

SERFF Tracking Number: AFDL-125712592 State: Arkansas  
Filing Company: American Fidelity Assurance Company State Tracking Number: 39456  
Company Tracking Number: AGM-104  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: AGM-104AR  
Project Name/Number: DRMS Group Master Application/AGM-104AR Master Application

## Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AGM-104AR

SERFF Tr Num: AFDL-125712592 State: ArkansasLH

TOI: H11G Group Health - Disability Income

SERFF Status: Closed

State Tr Num: 39456

Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: AGM-104

State Status: Approved-Closed

Long Term

Filing Type: Form

Co Status: In Progress

Reviewer(s): Rosalind Minor

Author: Tina Crooks

Disposition Date: 07/02/2008

Date Submitted: 06/27/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: DRMS Group Master Application

Status of Filing in Domicile: Authorized

Project Number: AGM-104AR Master Application

Date Approved in Domicile: 06/07/2006

Requested Filing Mode: Review & Approval

Domicile Status Comments: Approved

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, Trust

Filing Status Changed: 07/02/2008

Deemer Date:

State Status Changed: 07/02/2008

Corresponding Filing Tracking Number:

Filing Description:

AGM-104AR master application will be used with group disability policy, G111 previously approved in Arkansas on December 12, 2001.

## Company and Contact

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**Filing Contact Information**

Tina Crooks, Compliance Analyst II tina.crooks@af-group.com  
 2000 N Classen Blvd (405) 416-8734 [Phone]  
 Oklahoma City, OK 73106 (405) 416-8832[FAX]

**Filing Company Information**

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code:	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? Yes  
 Fee Explanation: Oklahoma fee is \$25 for application filing  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$25.00	06/27/2008	21127555

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/02/2008	07/02/2008

*SERFF Tracking Number:*      *AFDL-125712592*                      *State:*                      *Arkansas*  
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*TOI:*                      *H11G Group Health - Disability Income*              *Sub-TOI:*                      *H11G.005 Combined Short Term and Long Term*  
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## **Disposition**

Disposition Date: 07/02/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number:** AGM-104AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AGM-104AR	Application/Enrollment Form	Application/Master Application	Initial		50	AGM-104AR.pdf

# AMERICAN FIDELITY ASSURANCE COMPANY

2000 N. Classen Blvd Oklahoma City, Oklahoma 73106

Application is hereby made to American Fidelity Assurance Company for Group Disability Income Insurance based on the following:

1. Legal Name of Participating Employer

2. Address of Employer

3. Names of Subsidiaries, Divisions or Affiliates to be covered

4. Nature of Business

5. Effective date 12:01 a.m.

Month Day Year

6. Eligible Classes

7. Number of employees

eligible \_\_\_\_\_  
enrolled \_\_\_\_\_

8. Will employees contribute towards cost?

Yes  
 No

8. Minimum Standards

Before this Policy or the insurance of additional persons or a change in class takes effect, the following applicable minimum standards must be met:

Where the Policyholder is a trustee and eligible persons are employees or members of subscribers:

employees or members \_\_\_\_\_

percent of employees or members \_\_\_\_\_

If these standards are not met, it is agreed that the Company may terminate the Policy or Subscribing Unit.

9. Waiting Period

- A. Present employees
- B. Future employees

10. Monthly Compensation will include?

Commissions  Yes  No  
Bonuses  Yes  No

11. Elimination Period

Days

11. Disability Definition

- A.  12 months Own Occupation
- B.  24 months Own Occupation

C.  Long Term Own Occupation (DEFM2-1)

12. Maximum Benefit Period

A.  Reducing Benefit Duration

B.  Reducing Benefit Duration

D.  Reducing Benefit Duration

C.  Reducing Benefit Duration

**13. Disabled and Not Working**

- A.  BNMA – Adjustments
- B.  BNMB – Limitations/Adjustments
- C.  BNML – Limitations

