

State: Arkansas **Filing Company:** AMEX Assurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Accident Protection Plan
Project Name/Number: Accident Protection Plan/APP-AR-F

Filing at a Glance

Company: AMEX Assurance Company
Product Name: Accident Protection Plan
State: Arkansas
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Form
Date Submitted: 08/16/2012
SERFF Tr Num: AMEE-128592605
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: APP-AR-F

Implementation: 12/01/2012
Date Requested:
Author(s): Filing Manager, Elizabeth Dutton, Derek Anderson, Cheryl Short, Valerie Harris, Collin Knuth, Ryan Philippon, Donna Marshall
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 08/17/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** AMEX Assurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Accident Protection Plan
Project Name/Number: Accident Protection Plan/APP-AR-F

This is a Group Accident and Health Insurance Policy. The Group Policyholder, American Express Travel Related Services Company, Inc. (or a subsidiary, affiliate or licensee thereof) is an issuer of charge and lending cards which can be used to buy goods and services. The group consists of American Express Cardmembers who are eligible to enroll for coverage.

“Accident Protection Plan” is a permanent total disability benefit. The coverage provides a one-time lump-sum payment to the insured if the insured suffers an injury due to an accident which results in permanent total disability. This benefit is only paid out once, and is paid at the end of 12 consecutive months of the insured being and meeting the definition of permanent total disability. Once the insured is paid out this benefit, coverage is terminated. Other benefits include accidental death and dismemberment benefits and an emergency accident and sickness medical expense benefit. Coverage is billed on an annual or monthly basis to enrolled American Express Cardmembers.

These forms are in final print. The Company reserves the right to change the appearance, formatting and pagination, but not the text of the forms to comply with future changes in production, print systems or website software and stylistic revisions. No font will be less than a 10-point font size. The Company also reserves the right to change the color and/or weight of hard-copy versions of this form and to correct typographical errors without refiling. In addition, the Company also reserves the right to change the Company logo, Company address and phone number, and Officer’s signatures without refiling.

This filing has been reviewed and to the best of our knowledge, complies with all applicable laws and regulations now in effect.

If you have any questions or concerns, please feel free to contact me by phone at 623-492-3231 or via e-mail at Elizabeth.Dutton@aexp.com.

Sincerely,

Elizabeth Dutton

Elizabeth Dutton
 Compliance Associate
 AMEX Assurance Company

MB/EAD

Company and Contact

Filing Contact Information

Elizabeth Dutton, Compliance Associate	Elizabeth.Dutton@aexp.com
20022 N. 31st Ave.	623-492-3231 [Phone]
MC 080120	602-766-2230 [FAX]
Phoenix, AZ 85027	

SERFF Tracking #:

AMEE-128592605

State Tracking #:

Company Tracking #:

APP-AR-F

State:

Arkansas

Filing Company:

AMEX Assurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Accident Protection Plan

Project Name/Number:

Accident Protection Plan/APP-AR-F

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/17/2012	08/17/2012

SERFF Tracking #:

AMEE-128592605

State Tracking #:

Company Tracking #:

APP-AR-F

State:

Arkansas

Filing Company:

AMEX Assurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Accident Protection Plan

Project Name/Number:

Accident Protection Plan/APP-AR-F

Disposition

Disposition Date: 08/17/2012

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	Redline Version	Approved-Closed	Yes
Form	Program Summary	Approved-Closed	Yes

State: Arkansas

Filing Company: AMEX Assurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Accident Protection Plan

Project Name/Number: Accident Protection Plan/APP-AR-F

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 08/17/2012	APP-PS-0410	OTH	Program Summary	Revised: Replaced Form #: APP PS 1005 Previous Filing #: USPH-6LCM7X685/00-00/00-00/00		APP PS 0410.AAC limited bracketing.AZ office.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

[Accident Protection Plan] Program Summary

This Program Summary is hereby issued to:

[<<Firstname>><<Lastname>>]
[<<Sfirstname>><<Slastname>>]
[<<Address1>>]
[<<Address2>>]
[<<City>>,<<State>><<Zip>>]

Effective Date: [<<ENRLDATE>>]
Member Number: [<<CUSTID>>]

as the Plan Member(s). This certifies that, in return for the Member's enrollment and payment of Plan fees when due, the Member(s) is/are provided with the following benefits, subject to the language of the Description of Coverage and Policy AX0130 underwritten by AMEX Assurance Company, Administrative Office, [Phoenix, AZ].

