

SERFF Tracking Number: ALST-127733765 State: Arkansas
Filing Company: American Heritage Life Insurance Company State Tracking Number: 50077
Company Tracking Number: GAPWMELG1
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: GAPWMELG1/

Filing at a Glance

Company: American Heritage Life Insurance Company

Product Name: Group Accident

SERFF Tr Num: ALST-127733765 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed
State Tr Num: 50077

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: GAPWMELG1

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Angie Redden, Lynn

Disposition Date: 10/20/2011

Bautista, Patti Hicks, Sara Welch

Date Submitted: 10/20/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GAPWMELG1

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: This is a case-specific filing for Wal-Mart Stores, Inc., domiciled in Arkansas. These forms will not be filed in our domicile state of Florida.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 10/20/2011

State Status Changed: 10/20/2011

Deemer Date:

Created By: Sara Welch

Submitted By: Sara Welch

Corresponding Filing Tracking Number:

Filing Description:

We submit forms GAPWMELG1 and GACWMELG1 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 Group Voluntary Accident Policy, GAPWM et al, which was approved by your department on August 9, 2009 under filing number ALST-126250239. These forms are being submitted as a single case filing for Wal-Mart Stores, Inc. Policy Amendment GAPWMELG1 and Certificate Endorsement GACWMELG1 will remove language from the Eligibility of Dependents provision that prevents

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employees of Walmart from being covered as both an employee and a dependent of another employee. This change was requested by the policyholder, Wal-Mart Stores, Inc.

Company and Contact

Filing Contact Information

Sara Welch , Ettain Group swelc@allstate.com
 1776 American Heritage Life Drive 800-521-3535 [Phone] 2554 [Ext]
 Jacksonville, FL 32224 904-992-2975 [FAX]

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

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form x 2 forms = \$100.00 total
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Heritage Life Insurance Company	\$100.00	10/20/2011	53003491

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/20/2011	10/20/2011

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Disposition

Disposition Date: 10/20/2011

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	Policy Amendment	Approved-Closed	Yes
Form	Certificate Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GAPWMELG1

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/20/2011	GAPWMELG1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Amendment	Initial		51.200	GAPWMELG1.pdf
Approved-Closed 10/20/2011	GACWMELG1	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate Endorsement	Initial		51.600	GACWMELG1.pdf

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida

(the "Company")

Amendment No. [1] to Group Policy No. **WMART**
issued to

WALMART STORES, INC.

(the "Policyholder")

It is hereby agreed that, effective [November 1, 2011], the Group Policy is amended as follows:

The following paragraph is deleted from the Eligibility of Dependents provision in the GENERAL PROVISIONS section:

Dependents of an employee cannot be covered as both a dependent and as an employee with their own coverage. If a dependent is or becomes covered as an employee with their own coverage, we will terminate their coverage as a dependent and refund any premium that may have been paid for the dependent coverage for the period of time that they were covered as a dependent while having their own coverage.

This Amendment will be attached to and form a part of the Group Policy, and will not be held to alter or affect any of the terms of such Policy other than as specifically stated, but not unless both the Company and the Policyholder have executed this Amendment.

Signed on _____
(Date)

Signed on _____
(Date)

**AMERICAN HERITAGE
LIFE INSURANCE COMPANY**

WALMART STORES, INC.

by _____
(Signature of Officer) (Title)

by _____
(Authorized Representative) (Title)

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida
(the "Company")

ENDORSEMENT

This Endorsement is made a part of the Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this Endorsement. This certifies that, effective [November 1, 2011], the Group Policy has been amended requiring the following changes in your certificate:

The following is deleted from the Eligibility of Dependent provision of the GENERAL PROVISIONS section:

Your dependents cannot be covered as both a dependent and as an associate with their own coverage. If your dependent is or becomes covered as an associate with their own coverage, we will terminate their coverage as a dependent and refund any premium that may have been paid for the dependent coverage for the period of time that they were covered as a dependent while having their own coverage.

[*Gay Stewart*]

Secretary

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Readability Certification.pdf	Approved-Closed	10/20/2011

	Item Status:	Status Date:
Satisfied - Item: Application Comments: GAAPPAR, AWD4528WM, AWD4528WMESP were all approved on 7/1/2009 under SERFF filing number ALST-126167739 and have not been changed.	Approved-Closed	10/20/2011

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>
GAPWMELG1 tested with GAPWM	51.2
GACWMELG1 tested with GACWM	51.6

Date: October 18, 2011



Diane D. Ierna
Assistant Vice President, Compliance Department