed: 06/10/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Form AMD-8249 is being filed for use with group policy form G-501B, G-505.SA(AR), and G-513.SA(AR), previously approved by your Department on 12-15-99, 3-30-04, and 7-25-05, respectively. This form is intended to replace form AMD-8247 which was previously approved by your Department on 3-5-08. The difference between this form and form AMD-8247 is that this form also allows for a range in the number of Emergency Facility Indemnity Benefit payments per Covered Person per Calendar year.

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This rider provides an optional indemnity benefit which pays a lump sum payment when a Covered Person receives treatment in an emergency facility. This amount is in addition to any Outpatient Physician Office Visit Indemnity Benefit or Outpatient Diagnostic X-ray and Laboratory Indemnity Benefit that may be payable. This benefit is payable on an indemnity basis and not on an expense-incurred basis.

Variable material is reflected within the brackets, which includes the range in benefit amounts that may be elected.

Company and Contact

Filing Contact Information

Sue Joslyn, Compliance Analyst III
 5109 Ten Point Trail
 Wake Forest, NC 27587

sue.joslyn@af-group.com
 (919) 554-0686 [Phone]
 (919) 554-2513[FAX]

Filing Company Information

American Fidelity Assurance Company
 2000 North Classen Blvd
 Oklahoma City, OK 73106
 (405) 523-2000 ext. [Phone]

CoCode: 60410
 Group Code:
 Group Name:
 FEIN Number: 73-0714500

State of Domicile: Oklahoma
 Company Type: LAH
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? Yes
 Fee Explanation: \$25 per rider
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$25.00	06/04/2008	20664022

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/10/2008	06/10/2008

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Disposition

Disposition Date: 06/10/2008

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	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Emergency Facility Optional Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AMD-8249	Certificate	Emergency Facility Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	AMD-8249 (G-501B,G- 505SA,G- 513SA, emer facility_CY limit).pdf



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73106

Effective Date: _____
(if different from Policy or Certificate)

EMERGENCY FACILITY INDEMNITY BENEFIT

The Policy or Certificate to which this Rider is attached is hereby amended as follows:

Section 3, Benefit Provision, is amended to add the following benefit:

Emergency Facility Indemnity Benefit

If a Covered Person receives treatment for a covered Accident or Sickness in a Hospital emergency room, the Company will pay the Emergency Facility Indemnity Benefit. The Emergency Facility Indemnity Benefit will be a lump sum amount of [nil to \$1,000.00, in \$50.00 increments, for the Insured; and \$50.00 to \$1,000.00, in \$50.00 increments, for each covered Dependent], limited to [one to 10] Emergency Facility Indemnity Benefit payments per Covered Person per Calendar Year. This amount is in addition to any Outpatient Physician Office Visit Indemnity Benefit or Outpatient Diagnostic X-Ray and Laboratory Indemnity Benefit that may be payable.

This Rider is subject to all of the provisions of the Policy as long as this Rider does not amend them. This Rider will terminate on the same date as the Policy or Certificate to which it is attached.



Secretary

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice Approved-Closed 06/10/2008
Comments:
 Attached is the Readability Certification. Since this filing does not consist of a product filing, but rather a rider providing an optional benefit for a previously approved filing, the other legislation cited herein would not apply.
Attachment:
 AR Readability Certification.pdf

Review Status:
Bypassed -Name: Application Approved-Closed 06/10/2008
Bypass Reason: This filing consists of the filing of an optional benefit rider to be used with previously approved policy forms. Therefore, the filing of any applicable applications would have been completed at the time the policy forms themselves were approved.
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification Approved-Closed 06/10/2008
Bypass Reason: N/A - This is not an individual health product.
Comments:

Review Status:
Bypassed -Name: Outline of Coverage Approved-Closed 06/10/2008
Bypass Reason: N/A - This is not an individual health product.
Comments:



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73106

**CERTIFICATE OF READABILITY
ARKANSAS**

I hereby certify that form AMD-8249 meets the minimum Flesch reading ease score as required by ACA 23-80-206.

Signature

Ronald J. Byrne

Name

Vice President

Title

6-3-08

Date