

SERFF Tracking Number: AFDL-126028390 State: Arkansas  
Filing Company: American Fidelity Assurance Company State Tracking Number: 41500  
Company Tracking Number:  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: AGM105  
Project Name/Number: GROUP MASTER APPLICATION/AGM105

## Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AGM105 SERFF Tr Num: AFDL-126028390 State: ArkansasLH  
TOI: H11G Group Health - Disability Income SERFF Status: Closed State Tr Num: 41500  
Sub-TOI: H11G.005 Combined Short Term and Co Tr Num: State Status: Approved-Closed  
Long Term  
Filing Type: Form Co Status: Approved Reviewer(s): Rosalind Minor  
Authors: Jenni Groves, Raini Lewis, Disposition Date: 02/12/2009  
Tina Crooks, Linda Martin, Lisa  
Blaich  
Date Submitted: 02/10/2009 Disposition Status: Approved-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: GROUP MASTER APPLICATION Status of Filing in Domicile: Authorized  
Project Number: AGM105 Date Approved in Domicile: 02/06/2009  
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: 02/12/2009 Explanation for Other Group Market Type:  
State Status Changed: 02/12/2009  
Deemer Date: Corresponding Filing Tracking Number:  
Filing Description:  
Group Master Application

SERFF Tracking Number: AFDL-126028390 State: Arkansas  
 Filing Company: American Fidelity Assurance Company State Tracking Number: 41500  
 Company Tracking Number:  
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
 Product Name: AGM105  
 Project Name/Number: GROUP MASTER APPLICATION/AGM105

## Company and Contact

### Filing Contact Information

Raini Lewis, Compliance Analyst I raini.lewis@af-group.com  
 2000 Classen (405) 416-8735 [Phone]  
 Oklahoma City, OK 73160 (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	
	-----	

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$20.00	02/10/2009	25609452

SERFF Tracking Number: AFDL-126028390 State: Arkansas  
Filing Company: American Fidelity Assurance Company State Tracking Number: 41500  
Company Tracking Number:  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: AGM105  
Project Name/Number: GROUP MASTER APPLICATION/AGM105

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/12/2009	02/12/2009

*SERFF Tracking Number:*      *AFDL-126028390*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Fidelity Assurance Company*              *State Tracking Number:*              *41500*  
*Company Tracking Number:*  
*TOI:*                      *H11G Group Health - Disability Income*              *Sub-TOI:*                      *H11G.005 Combined Short Term and Long Term*  
*Product Name:*              *AGM105*  
*Project Name/Number:*              *GROUP MASTER APPLICATION/AGM105*

## **Disposition**

Disposition Date: 02/12/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *AFDL-126028390*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Fidelity Assurance Company*              *State Tracking Number:*      *41500*  
*Company Tracking Number:*  
*TOI:*                      *H11G Group Health - Disability Income*              *Sub-TOI:*                      *H11G.005 Combined Short Term and Long Term*  
*Product Name:*              *AGM105*  
*Project Name/Number:*      *GROUP MASTER APPLICATION/AGM105*

<b>Item Type</b>	<b>Item Name</b>	<b>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>Form</b>	Group Master Application	Approved-Closed	Yes

SERFF Tracking Number: AFDL-126028390 State: Arkansas  
 Filing Company: American Fidelity Assurance Company State Tracking Number: 41500  
 Company Tracking Number:  
 TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
 Product Name: AGM105  
 Project Name/Number: GROUP MASTER APPLICATION/AGM105

## Form Schedule

**Lead Form Number:** AGM105

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AGM105	Application/ Group Master Enrollment Application Form	Initial		50	AGM105.pdf

**AMERICAN FIDELITY ASSURANCE COMPANY**  
2000 N. Classen Boulevard, P.O. Box 25523, Oklahoma City, OK 73125

Application for group insurance is hereby made to American Fidelity Assurance Company based on the following:

1. Full Legal Name of Policyholder: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Physical Address (if different): \_\_\_\_\_
4. Group Type:  Association  Corporation  Sole Proprietorship or Partnership  Education  Other \_\_\_\_\_
5. Nature of Organization: \_\_\_\_\_
6. The following coverage is applied for:  Group Disability Income  Supplemental/Limited Benefit  Other: \_\_\_\_\_
7. Designation of Class or Classes Eligible for Coverage (attach an additional page if necessary): \_\_\_\_\_