**14. Deductible Sources of Income**

- A.  BNM-F/24hr – 24hour coverage
- B.  BNM – Non-Occupational coverage
- C.  BNM-F/Sub-1 – Non-Occupational coverage (includes offsets for substitute differential pay)
- D.  BNM-FG – 24-hour coverage (includes offsets for substitute differential pay)
- E.  BNM-24hr/Sub - 24-hour coverage (includes offsets for substitute differential pay)
- F.  BNM-F/Sub – Non-Occupational coverage (includes offsets for substitute differential pay)
- G.  BNM-NonOcc/Sub – Non-Occupational coverage (includes offsets for substitute differential pay)

**15. Disabled and Working**

- A.  BNMW01 – Partial w/Residual to Benefit Period; 100% during the first
- B.  BNMW05 – Partial w/Residual with cap; 100% during the first
- C.  BNMW09 – Partial, to Benefit Period; 100% during the first
- D.  BNMW03 – Proportionate Loss w/ Residual to Benefit Period
- E.  BNMW07 – Proportionate Loss w/ Residual with cap

**16. Pre-Existing Conditions**

- A.  3/12/12 Exclusion
- B.  6/12/12 Exclusion
- C.  12/12/12 Exclusion
- D.  6/12/24 Exclusion
- E.  12/12/24 Exclusion
- F.  24/12/24 Exclusion

**17. Will the Cost of Living Adjustment benefit be included?**

- Yes
- No

If Yes, Adjustment duration option

Adjustment Percentage

- A.  5 adjustments
- B.  10 adjustments
- C.  Maximum Benefit Period
- A.  3%
- B.  5%

**18. Will a Mental Illness Limitation apply?**

- Yes
- No

**Will an Alcohol and Drug Addiction Limitation apply?**

- Yes
- No

**19. Is this a replacement of similar coverage?**

- Yes
- No

**20. Previous Company Name**

**21. Termination date of prior plan**

**22. Other**

**WARNING:** 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.

Dated at \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Participant/Employer

Agent:

*John C. Lanier*

By:

Official Position

*SERFF Tracking Number:*      *AFDL-125712592*                      *State:*                      *Arkansas*  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** Approved-Closed 07/02/2008  
**Comments:**  
**Attachment:**  
AGM-104AR CERT.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 07/02/2008  
**Bypass Reason:** Application is is new and therefore attached under the form schedule.  
**Comments:**

**Satisfied -Name:** Cover Letter **Review Status:** Approved-Closed 07/02/2008  
**Comments:**  
**Attachment:**  
AGM-104AR-ltr.pdf



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73125

**CERTIFICATE OF READABILITY  
ARKANSAS**

This is to certify that the attached AGM-104AR Master Application for Group Disability Policies has achieved a Flesch Reading Ease Score of 50 and comply with the requirements of Arkansas Stat. Ann. § 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Signature

John C. Lanier

Name

Vice President

Title

6/26/2008

Date

**Tina Crooks, HIA, DIA, DHP, CCP**  
Group Compliance Analyst II  
Risk Management  
Educational Services Division, 3-S  
PHONE: (405)-416-8734  
FAX: (405) 416-8832  
E-mail: tina.crooks@af-group.com

June 26, 2008

**NAIC NUMBER: 330-60410**

The Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 W. Third Street  
Little Rock, Arkansas 72201-1904

***FILING: AGM-104AR***

Attached for submission is the above-captioned form. Form AGM-104AR is a Group Master Application that will be used with group disability policy, G111 previously approved in Arkansas on August 15, 2001.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of Arkansas, and such forms contain no provisions previously disapproved by the Department.

Thank you for your assistance in this matter. Enclosed is a postage-paid return envelope for your use in acknowledging receipt of this filing and a filing fee of \$25.00. If you should have any questions or comments, or if you need any additional information, please feel free to call me at (405)-416-8734.

Respectfully,  
Tina Crooks