

State: Arkansas **Filing Company:** American Fidelity Assurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: DN61.R912
Project Name/Number: DN61.R912/DN61.R912

Filing at a Glance

Company: American Fidelity Assurance Company
Product Name: DN61.R912
State: Arkansas
TOI: L08 Life - Other
Sub-TOI: L08.000 Life - Other
Filing Type: Form
Date Submitted: 10/04/2012
SERFF Tr Num: AFDL-128700797
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: DN61.R912

Implementation: On Approval
Date Requested:
Author(s): Shari Vick, Melissa Mahanes, Ashlie Snyder, Ann Hobson
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/08/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: DN61.R912
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Filing Company: American Fidelity Assurance Company

General Information

Project Name: DN61.R912
Project Number: DN61.R912
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 10/08/2012
State Status Changed: 10/08/2012
Created By: Melissa Mahanes
Corresponding Filing Tracking Number: DN61.R912

Deemer Date:
Submitted By: Melissa Mahanes

Filing Description:

INFORMATIONAL FILING

Enclosed for submission is the above mentioned form. The DN61.R912 is the Accelerated Benefit Disclosure Notice required at time of application. This is a revision to the DN61 Series, which was submitted in conjunction with the following filings. We are adding a statement regarding the minimum Accelerated Benefit amount available. This is the only revision occurring to this form.

The signed acknowledgment for this form appears on the A1274 Application previously approved by your department on 8/20/12 (Serff Tracking Number: AFDL-128631163) and/or the A1245 series application previously approved by your department on 5/16/07 (paper). This form will be used with the RCTL05AR previously approved on 11/2/05 (paper) and the WL07AR previously approved on 6/5/07 (paper).

This form may eventually be issued from an automated system. We will make every attempt to produce this automated version to duplicate this final printed format; however, fonts and word wrap can vary when going from one system or printer to another. We will not alter the wording and will try to duplicate all pages, including keeping the verbiage on each page as submitted for approval.

I hereby certify that to the best of my knowledge the forms submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state and such forms contain no provisions previously disapproved by the Department.

Thank you for your assistance with this matter. If you have any questions, please feel free to contact me using the information located on the Companies and Contacts tab.

Company and Contact

Filing Contact Information

Melissa Mahanes, Compliance Analyst II melissa.mahanes@af-group.com
2000 Classen Blvd 800-654-8489 [Phone] 2035 [Ext]
Oklahoma City, OK 73106 405-523-5793 [FAX]

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Filing Company Information

American Fidelity Assurance Company	CoCode: 60410	State of Domicile: Oklahoma
2000 North Classen Blvd	Group Code: 330	Company Type: LAH
Oklahoma City, OK 73106	Group Name:	State ID Number:
(405) 523-2000 ext. [Phone]	FEIN Number: 73-0714500	

Filing Fees

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

Company	Amount	Date Processed	Transaction #
American Fidelity Assurance Company	\$50.00	10/04/2012	63425364

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/08/2012	10/08/2012

SERFF Tracking #:

AFDL-128700797

State Tracking #:

Company Tracking #:

DN61.R912

State:

Arkansas

Filing Company:

American Fidelity Assurance Company

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Disposition

Disposition Date: 10/08/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Accelerated Benefit Disclosure Notice (at application)		Yes

SERFF Tracking #:

AFDL-128700797

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DN61.R912

State:

Arkansas

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Form Schedule

Lead Form Number: DN61.R912

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		DN61.R912	OTH	Accelerated Benefit Disclosure Notice (at application)	Initial:	0.000	DN61_R912.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

ACCELERATED BENEFIT SUMMARY AND DISCLOSURE NOTICE

The life product you are applying for includes an Accelerated Benefit Provision, which allows a portion of the death benefit to be paid if the Insured should become terminally ill. There is no extra premium associated with this provision. Any Accelerated Benefit paid will be treated as a lien against the policy proceeds.

The maximum accelerated benefit payable is the lesser of \$50,000, or 50% of the eligible proceeds as defined in the policy or rider. The total accelerated benefit payment under all policies and riders issued by us on any one life will not exceed \$100,000. (\$100,000 maximum does not apply in Illinois, Florida, New Jersey and Vermont.) You have the right to request an accelerated benefit up to the maximum available. If the amount is less than the maximum, you have one additional request available for the balance of the benefits. The additional request for benefits must be received within 12 months from the date of the first benefit payment. (The additional request is not available in Connecticut.) The minimum accelerated benefit payable is \$12,500. Policies with a face amount of less than \$25,000 are not eligible for an accelerated benefit.

Prior to the payment of any accelerated benefit, the following conditions must be met:

- The Insured must have a terminal illness or injury, as defined in the policy, which with reasonable medical certainty will result in a drastically limited life span of the Insured of 12 months or less. (24 months or less in Illinois and Vermont.)
- The policy and/or the rider must be in force at the time benefits are requested and the Insured must be less than 85 years of age. (Does not apply in Connecticut, Florida and New Jersey.)
- This benefit is not available if you are required by law to use it to meet the claims of creditors, whether in bankruptcy or otherwise; or, if you are required by a government agency to use it in order to apply for, obtain, or otherwise keep a government benefit or entitlement. (Does not apply in Connecticut.)
- We must receive the approval of any irrevocable beneficiaries before an accelerated benefit payment can be approved.
- Any outstanding policy loan, including interest, will be deducted from the Accelerated Benefit payable.

This Accelerated Benefit Provision if elected will have the following effect on your policy:

- Premiums will continue to be billed and payable as due. If the policy enters the grace period, as defined in the policy or rider, the premium due to keep the policy in force will be paid by us. The premiums paid by us will be deducted from the proceeds upon the death of the insured.
- Policy proceeds which are payable on the death of the Insured and Cash Values, where applicable, will be reduced by the amount of the accelerated benefit payment(s) and any premium paid by us.
- We reserve the right to charge a one-time administrative charge that will be deducted from the accelerated benefit. This charge will not exceed the amount stated in the policy or rider. (Charge does not apply in South Carolina. For Virginia, this charge will not exceed \$500.)

This Notice serves only as a summary and a disclosure regarding the Accelerated Benefit Provision. Please refer to your policy or rider for actual contract provisions.

You should consult with a personal tax advisor if you are considering electing the Accelerated Benefit Provision. Benefits as specified in the policy or rider will be reduced upon receipt of an accelerated benefit payment. This is not a long-term care policy. Receipt of accelerated benefit payments may be taxable or may affect your eligibility for benefits under state or federal law. Receipt of Accelerated Benefit payments may also affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	This form was not scored for readability.		
Attachment(s):			
12_0925_CompCert.pdf			



STATE OF ARKANSAS

COMPLIANCE CERTIFICATION

Form Number and Name: **DN61.R912 Accelerated Benefit Disclosure Notice (at application)**

I hereby certify that this filing does not discriminate unfairly between Policyholders and that it meets requirements set forth in Arkansas Rule and Regulation 19. I further certify, that to the best of my knowledge and judgment this filing is complete and accurate, and in compliance with the applicable laws and regulations of the State of Arkansas.

A handwritten signature in black ink that reads 'Michelle Lynch'.

Michelle Lynch
Assistant Vice President and Compliance Manager

September 25, 2012
Date