

SERFF Tracking Number: ALST-126902695 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 47410
Company Tracking Number: FEDDA1; FEDDA2
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Dependent Eligibility Endorsements
Project Name/Number: Dependent Eligibility Endorsements/

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Dependent Eligibility Endorsements SERFF Tr Num: ALST-126902695 State: Arkansas

Endorsements

TOI: H21 Health - Other SERFF Status: Closed-Approved-Closed State Tr Num: 47410

Sub-TOI: H21.000 Health - Other

Co Tr Num: FEDDA1; FEDDA2 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Angie Redden, Jennifer Aiello, Lynn Bautista, Sara Welch

Date Submitted: 11/29/2010

Disposition Date: 11/30/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Dependent Eligibility Endorsements

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: 11/30/2010

Explanation for Other Group Market Type:

State Status Changed: 11/30/2010

Deemer Date:

Created By: Sara Welch

Submitted By: Sara Welch

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

Filing Description:

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

Dependent Eligibility Endorsements FEDDA1AR and FEDDA2AR

We submit the above referenced forms for your review and approval. These forms are new and do not replace any forms currently approved by your department. Endorsement FEDDA1AR will be used with our group certificates and individual policies currently being sold by our company. FEDDA2AR will be attached to the group policies.

<i>SERFF Tracking Number:</i>	<i>ALST-126902695</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47410</i>
<i>Company Tracking Number:</i>	<i>FEDDA1; FEDDA2</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
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<i>Project Name/Number:</i>	<i>Dependent Eligibility Endorsements/</i>		

The purpose of these endorsements is to align the dependent eligibility requirements of our products with those of the federal Patient Protection and Affordable Care Act (H.R. 3590). Even though our supplemental products are exempt from this Act, as a service to our clients and insureds to allow for consistency of coverage between traditional and supplemental coverage, we are revising our requirements so that dependents may be covered the same as under their traditional insurance benefits.

We have included a Statement of Variability and Readability Certification, as well as any filing fees and/or forms required by your state. 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]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50.00 per Endorsement X 2 Endorsements = \$100.00
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$100.00	11/29/2010	42405253

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/30/2010	11/30/2010

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Disposition

Disposition Date: 11/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: FEDDA

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/30/2010	FEDDA1A R	Policy/Cont ract/Fratern al	Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.800	FEDDA1AR.p df
Approved-Closed 11/30/2010	FEDDA2A R	Policy/Cont ract/Fratern al	Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.000	FEDDA2AR.p df



AMERICAN HERITAGE LIFE INSURANCE COMPANY

HOME OFFICE:
[1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776]

A Stock Company

Endorsement

This Endorsement is made part of the Policy and/or Certificate to which it is attached [and is effective as of [xx/xx/xx], or the Effective Date, whichever is later]. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with this Endorsement.

All references to the eligibility and termination of dependents are revised to the following:

Eligible dependents are:

1. your legal spouse [or domestic partner]; and
2. your children [and your domestic partner's children].

A child is a person under age [26] who is:

1. your [or your domestic partner's] natural or adopted son or daughter, stepson or stepdaughter; or
2. a foster child who is placed with you [or your domestic partner] by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction.

If your spouse is a covered person, your spouse's coverage ends upon valid decree of divorce or your death.

[If your domestic partner is a covered person, your domestic partner's coverage ends upon termination of the domestic partnership or your death.]

Coverage for your child will end [on the day] [at the end of the month during which] [at the end of following month when] [at the end of the calendar year during which] [on the next coverage anniversary that follows when] [on the issue day of the month that follows when] the child: (a) reaches age [26]; or (b) otherwise does not meet the requirements of an eligible dependent.

Coverage does not end for an incapacitated dependent child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and
2. became so incapacitated prior to the attainment of the limiting age of eligibility under the policy; and
3. is chiefly dependent upon you for support and maintenance.

Coverage for an incapacitated dependent child continues as long as the policy/certificate remains in force and the child remains in such condition. Proof of the incapacity and dependency of the child must be furnished, in writing, to [us] [the plan administrator], at our expense, when the child reaches the limiting age of eligibility. Thereafter, such proof must be furnished as often as may be required, but no more often than annually after the 2 year period following the child's attainment of the limiting age for eligibility.

