

SERFF Tracking Number: ICCI-126651699 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number: 45821
Company Tracking Number: AMLI GRP LM 2010 ENRL
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: AMLI Enrollment form
Project Name/Number: AMLI Enrollment form/AMLI GRP LM 2010 ENRL

Filing at a Glance

Company: American Medical and Life Insurance Company

Product Name: AMLI Enrollment form SERFF Tr Num: ICCI-126651699 State: Arkansas
TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved-
Closed State Tr Num: 45821

Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: AMLI GRP LM 2010 State Status: Approved-Closed
ENRL

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Brenda Dawson Disposition Date: 06/04/2010
Date Submitted: 05/28/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AMLI Enrollment form
Project Number: AMLI GRP LM 2010 ENRL
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 06/04/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Large
Group Market Type: Association
Explanation for Other Group Market Type:
State Status Changed: 06/04/2010
Created By: Brenda Dawson
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Brenda Dawson

Filing Description:

We are submitting the captioned form for filing for use in your state. This form is new and is not intended to replace any previously approved forms.

Insurance Compliance Consultants, Inc., is making this filing on behalf of American Medical and Life Insurance Company. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc., at the address shown above.

Enrollment form, AMLI GRP LM 2010 ENRL AR, is used to apply for coverage.

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We use multiple computer systems to generate forms. Therefore, actual issued forms may have a different font style than the submitted forms. As a result, provisions may appear on different pages and lines may not match up exactly. The wording and its order, however, will remain identical. We do not anticipate refiling for a font style variation.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendaawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

American Medical and Life Insurance Company CoCode: 81418 State of Domicile: New York
8 West 38th Street Group Code: Company Type:
Suite 1002 Group Name: State ID Number:
New York City, NY 10018 FEIN Number: 13-2562243
(646) 223-9300 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Medical and Life Insurance Company	\$50.00	05/28/2010	36885543

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/04/2010	06/04/2010

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Form Schedule

Lead Form Number: AMLI GRP LM 2010 ENRL AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 06/04/2010	AMLI GRP LM 2010 ENRL AR	Application/ Enrollment Enrollment Form		Initial			AR AMLI GRP LM 2010 ENRL AR.pdf

**The American Medical and Life Insurance Company
New York, New York**

SUPPLEMENTAL ONLY

**GROUP LIMITED BENEFITS HEALTH INSURANCE
ENROLLMENT FORM**

GENERAL INFORMATION

Applicant's Name: _____ Gender: _____ Date of Birth: _____ SSN: _____
 Home Address: _____ Phone: _____
 [Occupation/Job Title: _____ Employee Class: _____ Hire Date: _____ Hrs/Wk: _____
 Annual Salary: \$ _____ Employee ID: _____ Business Phone: _____
 Employer Name: _____
 Employer Address: _____ Section/Dept. #: _____]
 [Member Class: _____ Join Date: _____
 Member ID: _____ Section/Dept. #: _____]
 Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____
 Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____
 Plan: _____ [Units]: _____ Rider: _____ Monthly Premium: \$ _____

AD[&D] COVERAGE ELECTIONS*

Applicant: \$ _____ Spouse: \$ _____ Child(ren): \$ _____
 AD[&D] Yes No AD[&D] Yes No AD[&D] Yes No

[Do you have a comprehensive medical policy? Yes No
 Do you understand most supplemental only policies may not pay full benefits if a comprehensive major medical or comprehensive medical plan is not in force? Yes No
 Do you understand that this is a supplemental only policy and that the benefits provided under this policy may be limited? Yes No
 Are you or any person to be covered Medicare eligible? Yes No
 Have you received the Guide to Health Insurance for People with Medicare? Yes No]

[SPOUSE AND DEPENDENT INFORMATION

Spouse/Dependent Name	Relationship to Applicant	Date of Birth	SSN

[*If you DO NOT ENROLL for AD&D coverage for you or your dependent(s) during the initial enrollment period, you will need to complete an evidence of insurability form, if required, for all amounts of coverage.]

BENEFICIARY INFORMATION

Beneficiary Name	Relationship to Applicant	Age	SSN	Benefit %	Primary	Contingent
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

[This Limited Medical Plan includes a Discount Program that is not health insurance. The Program provides discounts at certain healthcare providers for medical and ancillary services. The Program does not make payments directly to the provider of services, and members are obligated to pay the provider the discounted rate at the time of service. Participating Providers are subject to change without notice and are not available in all areas. Actual savings may vary. Not available to residents of all states.]

I understand that Limited Medical Plan covered persons are covered by group insurance benefits. The group insurance benefits vary depending on plan selected. These benefits are provided under a group insurance policy underwritten by American Medical and Life Insurance Company and subject to the exclusions, limitations, terms and conditions of coverage as set forth in the insurance certificate which includes, but is not limited to, limitations for pre-existing conditions. This is not basic health insurance or major medical coverage and is not designated as a substitute for basic health insurance or major medical coverage. This is a limited medical plan that provides for limitations to the coverage for each benefit. The limitations are disclosed in the policy and certificate which are made available at the time of enrollment.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

Signed at: City _____ State _____

Date

Signature of Applicant

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Cert of Comp. with Rule 19 AMLI GRP NE enrollment app 5-28-10.pdf	Approved-Closed	06/04/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: See form tab.	Approved-Closed	06/04/2010

	Item Status:	Status Date:
Satisfied - Item: Authorization Letter Comments: Attachment: AMLI auth letter.pdf	Approved-Closed	06/04/2010

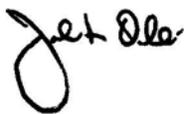
**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American Medical and Life Insurance Company

Form Number(s):

Enrollment Application – AMLI GRP LM 2010 ENRL AR

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

John Ollis
Name

CEO and President
Title

May 28, 2010
Date



8 WEST 38TH STREET – SUITE 1002
NEW YORK, NY 10018

MICHAEL F. MURPHY

EXECUTIVE VICE PRESIDENT & CHIEF MARKETING OFFICER

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March 31, 2009

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of American Medical and Life Insurance Company regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. American Medical may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,