

SERFF Tracking Number: AMEE-126717980 State: Arkansas
Filing Company: AMEX Assurance Company State Tracking Number: 46208
Company Tracking Number: AX0916-AR-0001EF
TOI: H19G Group Health - Travel Sub-TOI: H19G.000 Health - Travel
Product Name: Travel Medical Protection
Project Name/Number: Travel Medical Protection/AX0916-AR-0001EF

Filing at a Glance

Company: AMEX Assurance Company
Product Name: Travel Medical Protection
TOI: H19G Group Health - Travel

Sub-TOI: H19G.000 Health - Travel
Filing Type: Form

SERFF Tr Num: AMEE-126717980 State: Arkansas
SERFF Status: Closed-Approved- State Tr Num: 46208
Closed

Co Tr Num: AX0916-AR-0001EF State Status: Approved-Closed
Reviewer(s): Rosalind Minor
Disposition Date: 08/04/2010

Authors: Filing Manager, EDS
EDSSupport, Elizabeth Dutton

Date Submitted: 07/14/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Travel Medical Protection
Project Number: AX0916-AR-0001EF
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type:
Overall Rate Impact:
Filing Status Changed: 08/04/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type:
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 08/04/2010
Created By: Elizabeth Dutton
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Elizabeth Dutton
Filing Description:
July 14, 2010

Via SERFF

Jay Bradford – Commissioner
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

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RE: FILING SUBMITTED FOR APPROVAL

AMEX Assurance Company
Group Accident and Health Insurance Form Filing
"Travel Medical Protection"
Company FEIN: 36-2760101
NAIC #: 27928
Company File Number: AX0916-AR-0001EF

OLD FORMS:

TMP-E-[A/M] [Edition Date 07.01.2003] Enrollment Form

REPLACEMENT FORMS:

TMP-E-Multi 05/10 Travel Medical Protection Enrollment Form

To Whom It May Concern:

On behalf of AMEX Assurance Company, we respectfully submit the above-referenced form for your review and approval. Form number TMP-E-Multi 05/10 replaces form TMP-E-[A/M] [Edition Date 07.01.2003] submitted and approved by your state on February 10, 2004, under Company Filing Number AX00916-AR-00145.

Bracketed material throughout the form is variable and may be included or omitted; depending on what benefits will be marketed.

This filing has been reviewed and to the best of our knowledge, complies with all applicable Arkansas laws and regulations now in effect.

If you have any questions or concerns, please feel free to contact me by phone at 623-492-3246 or via e-mail at Theresa.m.ricciuto@aexp.com.

Sincerely,

Theresa Ricciuto

Theresa Ricciuto
Compliance Analyst
AMEX Assurance Company

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TMR/VJH

Company and Contact

Filing Contact Information

Theresa Ricciuto, Compliance Analyst Theresa.M.Ricciuto@aexp.com
 20022 N. 31st Ave. 623-492-3246 [Phone]
 MC 080120 602-766-2230 [FAX]
 Phoenix, AZ 85027

Filing Company Information

AMEX Assurance Company CoCode: 27928 State of Domicile: Illinois
 08-01-20 Group Code: Company Type:
 20022 N. 31st Ave. Group Name: State ID Number:
 Phoenix, AZ 85027 FEIN Number: 36-2760101
 (623) 492-3231 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: IL= \$50.00 per form
 1 form X \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
AMEX Assurance Company	\$50.00	07/14/2010	37961450

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/04/2010	08/04/2010

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Disposition

Disposition Date: 08/04/2010

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
Form	Travel Medical Protection Enrollment Form	Approved-Closed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/04/2010	TMP-E-Multi 05/10	Application/Enrollment Form	Travel Medical Protection Enrollment Form	Revised	Replaced Form #: TMP-E-M/A Edition Date 04.01.2004 Previous Filing #: AX00916-AK-00142		TMP Multi Enrollment form.pdf

Travel Medical Protection

[Offered exclusively to American Express Cardmembers]

ENROLLMENT REQUEST

Mr. John Doe 100 Main Street Anytown, USA 10000-0001	Account Number: 99999999999999-651 (Your account number has been scrambled for your protection.)
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[Choose a level of coverage that's right for you.]

Coverage Amount	\$25,000	\$50,000	\$100,000
Single Coverage* Cardmember only	<input type="checkbox"/> \$59.00 annual fee <input type="checkbox"/> \$5.50 monthly fee	<input type="checkbox"/> \$79.00 annual fee <input type="checkbox"/> \$7.00 monthly fee	<input type="checkbox"/> \$109.00 annual fee <input type="checkbox"/> \$9.50 monthly fee
Joint Coverage** Cardmember and spouse or Domestic Partner	<input type="checkbox"/> \$99.00 annual fee <input type="checkbox"/> \$9.00 monthly fee	<input type="checkbox"/> \$119.00 annual fee <input type="checkbox"/> \$10.50 monthly fee	<input type="checkbox"/> \$149.00 annual fee <input type="checkbox"/> \$13.00 monthly fee
Family Coverage** Two adults and all Dependent children, including those under age 26 living in the same household who are registered full time students. ND residents – dependents to age 22 and full time students up to age 26.	<input type="checkbox"/> \$149.00 annual fee <input type="checkbox"/> \$13.00 monthly fee	<input type="checkbox"/> \$179.00 annual fee <input type="checkbox"/> \$15.50 monthly fee	<input type="checkbox"/> \$209.00 annual fee <input type="checkbox"/> \$18.00 monthly fee

[*If You are age 65 and over a [\$30.00/\$2.50] [Annual/Monthly] surcharge applies.]
 [**If anyone enrolled is age 65 and over a [\$60.00/\$5.00] [Annual/Monthly] surcharge applies.]

[Yes, Please Enroll Me in the Benefit Level of Travel Medical Protection that I've Selected Above.]

I hereby request enrollment in the Travel Medical Protection Plan under Master Policy AX0916 underwritten by AMEX Assurance Company. [I understand if I return this form signed and have not checked one of the benefit amounts, I will be enrolled in the \$50,000 Single] Plan.] [I understand the benefit I am requesting will replace any benefit amount I was previously enrolled under.] I have read, understand and agree to the Summary of the Terms and Conditions [as provided in this enrollment packet]. I understand that the premium [selected] will be charged to my enrolled Card account automatically on the [monthly or annual][renewal date] of my enrollment until my enrollment is terminated. I understand that coverage is effective when AMEX Assurance Company receives, approves and validates this Enrollment Request.

X _____	/ /	/ /	()
Signature of Cardmember	Date	Date of Birth	Home Phone
_____	/ /	/ /	_____
Name of additional person to be enrolled (Joint or Family Plan)	Date of Birth	Relationship	
_____	/ /	/ /	_____
Name of additional person to be enrolled (if Family Plan)	Date of Birth	Relationship	

[Any person who knowingly, and with intent to defraud any insurance company, files an application of insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may be guilty of insurance fraud.]

[Additional persons to be enrolled may be listed on a separate sheet of paper and attached to this Enrollment Request form]

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: See attachment below. Attachment: AK Certification of Compliance.pdf	Approved-Closed	08/04/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Please see Form Schedule tab. Comments:	Approved-Closed	08/04/2010

CERTIFICATION OF COMPLIANCE

Dave Parker, an officer of AMEX Assurance Company, does hereby certify that the best of its knowledge and belief that the accompanying policy form as identified by the listing attached hereto, are in compliance with all laws, rules and regulations of the State of Arkansas

Dated: 7-14-2010

By: _____

Title: Corporate Compliance Manager