

SERFF Tracking Number: ALSB-126464800 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 44728
Company Tracking Number: UARAF SERIES
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: UARAF Series
Project Name/Number: UARAF Series/UARAF Series

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: UARAF Series

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: ALSB-126464800 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44728

Co Tr Num: UARAF SERIES

Author: Erica Ames

Date Submitted: 01/29/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 02/03/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: UARAF Series

Project Number: UARAF Series

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/03/2010

Deemer Date:

Submitted By: Erica Ames

Filing Description:

January 29, 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: 02/03/2010

Created By: Erica Ames

Corresponding Filing Tracking Number:

Honorable Julie Benafield Bowman

Insurance Commissioner

Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

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Product Name: UARAF Series
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Attn: Mr. John Shields

RE: American Heritage Life Insurance Company
Flexible Premium Adjustable Life Rider

Form No. Description
UARAF Accidental Death and Severe Injury Rider

NAIC#: 008-60534

Dear Mr. Shields:

We submit the above-referenced form for your review and approval. This is a new form and does not replace any previously approved form.

Form UARAF, Accidental Death Benefit and Severe Injury Rider, provides additional benefits if the insured dies as a result of an accident or suffers a severe injury from an accident as defined in the rider. Form UARAF will be used with Forms UL20AFAR and UL21AFAR, which have been filed under separate cover (ALSB-126464809) with your Department and may be used with future life products, as well.

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

These forms have been generated by our home office computer system. These forms may also be generated using other hardware, which can result in changes in formatting (e.g., typeface, margins, page breaks), but the contents will remain unaffected.

If you have any questions, please feel free to contact me at the address, phone, or e-mail on my letterhead. Thank you for your consideration of this matter.

Sincerely,

Erica A. Ames
Senior Product & Financial Analyst
Contract Development and Filing

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Company and Contact

Filing Contact Information

Erica Ames, Senior Product & Financial Analyst eames@allstate.com
 3100 Sanders Rd, Suite M2A 847-402-7381 [Phone]
 Northbrook, IL 60062 847-326-5224 [FAX]

Filing Company Information

American Heritage Life Insurance Company CoCode: 60534 State of Domicile: Florida
 1776 American Heritage Dr Group Code: 8 Company Type:
 Jacksonville, FL 32224-6688 Group Name: State ID Number:
 (800) 880-1370 ext. [Phone] FEIN Number: 59-0781901

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x \$50 = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$50.00	01/29/2010	33880756

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/03/2010	02/03/2010

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Disposition

Disposition Date: 02/03/2010

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		Yes
Supporting Document	Application		No
Supporting Document	Actuarial Memorandum		No
Form	Accidental Death and Severe Injury Rider		Yes

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Form Schedule

Lead Form Number: UARAF Series

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UARAF	Policy/Cont	Accidental Death and Initial ract/Fratern Severe Injury Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			56.000	UARAF_Acci dental Death and Severe Injury Rider.pdf

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive
Jacksonville, Florida 32224-6688

ACCIDENTAL DEATH AND SEVERE INJURY RIDER

This rider is issued in consideration of the application for this rider and payment of the first premium. Benefits are paid in addition to the life insurance benefits of the policy to which it is attached. Benefits are subject to all of the terms, conditions and provisions of this rider and the policy. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider.

DEFINITIONS

The following terms are defined as used in this rider.

Accident or Accidental: A sudden, unforeseen and unexpected event which occurs without the insured's intent which results in an injury to the insured.

Injury: Bodily injury to the insured as a result of an accident while coverage under this rider is in force and the injury is the direct cause of the loss independent of disease, bodily infirmity, or any other cause which results in a loss within 180 days after the accident.

Physician: A person performing tasks that are within the limits of his or her medical license and who is either:

- a. licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
- b. a legally qualified medical practitioner according to the laws and regulations of the state he or she practices in.

We will not recognize the insured, his or her spouse, children, parents, or siblings as a physician for a claim.

Policy: The policy to which this rider is attached.

Rider Date: The effective date of this rider. The rider date is the policy date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

BENEFITS

Subject to the EXCLUSIONS provision of this rider, we will pay a one-time benefit in the amount shown on the policy specification page(s) if the insured sustains any of the losses stated in this BENEFITS provision. To be covered the loss must be diagnosed by a physician in the United States or its territories, and result directly from an injury to the insured as a result of an accident while coverage under this rider is in force, independent of disease, bodily infirmity, or any other cause, within 180 days after the accident.

1. **Accidental Death.** Death resulting directly from an injury.
2. **Paralysis / Paraplegia.** The total, irrecoverable, and permanent loss of use of 1 or more limbs through neurological damage, which exists for a continuous period of at least 14 days. The loss of use must be to the complete arm (directly below the shoulder) or complete leg (directly below the hip).
3. **Coma.** A state of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of at least 14 days and for which period the Glasgow coma score must be 4 or less.

The following are excluded:

- a. medically induced coma; or
 - b. a coma that results directly from alcohol or drug use; or
 - c. a diagnosis of brain death.
4. **Dismemberment.** The complete severance of a hand or foot at or above the wrist or ankle joint.

EXCLUSIONS

This rider does not cover any loss incurred by the insured as a result of:

1. any injury incurred prior to the rider date subject to the Incontestability provision; or
2. any act of war whether or not declared, participation in a riot, insurrection or rebellion; or
3. suicide while sane, or self-destruction while insane, or any attempt at either; or
4. any injury sustained while the insured is under the influence of alcohol, or any narcotic, or any controlled substance unless administered upon the advice of a physician; or
5. any bacterial infection (except pyogenic infections which shall occur with and through an accidental cut or wound); or
6. participation in any form of aeronautics except as a fare-paying passenger in a licensed aircraft provided by a common carrier and operating between definitely established airports; or
7. committing or attempting to commit an assault or felony or any other crime; or
8. driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or
9. hernia, including complications due to hernia.

Any injury incurred while the insured is an active member of the Military, Naval, or Air Forces of any country or combination of countries is not covered. Upon notice and proof of service in such forces, we will return the pro-rata portion of the premium paid for any period of such service.

PREMIUMS

The premium for this rider is shown on the policy specification page(s) of the policy. The monthly cost of insurance for this rider is deducted from the policy's fund value on each monthly date.

TERMINATION

This rider terminates and is no longer in force on the earliest of:

1. the policy anniversary on or next following the insured's 65th birthday; or
2. the date any cost of insurance for this rider or the policy remains unpaid, subject to the grace period provision of the policy; or
3. the date the policy matures, expires or otherwise terminates; or
4. the date the policy is surrendered and changed to reduced paid up insurance or a settlement option; or
5. the next monthly date after your written request to terminate this rider; or
6. a benefit being paid under this rider.

GENERAL

This rider is part of the policy to which it is attached. This rider has no cash value or loan value. It does not affect any net single premium referred to in the policy.

INCONTESTABILITY

We cannot contest this rider after it has been in force while the insured is alive for 2 years from the rider date, except for nonpayment of premiums.

Signed for American Heritage Life Insurance Company at its Home Office.



Secretary



President

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Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification_Accidental Death Rider.pdf

Item Status: **Status**
Date:

Bypassed - Item: Application

Bypass Reason: The application has been attached to ALSB-126464809 currently being review by your department.

Comments:

CERTIFICATION OF READABILITY

I, Sheryl McDaniel, Vice President, hereby certify that these forms achieve a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
UARAF	56

Sheryl McDaniel
Vice President

January 22, 2010
Date