

SERFF Tracking Number: AFLA-126456580 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44589
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
Product Name: Specified Health Event
Project Name/Number: /

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Specified Health Event SERFF Tr Num: AFLA-126456580 State: Arkansas
TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 44589
Sub-TOI: H071.002 Dread Disease Co Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor
Disposition Date: 01/21/2010
Authors: Karen Griffin, Connie Gates, Leslie Steele, Eve Black, Bridget Berryman, Tom McDaniel, Megumi Edge
Date Submitted: 01/14/2010 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: 01/21/2010 Explanation for Other Group Market Type:
State Status Changed: 01/21/2010
Deemer Date: Created By: Leslie Steele
Submitted By: Leslie Steele Corresponding Filing Tracking Number:
Filing Description:
Re: Endorsement Forms A92396, A92397, A92398, A92399, A92400 and Amendment Form A92407.
Referenced forms are submitted for your review and approval.

Endorsement Form A92396 will amend Specified Health Event Insurance Policy Forms A-70100-AR and A-70200-AR,

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previously approved by your department on August 6, 1999.

The endorsement will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added, and the definition of SPECIFIED HEALTH EVENT has been revised to include Sudden Cardiac Arrest.
- Under BENEFITS, CONTINUING CARE BENEFIT, treatment limitations have been changed from 60 days for care received within 180 days following the occurrence of a Specified Health Event, to that of 75 days for care commencing within 180 days following said occurrence.

Endorsement Form A92397 will amend Specified Health Event Insurance Policy Form A71100AR, previously approved by your department on March 28, 2006. Endorsement Form A92398 will amend Specified Health Event Insurance Policy Form A71200AR, previously approved by your department on March 28, 2006.

The endorsements will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added, and the definition of PRIMARY SPECIFIED HEALTH EVENT has been revised to include Sudden Cardiac Arrest.
- Under BENEFITS, CONTINUING CARE BENEFIT, treatment limitations have been changed from 60 days for care received within 180 days following the occurrence of a Specified Health Event, to that of 75 days for care commencing within 180 days following said occurrence.

Endorsement Form A92399 will amend Lump Sum Specified Critical Illness Policy Form A72100AR, previously approved by your department on February 2, 2009.

The endorsement will make the following changes:

- Under DEFINITIONS, the definition of SUDDEN CARDIAC ARREST has been expanded for clarification.
- Under BENEFITS, the SUDDEN CARDIAC ARREST BENEFIT has been added.

Amendment Form A92407 will amend Sudden Cardiac Death Benefit Rider Form A72052, previously approved by your department on February 2, 2009.

The amendment will make the following changes:

- All references to "Sudden Cardiac Death" have been changed to "Sudden Cardiac Arrest", and the definition has been

SERFF Tracking Number: AFLA-126456580 State: Arkansas
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expanded for clarification.

We intend to make the changes available to all policyholders upon approval by your department. The endorsements and amendment referenced above will be added to all policies and applicable riders issued after the date of implementation, and all existing policyholders will be notified of these changes.

Endorsement Form A92400 will amend Specified Health Event Insurance Policy Form A71100AR, and will make the following change for policies issued on or after the date of approval by your department, for approved payroll accounts.

- All references to “Benefits for a Primary or Secondary Specified Health Event that is caused by a Pre-existing Condition will not be covered unless the Primary or Secondary Specified Health Event occurs more than 30 days after the Effective Date” are being waived.

This submission will not affect the premium rates currently on file with your department.

This filing has been prepared by Leslie Steele. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-2971, by fax at (706) 660-7080 or email at lmsteele@aflac.com.

Company and Contact

Filing Contact Information

Leslie Steele, Policy Analyst
1932 Wynnton Road
Columbus, GA 31999
lmsteele@aflac.com
706-596-2971 [Phone]
706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance Company of Columbus
1932 Wynnton Road
Columbus, GA 31999
(706) 323-3431 ext. [Phone]
CoCode: 60380
Group Code:
Group Name:
FEIN Number: 58-0663085
State of Domicile: Nebraska
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$120.00

SERFF Tracking Number: AFLA-126456580 State: Arkansas
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TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
Product Name: Specified Health Event
Project Name/Number: /
Retaliatory? No
Fee Explanation: \$20 per form X 6 forms = \$120
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$120.00	01/14/2010	33545653

SERFF Tracking Number: AFLA-126456580 State: Arkansas
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Company Tracking Number:
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/21/2010	01/21/2010

SERFF Tracking Number: AFLA-126456580 State: Arkansas
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 Company Tracking Number:
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 Product Name: Specified Health Event
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Schedule	Schedule Item	Schedule 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
Form	ENDORSEMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes
Form	AMENDMENT	Approved-Closed	Yes
Form	ENDORSEMENT	Approved-Closed	Yes

