

SERFF Tracking Number: AFDL-126146320 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
Company Tracking Number: AMDI274
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: AMDI274
Project Name/Number: AMDI274/AMDI274

Filing at a Glance

Company: American Fidelity Assurance Company

Product Name: AMDI274 SERFF Tr Num: AFDL-126146320 State: ArkansasLH

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 42369

- Limited Benefit

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: AMDI274 State Status: Approved-Closed

Only

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

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

Disposition Date: 06/01/2009

Date Submitted: 05/13/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AMDI274

Project Number: AMDI274

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/01/2009

Deemer Date:

Filing Description:

Enclosed for submission is the above-mentioned form. This is a new form and does not replace any previously approved form.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed 5/11/09

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/01/2009

Corresponding Filing Tracking Number:

This rider will be used with previously approved individual Limited Benefit Cancer Indemnity Policy. This rider was

SERFF Tracking Number: AFDL-126146320 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
Company Tracking Number: AMDI274
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: AMDI274
Project Name/Number: AMDI274/AMDI274

created to liberalize our look-back period for pre-existing conditions.

The Flesch score of AMDI274 is 53. This submission was filed in the state of domicile (Oklahoma) on May 11, 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

Shari Vick, Compliance Analyst II
2000 Classen Blvd
Oklahoma City, OK 73106

shari.vick@af-group.com
(800) 654-8489 [Phone]
(405) 523-5793[FAX]

Filing Company Information

American Fidelity Assurance Company
2000 North Classen Blvd
Oklahoma City, OK 73106
(405) 523-2000 ext. [Phone]

CoCode: 60410
Group Code:
Group Name:
FEIN Number: 73-0714500

State of Domicile: Oklahoma
Company Type: LAH
State ID Number:

Filing Fees

SERFF Tracking Number: AFDL-126146320 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
Company Tracking Number: AMDI274
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: AMDI274
Project Name/Number: AMDI274/AMDI274

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fidelity Assurance Company	\$25.00	05/13/2009	27849039

SERFF Tracking Number: AFDL-126146320 State: Arkansas
 Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
 Company Tracking Number: AMDI274
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: AMDI274
 Project Name/Number: AMDI274/AMDI274

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/01/2009	06/01/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/19/2009	05/19/2009	Ashlie Snyder	05/28/2009	05/28/2009

SERFF Tracking Number: AFDL-126146320 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
Company Tracking Number: AMDI274
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: AMDI274
Project Name/Number: AMDI274/AMDI274

Disposition

Disposition Date: 06/01/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *AFDL-126146320* *State:* *Arkansas*
Filing Company: *American Fidelity Assurance Company* *State Tracking Number:* *42369*
Company Tracking Number: *AMDI274*
TOI: *H071 Individual Health - Specified Disease - Limited Benefit* *Sub-TOI:* *H071.002A Dread Disease - Cancer Only*
Product Name: *AMDI274*
Project Name/Number: *AMDI274/AMDI274*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Policy language	Approved-Closed	Yes
Form	Amendment Rider	Approved-Closed	Yes

SERFF Tracking Number: AFDL-126146320 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
Company Tracking Number: AMDI274
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: AMDI274
Project Name/Number: AMDI274/AMDI274

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/19/2009
Submitted Date 05/19/2009

Respond By Date

Dear Shari Vick,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendment Rider (Form)

Comment: How does the language read in the cancer policy. Please attach a copy of the language from the policy.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/28/2009
Submitted Date 05/28/2009

Dear Rosalind Minor,

Comments:

see below

Response 1

Comments: I have attached the page of the policy, under supporting documents, that shows the language that is in the policy at this time. The language is under "initial diagnoses".

Related Objection 1

Applies To:

- Amendment Rider (Form)

Comment:

SERFF Tracking Number: AFDL-126146320 State: Arkansas
Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
Company Tracking Number: AMDI274
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: AMDI274
Project Name/Number: AMDI274/AMDI274

How does the language read in the cancer policy. Please attach a copy of the language from the policy.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Policy language

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

thank you

Sincerely,

Ashlie Snyder, Melissa Mahanes, Shari Vick, Tonya Bittle

SERFF Tracking Number: AFDL-126146320 State: Arkansas
 Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
 Company Tracking Number: AMDI274
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: AMDI274
 Project Name/Number: AMDI274/AMDI274

Form Schedule

Lead Form Number: AMDI274

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	AMDI274	Policy/Cont	Amendment Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		53	AMDI274 Amends ICI-1 to 10 Year Treatment Free.pdf



2000 N. Classen Boulevard

Oklahoma City, Oklahoma 73106

Amendment Rider

Effective Date: [January 1, 2009]

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.

