

SERFF Tracking Number: AFLA-128425398 State: Arkansas
Filing Company: American Family Life Assurance Company of Columbus State Tracking Number:
Company Tracking Number: A57690
TOI: H111 Individual Health - Disability Income Sub-TOI: H111.006 Short Term - Related to marketing with employer or association groups
Product Name: Short-Term Disability - Endorsement
Project Name/Number: /

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Short-Term Disability - Endorsement SERFF Tr Num: AFLA-128425398 State: Arkansas

TOI: H111 Individual Health - Disability Income SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H111.006 Short Term - Related to marketing with employer or association groups Co Tr Num: A57690 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Otis Robinson, Eve Black, Bridget Berryman Disposition Date: 05/31/2012

Date Submitted: 05/30/2012 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile: 05/25/2012
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: 05/31/2012
State Status Changed: 05/31/2012
Deemer Date: Created By: Bridget Berryman
Submitted By: Bridget Berryman Corresponding Filing Tracking Number:
Filing Description:
Re: Endorsement Form A57690

The above referenced form is submitted for your review and approval.

Endorsement Form A57690 will be used with Short-Term Disability Policy Forms A57600AR and A57600LBAR, and

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Disability Benefit for On-The-Job Injury Rider Forms A57650AR and A57650LB, previously approved by your department on March 14, 2011 under SERFF Tracking #AFLA-127072212. The purpose of this endorsement is to provide credit from the previous disability coverage toward the Pre-Existing Condition Limitation provision and to remove the 30 day waiting period, based on guidelines established and agreed upon by the employer and Aflac. If we do not agree to apply a pre-existing condition credit to the Disability Benefit for On-The-Job Injury Rider, we have included a statement on the endorsement indicating that it does not apply.

This submission will not affect the premium rates currently on file with your department.

State Narrative:

Company and Contact

Filing Contact Information

Bridget Berryman, Policy Analyst bberryman@aflac.com
 1932 Wynnton Road 706-660-7132 [Phone]
 Columbus, GA 31999 706-660-7080 [FAX]

Filing Company Information

American Family Life Assurance Company of Columbus CoCode: 60380 State of Domicile: Nebraska
 1932 Wynnton Road Group Code: 370 Company Type: Life and Health
 Columbus, GA 31999 Group Name: State ID Number:
 (706) 323-3431 ext. [Phone] FEIN Number: 58-0663085

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One form x \$50.00 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$50.00	05/30/2012	59494807

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/31/2012	05/31/2012

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Disposition

Disposition Date: 05/31/2012

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
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes

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Form Schedule

Lead Form Number: A57690

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/31/2012	Form A57690	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Endorsement	Initial		48.400	A57690.pdf

ENDORSEMENT

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
A Stock Company

CERTIFICATE OR
POLICY NUMBER:

DATE OF ISSUE: See Policy Schedule

INSURED:
Date

ENDORSEMENT DATE: Same as Policy Effective Date

Additions or changes have been made to the above policy as of the endorsement date and indicated as follows:

The following has been added to the PRE-EXISTING CONDITION LIMITATIONS provision:

If you were insured with another disability insurance policy that was in force within 60 days of the Effective Date of this policy, then the length of time your previous coverage was continuously in force ending within 60 days of the Effective Date of this policy will be applied toward the satisfaction of the Pre-existing Conditions Limitation of this policy and time limits for pregnancy or childbirth. Any increased benefit amounts resulting from the replacement of the original coverage with this new coverage will be subject to a new Pre-Existing Conditions Limitation provision beginning with the Effective Date of this new coverage.

[This provision does not apply to any optional rider, if issued.]

DEFINITIONS has been amended as follows:

SICKNESS: an illness, disease, infection, or any other abnormal physical condition, independent of Injury, that is first manifested and first treated while coverage is in force.

LIMITATIONS AND EXCLUSIONS has been amended by deleting the following:

Aflac will not pay benefits for an illness, disease, infection, or disorder that is diagnosed or treated by a Physician within the first 30 days after the Effective Date of coverage, unless the resulting Disability begins more than 12 months after the Effective Date of coverage.

This endorsement does not waive any other policy provision or limitations and exclusions not discussed herein unless modified herein.

PREVIOUS COVERAGE INFORMATION

Proposed Insured's / Employee's Name: _____
LAST FIRST MI

Certificate/Policy Number (if applicable): _____

Effective Date of Existing Coverage being replaced: _____

End Date of Coverage: _____

Monthly Benefit Amount: _____

Elimination Period: _____

Benefit Period: _____

This endorsement has been executed at Aflac's Worldwide Headquarters in Columbus, Georgia, on the above-stated endorsement date.



Paul S. Amos II, President



Joey M. Loudermilk, Secretary

**FOR INFORMATION, CALL TOLL-FREE 1.800.99.AFLAC (1.800.992.3522).
VISIT OUR WEBSITE AT aflac.com.**

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/31/2012
Comments:			
Attachments:	Certification of Compliance.pdf A14640R.pdf		

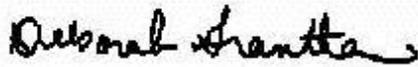
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	05/31/2012
Bypass Reason:	This submission consists only of an endorsement to be used with a previously approved policy form series (SERFF Tracking #AFLA-127072212 on March 14, 2011).		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	05/31/2012
Bypass Reason:	This submission consists only of an endorsement to be used with a previously approved policy form series, rates for which are not being impacted.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	05/31/2012
Bypass Reason:	This submission consists only of an endorsement to be used with a previously approved policy form/outline of coverage form series.		
Comments:			

**American Family Life Assurance Company of Columbus
Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999**

We certify that this filing meets the standards of Rule and Regulation 19, as well as Rule & Regulation 49 (Guaranty Association Notice Form A14640R is attached here for your information). The Flesch score meets minimum standards and have been noted on the form schedule. The Consumer Information Notice for this product is included on the policy and application, and is not affected by this endorsement filing.



Signature of Authorized Officer

May 30, 2012

Date

Deborah Grantham

Print Name of Authorized Officer

American Family Life Assurance Company of Columbus

Name of Insurer

2nd VP Compliance

Title

1932 Wynnton Road, Columbus, GA 31999

Address of Insurer

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 and 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

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 or 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 these benefits could be provided out of the assets of the impaired or insolvent insurer.