SERFF Tracking Number: AFLA-126456580 State: Arkansas
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Form Schedule

Lead Form Number: A92396

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/21/2010	A92396	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ENDORSEMENT	Initial		57.820	A92396.pdf
Approved-Closed 01/21/2010	A92397	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ENDORSEMENT	Initial		60.460	A92397.pdf
Approved-Closed 01/21/2010	A92398	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ENDORSEMENT	Initial		60.460	A92398.pdf
Approved-Closed	A92399	Policy/Cont ract/Fratern	ENDORSEMENT	Initial		61.310	A92399.pdf

<i>SERFF Tracking Number:</i>	<i>AFLA-126456580</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Family Life Assurance Company of Columbus</i>	<i>State Tracking Number:</i>	<i>44589</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H071 Individual Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H071.002 Dread Disease</i>
<i>Product Name:</i>	<i>Specified Health Event</i>		
<i>Project Name/Number:</i>	/		
01/21/2010	al		
Approved- A92407	Policy/Cont AMENDMENT	Initial	61.020
Closed	ract/Fratern		A92407.pdf
01/21/2010	al		
Approved- A92400	Policy/Cont ENDORSEMENT	Initial	56.080
Closed	ract/Fratern		A92400.pdf
01/21/2010	al		
	Certificate:		
	Amendmen		
	t, Insert		
	Page,		
	Endorseme		
	nt or Rider		

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

DEFINITIONS has been amended by adding the following definition:

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

DEFINITIONS, SPECIFIED HEALTH EVENT, which currently reads:

SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Coma or Paralysis occurring after the Effective Date of coverage.

has been amended to read:

SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Coma, Paralysis or Sudden Cardiac Arrest occurring after the Effective Date of coverage.

BENEFITS, CONTINUING CARE BENEFIT, which currently reads:

CONTINUING CARE BENEFIT: If, as the result of a covered Specified Health Event, a covered person receives any of the following treatments from a licensed practitioner, we will pay \$100 (one hundred dollars) each day a covered person is charged:

- | | |
|---------------------------------|----------------------|
| a) rehabilitation therapy | g) home health care |
| b) physical therapy | h) dialysis |
| c) speech therapy | i) hospice care |
| d) occupational therapy | j) extended care |
| e) respiratory therapy | k) physician visits |
| f) dietary therapy/consultation | l) nursing home care |

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$100 (one hundred dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (C). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

has been amended to read:

CONTINUING CARE BENEFIT: If, as the result of a covered Specified Health Event, a covered person receives any of the following treatments from a licensed practitioner, we will pay \$100 (one hundred dollars) each day a covered person is charged:

- | | |
|---------------------------------|----------------------|
| a) rehabilitation therapy | g) home health care |
| b) physical therapy | h) dialysis |
| c) speech therapy | i) hospice care |
| d) occupational therapy | j) extended care |
| e) respiratory therapy | k) physician visits |
| f) dietary therapy/consultation | l) nursing home care |

Treatment is limited to 75 days for continuing care commencing within 180 days following the occurrence of the most recent covered Specified Health Event. Daily maximum for this benefit is \$100 (one hundred dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (C). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

DEFINITIONS has been amended by adding the following definition:

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

DEFINITIONS, PRIMARY SPECIFIED HEALTH EVENT, which currently reads:

PRIMARY SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Persistent Vegetative State, Coma, or Paralysis occurring after the Effective Date of coverage.

has been amended to read:

PRIMARY SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis or Sudden Cardiac Arrest occurring after the Effective Date of coverage.

BENEFITS, CONTINUING CARE BENEFIT, which currently reads:

CONTINUING CARE BENEFIT: If, as the result of a covered Primary Specified Health Event, a covered person receives any of the following treatments from a licensed Physician, Aflac will pay \$125 (one hundred twenty-five dollars) each day a covered person is charged:

- | | |
|---------------------------------|-----------------------|
| 1. rehabilitation therapy | 7. home health care |
| 2. physical therapy | 8. dialysis |
| 3. speech therapy | 9. hospice care |
| 4. occupational therapy | 10. extended care |
| 5. respiratory therapy | 11. Physician visits |
| 6. dietary therapy/consultation | 12. nursing home care |

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for this benefit is \$125 (one hundred twenty-five dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (C). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

has been amended to read:

CONTINUING CARE BENEFIT: If, as the result of a covered Primary Specified Health Event, a covered person receives any of the following treatments from a licensed Physician, Aflac will pay \$125 (one hundred twenty-five dollars) each day a covered person is charged:

- | | |
|---------------------------------|-----------------------|
| 1. rehabilitation therapy | 7. home health care |
| 2. physical therapy | 8. dialysis |
| 3. speech therapy | 9. hospice care |
| 4. occupational therapy | 10. extended care |
| 5. respiratory therapy | 11. Physician visits |
| 6. dietary therapy/consultation | 12. nursing home care |

