

SERFF Tracking Number: CMPL-128318702 State: Arkansas
Filing Company: American Medical and Life Insurance Company State Tracking Number:
Company Tracking Number: AMLI SKILLED NURSING RIDER 4-2012
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity
Product Name: AMLI Skilled Nursing Rider 4-2012
Project Name/Number: AMLI Skilled Nursing Rider 4-2012/AMLI Skilled Nursing Rider 4-2012

Filing at a Glance

Company: American Medical and Life Insurance Company

Product Name: AMLI Skilled Nursing Rider 4-2012 SERFF Tr Num: CMPL-128318702 State: Arkansas

TOI: H14G Group Health - Hospital Indemnity SERFF Status: Closed-Approved State Tr Num:
Sub-TOI: H14G.000 Health - Hospital Indemnity Co Tr Num: AMLI SKILLED NURSING RIDER 4-2012 State Status: Approved-Closed

Filing Type: Form

Author: Nancy French

Reviewer(s): Rosalind Minor

Date Submitted: 05/01/2012

Disposition Date: 05/01/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AMLI Skilled Nursing Rider 4-2012

Project Number: AMLI Skilled Nursing Rider 4-2012

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Filing Status Changed: 05/01/2012

State Status Changed: 05/01/2012

Created By: Nancy French

Corresponding Filing Tracking Number:

Filing Description:

To: Arkansas Department of Insurance

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Overall Rate Impact:

Deemer Date:

Submitted By: Nancy French

Re: American Medical and Life Insurance Company

NAIC #81418 FEIN #13-2562243

Filing of Group Accident and Sickness Benefit Form:

AMLI GRP LM 2.0 SNF (04/13), Skilled Nursing Facility Benefit Rider

Dear Commissioner:

Compliance Research Services is pleased to submit the enclosed forms on behalf of American Medical and Life

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Insurance Company (AMLI). A letter of filing authorization is enclosed.

On January 4, 2012 your Department approved Skilled Nursing Facility Benefit Rider form AMLI GRP LM2.0 SNF as part of SERFF #CMPL-127847478, a filing of group accident and sickness benefit forms. At this time we are submitting form AMLI GRP LM2.0 SNF (04/13) which is a variation of the skilled nursing rider. The riders are identical except that the enclosed form provides benefits on a certificate year basis. The original form provides benefits on a calendar year basis. We ask your approval to issue the enclosed form as an alternate to the form previously approved.

We have included a Statement of Variables. The enclosed forms are new and do not replace any forms currently on file with your Department. They are in final format. We have included any certifications and transmittals required by your Department.

If you have questions, please contact me at 513-984-6050 or at dsimon@crssolutionsgroup.com.

Sincerely,

J. David Simon
President

State Narrative:

Company and Contact

Filing Contact Information

Nancy French, Product Manager nfrench@crssolutionsgroup.com
10921 Reed Hartman Highway 513-984-6050 [Phone]
Suite 334 513-984-7212 [FAX]
Cincinnati, OH 45242

Filing Company Information

(This filing was made by a third party - complianceresearchservicesllc)

American Medical and Life Insurance Company CoCode: 81418	State of Domicile: New York	
8 West 38th Street - Suite 1002	Group Code:	Company Type:
New York, NY 10018	Group Name:	State ID Number:
(513) 984-6050 ext. [Phone]	FEIN Number: 13-2562243	

Filing Fees

SERFF Tracking Number: CMPL-128318702 State: Arkansas
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Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: one form = 50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Medical and Life Insurance Company	\$50.00	05/01/2012	58827852

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Rosalind Minor	05/01/2012	05/01/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Variables	Nancy French	05/01/2012	05/01/2012

SERFF Tracking Number: CMPL-128318702 *State:* Arkansas
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Disposition

Disposition Date: 05/01/2012

Implementation Date:

Status: Approved

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	Filing Authorization Letter	Approved-Closed	Yes
Supporting Document	Variables	Approved-Closed	Yes
Form	Skilled Nursing Facility Benefit Rider	Approved-Closed	Yes

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Amendment Letter

Submitted Date: 05/01/2012

Comments:

Variables

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Variables

Comment:

AMLI LM2 Rider SOV SNF.pdf

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Form Schedule

Lead Form Number: AMLI SNF 0413 CY

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/01/2012	AMLI SNF 0413 CY	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Skilled Nursing Facility Benefit Rider	Initial		69.000	AMLI GRP LM 2 0 SNF 0413 CY rider.pdf

**American Medical and Life Insurance Company
New York, New York**

[OPTIONAL] Skilled Nursing Facility Benefit Rider

This Rider is made a part of the Policy/Certificate to which it is attached. [The consideration for this Rider is the application for this Rider and payment of any applicable premium.]

