

SERFF Tracking Number: ALST-126857372 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47138
Company Tracking Number: AWD16663
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Consent to Insurance
Project Name/Number: Consent to Insurance/

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Consent to Insurance

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: ALST-126857372 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 47138

Co Tr Num: AWD16663

Authors: Jennifer Aiello, Lynn
Bautista, Sara Welch

Date Submitted: 10/26/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 10/28/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Consent to Insurance

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/28/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/28/2010

Created By: Sara Welch

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sara Welch

Filing Description:

Re: American Heritage Life Insurance Company, NAIC Number: 60534

Consent to Insurance and Authorization to Release Information, Form AWD16663AR

We submit the above referenced form for your review and approval. This form is new and does not replace any forms currently approved by your department. This form will be used as an amendment to previously approved individual and group applications/enrollment forms, as listed below.

Application/Enrollment Form Form Number Approval Date Filing Number

SERFF Tracking Number: ALST-126857372 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47138
Company Tracking Number: AWD16663
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Consent to Insurance
Project Name/Number: Consent to Insurance/
Payroll Application AWD1900EAR 11/19/09 44122
Payroll Application AWD1900PAR 11/19/09 44122
Individual Application AWDINDAPPAR-2 10/05/09 43639
Enrollment and Evidence of Insurability Form AWD4553AR 8/5/08 39661
Enrollment and Evidence of Insurability Form AWD4553VAR 8/5/08 39661

This form is to be used in instances where an employee is applying/enrolling for life insurance on a spouse or adult child. As the majority of our marketing is done at the worksite in the payroll deduction market, the spouse and/or adult child is usually not present at the time of application/enrollment. This form will be mailed by our Underwriting Department, with a copy of the application/enrollment form, to the spouse and/or adult child prior to the life insurance being issued.

Brackets are used to denote variability in the form. Based on whether the form is being used with an individual or group application/enrollment form, the language may be deleted but will remain the same as filed.

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

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.

Sincerely,

Jennifer R. Aiello, ALMI, ACS, AIRC

Company and Contact

Filing Contact Information

Jennifer Aiello, Filing Analyst jhop4@allstate.com
Attn: Legal/Compliance 904-992-2541 [Phone]
1776 American Heritage Life Drive 904-992-2975 [FAX]
Jacksonville, FL 32224-9983

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 Group Name: Allstate State ID Number:
Jacksonville, FL 32224-9983 FEIN Number: 59-0781901
(904) 992-1776 ext. [Phone]

SERFF Tracking Number: ALST-126857372 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47138
Company Tracking Number: AWD16663
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Consent to Insurance
Project Name/Number: Consent to Insurance/

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50.00 per form filed X 1 form filed = \$50.00 total
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$50.00	10/26/2010	41156330

SERFF Tracking Number: ALST-126857372 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47138
Company Tracking Number: AWD16663
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Consent to Insurance
Project Name/Number: Consent to Insurance/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/28/2010	10/28/2010

SERFF Tracking Number: ALST-126857372 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47138
Company Tracking Number: AWD16663
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Consent to Insurance
Project Name/Number: Consent to Insurance/

Disposition

Disposition Date: 10/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: ALST-126857372 *State:* Arkansas
Filing Company: American Heritage Life Insurance Company *State Tracking Number:* 47138
Company Tracking Number: AWD16663
TOI: L08 Life - Other *Sub-TOI:* L08.000 Life - Other
Product Name: Consent to Insurance
Project Name/Number: Consent to Insurance/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Consent to Insurance and Authorization to Release Information		Yes

SERFF Tracking Number: ALST-126857372 State: Arkansas
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 47138
 Company Tracking Number: AWD16663
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Consent to Insurance
 Project Name/Number: Consent to Insurance/

Form Schedule

Lead Form Number: AWD16663

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AWD16663 AR	Application/ Enrollment Form	Consent to Insurance and Authorization to Release Information	Initial		48.700	AWD16663A R.pdf



AMERICAN HERITAGE LIFE INSURANCE COMPANY
 1776 AMERICAN HERITAGE LIFE DRIVE
 JACKSONVILLE, FLORIDA 32224

AMENDMENT TO APPLICATION

CONSENT TO INSURANCE [AND AUTHORIZATION TO RELEASE INFORMATION]

Please print with black ink

(Please complete entire section)

EMPLOYEE [APPLICANT] NAME Last First M.I.			EMPLOYEE [APPLICANT] SOCIAL SECURITY NUMBER	EMPLOYER NAME
PROPOSED INSURED NAME	PROPOSED INSURED SOCIAL SECURITY NUMBER		PROPOSED INSURED DATE OF BIRTH	

The employee [applicant] has submitted an application for life insurance to insure your life.

In order to process this application, we must receive your written consent to be insured [and your written authorization to release your medical information to underwrite your application.] Please review the application, read the information below, provide the information requested and sign below.

CERTIFICATION[,] [AND] [UNDERSTANDING] [AND AUTHORIZATIONS]: I CERTIFY that the statements and answers contained on the application are complete and true, are correctly and fully recorded and that no important circumstance or information has been withheld or omitted. These statements and answers are offered to American Heritage Life Insurance Company (AHL) as an inducement to grant insurance, and I understand that AHL may use misstatements or misrepresentations to contest the validity of any coverage provided on the basis of this application. ***[I UNDERSTAND that the insurance being applied for will be effective as of the [enrollment form date,] provided I am found acceptable for such insurance as applied for.]** * **[I AUTHORIZE** any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, or other organization, institution or person, that has records or knowledge of me or my health to give to AHL, its subsidiaries or its reinsurers, any information. I acknowledge receipt of the Important Notice About Privacy. A copy of this authorization is as valid as the original. This authorization applies to any dependent on whom insurance is requested. This authorization is valid for a period of 24 months from the date signed. I understand that I may revoke this authorization at any time by notifying AHL in writing of my desire to do so. All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the Medical Information Bureau (MIB), to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies as may be required by law.]

FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

This amendment is a part of and supplements the application for insurance on your life.

 Signature of Proposed Insured

 Date

SERFF Tracking Number: ALST-126857372 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47138
Company Tracking Number: AWD16663
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Consent to Insurance
Project Name/Number: Consent to Insurance/

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR Readability Certification.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.

Form
AWD16663AR

Score
48.7

Date: October 7, 2010



Diane Ierna
Assistant Vice President, Compliance Department