Treatment is limited to 75 days for continuing care commencing within 180 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for this benefit is \$125 (one hundred twenty-five dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (C). If the Hospital Confinement Benefit (C) and the Continuing Care Benefit (D) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

DEFINITIONS has been amended by adding the following definition:

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

DEFINITIONS, PRIMARY SPECIFIED HEALTH EVENT, which currently reads:

PRIMARY SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Persistent Vegetative State, Coma, or Paralysis occurring after the Effective Date of coverage.

has been amended to read:

PRIMARY SPECIFIED HEALTH EVENT: Heart Attack, Stroke, Coronary Artery Bypass Surgery, End-Stage Renal Failure, Major Human Organ Transplant, Major Third-Degree Burns, Persistent Vegetative State, Coma, Paralysis or Sudden Cardiac Arrest occurring after the Effective Date of coverage.

BENEFITS, CONTINUING CARE BENEFIT, which currently reads:

CONTINUING CARE BENEFIT: If, as the result of a covered Primary Specified Health Event, a covered person receives any of the following treatments from a licensed Physician, Aflac will pay \$125 (one hundred twenty-five dollars) each day a covered person is charged:

- | | |
|---------------------------------|-----------------------|
| 1. rehabilitation therapy | 7. home health care |
| 2. physical therapy | 8. dialysis |
| 3. speech therapy | 9. hospice care |
| 4. occupational therapy | 10. extended care |
| 5. respiratory therapy | 11. Physician visits |
| 6. dietary therapy/consultation | 12. nursing home care |

Treatment is limited to 60 days for continuing care received within 180 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for this benefit is \$125 (one hundred twenty-five dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (E). If the Hospital Confinement Benefit (E) and the Continuing Care Benefit (F) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

has been amended to read:

CONTINUING CARE BENEFIT: If, as the result of a covered Primary Specified Health Event, a covered person receives any of the following treatments from a licensed Physician, Aflac will pay \$125 (one hundred twenty-five dollars) each day a covered person is charged:

- | | |
|---------------------------------|-----------------------|
| 1. rehabilitation therapy | 7. home health care |
| 2. physical therapy | 8. dialysis |
| 3. speech therapy | 9. hospice care |
| 4. occupational therapy | 10. extended care |
| 5. respiratory therapy | 11. Physician visits |
| 6. dietary therapy/consultation | 12. nursing home care |

Treatment is limited to 75 days for continuing care commencing within 180 days following the occurrence of the most recent covered Primary Specified Health Event. Daily maximum for this benefit is \$125 (one hundred twenty-five dollars) regardless of the number of treatments received.

Benefits are not payable on the same day as the Hospital Confinement Benefit (E). If the Hospital Confinement Benefit (E) and the Continuing Care Benefit (F) are payable on the same day, only the highest eligible benefit will be paid. No lifetime maximum.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE:

INSURED:

ENDORSEMENT DATE:

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to the policy and indicated as follows:

DEFINITIONS, SUDDEN CARDIAC ARREST which currently reads:

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart.
Sudden Cardiac Arrest is not a Heart Attack.

has been amended to read:

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this policy. Sudden Cardiac Arrest is not a Heart Attack.

BENEFITS has been amended by adding the following benefit:

SUDDEN CARDIAC ARREST BENEFIT: Aflac will pay \$5,000 upon a Covered Person's Onset Date of Sudden Cardiac Arrest. This benefit is payable once per Covered Person, per lifetime.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

AMENDMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

AMENDMENT EFFECTIVE DATE:

This amendment is subject to all of the provisions of the rider to which it is attached. Changes have been made to the Sudden Cardiac Death Benefit Rider Form Series A72052 and indicated as follows:

- All references to "Sudden Cardiac Death" have been changed to "Sudden Cardiac Arrest" and the definition revised to read:

SUDDEN CARDIAC ARREST: sudden, unexpected loss of heart function in which the heart abruptly and without warning stops working as a result of an internal electrical system malfunction of the heart. Any death where the sole cause of death as shown on the death certificate is cardiovascular collapse, sudden cardiac arrest, cardiac arrest, or sudden cardiac death shall be deemed to be Sudden Cardiac Arrest for purposes of this rider. Sudden Cardiac Arrest is not a Heart Attack.

This amendment will automatically terminate with the rider.

In witness whereof, Aflac, at its worldwide headquarters, has caused this amendment to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

ENDORSEMENT

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:

ENDORSEMENT DATE: Same as Policy Effective Date

This endorsement is subject to all of the provisions of the policy to which it is attached. Additions or changes have been made to Specified Health Event Policy Form Series A71100 and indicated as follows:

All references to "Benefits for a Primary or Secondary Specified Health Event that is caused by a Pre-Existing Condition will not be covered unless the Primary or Secondary Specified Health Event occurs more than 30 days after the Effective Date" are hereby waived.

