

SERFF Tracking Number: AFDL-126122713 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 42211
Company Tracking Number: AMDI272, AMDI273
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: AMDI272, AMDI273
Project Name/Number: AMDI272, AMDI273/AMDI272, AMDI273

Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMDI272, AMDI273

SERFF Tr Num: AFDL-126122713 State: Arkansas

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed-Approved-Closed
State Tr Num: 42211

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: AMDI272, AMDI273 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Marie Bennett

Authors: Shari Vick, Melissa Mahanes, Ashlie Snyder

Disposition Date: 05/06/2009

Date Submitted: 04/23/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AMDI272, AMDI273

Status of Filing in Domicile: Pending

Project Number: AMDI272, AMDI273

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: filed

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/06/2009

Explanation for Other Group Market Type:

State Status Changed: 05/06/2009

Deemer Date:

Created By: Ashlie Snyder

Submitted By: Ashlie Snyder

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for submission are the above-mentioned forms. These are new forms and do not replace any previously approved forms.

These riders will be used with previously approved individual long-term care products. These riders will be offered to customers who wish to convert their policy to a paid up status, and will allow for clean contractual provision in the cases where the offer is accepted.

The Flesch score of AMDI272 is 53, and AMDI273 is 51. This submission was filed in the state of domicile (Oklahoma)

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 Product Name: AMDI272, AMDI273
 Project Name/Number: AMDI272, AMDI273/AMDI272, AMDI273
 on April 21, 2009.

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 your State and such forms contain no provisions previously disapproved by the Department.

These forms may eventually be issued from an automated system. We will make every attempt to produce the automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval. The pages may print on different colors of paper depending upon the market.

Thank you for your assistance with this matter. If you have any questions, please feel free to contact me at 1-800-654-8489, extension 7782. My email address is shari.vick@af-group.com

Company and Contact

Filing Contact Information

Ashlie Snyder, Compliance Analyst I ashlie.snyder@af-group.com
 2000 Classen 800-654-8489 [Phone] 5255 [Ext]
 Oklahoma City, OK 73160 405-523-5793 [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: \$20.00 rider
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<i>SERFF Tracking Number:</i>	<i>AFDL-126122713</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Fidelity Assurance Company</i>	<i>State Tracking Number:</i>	<i>42211</i>
<i>Company Tracking Number:</i>	<i>AMDI272, AMDI273</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>AMDI272, AMDI273</i>		
<i>Project Name/Number:</i>	<i>AMDI272, AMDI273/AMDI272, AMDI273</i>		
American Fidelity Assurance Company	\$20.00	04/23/2009	27378027
American Fidelity Assurance Company	\$20.00	04/23/2009	27389303

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Product Name: AMDI272, AMDI273
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Marie Bennett	05/06/2009	05/06/2009

SERFF Tracking Number: *AFDL-126122713* *State:* *Arkansas*
Filing Company: *American Fidelity Assurance Company* *State Tracking Number:* *42211*
Company Tracking Number: *AMD1272, AMD1273*
TOI: *LTC03I Individual Long Term Care* *Sub-TOI:* *LTC03I.001 Qualified*
Product Name: *AMD1272, AMD1273*
Project Name/Number: *AMD1272, AMD1273/AMD1272, AMD1273*

Disposition

Disposition Date: 05/06/2009

Implementation Date:

Status: Approved-Closed

Comment: ATTACHED FORMS APPROVED SUBJECT TO ENDORSEMENT OF POLICY AND ATTACHMENT OF UPDATED SCHEDULE PAGE REFLECTING CHANGE.

Rate data does NOT apply to filing.

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 Company Tracking Number: AMDI272, AMDI273
 TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
 Product Name: AMDI272, AMDI273
 Project Name/Number: AMDI272, AMDI273/AMDI272, AMDI273

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	LTC Paid Up Amendment Rider		Yes
Form	LTC Paid Up Amendment Rider		Yes

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 Project Name/Number: AMDI272, AMDI273/AMDI272, AMDI273

Form Schedule

Lead Form Number: AMDI272, AMDI273

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AMDI272	Policy/Cont LTC Paid Up ract/Fratern Amendment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.000	AMDI272 Paid Up Amendment Rider.pdf
	AMDI273	Policy/Cont LTC Paid Up ract/Fratern Amendment Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.000	AMDI273 Paid Up Amendment Rider - Lifetime Maximum Benefit Amount.pdf

AMERICAN FIDELITY ASSURANCE COMPANY
(A Stock Company)
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

REDUCED BENEFIT PERIOD/PAID UP AMENDMENT RIDER

RIDER EFFECTIVE DATE: _____

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider. Information about Your Rider coverage, including its Effective Date and coverage limits is shown on Your Policy Schedule.

The Lifetime Maximum Benefit Period in effect immediately prior to the Rider Effective Date under this Policy is replaced by a Reduced Lifetime Maximum Benefit Period and premium payments are waived as of the effective date of this Rider. The Maximum Daily Benefit Amount(s) will be the same daily benefit amounts that were in effect at the time of the Rider Effective Date and will not increase or decrease.

The Reduced Lifetime Maximum Benefit Period will be the greater of:

1. thirty (30) days; or
2. the number of days equal to the total premiums for the Policy to which this Rider is attached and all other attached riders paid as of the date of lapse divided by the Maximum Daily Benefit Amount in effect at the time of lapse.

The Reduced Lifetime Maximum Benefit Period is shown on the Policy Schedule.

In no event will benefits paid under the base Policy and any attached riders prior to the effective date of this Rider, plus benefits paid under this Rider, exceed the maximum coverage available on the date this Rider takes effect.

The Restoration of Benefits provision of the Policy will no longer apply.

TERMINATION: This Rider and the Policy terminates when the Lifetime Maximum Benefit Period has been reached.

This Rider is signed for Us as of its Effective Date.



Secretary

AMERICAN FIDELITY ASSURANCE COMPANY
(A Stock Company)
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106

REDUCED BENEFIT AMOUNT/PAID UP AMENDMENT RIDER

RIDER EFFECTIVE DATE: _____

This Rider is subject to all of the terms, provisions, definitions and exclusions of the Policy unless otherwise noted in this Rider. Information about Your Rider coverage, including its Effective Date and coverage limits is shown on Your Policy Schedule.

The Lifetime Maximum Benefit Amount in effect immediately prior to the Rider Effective Date under this Policy is replaced by a Reduced Lifetime Maximum Benefit Amount and premium payments are waived as of the effective date of this Rider. The Maximum Daily Benefit Amount(s) will be the same daily benefit amounts that were in effect at the time of the Rider Effective Date and will not increase or decrease.

The Reduced Lifetime Maximum Benefit Amount will be the greater of:

1. thirty (30) times the Maximum Daily Benefit Amount; or
2. the total premiums for the Policy and all attached riders paid as of the effective date of this Rider minus any claims paid.

The Reduced Lifetime Maximum Benefit Amount is shown on the Policy Schedule.

In no event will benefits paid under the base Policy and any attached riders prior to the effective date of this Rider, plus benefits paid under this Rider, exceed the maximum coverage available on the date this Rider takes effect.

The Restoration of Benefits provision of the Policy will no longer apply.

TERMINATION: This Rider and the Policy terminates when the Lifetime Maximum Benefit Amount has been reached.

This Rider is signed for Us as of its Effective Date.



Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR FLESCHE HEALTH.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: n/a Comments:		



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
AMD1272	53
AMD1273	51

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

April 23, 2009

Date