

SERFF Tracking Number: ALST-126642407 State: Arkansas  
Filing Company: American Heritage Life Insurance Company State Tracking Number: 45794  
Company Tracking Number: GPCDSL  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Continuation of Coverage During a Strike or Layoff Rider  
Project Name/Number: /

## Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Continuation of Coverage SERFF Tr Num: ALST-126642407 State: Arkansas

During a Strike or Layoff Rider

TOI: H21 Health - Other SERFF Status: Closed-Approved- State Tr Num: 45794  
Closed

Sub-TOI: H21.000 Health - Other

Co Tr Num: GPCDSL

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Angie Redden, Jennifer Disposition Date: 06/02/2010

Aiello, Lynn Bautista, Patti Hicks,

Leslie Blandford, Juli Clausen

Date Submitted: 05/26/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

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: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association,  
Trust, Other

Filing Status Changed: 06/02/2010

Explanation for Other Group Market Type:  
Union

Deemer Date:

State Status Changed: 06/02/2010

Submitted By: Angie Redden

Created By: Angie Redden

Filing Description:

Corresponding Filing Tracking Number:

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. They will be used with our Group Voluntary Insurance Products, as listed below.

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Policy Policy Number Approval Date Filing Number  
Group Voluntary Accident Insurance GVAP1(AR) 4/22/2002 n/a  
Group Voluntary Cancer Specified Disease Insurance GVCP3AR 5/15/2009 ALST-126130853  
Group Voluntary Hospital Indemnity Insurance GVSP1AR 10/18/2004 n/a  
Group Critical Illness GVCIP2 3/29/2010 ALST-126529305  
Group Critical Illness GCIP3 3/29/2010 ALST-126529305

Riders GPCDSL and GCCDSL provide for a continuation of coverage during a strike or layoff. Premiums will be waived and coverage will be continued under the policy/certificate and all attached riders.

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

If you have any questions, feel free to call me at (904) 992-3045. I can also be reached by email at aredden@allstate.com.

## 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]

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No

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Fee Explanation: 50.00 per rider form = \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$100.00	05/26/2010	36836974

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/02/2010	06/02/2010

SERFF Tracking Number: ALST-126642407 State: Arkansas  
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## Disposition

Disposition Date: 06/02/2010

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
Form	Continuation of Coverage During A Strike or Layoff Rider	Approved-Closed	Yes
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## Form Schedule

### Lead Form Number: GPCDSL

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2010	GPCDSL	Policy/Cont ract/Fratern al	Continuation of Coverage During A Strike or Layoff Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		57.500	GPCDSL.pdf
Approved-Closed 06/02/2010	GCCDSL	Certificate Amendmen t, Insert	Continuation of Coverage During A Strike or Layoff Rider Page, Endorseme nt or Rider	Initial		57.500	GCCDSL.pdf

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224

## CONTINUATION OF COVERAGE DURING A STRIKE OR LAYOFF RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are subject to the provisions of this rider and the policy it is attached to. All terms defined in the policy and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Layoff.** Means the dismissal of an employee from his or her job by an employer because of business reasons, such as the decision that certain positions are no longer necessary or tightened budgetary constraints or work shortage (not due to poor performance or misconduct).

**Policy.** The policy to which this rider is attached.

**Rider Date.** Means the effective date of coverage under this rider. The rider date is the policy date.

**Strike.** Means work stoppage caused by the refusal of unionized employees to perform work in order to force an employer to comply with demands. The strike must be between the union and the employer and supported and/or sponsored by the national union headquarters.

### BENEFITS

This rider provides for a continuation of coverage for all insureds during a strike or layoff. We will waive the current month's premium and continue coverage for the certificate and all riders attached to the certificate if the insured employee or member has not worked due to strike or layoff for at least 14 of the 30 days prior to his or her premium due date while coverage under the policy is in force.

**Strike.** Premiums will be waived and coverage will continue for up to a period of 6 months during a strike.

Coverage under this benefit will cease automatically at the end of the 6 month period if the strike is still in effect on such date.

If the strike ends before the end of the 6 month period, premium payment is to be resumed on the day after the strike ends.

**Recurrent Strike.** If the insured employee or member returns to work after a strike and then stops working again due to a strike in less than 30 days, this will be considered the same strike for purposes of calculating the 6 month benefit for a strike.

The strike must be confirmed by the union or employer on a monthly basis. The insured employee or member is responsible for providing us with the appropriate contact information for his or her union.

**Layoff.** Premiums will be waived and coverage will continue if the insured employee or member is laid off while his or her certificate is in force.

1. Premiums will be waived for a period of up to 6 months. We will not waive the premiums if the layoff is a result of:
  - a. voluntary termination of the insured employee or member's job; or
  - b. retirement; or
  - c. termination of the insured employee or member's job because of performance reasons such as performance deficiencies, attendance problems or unacceptable behavior; or
  - d. routine, regularly-scheduled or seasonal shutdowns.
2. Coverage under this benefit will cease automatically at the earliest of the following:
  - a. the monthly certificate date that coincides with or next follows the date the insured employee or member is re-employed by the employer, or employed by a new employer; or
  - b. the date the insured employee or member refuses to give us written proof of his or her continuing layoff, if we ask for it.

