

State: Arkansas **Filing Company:** American General Life and Accident Insurance Company
TOI/Sub-TOI: H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups
Product Name: AGLA1000-LSDIAR (0912) Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form, etal
Project Name/Number: AGLA1000-LSDIAR (0912) Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form, etal /AGLA1000-LSDIAR (0912), etal

Filing at a Glance

Company: American General Life and Accident Insurance Company
 Product Name: AGLA1000-LSDIAR (0912) Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form, etal
 State: Arkansas
 TOI: H111 Individual Health - Disability Income
 Sub-TOI: H111.002 Short Term - Unrelated to marketing with employer or association groups
 Filing Type: Form
 Date Submitted: 11/01/2012
 SERFF Tr Num: AGLA-128750045
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: AGLA1000-LSDIAR (0912)
 Implementation: On Approval
 Date Requested:
 Author(s): Marilyn Ellis
 Reviewer(s): Rosalind Minor (primary)
 Disposition Date: 11/05/2012
 Disposition Status: Approved-Closed
 Implementation Date:
 State Filing Description:

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General Information

Project Name: AGLA1000-LSDIAR (0912) Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form, etal	Status of Filing in Domicile: Pending
Project Number: AGLA1000-LSDIAR (0912), etal	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/05/2012
	State Status Changed: 11/05/2012
Deemer Date:	Created By: Marilyn Ellis
Submitted By: Marilyn Ellis	Corresponding Filing Tracking Number:

Filing Description:
 AGLA1000-LSDIAR (0912) Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form
 AGLA1000SMDAR Authorization Form for Accident Injury Disability Insurance

The above forms are being submitted for your consideration and approval. They are new and do not replace any form previously approved by your department.

AGLA1000-LSDIAR (0912) and AGLA1000SMDAR are authorization forms that will be used in direct marketing to in force policyowners as an offer to purchase individual, nonparticipating disability insurance. If the policyowner elects to purchase the additional insurance, he or she must complete and return the referenced form. AGLA1000-LSDIAR (0912) will be used in stand-alone mailings and telemarketing. AGLA1000SMDAR will be included in a package with the policyowner's billing statement.

An explanation of the bracketed items on the referenced forms is attached.

Please contact me if I may provide any additional information. Thank you for your consideration.

Company and Contact

Filing Contact Information

Kathryn Mitchell, American General Center Nashville, TN 37250-0001	Kathryn.Mitchell@agla.com 615-749-1139 [Phone]
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Filing Company Information

American General Life and Accident Insurance Company American General Center Nashville, TN 37250-0001 (615) 749-1139 ext. [Phone]	CoCode: 66672 Group Code: 12 Group Name: AIG FEIN Number: 62-0306330	State of Domicile: Tennessee Company Type: L&H State ID Number:
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Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 2 forms x \$50 = \$100.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
American General Life and Accident Insurance Company	\$100.00	11/01/2012	64480984

SERFF Tracking #:

AGLA-128750045

State Tracking #:

Company Tracking #:

AGLA1000-LSDIAR (0912)

State:

Arkansas

Filing Company:

American General Life and Accident Insurance Company

TOI/Sub-TOI:

H111 Individual Health - Disability Income/H111.002 Short Term - Unrelated to marketing with employer or association groups

Product Name:

AGLA1000-LSDIAR (0912) Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form, etal

Project Name/Number:

AGLA1000-LSDIAR (0912) Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form, etal /AGLA1000-LSDIAR (0912), etal

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/05/2012	11/05/2012

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Disposition

Disposition Date: 11/05/2012

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	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
Supporting Document	Variable Information	Approved-Closed	Yes
Form	Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form	Approved-Closed	Yes
Form	Authorization Form for Accident Injury Disability Insurance	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AGLA1000-LSDI (0912)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/05/2012	Off-The-Job Accident Lump-Sum Injury Disability Insurance Authorization Form	AGLA1000-LSDIAR (0912)	AEF	Initial		52.600	AGLA1000-LSDI-AR (0912).pdf
2	Approved-Closed 11/05/2012	Authorization Form for Accident Injury Disability Insurance	AGLA1000-SMDAR	AEF	Initial		53.900	AGLA1000SMDAR.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

OFF-THE-JOB ACCIDENT LUMP-SUM INJURY DISABILITY INSURANCE AUTHORIZATION FORM

American General Life and Accident Insurance Company • American General Center, Nashville, TN 37250-0001

OWNER: _____ **Disability Income Benefit:** _____
INSURED: _____ **Disability Income Premium:** _____
ADDRESS: _____

INSURED'S INFORMATION

Date of Birth _____ Sex Male Female Beneficiary _____
Telephone (_____) _____ Relationship _____
Social Security No. (Optional) _____ (If no beneficiary is named, the insured's estate will be the beneficiary.)

I wish to apply for \$[XX,XXX.XX] of Off-The-Job Accident Lump-Sum Disability Insurance issued by American General Life and Accident Insurance Company. I understand that the premium for this coverage is \$[XX.XX.XX]/month and I authorize you to add the additional premium to my existing [bank draft/direct bill]. By signing below, I declare that the insured above is under the age of 67 and that all statements in this Authorization Form are complete and true to the best of my knowledge. I understand that this coverage is not effective until this Authorization Form is completed by me and submitted to the Company and the first premium is paid. I understand that I have [10] days to examine my insurance policy and, if not satisfied, I may request a refund of any premiums paid. I certify that I am actively working a minimum of 30 hours per week performing all duties of my regular occupation and working at my regular place of employment. The amount of coverage being applied for does not exceed my annual earned income.

