

State: Arkansas **Filing Company:** American Public Life Insurance Company
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: AMDI335APL
Project Name/Number: AMDI335APL/AMDI335APL

Filing at a Glance

Company: American Public Life Insurance Company
Product Name: AMDI335APL
State: Arkansas
TOI: H21 Health - Other
Sub-TOI: H21.000 Health - Other
Filing Type: Form
Date Submitted: 09/05/2012
SERFF Tr Num: AFDL-128671567
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: AMDI335APL, ASI176

Implementation: On Approval
Date Requested:
Author(s): Shari Vick, Melissa Mahanes, Ashlie Snyder, Ann Hobson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/10/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: AMDI335APL
Project Name/Number: AMDI335APL/AMDI335APL

Filing Company: American Public Life Insurance Company

General Information

Project Name: AMDI335APL
Project Number: AMDI335APL
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 09/10/2012
State Status Changed: 09/10/2012
Created By: Ashlie Snyder
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: PENDING
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Ashlie Snyder

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

American Fidelity Assurance Company is filing the above listed forms for approval with your Department on behalf of American Public Life Insurance Company. A letter of authorization is enclosed.

Enclosed for your approval is the above captioned forms. These are new forms and do not replace any other form.

This rider and application supplement will be used with all previously approved group policies. The Flesch score of AMDI355APL is 50.

This form may eventually be issued from an automated system. We will make every attempt to produce the 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. The pages may print on different colors of paper depending upon the market.

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 call me at 1-800-654-8489, extension 5255. My email address is ashlie.snyder@af-group.com

Company and Contact

Filing Contact Information

Ashlie Snyder, Compliance Analyst I
2000 Classen
Oklahoma City, OK 73160

ashlie.snyder@af-group.com
800-654-8489 [Phone] 5255 [Ext]
405-523-5793 [FAX]

State: Arkansas **Filing Company:** American Public Life Insurance Company
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Product Name: AMDI335APL
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Filing Company Information

American Public Life Insurance Company	CoCode: 60801	State of Domicile: Oklahoma
2305 Lakeland Drive	Group Code: 330	Company Type: LAH
Flowood, MS 39232	Group Name:	State ID Number:
(601) 936-2157 ext. [Phone]	FEIN Number: 64-0349942	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 50.00 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
American Public Life Insurance Company	\$100.00	09/05/2012	62292799

State: Arkansas Filing Company: American Public Life Insurance Company
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/10/2012	09/10/2012

State: Arkansas
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: AMD1335APL
Project Name/Number: AMD1335APL/AMD1335APL

Filing Company: American Public Life Insurance Company

Disposition

Disposition Date: 09/10/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Authorization 12	Approved-Closed	Yes
Form	Amendment Rider	Approved-Closed	Yes
Form	Application Supplement	Approved-Closed	Yes

SERFF Tracking #:

AFDL-128671567

State Tracking #:

Company Tracking #:

AMD1335APL, ASI176

State: Arkansas
 TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
 Product Name: AMD1335APL
 Project Name/Number: AMD1335APL/AMD1335APL

Filing Company: American Public Life Insurance Company

Form Schedule

Lead Form Number: AMD1335APL

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/10/2012	AMD1335APL	POLA	Amendment Rider	Initial:	50.000	AMD1355APL.pdf
2	Approved-Closed 09/10/2012	ASI176APL	POLA	Application Supplement	Initial:		ASI176APL.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



American Public Life Insurance Company

A member of the American Fidelity Group.

2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-5606 • Local (601) 936-6600

Amendment Rider

This rider is a part of the Policy/Certificate to which it is attached. It is subject to all the provisions of the Policy/Certificate that are not in conflict with the provisions of this rider. This rider will terminate on the same date as the Policy/Certificate to which it is attached.

The Definitions section of your Policy/Certificate is amended to include the following:

DOMESTIC PARTNER means:

- (1) where coverage for domestic partners is mandated by your state, county or city, a domestic partner as defined by your state, county or city; or
- (2) where coverage for domestic partners is not mandated by your state, but your employer includes domestic partners as eligible dependents as defined in the Policy/Certificate; and
- (3) where (1) or (2) apply, any references in your Policy/Certificate to "spouse," "legal spouse," "lawful spouse," or "married spouse," shall be replaced with "spouse or domestic partner."

