

SERFF Tracking Number: ALSB-126571483 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 45505  
Company Tracking Number: UADD1AF SERIES  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: UADD1AF Series  
Project Name/Number: UADD1AF Series/UADD1AF Series

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: UADD1AF Series

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: ALSB-126571483 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45505

Co Tr Num: UADD1AF SERIES

State Status: Approved-Closed

Authors: Erica Ames, Kathy  
Kavanagh, Elizabeth Vassallo

Reviewer(s): Linda Bird

Disposition Date: 04/27/2010

Date Submitted: 04/26/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: UADD1AF Series

Project Number: UADD1AF Series

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/27/2010

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: 04/27/2010

Created By: Erica Ames

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Erica Ames

Filing Description:

April 26, 2010

Honorable Julie Benafield Bowman

Insurance Commissioner

Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

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Product Name: UADDIAF Series  
Project Name/Number: UADDIAF Series/UADDIAF Series  
Attn: Mr. John Shields

RE: American Heritage Life Insurance Company, NAIC No. 60534  
Life Filing of Accidental Death and Dismemberment Rider for use with universal life insurance policies

NAIC#: 008-60534

Dear Mr. Shields:

Enclosed for your review and approval please find duplicate copies of the above-listed forms.

We submit the following form for your review and approval:

Form	Description
UADD1AF	Accidental Death and Dismemberment Rider

This form is new and does not replace any form previously approved by your department. This form may be used with all flexible premium adjustable life insurance policies approved in your state.

UL20PAR, approved 6/25/07 (ALST-125245509, state tracking #35803)  
UL21PAR, approved 5/9/07 (ALST-125144178, state tracking #35802)  
UL20AFAR & UL21AFAR, approved 2/11/10 (ALSB-126464809, state tracking #44727)

Attached is the filing documentation required by your state.

This form has been generated by our home office computer system and 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.

Please note that some of the variable information on the PDF of this form was bracketed using Adobe Acrobat. Although the bracketing appears on the attached PDF of the form when viewed electronically, the bracketing may not appear on printed hard copies unless your printer is given special instructions to do so.

#### Statement of Variability

We are bracketing the officer signatures, officer names and titles, our company address and telephone number because they are subject to change. We are requesting the ability to revise these items when they do change without re-filing this form with your Department.

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

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for your consideration of this matter.

Sincerely,

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

**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	

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**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	04/26/2010	35943684

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/27/2010	04/27/2010

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## Disposition

Disposition Date: 04/27/2010

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 Dismemberment Rider		Yes

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## Form Schedule

Lead Form Number: UADD1AF

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UADD1AF	Policy/Cont	Accidental Death and Initial ract/Fratern Dismemberment al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider			52.900	UADD1AF_A ccidental Death and Dismemberm ent Rider_CW.pdf

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

{1776 American Heritage Life Drive}  
{Jacksonville, Florida 32224-6688; 1- 877-757-1575}

## ACCIDENTAL DEATH AND DISMEMBERMENT 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 that 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 and the injury is the direct cause of loss independent of disease, bodily infirmity, or any other cause. The accident must occur while coverage under this rider is in force and the loss must occur within 180 days after the accident.

**Loss:** An accidental death or dismemberment.

**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) for each type of loss described below. We will not pay a benefit more than once for each type of loss. To be covered each loss must be caused by a separate accident and must 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. **Dismemberment.** The complete severance of a hand at or above the wrist or a foot at or above the 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; or
2. any act of war whether or not declared, voluntary 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, any narcotic or controlled substance, unless administered upon the advice of a physician; or
5. 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
6. committing or attempting to commit an assault or felony or any other crime; or
7. driving in any organized or scheduled race or speed test or while testing an automobile or any vehicle on any racetrack or speedway; or

- any injury incurred while the insured is an active member of the Military, Naval, or Air Forces of any country or combination of countries. 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:

- the policy anniversary on or next following the insured's 65<sup>th</sup> birthday; or
- the date any cost of insurance premium for this rider or the policy remains unpaid, subject to the grace period provision of the policy; or
- the date the policy matures, expires or otherwise terminates; or
- the date the policy is surrendered and changed to reduced paid up insurance or a settlement option; or
- the next monthly date after your written request to terminate 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.

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\_AD&D Rider.pdf

**Item Status:**

**Status  
Date:**

**Bypassed - Item:** Application

**Bypass Reason:** Not applicable for this filing.

**Comments:**

**CERTIFICATION OF READABILITY**

I, Sheryl McDaniel, Vice President, hereby certify that this form achieves a Flesch reading score as listed below:

<u>Form Number</u>	<u>Flesch Score</u>
UADD1AF .....	52.9

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Sheryl McDaniel  
Vice President

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April 23, 2010  
Date