

SERFF Tracking Number: ALST-126928982 State: Arkansas  
 Filing Company: American Heritage Life Insurance Company State Tracking Number: 47436  
 Company Tracking Number: GCIPWM/TIA'S  
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
 Limited Benefit  
 Product Name: Group Critical Illness  
 Project Name/Number: GCIPWM/TIA's/

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Group Critical Illness SERFF Tr Num: ALST-126928982 State: Arkansas  
 TOI: H07G Group Health - Specified Disease - SERFF Status: Closed-Approved- State Tr Num: 47436  
 Limited Benefit Closed  
 Sub-TOI: H07G.001 Critical Illness Co Tr Num: GCIPWM/TIA'S State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Rosalind Minor  
 Authors: Angie Redden, Lynn Disposition Date: 12/03/2010  
 Bautista, Patti Hicks, Sara Welch  
 Date Submitted: 12/02/2010 Disposition Status: Approved-Closed  
 Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: GCIPWM/TIA's Status of Filing in Domicile: Not Filed  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Large  
 Overall Rate Impact: Group Market Type: Employer  
 Filing Status Changed: 12/03/2010 Explanation for Other Group Market Type:  
 State Status Changed: 12/03/2010  
 Deemer Date: Created By: Patti Hicks  
 Submitted By: Patti Hicks Corresponding Filing Tracking Number:  
 Filing Description:

We submit forms GCIPWMTIA and GCICWMTIA for your review and approval. These forms are new and do not replace any forms currently approved by your department. They will be used with Group Voluntary Critical Illness Policy, GCIPWM et al, which was approved by your department on July 1, 2009 under filing number ALST-126167624. These forms are being submitted as a single case filing for Wal-Mart Stores, Inc. Policy Amendment GCIPWMTIA and Certificate Endorsement GCICWMTIA will add a benefit for Transient Ischemic Attacks (TIA's).

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## Company and Contact

### Filing Contact Information

Patti Hicks, Senior Filing Analyst patti.hicks@allstate.com  
 1776 American Heritage Life Drive 904-992-3424 [Phone]  
 Jacksonville, FL 32224-6687 904-992-2975 [FAX]

### 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 x 2 forms = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$100.00	12/02/2010	42560901

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/03/2010	12/03/2010



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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
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/03/2010	GCIPWMTI A	Policy/Cont ract/Fratern al	Policy Amendment	Initial		43.900	GCIPWMTIA. pdf
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					
Approved-Closed 12/03/2010	GCICWMTI A	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Endorsement	Initial		42.100	GCICWMTIA. pdf

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

Jacksonville, Florida  
(the "Company")

Amendment No. [1] to Group Policy No. [G-00000]  
issued to

[ABC Company]  
(the "Policyholder")

It is hereby agreed that, effective [January 1, 2011], the Group Policy is amended as follows:

- I. The Date of Diagnosis For Stroke in the Initial Critical Illness Benefit provision of the BENEFIT INFORMATION section is deleted in its entirety and replaced with the following:

**For Stroke and Transient Ischemic Attacks (TIA's):** The date a stroke or transient ischemic attack occurred based on documented neurological deficits and neuroimaging studies.

- II. The "Heart Attack and Stroke" provision of the BENEFIT INFORMATION section is deleted in its entirety and replaced with the following:

1. **Heart Attack, Stroke and Transient Ischemic Attacks (TIA's).** We will pay a benefit for the following heart attack, stroke and transient ischemic attack critical illnesses if a covered person is diagnosed with the critical illness, provided that:

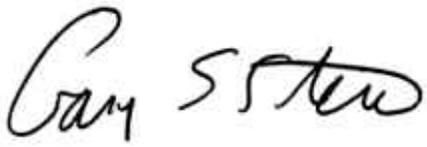
- a. the date of diagnosis is after the effective date of coverage; and
- b. the date of diagnosis is while insured; and
- c. the critical illness is not excluded by name or specific description; and
- d. we have not paid an initial critical illness benefit for the critical illness before.

<u>Critical Illness</u>	<u>Percentage of Basic Benefit Amount</u>
Heart Attack	100%
Stroke	100%
Transient Ischemic Attack	25%

- III. The definition of "Transient Ischemic Attacks (TIA's)" is added to the GLOSSARY as follows:

**Transient Ischemic Attacks (TIA's).** Means episodes of stroke like symptoms related to central nervous system ischemia in which there are no residual neurologic complications or sequelae. Stroke, head injury, peripheral neurologic disorders are excluded.

This Amendment will be attached to and form a part of the Group Policy, and will not be held to alter or affect any of the terms of such Policy other than as specifically stated, but not unless the Company has executed this amendment.

[  ]

Secretary

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida  
(the "Company")

## ENDORSEMENT

This Endorsement is made a part of the Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this Endorsement. This certifies that, effective [January 1, 2011][immediately], the Group Policy has been amended requiring the following changes in your certificate:

- I. The Date of Diagnosis For Stroke in the Initial Critical Illness Benefit provision of the BENEFIT INFORMATION section is deleted in its entirety and replaced with the following:

**For Stroke and Transient Ischemic Attacks (TIA's):** The date a stroke or transient ischemic attack occurred based on documented neurological deficits and neuroimaging studies.

- II. The "Heart Attack and Stroke" provision in the BENEFIT INFORMATION section of the certificate is deleted in its entirety and replaced with the following:

**1. Heart Attack, Stroke and Transient Ischemic Attack (TIA's).** We will pay a benefit for the following heart attack, stroke and transient ischemic attack critical illnesses if a covered person is diagnosed with the critical illness provided that:

- a. the date of diagnosis is after the effective date of coverage; and
- b. the date of diagnosis is while insured; and
- c. the critical illness is not excluded by name or specific description; and
- d. we have not paid an initial critical illness benefit for the critical illness before.

<u>Critical Illness</u>	<u>Percentage of Basic Benefit Amount</u>
Heart Attack	100%
Stroke	100%
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- III. The definition of "Transient Ischemic Attacks (TIA's)" in the GLOSSARY is added as following:

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[  ]

Secretary

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Flesch Certification.pdf	Approved-Closed	12/03/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> GCIAPPAR; AWD4528WM, and AWD4528WMESP were filed and approved on 7/1/2009.	Approved-Closed	12/03/2010

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
Jacksonville, Florida

**ARKANSAS**

**READABILITY CERTIFICATION**

This is to certify that the enclosed forms listed below have achieved Flesch Reading Ease Test Scores shown below, and that such forms are, in our judgement, readable based on the factors specified in Arkansas Insurance Code 23-80-206.

<b>Form No.</b>		<b>Score</b>
Policy Amendment	GCIPWMTIA	43.9
Certificate Endorsement	GCICWMTIA	42.1



Diane Ierna, Assistant Vice President

Date: December 2, 2010