Any person(s) added to the policy after the original effective date will be subject to the Pre-Existing Conditions provision as stated in the policy.

This endorsement will automatically terminate with the policy.

In witness whereof, Aflac, at its worldwide headquarters, has caused this endorsement to be signed by our president and secretary in the city of Columbus, Georgia.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

SERFF Tracking Number: AFLA-126456580 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 44589
 Company Tracking Number:
 TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002 Dread Disease
 Product Name: Specified Health Event
 Project Name/Number: /

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/21/2010
Comments:	The certifications are included in the attached filing letter.		
Attachment:	AR Specified Disease Endorsement Filing Ltr DTG (2).pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/21/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	01/21/2010
Bypass Reason:	This filing consists of endorsements for previously approved policy forms.		
Comments:			



Deborah T. Grantham
AIRC, HIA, ACS
Second Vice President
Compliance Department

January 14, 2010

Mr. Joe Musgrove
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC #60380

Re: Endorsement Forms A92396, A92397, A92398, A92399, A92400 and Amendment Form A92407.

Dear Mr. Musgrove:

Referenced forms are submitted for your review and approval.

Endorsement Form A92396 will amend Specified Health Event Insurance Policy Forms A-70100-AR and A-70200-AR, previously approved by your department on August 6, 1999.

The endorsement will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added, and the definition of SPECIFIED HEALTH EVENT has been revised to include Sudden Cardiac Arrest.
- Under BENEFITS, CONTINUING CARE BENEFIT, treatment limitations have been changed from 60 days for care received within 180 days following the occurrence of a Specified Health Event, to that of 75 days for care commencing within 180 days following said occurrence.

Endorsement Form A92397 will amend Specified Health Event Insurance Policy Form A71100AR, previously approved by your department on March 28, 2006. Endorsement Form A92398 will amend Specified Health Event Insurance Policy Form A71200AR, previously approved by your department on March 28, 2006.

The endorsements will make the following changes:

- Under DEFINITIONS, a definition of SUDDEN CARDIAC ARREST has been added, and the definition of PRIMARY SPECIFIED HEALTH EVENT has been revised to include Sudden Cardiac Arrest.
- Under BENEFITS, CONTINUING CARE BENEFIT, treatment limitations have been changed from 60 days for care received within 180 days following the occurrence of a Specified Health Event, to that of 75 days for care commencing within 180 days following said occurrence.

Endorsement Form A92399 will amend Lump Sum Specified Critical Illness Policy Form A72100AR, previously approved by your department on February 2, 2009.

The endorsement will make the following changes:

- Under DEFINITIONS, the definition of SUDDEN CARDIAC ARREST has been expanded for clarification.
- Under BENEFITS, the SUDDEN CARDIAC ARREST BENEFIT has been added.

Amendment Form A92407 will amend Sudden Cardiac Death Benefit Rider Form A72052, previously approved by your department on February 2, 2009.

The amendment will make the following changes:

- All references to “Sudden Cardiac Death” have been changed to “Sudden Cardiac Arrest”, and the definition has been expanded for clarification.

We intend to make the changes available to all policyholders upon approval by your department. The endorsements and amendment referenced above will be added to all policies and applicable riders issued after the date of implementation, and all existing policyholders will be notified of these changes.

Endorsement Form A92400 will amend Specified Health Event Insurance Policy Form A71100AR, and will make the following change for policies issued on or after the date of approval by your department, for approved payroll accounts.

- All references to “Benefits for a Primary or Secondary Specified Health Event that is caused by a Pre-existing Condition will not be covered unless the Primary or Secondary Specified Health Event occurs more than 30 days after the Effective Date” are being waived.

This submission will not affect the premium rates currently on file with your department.

I certify that the following forms comply with the requirements of Arkansas Statute Annotated-Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act. I certify that this submission meets the minimum reading ease score for the FLESCH test and that the score for the application form is noted below.

Form Number:	<u>FLESCH Score</u>	<u>Grade Level</u>
A92396	57.82	8
A92397	60.46	7
A92398	60.46	7
A92399	61.31	7
A92400	56.08	8
A92407	61.02	8

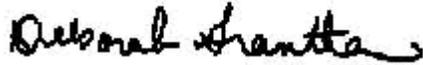
I certify that the forms submitted herewith meet the applicable provisions of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

The filing fee is submitted by EFT in this SERFF filing. FLESCH certification is provided above.

This filing has been prepared by Leslie Steele. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-2971, by fax at (706) 660-7080 or email at lmsteele@aflac.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Deborah T. Grantham". The signature is written in a cursive, flowing style.

Deborah T. Grantham
DTG/CG/cg