The Benefits provided by this Rider will not duplicate the Benefits provided under the Certificate and any other Rider.

The following Benefit is hereby added:

Skilled Nursing Facility Benefit:

We will pay the Skilled Nursing Facility Benefit, as shown below, up to the maximum number of days as shown below, if any Covered Person incurs charges for and is Confined in a Skilled Nursing Facility, after a Hospital Confinement of three days or more, due to injuries received in a Covered Accident or due to a Covered Sickness. Payment of this benefit will be in lieu of any Hospital Confinement benefit.

Skilled Nursing Facility Benefit	[\$100 - \$1,000] per day of confinement
Maximum Benefit	Up to [60-90] days per Certificate Year per Covered Person

We will not pay this benefit for:

- Emergency room treatment;
- Outpatient treatment; or
- Confinement to an Observation Unit.

There are no other changes to the Certificate.

TERMINATION

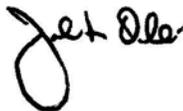
Coverage under this Rider will end on [the earliest of:]

1. the date [a Covered Person's] coverage under the Policy ends; or
2. the premium due date coinciding with or next following the date We receive a written request to terminate this Rider].

This Rider is endorsed and made a part of the Policy/Certificate as of [its Effective Date] [September 1, 2011] [or] [Your Coverage Effective Date] [whichever is later].

This Rider is subject to all provisions of the Policy which are not in conflict with the terms of this Rider. Nothing in this Rider will be held to vary, alter, or extend any of the terms, conditions, provisions, agreements, or limitations of the Policy other than stated above.

IN WITNESS WHEREOF, the Insurance Company has caused this Rider to be signed by:



Chairman, President and CEO



Vice President & Chief Compliance Officer

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/01/2012
Comments:		
Attachment: READABILITY CERTIFICATION.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	05/01/2012
Bypass Reason: This is an endorsement only filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Filing Authorization Letter	Approved-Closed	05/01/2012
Comments:		
Attachment: AMLI Auth Ltr-10-21-2011.pdf		

	Item Status:	Status Date:
Satisfied - Item: Variables	Approved-Closed	05/01/2012
Comments:		
Attachment: AMLI LM2 Rider SOV SNF.pdf		

READABILITY CERTIFICATION

RE: American Medical and Life Insurance Company

NAIC # 81418

FEIN # 13-2562243

This is to certify that form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

<u>Forms</u>		<u>Score</u>
AMLI SNF 0413 CY	Skilled Nursing Facility Benefit Rider	69



Signature of Company Officer

Kay Phillips

Name

Vice President and Chief Compliance Officer

Title

5-1-2012

Date



8 West 38th Street, Suite 1002
New York, NY 10018

Kay Doughty Phillips
V.P. & Chief Compliance Officer
646.223.9300 EXT. 831
TOLL FREE 866.691.9353
FAX 212.354.9089
kphillips@usamli.com
www.usamli.com

October 21, 2011

NAIC Company Code: 81418
FEIN: 13-2562243

To: All Departments of Insurance

Re: Policies and Related Forms

American Medical and Life Insurance Company hereby authorizes Compliance Research Services, LLC to represent us in the submission of the above-referenced forms and to negotiate with insurance departments for their approval.

Sincerely,

Kay Phillips
Vice President and Chief Compliance Officer

Statement of Variables

Coverage levels are chosen by the policyholder. Benefit amounts will change according to the level selected by the policyholder and/or the named insured. All numerical variable range levels will comply with the minimum statutory requirements and are provided herein.

AML I GRP LM 2.0 SNF (04/13) Skilled Nursing Facility Benefit Rider

1. The term "OPTIONAL" will either be included or omitted from the Rider.
2. The statement "The consideration for this Rider is the application for this Rider and payment of any applicable premium." will either be included or omitted from the Rider.
3. Termination -
 - The phrase "the earliest of" will either be included or omitted from the Rider.
 - The phrase "a Covered Person's" will either be included or omitted from the Rider.
 - Item #2 will either be included or omitted from the Rider.
 - In the second paragraph, the bracketed phrases will either be included or omitted from the Rider based on when the Rider is effective.