

SERFF Tracking Number: AFDL-126407938 State: Arkansas  
Filing Company: American Public Life Insurance Company State Tracking Number: 44367  
Company Tracking Number: APLHR21.R1109, A-3(3/2000)OC R1109  
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only  
Product Name: APLHR21.R1109, A-3(3/2000)OC R1109  
Project Name/Number: APLHR21.R1109, A-3(3/2000)OC R1109/APLHR21.R1109, A-3(3/2000)OC R1109

## Filing at a Glance

Company: American Public Life Insurance Company

Product Name: APLHR21.R1109, A-3(3/2000)OC R1109 SERFF Tr Num: AFDL-126407938 State: Arkansas

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved-Closed State Tr Num: 44367

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: APLHR21.R1109, A-3(3/2000)OC R1109 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor  
Disposition Date: 12/21/2009

Authors: Shari Vick, Melissa Mahanes, Ashlie Snyder, Tonya Bittle

Date Submitted: 12/18/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: APLHR21.R1109, A-3(3/2000)OC R1109

Status of Filing in Domicile: Pending

Project Number: APLHR21.R1109, A-3(3/2000)OC R1109

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 12/21/2009

Explanation for Other Group Market Type:

State Status Changed: 12/21/2009

Deemer Date:

Created By: Tonya Bittle

Submitted By: Tonya Bittle

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 for your approval are the above captioned forms. The APLHR21.R1109 is intended to replace the APLHR21 form previously approved by your department on 5/25/07. The only change to the form was to add a second

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Project Name/Number: APLHR21.R1109, A-3(3/2000)OC R1109/APLHR21.R1109, A-3(3/2000)OC R1109

amendment. This Amendment Rider will revise the exclusion pertaining to dental care or treatment in the A-3(1/99)Rev. Accident Only Policy approved by your department on 3/30/99. The Flesch score for this Rider is 58.

The A-3(3/2000)OC R1109 will replace the A-3(3/2000)OC Rev. approved by your department with the A-3(1/99)Rev. Accident Only Policy referenced in the preceding paragraph. This Outline of Coverage has been amended to revise the exclusion pertaining to dental care or treatment in the A-3(1/99)Rev. Accident Only policy referenced in the preceding paragraph. The Flesch score for this Outline of Coverage is 50.

A John Doe specimen of the rider has been provided.

I hereby certify that to the best of my knowledge the form submitted herewith is in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such form contains no provisions previously disapproved by the Department.

Enclosed is a postage-paid return envelope for your convenience. 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] 7782 [Ext]  
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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: \$25.00/form  
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$50.00	12/18/2009	32902000

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/21/2009	12/21/2009

*SERFF Tracking Number:*      *AFDL-126407938*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Public Life Insurance Company*      *State Tracking Number:*      *44367*  
*Company Tracking Number:*      *APLHR21.R1109, A-3(3/2000)OC R1109*  
*TOI:*                      *H021 Individual Health - Accident Only*      *Sub-TOI:*                      *H021.000 Health - Accident Only*  
*Product Name:*              *APLHR21.R1109, A-3(3/2000)OC R1109*  
*Project Name/Number:*      *APLHR21.R1109, A-3(3/2000)OC R1109/APLHR21.R1109, A-3(3/2000)OC R1109*

## **Disposition**

Disposition Date: 12/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Filing Fee Form	Approved-Closed	Yes
<b>Supporting Document</b>	APL09 Authorization Letter	Approved-Closed	Yes
<b>Form</b>	Amendment Rider	Approved-Closed	Yes
<b>Form</b>	Outline of Coverage	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: APLHR21.R1109, A-3(3/2000)OC R1109

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/21/2009	APLHR21.R1109	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Outline of Coverage	Initial		58.000	APLHR21.R1 109 Rev Dental & Football Exclusion.pdf
Approved-Closed 12/21/2009	A-3(3/2000)OC R1109	Outline of Coverage	Outline of Coverage	Initial		50.000	A-3(3- 2000)OC R1109 Generic.pdf



# American Public Life Insurance Company

A member of the American Fidelity Group

2305 Lakeland Drive, Flowood, Mississippi 39232  
(601) 936-6600 • (800) 256-8606

## Amendment Rider

This rider is a part of the policy to which it is attached. It is subject to all the provisions of the policy that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the policy to which it is attached.

The policy is hereby amended as follows:

The section entitled "**EXCLUSIONS AND LIMITATIONS**" is hereby amended as follows:

Item (3) "dental care or treatment due to accidental Injury to natural teeth" is revised to read "dental care or treatment unless due to accidental Injury to natural teeth."