**Recurrent Layoff.** If the insured employee or member returns to work after a layoff and then stops working again due to a layoff in less than 30 days, this will be considered the same layoff for purposes of calculating the 6 month benefit for a layoff.

The insured employee or member must obtain written confirmation from his or her employer that they were subject to a layoff.

Premiums will not be waived for the insured employee or member if his or her coverage under the policy or this rider terminated due to his or her failure to make required premium payments.

**Disability During a Strike or Layoff.** If the insured employee or member is disabled and premiums are already being waived under a waiver of premium benefit of the policy, if applicable, the insured employee or member is not eligible for continuation of coverage under this rider.

**TERMINATION**

This rider terminates at the earliest of:

1. the date the group policy is canceled; or
2. the last day of the period for which any required premium payments were made; or

3. the last day such insured employee or member is in active employment or membership, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision; or
4. the date such insured employee or member is no longer in an eligible class; or
5. the date such insured employee's or member's class is no longer eligible.

Benefits under this rider are not eligible under the Continuation of Insurance (COBRA) provision under the policy.

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



Secretary



President

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224

## CONTINUATION OF COVERAGE DURING A STRIKE OR LAYOFF RIDER

This rider is issued in consideration of the rider premium and the enrollment form for this rider. Benefits are subject to the provisions of this rider and the certificate it is attached to. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

### DEFINITIONS

**Certificate.** The certificate to which this rider is attached.

**Layoff.** Means the dismissal of an employee from his or her job by an employer because of business reasons, such as the decision that certain positions are no longer necessary or tightened budgetary constraints or work shortage (not due to poor performance or misconduct).

**Rider Date.** Means the effective date of coverage under this rider. The rider date is the certificate date.

**Strike.** Means work stoppage caused by the refusal of unionized employees to perform work in order to force an employer to comply with demands. The strike must be between your union and your employer and supported and/or sponsored by your national union headquarters.

### BENEFITS

This rider provides for a continuation of coverage for all insureds during a strike or layoff. We will waive the current month's premium and continue coverage for the certificate and all riders attached to the certificate if you, the insured employee or member, have not worked due to strike or layoff for at least 14 of the 30 days prior to your premium due date while coverage under the policy is in force.

**Strike.** Premiums will be waived and coverage will continue for up to a period of 6 months during a strike. Coverage under this benefit will cease automatically at the end of the 6 month period if the strike is still in effect on such date.

If the strike ends before the end of the 6 month period, premium payment is to be resumed on the day after the strike ends.

**Recurrent Strike.** If you return to work after a strike and then stop working again due to a strike in less than 30 days, this will be considered the same strike for purposes of calculating the 6 month benefit for a strike.

The strike must be confirmed by your union or employer on a monthly basis. You are responsible for providing us with the appropriate contact information for your union.

**Layoff.** Premiums will be waived and coverage will continue if you are laid off while your certificate is in force.

1. Premiums will be waived for a period of up to 6 months. We will not waive the premiums if the layoff is a result of:
  - a. voluntary termination of your job; or
  - b. retirement; or
  - c. termination of your job because of performance reasons such as performance deficiencies, attendance problems or unacceptable behavior; or
  - d. routine, regularly-scheduled or seasonal shutdowns.
2. Coverage under this benefit will cease automatically at the earliest of the following:
  - a. the monthly certificate date that coincides with or next follows the date you are re-employed by the employer, or employed by a new employer; or
  - b. the date you refuse to give us written proof of your continuing layoff, if we ask for it.

**Recurrent Layoff.** If you return to work after a layoff and then stop working again due to a layoff in less than 30 days, this will be considered the same layoff for purposes of calculating the 6 month benefit for a layoff.

You must obtain written confirmation from your employer that you were subject to a layoff.

Premiums will not be waived for you if your coverage under the certificate or this rider terminated due to your failure to make required premium payments.

**Disability During a Strike or Layoff.** If you, the insured employee or member, are disabled and premiums are already being waived under a waiver of premium benefit of the policy, if applicable, you are not eligible for continuation of coverage under this rider.

**TERMINATION**

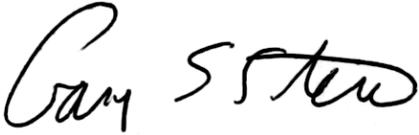
This rider will terminate on the earliest of the following events:

1. the date the certificate is canceled; or
2. the date the group policy is canceled; or

3. the last day of the period for which any required premium payments were made; or
4. the last day you are in active employment or membership, except as provided under the "Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence" provision; or
5. the date you are no longer in an eligible class; or
6. the date your class is no longer eligible.

Benefits under this rider are not eligible under the Continuation of Insurance (COBRA) provision under the policy.

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



Secretary



President

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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> CDSL Readability.pdf	Approved-Closed	06/02/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>	Approved-Closed	06/02/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not applicable to this filing of riders. <b>Comments:</b>	Approved-Closed	06/02/2010

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not applicable to this filing. <b>Comments:</b>	Approved-Closed	06/02/2010

**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>
GPCDSL	57.5
GCCDSL	57.5

Date: May 24, 2010



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Diane Ierna  
Assistant Vice President, Compliance Department