[<<NumericAmount>> Accidental Permanent Total Disability Benefit
(Lifetime Maximum Amount is <<NumericAmount>>)]

[<<ADDAmount>>Accidental Death & Dismemberment Benefit
(Per Accident Maximum Amount is <<ADDAmount>>)]

[Emergency Accident and Sickness Medical Expense Benefit]

Please refer to the Maximum Amount provisions in your Description of Coverage. All insurance benefits will be reduced by 50% if age 70 or older on the date of the Accident for which benefits are payable.

Please note that multiple enrollments under AMEX Assurance Company Policy AX0130, are not allowed. Any benefits payable by this insurance company under a covered claim will be based on one enrollment.

For Customer Service, please contact: [1-800-901-7670][the number of the back of your Card.]

[Accident Protection Plan]
AMEX Assurance Company
[P.O. Box 19020
Green Bay, WI 54307-9873
Fax 920-431-4094]

SERFF Tracking #:

AMEE-128592605

State Tracking #:

Company Tracking #:

APP-AR-F

State: Arkansas

Filing Company: AMEX Assurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: Accident Protection Plan

Project Name/Number: Accident Protection Plan/APP-AR-F

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	08/17/2012
Comments:	See attached below		
Attachment(s):			
Certificate of Compliance.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	08/17/2012
Comments:	APP EF 1005 - 5/2/2006		

		Item Status:	Status Date:
Satisfied - Item:	Redline Version	Approved-Closed	08/17/2012
Comments:	See attached		
Attachment(s):			
APP PS 0410 redline.pdf			

CERTIFICATION OF COMPLIANCE

Cheryl Short, an officer of AMEX Assurance Company, does hereby certify that to the best of its knowledge and belief that the accompanying policy form as identified by the listing attached hereto, are in compliance with all laws, rules and regulations of the State of Arkansas.

Dated: 08-15-2012

By:



Title: Compliance Director

[Accident Protection Plan] Program Summary

This Program Summary is hereby issued to:

[<<Firstname>><<Lastname>>]
[<<Sfirstname>><<Slastname>>]
[<<Address1>>]
[<<Address2>>]
[<<City>>,<<State>><<Zip>>]

Effective Date: [<<ENRLDATE>>]
Member Number: [<<CUSTID>>]

as the Plan Member(s). This certifies that, in return for the Member's enrollment and payment of Plan fees when due, the Member(s) is/are provided with the following benefits, subject to the language of the Description of Coverage and Policy AX0130 underwritten by AMEX Assurance Company, Administrative Office, ~~Green Bay~~[Phoenix, WI AZ](#).

[<<NumericAmount>> Accidental Permanent Total Disability Benefit
(Lifetime Maximum Amount is <<NumericAmount>>)]

[<<ADDAmount>>Accidental Death & Dismemberment Benefit
(Per Accident Maximum Amount is <<ADDAmount>>)]

[Emergency Accident and Sickness Medical Expense Benefit]

Please refer to the Maximum Amount provisions in your Description of Coverage. All insurance benefits will be reduced by 50% if age 70 or older on the date of the Accident for which benefits are payable.

Please note that multiple enrollments under AMEX Assurance Company Policy AX0130, are not allowed. Any benefits payable by this insurance company under a covered claim will be based on one enrollment.

For Customer Service, please contact: [1-800-901-7670][the number of the back of your Card.]

[Accident Protection Plan]
AMEX Assurance Company
[P.O. Box 19020
Green Bay, WI 54307-9873
Fax 920-431-4094]