Item (15) "Injury to a covered person while practicing for or being a part of organized, competitive football;" is removed.

A handwritten signature in black ink, appearing to be 'J. H. ...'.

Assistant Secretary

A handwritten signature in black ink, appearing to be 'William F. Weems'.

Vice President



**AMERICAN PUBLIC LIFE INSURANCE COMPANY**  
2305 Lakeland Drive, Flowood, Mississippi 39205

**OUTLINE OF COVERAGE**  
**ACCIDENT ONLY COVERAGE, FORM A-3(1/99)REV. SERIES**  
**REQUIRED OUTLINE OF COVERAGE**

- (1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) Accident only coverage is designed to provide you with coverage for (death, dismemberment, disability or hospital and medical care) resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

**(3) BENEFITS**

**PART I - ACCIDENTAL DEATH**

If an Accidental Bodily Injury results in the loss of life of the Insured Person within 90 days of the accident causing such Injury, the Company will pay the amount shown in the Policy Schedule under Accidental Death Benefit.

**PART II - MEDICAL EXPENSE ACCIDENTAL INJURY BENEFIT**

If, as the result of Accidental Bodily Injury, an Insured Person requires medical treatment, commencing within 60 days from the date of the accident, We will pay the actual charges incurred for Covered Expenses. The maximum benefit paid for any one accident, per Insured Person, shall not exceed the Medical Expense Benefit shown in the Policy Schedule. In no case will the benefits exceed the actual charges. If covered expenses are incurred at a Hospital Emergency Room, a \$50 deductible will apply for each Accidental Injury regardless of number of units.

**PART III - DAILY HOSPITAL CONFINEMENT BENEFIT**

We will pay the Daily Hospital Confinement Benefit, as shown in the Policy Schedule, for each day of confinement beginning with the first day and continuing to a maximum of 30 days of Hospital Confinement for any one accident.

**PART IV - AIR AND GROUND AMBULANCE BENEFIT**

We will pay the actual charges, not to exceed the amount shown in the Policy Schedule, for emergency air or ground ambulance transportation to or from a Hospital for treatment. Transportation must occur within 21 days of the accident causing the Injury.

**PART V - ACCIDENTAL DISMEMBERMENT BENEFIT**

We will pay the Accidental Dismemberment Benefit shown below for a loss which resulted within 90 days of the accident causing the Injury.

<b>Schedule of Benefits</b>	<b>Per Unit Amount</b>	<b>Schedule of Benefits</b>	<b>Per Unit Amount</b>
Single Finger or Toe	\$250.00	Single Hand, Arm, Foot or Leg	\$2,500.00
Multiple Fingers or Toes	\$500.00	Multiple Hand, Arm, Foot or Leg	\$5,000.00

Loss means: (1) with respect to finger or toe, severance at the joint closest to the wrist or ankle; (2) with respect to hand, or foot, severance at or above the wrist or ankle joint; (3) with respect to arm or leg, severance at or above the shoulder joint or pelvis; (4) with respect to sight, total and permanent blindness.

The total amount payable for all Losses resulting from the same accident will not exceed the Maximum Dismemberment Benefit of \$5,000 cumulative per unit.

**PART VI - ACCIDENTAL LOSS OF SIGHT BENEFIT**

We will pay the amount shown in the Policy Schedule for Loss of Sight in one eye from Accidental Bodily Injury, for each Insured Person. If Accidental Bodily Injury results in the Loss of Sight in both eyes, We will pay double the amount shown in the Policy Schedule.

**OPTIONAL BENEFITS**

(If the following benefits are shown on the Policy Schedule, page 3, they are payable benefits. If they are not shown on the Policy Schedule, they are not Payable Benefits, under this Policy.)

**PART I - ACCIDENTAL DISABILITY INCOME BENEFIT.** We will pay, to the Primary Insured, the monthly disability benefit amount, as shown on the Policy Schedule, for loss of income due to covered accidental disability. The benefit is payable beginning on the first day of disability, not to exceed 12 months.

**PART II - HOSPITAL ADMISSION BENEFIT.** We will pay a Hospital Admission Benefit, as shown in the Policy Schedule, when an Insured Person is admitted to a hospital due to a covered accidental injury.

**PART III - ACCIDENT ONLY - INTENSIVE CARE BENEFIT.** We will pay a daily benefit, as shown in the Policy Schedule, when an Insured Person is confined in an Intensive Care Unit, as a result of accidental bodily injury. Maximum confinement 30 days for any one accident.