DEFINITIONS SECTION:

The Initial Diagnosis definition is replaced in its entirety with the following:

INITIAL DIAGNOSIS: Initial Diagnosis means the first time the Covered Person receives a positive Diagnosis of internal Cancer or malignant melanoma (this excludes all other skin cancer) provided the Date of Diagnosis is after the 30th day following the Covered Person's Effective Date of coverage. Diagnosis will not be considered "Initial" if: the Covered Person has had a Diagnosis of Cancer within the 10-year period prior to the Effective Date of coverage; or the Covered Person has a Diagnosis of Cancer within the 30-day period immediately following the Covered Person's Effective Date of coverage.

BENEFITS SECTION:

The A. INITIAL DIAGNOSIS BENEFIT is replaced in its entirety with the following:

- A. INITIAL DIAGNOSIS BENEFIT:** If, while the policy is in force, a Covered Person receives an Initial Diagnosis of internal Cancer or malignant melanoma, we will pay you a lump sum benefit. The amount of such benefit is shown in the Policy Schedule. This benefit is payable only once for any one Covered Person. Once this benefit is paid for any one Covered Person, coverage will no longer be provided under this policy for such person. Diagnosis will not be considered "Initial" if: the Covered Person has had a Diagnosis of Cancer within the 10-year period prior to the Effective Date of coverage; or the Covered Person has a Diagnosis of Cancer within the 30-day period immediately following the Covered Person's Effective Date of coverage. Please refer to Waiting Period Provision.

LIMITATIONS AND EXCLUSIONS SECTION:

The Waiting Period provision is replaced in its entirety with the following:

WAITING PERIOD: This policy contains a 30 day waiting period. That means the Initial Diagnosis Benefit is not payable for any Covered Person who receives a Diagnosis of Cancer after the Effective Date but prior to the 31st day following the Effective Date of coverage for such person. If a Covered Person has Cancer first Diagnosed after the Effective Date and the Date of Diagnosis occurs before coverage has been in force 30 days from the Effective Date of coverage for that Covered Person, the coverage for such person will be void from the beginning and you will receive a full refund of premium for such person's coverage. The Preventive Care Benefit will only be paid for tests performed after the 30-day waiting period following the Covered Person's Effective Date of coverage.



Secretary

SERFF Tracking Number: AFDL-126146320 State: Arkansas
 Filing Company: American Fidelity Assurance Company State Tracking Number: 42369
 Company Tracking Number: AMDI274
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
 Product Name: AMDI274
 Project Name/Number: AMDI274/AMDI274

Supporting Document Schedules

<p>Satisfied -Name: Flesch Certification Comments: Attachment: AR FLESCHE HEALTH.pdf</p>	<p>Review Status: Approved-Closed 06/01/2009</p>
<p>Bypassed -Name: Application Bypass Reason: N/A Comments:</p>	<p>Review Status: Approved-Closed 06/01/2009</p>
<p>Bypassed -Name: Health - Actuarial Justification Bypass Reason: N/A Comments:</p>	<p>Review Status: Approved-Closed 06/01/2009</p>
<p>Satisfied -Name: Outline of Coverage Comments: Attachment: OC ICI-1B(AR)R409.pdf</p>	<p>Review Status: Approved-Closed 06/01/2009</p>
<p>Satisfied -Name: Policy language Comments: Attachment: ICI-1 GENERIC SAMPLE.pdf</p>	<p>Review Status: Approved-Closed 06/01/2009</p>



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
AMD1274 Amendment Rider	53	474

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', is written over a horizontal line.

Alex M Bagby, A.S.A., M.A.A.A.
Sr. Vice President and Director of Products

May 13, 2009

Date

AMERICAN FIDELITY ASSURANCE COMPANY
(A Stock Company)
2000 N. Classen Blvd. Oklahoma City, Oklahoma 73106
SPECIFIED DISEASE COVERAGE
Required Outline of Coverage for
Cancer Indemnity Policy - Form Number ICI-1(AR)