If neither (1), (2), or (3) above apply, coverage for domestic partners is not provided under your Policy/Certificate.

CIVIL UNION PARTNER means:

- (1) where coverage for civil union partners is mandated by your state, county or city, a civil union partner as defined by your state, county or city; or
- (2) where (1) applies, any references in your Policy/Certificate to "spouse," "legal spouse," "lawful spouse," or "married spouse," shall be replaced with "spouse or civil union partner."

If (1) above does not apply, coverage for civil union partners is not provided under your Policy/Certificate.

COMMON LAW PARTNER means:

- (1) where coverage for common law partners is mandated by your state, county or city, a common law partner as defined by your state, county or city; or
- (2) where (1) applies, any references in your Policy/Certificate to "spouse," "legal spouse," "lawful spouse," or "married spouse," shall be replaced with "spouse or common law partner."

If (1) above does not apply, coverage for common law partners is not provided under your Policy/Certificate.

The above changes also apply to any riders attached to your Policy/Certificate which are part of the entire contract.

President, Chief Operating Officer]



A member of the American Fidelity Group,
2305 Lakeland Drive • Flowood, Mississippi • 39232
Phone: (601) 936-6600 or (800) 256-8606 • Fax: (601) 932-9011

APPLICATION SUPPLEMENT

Policyholder: _____

Policyholder wishes to include Domestic Partners as eligible dependents on this plan of insurance:

- as defined under the Policyholder's major medical carrier; or
- as defined below:
Domestic Partner means an adult who is in a committed relationship with an employee wherein the Domestic Partner and the employee are mutually responsible for one another financially and otherwise.

This supplemental application must be attached to the Policy.

Signature of Policyholder

Title

Date

SERFF Tracking #:

AFDL-128671567

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AMD1335APL, ASI176

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 Product Name: AMD1335APL
 Project Name/Number: AMD1335APL/AMD1335APL

Filing Company: American Public Life Insurance Company

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/10/2012
Comments:			
Attachment(s):			
FleschCert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/10/2012
Bypass Reason:	This will be used with all approved group product which all use the AO08MASAPP which was approved by your state on 10/08/08		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	09/10/2012
Bypass Reason:	there are no rates associated with this rider		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/10/2012
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	09/10/2012
Bypass Reason:	n/a		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Authorization 12	Approved-Closed	09/10/2012
Comments:			

SERFF Tracking #:

AFDL-128671567

State Tracking #:

Company Tracking #:

AMD1335APL, ASI176

State:

Arkansas

Filing Company:

American Public Life Insurance Company

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

AMD1335APL

Project Name/Number:

AMD1335APL/AMD1335APL

Attachment(s):

Authorization12.pdf



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READABILITY CERTIFICATION

I hereby certify that policy form enclosed on the Forms filing tab meets the minimum reading ease score required by the Insurance Code in your state.

The Flesch Score for this form is;

Form Number	Description	Flesch Score	Word Count (For AR, VA)	Sentence Count (For VA)
AMDI355APL	Amendment Rider	50	361	10

Our Company uses Microsoft Word to calculate the Flesch Score. Microsoft Word does not provide a syllable count.

Alex Bagby, ASA, MAAA
Vice President and Chief Risk Officer

September 5, 2012
Date



American Public Life Insurance Company

A member of the American Fidelity Group.

January 2, 2012

NAIC Number: 60801
FEIN Number: 64-0349942

To Whom It May Concern:

American Fidelity Assurance Company, located at 2000 N. Classen Boulevard, Oklahoma City, Oklahoma, 73125, is hereby authorized to submit forms for approval to the Department of Insurance on behalf of American Public Life Insurance Company. Changes to the forms, as may be necessary to gain approval, are included in this authorization.

Sincerely,

Alex M. Bagby, ASA, MAAA
Vice President & Chief Risk Officer