

SERFF Tracking Number: AFDL-126276215 State: Arkansas
Filing Company: American Public Life Insurance Company State Tracking Number: 43293
Company Tracking Number:
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: GM/GC HI-4005 IC/CC(10/05)
Project Name/Number: GM/GC HI-4005 IC/CC(10/05) /GM/GC HI-4005 IC/CC(10/05)

Filing at a Glance

Company: American Public Life Insurance Company

Product Name: GM/GC HI-4005 IC/CC(10/05) SERFF Tr Num: AFDL-126276215 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 43293
Closed

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

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

Disposition Date: 09/03/2009

Date Submitted: 08/21/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GM/GC HI-4005 IC/CC(10/05)

Status of Filing in Domicile: Authorized

Project Number: GM/GC HI-4005 IC/CC(10/05)

Date Approved in Domicile: 11/01/2005

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

Filing Status Changed: 09/03/2009

Explanation for Other Group Market Type:

State Status Changed: 09/03/2009

Deemer Date:

Created By: Ashlie Snyder

Submitted By: Shari Vick

Corresponding Filing Tracking Number:

Filing Description:

American Fidelity Assurance Company is filing the above listed form for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

Enclosed for your approval is the above listed Rider. This Rider will replace GM/GC HI-4005 IC/ICC(7/04) which was previously approved by your department, and incorrectly stated the Intensive Care/Coronary Care Unit Benefit is payable in lieu of the Certificate Hospital Confinement Benefit. This revised version correctly states the Intensive Care/Coronary Care Unit Benefit is payable in addition to the Certificate Hospital Confinement Benefit. This correction

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has no impact on the rates for this rider.

The Flesch score of this rider is 63 excluding defined terminology.

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.

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

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 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? Yes
 Fee Explanation: \$25/rider
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Public Life Insurance Company	\$25.00	08/21/2009	30025955

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/03/2009	09/03/2009

SERFF Tracking Number: *AFDL-126276215* *State:* *Arkansas*
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Disposition

Disposition Date: 09/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: GM/GC HI-4005 IC/CC(10/05)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/03/2009	GM/GC HI-4005 IC/CC(10/05)	Policy/Cont ract/Fratern al	Intensive Care/Coronary Care Unit Rider	Revised	Replaced Form #: GM/GC HI-4005 IC/CC(7/04) Previous Filing #: SERT-63CPAW064	63.000	HI-4005 IC- CC.RIDER 10-05doc.pdf
	5)	Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

INTENSIVE CARE/CORONARY CARE UNIT RIDER

(This Rider is subject to all the Provisions, Conditions, Limitations and Exclusions of the Policy to which it is attached which are not in conflict with those of the Rider.)

AGREEMENT

This Rider is a part of the policy to which it is attached. We have issued this Rider on the basis of the application (a copy of which is attached) and in exchange for payment of the first premium.

DEFINITIONS

When used in this Rider, We mean:

INTENSIVE CARE/CORONARY CARE UNIT means that part of a Hospital which:

- (a) is segregated from the rest of the Hospital's facilities; and,
- (b) provides the highest level of care and is exclusively reserved for critical and seriously ill or injured patients who require audio-visual observation as prescribed by the attending Physician; and,
- (c) provides:
 - 1. room and board; and,
 - 2. specialized registered nurses and other nursing service; and,
 - 3. special life saving equipment and supplies.

A step-down unit is not considered an Intensive Care Unit under this Rider.

INTENSIVE CARE/CORONARY CARE UNIT BENEFIT

If You or Your Dependent is confined in a Hospital's Intensive Care or Coronary Care Unit due to an Injury or Sickness, We will pay the Daily Benefit Amount shown in the Schedule of Benefits of the Policy/Certificate. We will pay this amount for each day of such confinement, but not to exceed 20 days during any one Period of Confinement. Each Period of Confinement must be separated by at least 30 days.

This benefit is payable in addition to the Certificate Hospital Confinement Benefit.

TERMINATION

This Rider terminates:

- (a) when Your coverage terminates under the Policy/Certificate to which this Rider is attached; or,
- (b) when any premium for this Rider is not paid before the end of the Grace Period; or,
- (c) when You give Us a written request to do so.

Coverage on a Dependent terminates under this Rider when such person ceases to meet the definition of Dependent, as defined in the Policy.

PREMIUMS

The Certificate Schedule shows the premium for the Certificate with the inclusion of this Rider. The same conditions that apply to changing the premiums for this Certificate apply to Our changing premiums for this Rider.

EFFECTIVE DATE

The Effective Date of this Rider is the Effective Date of the Certificate to which this Rider is attached, unless otherwise indicated in an attached endorsement. The Benefit Amount, Premiums, Insured Persons and Issue Age are as shown in the Schedule of Benefits of the Policy/Certificate. Unless amended by this Rider, Policy/Certificate Definitions and Terms apply to this Rider.

Signed for American Public Life Insurance Company at Jackson, Mississippi.



Assistant Secretary



Vice President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/03/2009
Comments:			
Attachment:			
	NewFleschCert.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/03/2009
Bypass Reason:	Rider filing only		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Third Party Authorization	Approved-Closed	09/03/2009
Comments:			
Attachment:			
	Authorization09.pdf		



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READABILITY CERTIFICATION

I, Alex M. Bagby, hereby certify that form GM/GC HI-4005 IC/CC(10/05) Intensive Care/Coronary Care Unit Rider meets the minimum reading ease score required by the Insurance Code in your state. The Flesch Score for this form is a 63 excluding defined terminology.

A handwritten signature in black ink, appearing to read 'Alex M. Bagby', with a long horizontal flourish extending to the right.

Alex M Bagby, A.S.A., M.A.A.A.
Vice President & Chief Risk Officer
American Fidelity Assurance Company

August 21, 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