

SERFF Tracking Number: ALST-126041247 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 41598  
Company Tracking Number: WBR5  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Wellness Benefit Rider  
Project Name/Number: /

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Wellness Benefit Rider	SERFF Tr Num: ALST-126041247	State: ArkansasLH
TOI: H21 Health - Other	SERFF Status: Closed	State Tr Num: 41598
Sub-TOI: H21.000 Health - Other	Co Tr Num: WBR5	State Status: Approved-Closed
Filing Type: Form	Co Status: Complete	Reviewer(s): Rosalind Minor
	Author: Jennifer Aiello	Disposition Date: 02/24/2009
	Date Submitted: 02/20/2009	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:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 02/24/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/24/2009
Deemer Date:	Corresponding Filing Tracking Number:
Filing Description:	

We submit the above referenced forms for your review and approval. These forms are new and will not replace any forms currently approved by your department.

Rider WBR5 will provide benefits when a covered person has an eligible wellness benefit performed. This rider will be attached to health insurance policies approved by your state. Enclosed is the actuarial memorandum which includes premium rates applicable to this rider.

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The purpose of endorsement EWBR5 is to expand the eligible wellness benefits currently available under our approved wellness riders for existing insureds. This endorsement will not increase premium rates and is being added without any change in premiums to existing policyholder's benefits.

Any logo, officer signature or Home Office address and telephone number that appears on this form is subject to change.

We have included the readability certificate and any filing fees and/or forms required by your state. If you have any questions, feel free to call me at (904) 992-2541. I can also be reached by email at jhop4@allstate.com.

## Company and Contact

### Filing Contact Information

Jennifer Aiello, Filing Analyst jhop4@allstate.com  
 Attn: Legal/Compliance (904) 992-2541 [Phone]  
 Jacksonville, FL 32224-9983 (904) 992-2975[FAX]

### Filing Company Information

American Heritage Life Insurance Company	CoCode: 60534	State of Domicile: Florida
ATTN: Legal/Compliance	Group Code: 8	Company Type: Life and Health
1776 American Heritage Life Drive		
Jacksonville, FL 32224-9983	Group Name: Allstate	State ID Number:
(904) 992-1776 ext. [Phone]	FEIN Number: 59-0781901	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$110.00
Retaliatory?	No
Fee Explanation:	\$20 per form X 3 forms = \$60 \$50 per rate X 1 rate = \$50
	\$60 + \$50 = \$110
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$110.00	02/20/2009	25845023

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/24/2009	02/24/2009

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## Disposition

Disposition Date: 02/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<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>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Form</b>	Wellness Benefit Rider	Approved-Closed	Yes
<b>Form</b>	Endorsement	Approved-Closed	Yes
<b>Rate</b>	Rate Page	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** WBR5

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	WBR5	Policy/Cont Wellness Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		55	WBR5.pdf
Approved-Closed	EWBR5	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		56	EWBR5.pdf

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

## WELLNESS BENEFIT RIDER

This rider is issued in consideration of the rider premium and the application for the rider. The benefit is paid in addition to the benefits of the policy.

The benefit is subject to the provisions of this rider and the policy. All terms defined and used in the policy apply to this rider.

### DEFINITIONS

**Rider Date.** The effective date of coverage under this rider. The rider date is the policy date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our policy dating rules in effect at the time this rider is issued.

**Policy.** The policy to which this rider is attached.

### BENEFITS

**Wellness Benefit.** We pay this benefit if a covered person has an eligible wellness benefit performed. We pay the amount shown on page 3 of the policy per calendar year per covered person for one of the eligible wellness benefits. Each covered person is covered for no more than the amount shown on page 3 of the policy per calendar year.

The eligible wellness benefits are:

1. Biopsy for skin cancer; and
2. Blood test for triglycerides; and
3. Bone Marrow Testing; and
4. CA15-3 (cancer antigen 15-3-blood test for breast cancer); and
5. CA125 (cancer antigen 125 – blood test for ovarian cancer); and
6. CEA (carcinoembryonic antigen – blood test for colon cancer); and
7. Chest X-ray; and
8. Colonoscopy; and
9. Doppler screening for carotids; and
10. Doppler screening for peripheral vascular disease; and
11. Echocardiogram; and
12. EKG (Electrocardiogram); and
13. Flexible sigmoidoscopy; and
14. Hemocult stool analysis; and
15. HPV (Human Papillomavirus) Vaccination; and
16. Lipid panel (total cholesterol count); and
17. Mammography, including Breast Ultrasound; and
18. Pap Smear, including ThinPrep Pap Test; and
19. PSA (prostate specific antigen – blood test for prostate cancer); and
20. Serum Protein Electrophoresis (test for myeloma); and
21. Stress test on bike or treadmill; and
22. Thermography; and
23. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

### TERMINATION

This rider terminates at the earliest of: (a) the end of the grace period for the payment of the premium for the policy or this rider; or (b) when the policy terminates.

If we accept a premium that extends coverage past the termination date, coverage continues until the end of that premium period.

### RENEWABILITY

The Renewability provision of the policy applies to this rider, subject to the Termination provision of this rider.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.