- (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 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) **Specified Disease Coverage** - Policies of this category are designed to provide, to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of specified diseases. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.
- (3) The policy provides the following benefits:
 - Initial Diagnosis Benefit:** If, while this policy is in force, a Covered Person receives an Initial Diagnosis of internal Cancer or malignant melanoma, we will pay you [\$10,000.00, \$15,000.00, \$20,000.00, \$25,000.00 or \$50,000.00], depending upon the amount chosen on the application. This benefit is payable only once for any one Covered Person. Once this benefit is paid for any one Covered Person, coverage will no longer be provided under this policy for such person. Diagnosis will not be considered "Initial" if: the Covered Person has had a Diagnosis of Cancer within the 10-year period prior to the Effective Date of coverage; or the Covered Person has a Diagnosis of Cancer within the 30-day period immediately following the Covered Person's Effective Date of coverage.
 - Preventive Care Benefit:** Each Calendar Year we will pay \$75.00 for each Covered Person who has one of the following screening tests performed: mammogram; prostate specific antigen (PSA); flexible sigmoidoscopy; colonoscopy; ovarian cancer blood test (CA-125); pap smear; chest x-ray; or hemocult stool specimen. Benefits are payable for only one test per Calendar Year per Covered Person. This benefit is available without a Diagnosis of Cancer. Once the Initial Diagnosis Benefit is paid for any one Covered Person, the Preventive Care Benefit will no longer be provided for such person. **NO LIFETIME MAXIMUM.**
- (4) **Limitations and Exclusions -**
 - A. The Initial Diagnosis Benefit pays the [\$10,000.00, \$15,000.00, \$20,000.00, \$25,000.00 or \$50,000.00] benefit only for the Initial Diagnosis of internal Cancer or malignant melanoma. No benefits are provided for the treatment of skin cancer other than malignant melanoma. Pathologic proof, or clinical proof when a pathological diagnosis is medically inadvisable, thereof must be submitted to support each claim. The Initial Diagnosis Benefit does not cover any other disease, sickness or incapacity even though after contracting Cancer it may have been complicated, aggravated or affected by Cancer or the treatment of Cancer.
 - B. The Initial Diagnosis Benefit is not payable for any Covered Person who receives a Diagnosis of Cancer after the Effective Date but prior to the 31st day following the Covered Person's Effective Date of coverage. If a Covered Person has Cancer first Diagnosed after the Effective Date of coverage and the Date of Diagnosis occurs before coverage has been in force 30 days following the Effective Date, the coverage for such person will be void from the beginning and you will receive a full refund of premium for such person's coverage.
 - C. The Preventive Care Benefit will only be paid for tests performed after the 30 day waiting period following the Covered Person's Effective Date of coverage.
- (5) **Renewability** - The policy is guaranteed renewable for life, as long as you pay premiums before the date due or within the next 31 days. Premium rates may be changed, but only on a class basis.

DEFINITIONS

CALENDAR YEAR: The period from January 1 through December 31 of the same year.

CANCER: A disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant tumors. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; carcinoid; acquired immune deficiency syndrome (AIDS); polycythemia; or non-malignant melanoma.

COVERED PERSON(S): A person who is eligible for coverage under this policy and for whom coverage is in force. (See Eligibility provision.)

DATE OF DIAGNOSIS: The date shown on the pathological report submitted, or the clinical evidence submitted when a pathological diagnosis is medically inadvisable (see definition of Diagnosis), which confirms a positive Diagnosis of Cancer.

DIAGNOSIS: Diagnosis means that such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in a Covered Person when a pathological diagnosis is medically inadvisable if: such medical evidence substantially documents the diagnosis of Cancer; and the Covered Person receives treatment for Cancer by a Physician legally licensed for the practice of medicine.

EFFECTIVE DATE: The date we assign after we have approved your application for this policy in our home office and on which the first premium is due. The Effective Date is the date from which policy years and premium due dates will be figured. The Effective Date is shown in the Policy Schedule.

ELIGIBLE CHILD: You or your spouse's natural child, adopted child or stepchild who:

- (1) is unmarried;
- (2) is dependent upon you for support;
- (3) is under 21 years of age, or under 25 years of age if attending an accredited school full-time.

Eligible Child also includes children of any Eligible Child covered under your policy and any minor under your charge, care and control, if a petition of adoption has been filed.

INITIAL DIAGNOSIS: Initial Diagnosis means the first time a Covered Person receives a positive Diagnosis of Internal Cancer or malignant melanoma (this excludes all other skin cancer) provided the Date of Diagnosis is after the 30th day following a Covered Person's Effective Date of Coverage. Diagnosis will not be considered "Initial" if a Covered Person has ever had a Diagnosis of Cancer prior to the 31st day following the Effective Date of Coverage.

POLICY MONTH: That period of time beginning at 12:01 a.m. Standard Time on the same date of the month that your policy became effective (or the policy's billing date of the month if different from the original policy Effective Date), as shown on the Policy Schedule page and ending at 12:00 a.m. Standard Time the following month on the same date.