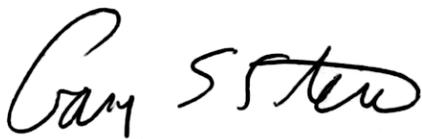
[Domestic Partner means your same-sex [or opposite-sex] partner who is eligible for coverage provided that:

1. both you and your same-sex [or opposite-sex] partner must be considered as domestic partners according to the law of your state of residence; or
2. if your state of residence has no domestic partnership laws, you must satisfy the definition of domestic partner as defined by the policyholder.]

[Coverage anniversary means the same day and month each year as the effective date of the policy or certificate for each succeeding year the policy or certificate remains in force.]

[Issue day means the same day of the month as the [effective date of coverage] [policy date].]

All other requirements of the policy and/or certificate not specifically stated within this endorsement still apply.

[]

Secretary



AMERICAN HERITAGE LIFE INSURANCE COMPANY

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JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776]

A Stock Company

Endorsement

This Endorsement is made part of the Policy to which it is attached [and is effective as of [xx/xx/xx], or the Effective Date, whichever is later]. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with this Endorsement.

All references to the eligibility and termination of dependents are revised to the following:

Eligible dependents are the insured employee's [or member's]:

1. legal spouse [or domestic partner]; and
2. children [and domestic partner's children].

A child is a person under age [26] who is:

1. the insured employee's [or member's] [or his or her domestic partner's] natural or adopted son or daughter, stepson or stepdaughter; or
2. a foster child who is placed with the insured employee [or member] [or his or her domestic partner] by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction.

If the insured employee's [or member's] spouse is a covered person, his or her spouse's coverage ends upon valid decree of divorce or the insured employee's [or member's] death.

[If the insured employee's [or member's] domestic partner is a covered person, his or her domestic partner's coverage ends upon termination of the domestic partnership or the insured employee's [or member's] death.]

Coverage for a child will end [on the day] [at the end of the month during which] [at the end of following month when] [at the end of the calendar year during which] [on the next coverage anniversary that follows when] [on the issue day of the month that follows when] the child: (a) reaches age [26]; or (b) otherwise does not meet the requirements of an eligible dependent.

Coverage does not end for an incapacitated dependent child who:

1. is incapable of self-sustaining employment by reason of mental or physical incapacity; and
2. became so incapacitated prior to the attainment of the limiting age of eligibility under the policy; and
3. is chiefly dependent upon the insured employee [or member] for support and maintenance.

Coverage for an incapacitated dependent child continues as long as the policy remains in force and the child remains in such condition. Proof of the incapacity and dependency of the child must be furnished, in writing, to [us] [the plan administrator], at our expense, when the child reaches the limiting age of eligibility. Thereafter, such proof must be furnished as often as may be required, but no more often than annually after the 2 year period following the child's attainment of the limiting age for eligibility.

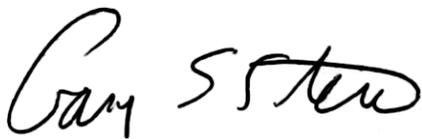
[Domestic Partner means the insured employee's [or member's] same-sex [or opposite-sex] partner who is eligible for coverage provided that:

1. both the insured employee [or member] and his or her same-sex [or opposite-sex] partner must be considered as domestic partners according to the law of their state of residence; or
2. if their state of residence has no domestic partnership laws, they must satisfy the definition of domestic partner as defined by the policyholder.]

[Coverage anniversary means the same day and month each year as the effective date of the policy for each succeeding year the policy remains in force.]

[Issue day means the same day of the month as the policy date.]

All other requirements of the policy not specifically stated within this endorsement still apply.

[]

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf	Approved-Closed	11/30/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable for this filing. Comments:	Approved-Closed	11/30/2010

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable for this filing. Comments:	Approved-Closed	11/30/2010

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable for this filing. Comments:	Approved-Closed	11/30/2010

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not applicable for this filing. Comments:	Approved-Closed	11/30/2010

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	Item Status:	Status
Satisfied - Item: Statement of Variability	Approved-Closed	Date: 11/30/2010
Comments:		
Attachment:		
AR Statement of Variability.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.

