

SERFF Tracking Number: ALST-126643986 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 45781
Company Tracking Number: GPROPR
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Return of Premium Benefit Rider
Project Name/Number: /

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Return of Premium Benefit SERFF Tr Num: ALST-126643986 State: Arkansas

Rider

TOI: H21 Health - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 45781

Sub-TOI: H21.000 Health - Other

Co Tr Num: GPROPR

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Angie Redden, Jennifer
Aiello, Lynn Bautista, Patti Hicks

Disposition Date: 06/02/2010

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:
Unions

Deemer Date:

State Status Changed: 06/02/2010

Submitted By: Patti Hicks

Created By: Patti Hicks

Filing Description:

Corresponding Filing Tracking Number:

Re: American Heritage Life Insurance Company, NAIC Number: 60534

Return of Premium Benefit Riders GPROPR and GCROPR

To Whom It May Concern:

SERFF Tracking Number: ALST-126643986 State: Arkansas
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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.

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 GPROPR and GCROPR provide for a return of premium as a result of a layoff. There are no rates for these 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)992-3424. I can also be reached by email at Patti.Hicks@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]

Filing Fees

SERFF Tracking Number: ALST-126643986 State: Arkansas
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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	05/26/2010	36823999

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Correspondence Summary

Dispositions

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

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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	Return of Premium Benefit Rider	Approved-Closed	Yes
Form	Return of Premium Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GPROPR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/02/2010	GPROPR	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Return of Premium Benefit Rider	Initial		60.700	GPROPR.pdf
Approved-Closed 06/02/2010	GCROPR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Return of Premium Benefit Rider	Initial		60.700	GCROPR.pdf

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224

RETURN OF PREMIUM BENEFIT RIDER

This rider is issued in consideration of the application 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

Claims Incurred. Any claim incurred on the certificate or any riders that are or have been attached to the certificate, excluding any claims incurred before the rider date. A claim is considered incurred on the date an event for which we pay benefits occurs.

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.

Total Premiums Paid. The total premiums paid to us for the certificate and all riders that are or have been attached to the certificate, excluding any premiums which became due before the rider date and any unearned premiums refunded to the insured employee.

BENEFITS

This rider provides for a return of premium as a result of a layoff. We will return the total premiums paid for the certificate and all riders attached to the certificate if the insured employee loses his or her job due to layoff during the first 6 months while coverage under the policy is in force provided there has been no claim incurred. Upon such return of the premiums, the certificate and all riders attached to the certificate will be void as of the effective date.

We will not return premiums if the layoff is a result of:

1. voluntary termination of the insured employee's job; or
2. retirement; or
3. termination of the insured employee's job because of performance reasons such as performance deficiencies, attendance problems or unacceptable behavior; or
4. routine, regularly-scheduled or seasonal shutdowns.

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

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

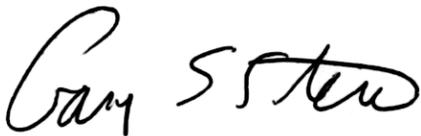
TERMINATION

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 is in active employment, 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 is no longer in an eligible class; or
5. the date such insured employee's class is no longer eligible; or
6. the date a claim is incurred and becomes payable under the policy; or
7. 6 months after this rider is issued.

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

RETURN OF PREMIUM BENEFIT RIDER

This rider is issued in consideration of 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.

Claim Incurred. Any claim incurred on the certificate or any riders that are or have been attached to the certificate, excluding any claims incurred before the rider date. A claim is considered incurred on the date an event for which we pay benefits occurs.

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.

Total Premiums Paid. The total premiums paid to us for the certificate and all riders that are or have been attached to the certificate, excluding any premiums which became due before the rider date and any unearned premiums refunded to you.

BENEFITS

This rider provides for a return of premium as a result of a layoff. We will return the total premiums paid for the certificate and all riders attached to the certificate if you lose your job due to layoff during the first 6 months while coverage under the policy is in force provided there has been no claim incurred.

Upon such return of the premiums, the certificate and all riders attached to the certificate will be void as of the effective date.

We will not return premiums if the layoff is a result of:

1. voluntary termination of your job; or
2. retirement; or
3. termination of your job because of performance reasons such as performance deficiencies, attendance problems or unacceptable behavior; or
4. routine, regularly-scheduled or seasonal shutdowns.

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

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

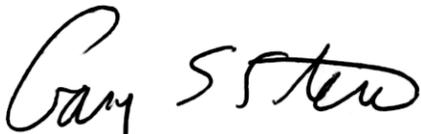
TERMINATION

This rider terminates at the earliest of:

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, 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; or
7. the date a claim is incurred and becomes payable under the policy; or
8. 6 months after this rider is issued.

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

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/02/2010
Comments:		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	06/02/2010
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/02/2010
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/02/2010
Bypass Reason: N/A		
Comments:		

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>
GPROPR	60.7
GCROPR	60.7

Date: May 25, 2010



Diane D. Ierna
Assistant Vice President, Compliance Department