Will the policy replace any existing accident, health or disability insurance? Yes No If "Yes", please indicate:

Insured's Name Company Name Policy Number

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Owner

[Owner's name printed here] / /
Date

AGLA1000-LSDI-AR (0912)

IMPORTANT NOTICE

The policy offered as OPTION B may be applied for and purchased only by the Insured. The insured, [Sample A Sample] must reside in the state of Arkansas in order to qualify for this offer. This offer is not valid unless signed by the Insured.

IF SELECTING OPTION B, PLEASE BE SURE THE INSURED COMPLETES THE APPLICATION BELOW AND RETURN WITH YOUR PAYMENT. THANK YOU

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY Authorization Form for Accidental Injury Disability Insurance

Insurance being applied for: [\$10,000.00/Off-The-Job Accident Lump-Sum Disability]

Insurance Premium: \$[xx.xx]/month

Name of Insured: [SAMPLE A SAMPLE]

Relationship

Address: [124 XYZ St]

Beneficiary: _____ to Insured: _____

[Anywhere, XX 12345-0001]

First Name M.I. Last name

Will the policy replace any existing accident, health or disability insurance? Yes No. If "Yes", please indicate:

Insured's Name: _____ Company Name: _____ Policy Number: _____

By signing below, I declare that all statements and answers in the Authorization Form are complete and true to the best of my knowledge. I understand that the coverage will become effective once the Company receives my Authorization Form and my first premium payment is paid. I understand that I have (10) days to examine the Off-The Job Accident Lump-Sum Disability insurance policy, and if not satisfied I may request a refund of any paid premium. I authorize this premium to be added to my existing bill. I certify that I am actively working a minimum of 30 hours per week performing all duties of my regular occupation and working at my regular place of employment. The amount of coverage being applied for does not exceed my annual earned income.

NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Insured

[SAMPLE A SAMPLE]

Date

SERFF Tracking #:

AGLA-128750045

State Tracking #:

Company Tracking #:

AGLA1000-LSDIAR (0912)

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/05/2012
Comments:			
Attachment(s):			
87-1.pdf AGLA120Z49 REV0807.pdf ARCERT2.pdf ARCert5.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/05/2012
Bypass Reason:	The forms being filed are applications.		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	11/05/2012
Bypass Reason:	Not applicable to this filing.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	11/05/2012
Bypass Reason:	This is an application filing, not a product filing.		
		Item Status:	Status Date:
Satisfied - Item:	Variable Information	Approved-Closed	11/05/2012
Comments:			
Attachment(s):			
Arkansas_Info for Filing LSDI DM and SM Apps.pdf			

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY
A Member Company of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001
(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services
American General Life and Accident Insurance Company
American General Center - 305N
Nashville, Tennessee 37250
PH: 1-800-888-2452

State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
PH: 1-800-852-5494

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

(please turn to back of page)

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

American General Life and Accident Insurance Company

A member company of American International Group, Inc.
American General Center • Nashville, Tennessee 37250-0001





American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA1000-LSDI-AR (0912) Off-The-Job Accident Lump-Sum Injury Disability
Insurance Authorization Form
AGLA1000SMDAR Authorization Form for Accident Injury Disability
Insurance

This is to certify that, to the best of my knowledge and belief, the above forms comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

A handwritten signature in cursive script that reads "Leo W. Grace".

Leo W. Grace, ASA, MAAA
Vice President

DATE: November 1, 2012

American General Life and Accident Insurance Company (AGLA)
Variable Information for:
Lump Sum Disability Insurance Offer – Direct Marketing Forms
(AGLA 1000-LSDI-AR and AGLA1000SMDAR)
ARKANSAS

Use of Forms:

1. Direct Marketing purposes (mail and telemarketing)
2. Product offer: Lump Sum Disability Insurance Policy offer to Life (Whole and Term), A&H and Annuity Policy Owners/Insureds. The product has been filed – Form Number: AGLA 12LSD

AGLA 1000-LSDI-AR – this application will be used in stand-alone mailings and telemarketing

The following items will be pre-printed on the application and be variable:

- ➔ Owner - Name of Policy Owner
- ➔ Insured - Name of Insured
- ➔ Address - Address of Insured
- ➔ Disability Income Benefit – Offered Coverage Amount - will offer various coverage amounts based on a test matrix
- ➔ Disability Income Premium – Offered Premium Amount and Payment Frequency – the premium will vary based on the offered coverage amount
- ➔ Date of Birth – Insured’s Date of Birth
- ➔ In Authorization paragraph:
 - [\$XX,XXX.XX] - Offer Coverage Amount
 - [\$X.XX/Month] - Offer Premium Amount and Payment Frequency
 - [bank draft/direct bill] - Premium payment method to be used for new premium. This will match what is currently used on existing policies.
 - [10] – will test response and premium payment by allowing for a 10-day or 30-day trial period
- ➔ [Owner’s name printed here] - Name of Owner for signature

AGLA1000SMDAR – this application will be used in offers made through billing/statement mailings

The following items will be pre-printed on the application and be variable:

- ➔ [Sample A Sample] - Name of Insured
- ➔ [xxxxxxxxxxxxxx] - Residing State of Insured
- ➔ [\$10,000.00/Off-The-Job Accident Lump-Sum Disability]– Offered Coverage Amount - will offer various coverage amounts based on a test matrix
- ➔ \$[xx.xx/]month– Offered Premium Amount and Payment Frequency – the premium will vary based on the offered coverage amount
- ➔ [124 XYZ St], [Anywhere, XX 12345-0001] - Address of Insured
- ➔ [10] – will test response and premium payment by allowing for a 10-day or 30-day trial period