8. Current employees are eligible:  Immediately  After \_\_\_\_\_ days employment  As determined by each firm
9. New employees are eligible after \_\_\_\_\_ days employment.
10. 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/an:  Employer  Trust  Association, the participation requirements are as follows: \_\_\_\_\_

If these standards are not met, it is agreed that the Company may:

- (1) ask for satisfactory evidence of insurability before an eligible person's coverage takes effect; or
- (2) terminate the Policy or Subscribing Unit.

A minimum of \_\_\_\_\_ lives is required to issue coverage and maintain eligibility.

11. Initial Premium rate is as follows: \_\_\_\_\_  
The premium is due on the \_\_\_\_\_ of each \_\_\_\_\_
12. Effective Date: \_\_\_\_\_ Original Policy Effective Date: \_\_\_\_\_ Policy Amended Effective: \_\_\_\_\_  
If this application is approved by the Company, it is desired that the Policy takes effect at 12:01 AM at the place where the Policy is delivered. It is agreed that the coverage of an eligible person will not take effect until the first premium has been paid for or by such person.
13. 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.
14. I hereby request American Fidelity Assurance Company to issue and deliver the Group Certificates of Insurance for the coverage applied. I agree to make payroll deductions for the Employee portion (and any Dependent portion if applicable) of any premium.
15.  Non-ERISA Group  
 ERISA Acknowledgment: The Employer named below acknowledges that the Employee Retirement Income Security Act of 1974 (ERISA), as amended or other laws, if applicable, may require that the Employer be responsible for certain duties or obligations with respect to the Employer or Employer's Employees and dependents under any certificate under such group policy or policies.

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

Authorized Signature: \_\_\_\_\_ Official Position: \_\_\_\_\_

Agent: \_\_\_\_\_ Agent Number: \_\_\_\_\_

**FRAUD WARNING:** Any person, who knowingly and with intent to injure or deceive any insurer, files a statement of claim or application containing any false, incomplete, or misleading information may be guilty of insurance fraud. (In CT, insurance fraud is determined by a court of competent jurisdiction; in IN, KY, and OK, insurance fraud is a felony; in NV, insurance fraud is a Category D Felony). In AR, DC, LA, NJ, NM, PA, TN, 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 fines and confinement in prison. (In DC, TN, and VA, also denial of insurance benefits; in NJ, NM, and PA, civil fines and criminal penalties.)

*SERFF Tracking Number:*      *AFDL-126028390*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Fidelity Assurance Company*              *State Tracking Number:*              *41500*  
*Company Tracking Number:*  
*TOI:*                      *H11G Group Health - Disability Income*              *Sub-TOI:*                      *H11G.005 Combined Short Term and Long Term*  
*Product Name:*              *AGM105*  
*Project Name/Number:*              *GROUP MASTER APPLICATION/AGM105*

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: AFDL-126028390 State: Arkansas  
Filing Company: American Fidelity Assurance Company State Tracking Number: 41500  
Company Tracking Number:  
TOI: H11G Group Health - Disability Income Sub-TOI: H11G.005 Combined Short Term and Long Term  
Product Name: AGM105  
Project Name/Number: GROUP MASTER APPLICATION/AGM105

## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Approved-Closed 02/12/2009  
**Comments:**  
**Attachment:**  
AR-CERT.pdf

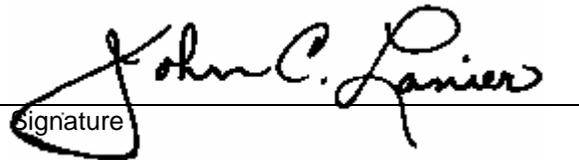
**Satisfied -Name:** Application **Review Status:** Approved-Closed 02/12/2009  
**Comments:**  
Application attached under Form Schedule



2000 N. Classen Boulevard, Oklahoma City, Oklahoma 73125

**CERTIFICATE OF READABILITY  
ARKANSAS**

This is to certify that the attached Group Master Application, Form Number: AGM105, have 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

February 10, 2009  
Date