

SERFF Tracking Number: ALSB-126580625 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 45506
Company Tracking Number: UCIR2AF SERIES
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: UCIR2AF Series
Project Name/Number: UCIR2AF Series/UCIR2AF Series

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: UCIR2AF Series

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: ALSB-126580625 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45506

Co Tr Num: UCIR2AF 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: UCIR2AF Series

Project Number: UCIR2AF 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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Attn: Mr. John Shields

RE: American Heritage Life Insurance Company, NAIC No. 60534
Life Filing of Critical Illness Rider for use with universal life insurance policies

NAIC#: 008-60534

Dear Mr. Shields:

We submit the following form for your review and approval:

Form Description
UCIR2AF Critical Illness 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 for your consideration of this matter.

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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

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	35944138

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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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Form Schedule

Lead Form Number: UCIR2AF Rider

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	UCIR2AF	Policy/Cont	Critical Illness Rider	Initial		50.600	UCIR2AF_Critical Illness Rider_CW.pdf
		ract/Fratern	al				
		Certificate:	Amendmen				
		t, Insert	Page,				
		Endorseme	nt or Rider				

AMERICAN HERITAGE LIFE INSURANCE COMPANY

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

CRITICAL ILLNESS 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.

Date of Loss: The date of loss for the covered losses listed in the BENEFITS provision as follows:

1. Cancer: The date the tissue specimen, blood samples and/or titer(s) are taken on which the first diagnosis of cancer or carcinoma in situ is based.
2. Coma: The first day of the period a physician diagnoses as a coma, as defined in the BENEFITS provision.
3. Coronary Artery Surgery: The date the surgery occurs.
4. Heart Attack: The date that the death (infraction) of a portion of the heart muscle occurred, as defined in the BENEFITS provision.
5. Paralysis / Paraplegia: The first day of the period a physician diagnoses a paralysis or paraplegia, as defined in the BENEFITS provision.
6. Major Organ Transplant: The date the surgery occurs.
7. Renal Failure: The date that renal dialysis begins.
8. Stroke: The date a stroke occurred based on documented neurological deficits and neuroimaging studies.

In Force: The insured's life remains insured under the terms of this rider.

Physician: A person performing tasks that are within the limits of his or her medical license and who is either licensed to practice medicine and prescribe and administer drugs or to perform surgery or 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

We will pay a one-time benefit in the amount shown on the policy specification page(s) for up to three of the below covered losses sustained by the insured due to illness or accident if:

- the date of loss occurs while this rider is in force,
- the covered loss is diagnosed at least 180 days from the date of loss for any other covered loss,
- the covered loss is diagnosed by a physician in the United States or its territories,
- we have not paid a benefit under this rider for the same type of covered loss, and
- the covered loss is not otherwise excluded by the conditions, limitation or exclusions of this rider.

The types of covered losses are:

1. **Cancer.** A malignant tumor characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

The following are included:

- a. Leukemia.
- b. Hodgkin's disease.

The following are excluded:

- a. non-invasive cancer in situ.
- b. tumors in the presence of any human immunodeficiency virus.
- c. tumors histologically described as pre-malignant.
- d. skin cancer other than malignant melanoma.

2. **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.
- b. a coma that results directly from alcohol or drug use.
- c. a diagnosis of brain death.

3. **Coronary Artery Surgery.** The undergoing of heart surgery to:

- a. correct narrowing or blockage of one or more coronary arteries with bypass grafts in persons with limiting anginal symptoms (not including limited surgical techniques such as balloon angioplasty, laser angioplasty, atherectomy, etc.); or
- b. replace or repair one or more valves to correct valvular abnormalities resulting from valvular heart disease.

4. **Heart Attack.** The death of a portion of heart muscle as a result of inadequate blood supply to the relevant area. The heart attack must be positively diagnosed by a physician based on generally accepted diagnostic criteria.

Diagnostic criteria generally considers the presence of the following:

- a. typical chest symptoms associated with heart attack; and
- b. electrocardiogram showing indications of heart attack; and
- c. elevation of cardiac enzymes above laboratory standards of normal.

5. **Major Organ Transplant.** The undergoing of a transplant to the insured from another person of one of the following human organs:

- a. heart; or
- b. lung; or
- c. liver; or
- d. pancreas; or
- e. kidney; or
- f. bone marrow.

6. **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).

7. **Renal Failure.** End stage renal failure, with chronic irreversible failure of both kidneys to function, with insured undergoing dialysis on at least a weekly basis.

8. **Stroke.** Any cerebrovascular incident producing neurological sequela lasting more than 24 hours. The stroke must be positively diagnosed by a physician based on generally accepted diagnostic criteria and must include the presence of one or more of the following which results in evidence of permanent neurological deficit:

- a. infarction of brain tissue; or
- b. hemorrhage; or
- c. embolisation from extra-cranial source.

We do not pay a benefit under this rider for any loss other than those covered losses described above.

PRE-EXISTING CONDITION LIMITATION

This rider does not cover any loss caused by, contributed by, or resulting from a pre-existing condition when the date of loss is within 2 years after the rider date. A pre-existing condition is a condition, whether diagnosed or not, for which, during the 2 years just prior to the rider date, either symptoms existed or medical advice or treatment was recommended by or received from a physician or other member of the medical profession, acting within the scope of their license.

EXCLUSIONS

This rider does not cover any loss caused by, contributed to by, or resulting from:

1. Any act of war, whether or not declared, voluntary participation in a riot, insurrection or rebellion; or
2. Intentionally self-inflicted injury or action; or
3. Illegal activities or participation in an illegal occupation; or
4. Suicide while sane, or self-destruction while insane, or any attempt at either; or
5. Substance abuse, to include abuse of alcohol, alcoholism, drug addiction or dependence upon any controlled substance.

PREMIUMS

The premium for this rider is shown on the policy specification page(s). 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 premium 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. after a one-time benefit has been paid for three of the covered losses.

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.

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Secretary

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President

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Readability Certification CI 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>
UCIR2AF.....	50.6

Sheryl McDaniel
Vice President

April 23, 2010
Date