**OPTIONAL RIDERS**

**TOTAL DISABILITY - SICKNESS RIDER:** We will pay, to the Primary Insured, the monthly disability benefit amount, as shown in the Policy Schedule, for loss of income due to covered sickness disability. The benefit is payable beginning the first day of disability after the Elimination Period for Sickness expires; and is payable for the maximum number of days shown in the Policy Schedule.

**GUNSHOT WOUND BENEFIT RIDER:** We will pay, to the Primary Insured, the amount shown in the Policy Schedule, if You are hospitalized for a non - fatal gunshot wound, while on Your job as a Public Safety Personnel employee, within 24 hours of receiving the wound. **Public Safety Personnel means an employee of a City, County, Parish, State or Federal Law Enforcement Department or a Fire Department.**

**(4) EXCLUSIONS AND LIMITATIONS**

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with:

- (1) sickness, illness or bodily infirmity;
- (2) suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane;
- (3) dental care or treatment unless due to accidental Injury to natural teeth;
- (4) war or any act of war(whether declared or undeclared) or participating in a riot of felony;
- (5) alcoholism or drug addiction;
- (6) travel or flight in or descent from any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
- (7) Injury originating prior to the effective date of the Policy;
- (8) Injury occurring while intoxicated (intoxication means that which is determined and defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss is incurred.);
- (9) Voluntary inhalation of gas or fumes or taking of poison or asphyxiation from;
- (10) Voluntary ingestion or injection of any drug, narcotic or sedative, unless administered on the advice and taken in such doses as prescribed by a Physician;
- (11) Injury sustained or sickness which first manifests itself while on full - time duty in the armed forces. Upon notice, We will refund the proportion of unearned premium while in such forces;
- (12) Injury incurred while engaging in an illegal occupation;
- (13) Injury incurred while attempting to commit a felony or an assault;
- (14) Mental or emotional disorders;
- (15) Injury to a covered person while practicing for or being a part of organized or competitive rodeo, sky diving, hang gliding, parachuting or scuba diving;
- (16) driving in any race or speed test or while testing an automobile or any vehicle on any racetrack or speedway;
- (17) charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
- (18) hernia, carpal tunnel syndrome or any complication therefrom;
- (19) any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound.)

If, You are entitled to benefits under this Policy, as a result of sprained or lame back, or lame back, or any intervertebral disk conditions, such benefits shall be payable for a maximum period of time, not exceeding in the aggregate three (3) months for any Injury.

**(5) RENEWABILITY**

This policy is Guaranteed Renewable to Age 70. We may change the premium rates for this Policy, if We change them on every Insured in Your state in the same class. We will notify You in writing, at least 45 days before the change becomes effective, at Your last known address.

**(6) MONTHLY PREMIUMS**

Coverage	1 Unit	2 Units	3 Units	4 Units	Acc.Dis. Per \$100	Hosp.Adm. Per \$100	Int.Care Per\$150	Sickness Rider Per \$100		
								Mo. Benefit Elimination Period 14 Day	6 Mo. Benefits 14 Day	3 30 Day
Individual	\$10.80	\$17.10	\$21.50	\$24.50	\$2.50	\$0.45	\$0.45	\$2.15	\$2.65	\$1.65
Indiv.& Spouse	19.40	29.80	38.90	44.90	N/A	0.65	0.65	N/A	N/A	N/A
Indiv.& Children	21.20	34.90	45.20	52.00	N/A	0.75	0.75	N/A	N/A	N/A
Family	29.80	47.60	62.60	72.40	N/A	0.95	0.95	N/A	N/A	N/A
Gunshot Wound Rider - Individual only.....\$1.00 Per Month										

A grace period of 31 days is allowed for premium payments after the first premium.

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	12/21/2009
<b>Comments:</b>		
<b>Attachment:</b> AR FLESCHE HEALTH.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	12/21/2009
<b>Bypass Reason:</b> N/A		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification	Approved-Closed	12/21/2009
<b>Bypass Reason:</b> n/a		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage	Approved-Closed	12/21/2009
<b>Bypass Reason:</b> The Outline of Coverage is contained in the Form Schedule as part of this filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Filing Fee Form	Approved-Closed	12/21/2009
<b>Comments:</b>		
<b>Attachment:</b> AR FLESCHE HEALTH.pdf		

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	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> APL09 Authorization Letter	Approved-Closed	12/21/2009
<b>Comments:</b>		
<b>Attachment:</b>		
Authorization09.pdf		



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
APLHR21.R1109	58	122
A-3(3/2000)OC R1109	50	1276

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

December 4, 2009

Date



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

December 4, 2009

Date



# American Public Life Insurance Company

**A member of the American Fidelity Group.**

February 3, 2009

NAIC Number: 60801  
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA  
Vice President & Chief Risk Officer