<u>Form</u>	<u>Score</u>
FEDDA1AR	50.8
FEDDA2AR	54.0

Date: November 15, 2010



Diane Ierna
Assistant Vice President, Compliance Department

American Heritage Life Insurance Company (AHL)
Jacksonville, FL

Individual Policy / Group Certificate Endorsement (FEDDA1AR)

This Endorsement will be made a part of the Individual Policy and/or Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with the Endorsement. The following explains the variables included in the endorsement.

1. The logo of the company will be on all endorsements and will be the current logo of AHL. The address and phone number of the company is subject to change if this information changes.
2. The phrase “and is effective as of [xx/xx/xx], or the Effective Date, whichever is later” will be used when being attached to an existing individual policy or group certificate. The date will be the date when the form is actually implemented. New issues will not include this phrase, as the endorsement will be effective as of the issue date of the individual policy or group certificate.
3. Reference to domestic partners and children of a domestic partner will be deleted if the group policyholder chooses not to offer coverage to domestic partners. This language will also be deleted if being used with a group product that has not been filed to include domestic partner, or if being used with an individual product.
4. The limiting age for children may be changed to comply with state laws or to match a policyholder’s other plans. The age will never be lower than required by state law.
5. Termination of a dependent child can fall on the day, at the end of the month, at the end of the following month, at the end of the calendar year, on the next coverage anniversary that follows, or on the issue day of the month that follows the dependent child reaching the maximum eligibility age, depending on the policyholder’s preference for billing purposes.
6. The term “plan administrator” will be used in those cases where an employer prefers that their plan administrator handles the eligibility requirements. Otherwise, the term “us” will be used and will refer to American Heritage Life Insurance Company as defined in the Glossary.
7. The “Domestic Partner” definition will be deleted if the group policyholder does not want to offer coverage for such dependents. This language will also be deleted if being used with a group product that has not been filed to include domestic partner, or if being used with an individual product. The phrase “or opposite-sex” will be removed if the group policyholder does not want to offer coverage for such dependents.
8. The “Coverage anniversary” definition will be deleted if this date will not be used to determine the termination date.
9. The “Issue day” definition will be deleted if this date will not be used to determine the termination date.
10. The signature of the Secretary will be on all endorsements issued and will be that of the current Secretary of AHL.

Group Policy Endorsement (FEDDA2AR)

This Endorsement will be made a part of the Group Policy to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with the Endorsement. The following explains the variables included in the endorsement.

1. The logo of the company will be on all endorsements and will be the current logo of AHL. The address and phone number of the company is subject to change if this information changes.
2. The phrase “and is effective as of [xx/xx/xx], or the Effective Date, whichever is later” will be used when being attached to an existing group policy. The date will be the date when the form is actually implemented. New issues will not have this phrase, as the endorsement will be effective as of the issue date of the group policy.

3. The policy language may include the term “employee”, “or member” or both. When implemented, depending on the product it is attached to, one of these terms may be removed or both may appear so that the language of the endorsement is consistent with the language in the policy.
4. Reference to domestic partners and children of a domestic partner will be deleted if the group policyholder chooses not to offer coverage to domestic partners. This language will also be deleted if being used with a group product that has not been filed to include domestic partner.
5. The limiting age for children may be changed to comply with state laws or to match a policyholder’s other plans. The age will never be lower than required by state law.
6. Termination of a dependent child can fall on the day, at the end of the month, at the end of the following month, at the end of the calendar year, on the next coverage anniversary that follows, or on the issue day of the month that follows the dependent child reaching the maximum eligibility age, depending on the policyholder’s preference for billing purposes.
7. The term “plan administrator” will be used in those cases where an employer prefers that their plan administrator handles the eligibility requirements. Otherwise, the term “us” will be used and will refer to American Heritage Life Insurance Company as defined in the Glossary.
8. The “Domestic Partner” definition will be deleted if the group policyholder does not want to offer coverage for such dependents a group product that has not been filed to include domestic partner. The phrase “or opposite-sex” will be removed if the policyholder does not want to offer coverage for such dependents.
9. The “Coverage anniversary” definition will be deleted if this date will not be used to determine the termination date.
10. The “Issue day” definition will be deleted if this date will not be used to determine the termination date.
11. The signature of the Secretary will be on all endorsements issued and will be that of the current Secretary of AHL.