Secretary

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**Jacksonville, Florida 32224**

**ENDORSEMENT**

The Wellness Benefit Rider this Endorsement is attached to, effective \_\_\_\_\_, is amended as follows:

This endorsement expands the eligible wellness benefits covered under your Wellness Benefit Rider. Therefore, the list of wellness benefits in your rider and any previous endorsements and/or amendments to the rider are hereby deleted in their entirety and replaced with the following eligible benefits:

1. Biopsy for skin cancer; and
2. Blood test for triglycerides; and
3. Bone Marrow Testing; and
4. CA15-3 (cancer antigen 15-3-blood test for breast cancer); and
5. CA125 (cancer antigen 125 – blood test for ovarian cancer); and
6. CEA (carcinoembryonic antigen – blood test for colon cancer); and
7. Chest X-ray; and
8. Colonoscopy; and
9. Doppler screening for carotids; and
10. Doppler screening for peripheral vascular disease; and
11. Echocardiogram; and
12. EKG (Electrocardiogram); and
13. Flexible sigmoidoscopy; and
14. Hemocult stool analysis; and
15. HPV (Human Papillomavirus) Vaccination; and
16. Lipid panel (total cholesterol count); and
17. Mammography, including Breast Ultrasound; and
18. Pap Smear, including ThinPrep Pap Test; and
19. PSA (prostate specific antigen – blood test for prostate cancer); and
20. Serum Protein Electrophoresis (test for myeloma); and
21. Stress test on bike or treadmill; and
22. Thermography; and
23. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

We provide coverage for these benefits in accordance with the terms and conditions stated in your rider.

This endorsement does not change, alter or amend the rider except as stated.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.



Secretary

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Rate Page	WBR5	New		WBR5 Rate Page - Most States.pdf

## Appendix A

### Rider Form WBR5

Annual Premium per \$25 unit: Individual: \$8.22 Family: \$13.33

Monthly Premium per \$25 unit: Individual: \$0.74 Family: \$1.20

Subject to rounding procedures, the following are premium modalization rules for this form:

Semiannual premiums equal 0.52 multiplied by the annual premium.

Quarterly premiums equal 0.265 multiplied by the annual premium.

Monthly premiums equal 0.09 multiplied by the annual premium.

Semi-monthly, bi-weekly, weekly, ninthly and tenthly premiums are calculated on a pro-rata basis from the monthly premium.

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## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Approved-Closed 02/24/2009  
**Comments:**  
**Attachments:**  
AR Readability Certificate.pdf  
AR Certification of Compliance.pdf

**Satisfied -Name:** Application **Review Status:** Approved-Closed 02/24/2009  
**Comments:**  
Applications AWD900AR-1 and AWDINDAPPAR-1 will be used. These forms were approved on June 25, 2007 under filing # 35803.

**Satisfied -Name:** Outline of Coverage **Review Status:** Approved-Closed 02/24/2009  
**Comments:**  
**Attachment:**  
OWBR5AR.pdf

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida 32224-6687

To the Policy Review Section, Arkansas Department of Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

<u>Form</u>	<u>Score</u>
WBR5	54.9
OWBR5AR	51.7
EWBR5 (w/ Wellness Benefit Rider)	55.8

Date: February 20, 2009



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Diane Ierna  
Assistant Vice President, Compliance Department

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida 32224-6687

To the Policy Review Section, ARKANSAS Department of Insurance.

**Certification of Compliance**

For Filing Including:

WBR5  
OWBR5AR  
EWR5

I hereby certify that, to the best of my knowledge and belief, the forms referenced above comply with the applicable provisions of the state of Arkansas.

Date: February 20, 2009



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Diane Ierna  
Assistant Vice-President  
Compliance Department



Workplace Division

## AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:

1776 AMERICAN HERITAGE LIFE DRIVE

JACKSONVILLE, FLORIDA 32224-6687

(904) 992-1776

A Stock Company

### REQUIRED OUTLINE OF COVERAGE FOR WELLNESS BENEFIT RIDER WBR5

#### RETAIN THIS FOR YOUR RECORDS!

This coverage is not MEDICARE SUPPLEMENT coverage. If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide*, which is available from the Company.

**READ YOUR CONTRACT CAREFULLY-** This outline provides a brief description of some of the important features of your contract. This is not the insurance contract and only the contract provisions control. The contract itself sets forth, in detail, the rights and obligations of both you and the Company. It is therefore, important that you **READ YOUR POLICY CAREFULLY!**

**Supplemental Benefit Coverage.** This coverage is designed to provide you with supplemental wellness benefit coverage.

#### BENEFITS

**Wellness Benefit.** We pay this benefit if a covered person has an eligible wellness benefit performed. We pay the amount shown on page 3 of the policy per calendar year per covered person for one of the eligible wellness benefits. Each covered person is covered for no more than the amount shown on page 3 of the policy per calendar year.

The eligible wellness benefits are:

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14. Hemocult stool analysis; and

15. HPV (Human Papillomavirus) Vaccination; and
16. Lipid panel (total cholesterol count); and
17. Mammography, including Breast Ultrasound; and
18. Pap Smear, including ThinPrep Pap Test; and
19. PSA (prostate specific antigen – blood test for prostate cancer); and
20. Serum Protein Electrophoresis (test for myeloma); and
21. Stress test on bike or treadmill; and
22. Thermography; and
23. Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms.

#### EXCEPTIONS

The exceptions and limitations provision of the policy applies to the rider.

#### TERMINATION

The rider terminates at the earliest of: the end of the grace period for the payment of the premium for the policy or the rider; or when the policy terminates. If we accept a premium that extends coverage past the termination date, coverage continues until the end of that premium period.

#### RENEWABILITY

The renewability provision of the policy applies to the rider, subject to the termination provision of the rider.