

State: Arkansas **Filing Company:** American Heritage Life Insurance Company
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
Product Name: Group Critical Illness
Project Name/Number: GCICWMEND/

Filing at a Glance

Company: American Heritage Life Insurance Company
Product Name: Group Critical Illness
State: Arkansas
TOI: H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI: H07G.001 Critical Illness
Filing Type: Form
Date Submitted: 09/27/2012
SERFF Tr Num: ALST-128697138
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GCICWMEND
Implementation: On Approval
Date Requested:
Author(s): Patti Hicks
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/27/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas
TOI/Sub-TOI: H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness
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General Information

Project Name: GCICWMEND
 Project Number:
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments: This is a case-specific filing for Wal-Mart Stores, Inc., domiciled in Arkansas. These forms will not be filed in our domicile state of Florida.

Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Employer
 Filing Status Changed: 09/27/2012
 State Status Changed: 09/27/2012
 Created By: Patti Hicks
 Corresponding Filing Tracking Number:

Market Type: Group
 Group Market Size: Large
 Overall Rate Impact:

Deemer Date:
 Submitted By: Patti Hicks

Filing Description:

We submit forms GCICWMEND and GCIPWMAMD1 for your review and approval. They will be used with Group Voluntary Critical Illness Policy, GCIPWM1 et al, which was approved by your department on November 14, 2011 under filing number ALST-127747904. These forms are being submitted as a single case filing for Wal-Mart Stores, Inc.

The policyholder has requested that these changes be effective January 1, 2013; anything you can do to expedite the review and approval of this filing would be greatly appreciated.

If you have any questions, please do not hesitate to contact me at 904-992-3424 or at Patti.Hicks@allstate.com. Thank you for your continued consideration.

Company and Contact

Filing Contact Information

Patti Hicks, Senior Filing Analyst
 1776 American Heritage Life Drive
 Jacksonville, FL 32224-6687
 patti.hicks@allstate.com
 904-992-3424 [Phone]
 904-992-2975 [FAX]

Filing Company Information

American Heritage Life Insurance Company	CoCode: 60534	State of Domicile: Florida
ATTN: Legal/Compliance	Group Code: 8	Company Type: Life and Health
1776 American Heritage Life Drive Jacksonville, FL 32224-9983 (904) 992-1776 ext. [Phone]	Group Name: Allstate FEIN Number: 59-0781901	State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form x 2 forms = \$100.00

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Per Company: No

Company	Amount	Date Processed	Transaction #
American Heritage Life Insurance Company	\$100.00	09/27/2012	63131054

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2012	09/27/2012

SERFF Tracking #:

ALST-128697138

State Tracking #:**Company Tracking #:**

GCICWMEND

State:

Arkansas

Filing Company:

American Heritage Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

Product Name:

Group Critical Illness

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GCICWMEND/

Disposition

Disposition Date: 09/27/2012

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
Form	Certificate Endorsement	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes

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Filing Company:

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Form Schedule

Lead Form Number: GCICWMEND

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/27/2012	GCICWMEND	CERA	Certificate Endorsement	Initial:	51.500	GCICWMEND.pdf
2	Approved-Closed 09/27/2012	GCIPWMAMD1	POLA	Policy Amendment	Initial:	56.600	GCIPWMAMD1.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 HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida
(the "Company")

ENDORSEMENT

This Endorsement is made a part of the Group Certificate to which it is attached. It is subject to all of the provisions, limitations and exclusions of the Group Policy not inconsistent with this Endorsement. This certifies that, effective [January 1, 2013], the Group Policy has been amended requiring the following changes in your certificate:

- I. The provision titled "When Evidence of Insurability Is Required" is deleted from the GENERAL PROVISIONS section and replaced with the following:

WHEN EVIDENCE OF INSURABILITY IS REQUIRED

Evidence of insurability is required if:

1. you:
 - a. voluntarily cancel coverage under this certificate and are reapplying; or
 - b. apply for an amount of coverage over the Guaranteed Issue Limit; or
 - c. apply for the coverage, or an increase in the amount of coverage, after your initial enrollment period.
2. your eligible spouse:
 - a. does not enroll within 60 days of eligibility; or
 - b. applies for an amount over the Guaranteed Issue Limit.

- II. The provision titled "Waiver of Pre-Existing Condition Definition and Limitation" in the GENERAL PROVISIONS section is deleted in its entirety.

- III. The provision titled "Pre-Existing Condition Definition and Limitation" in the BENEFIT INFORMATION section is deleted in its entirety.

- IV. All reference to the pre-existing condition limitation throughout the remainder of the certificate is deleted.

- V. The Date of Diagnosis for a Ruptured or Dissecting Aneurysm in the Initial Critical Illness Benefit provision of the BENEFIT INFORMATION section is added as follows:

For a Ruptured or Dissecting Aneurysm: The date of the rupture or dissection as determined by ultrasound, CT Scan, Angiogram or MRI.

- VI. The "Ruptured or Dissecting Aneurysm" provision of the BENEFIT INFORMATION section is added as follows:

- 14. Ruptured or Dissecting Aneurysm.** We will pay a benefit for a ruptured or dissecting aneurysm if a covered person is diagnosed with the critical illness and undergoes surgery, provided that:
- a. the date of diagnosis is after the effective date of coverage; and
 - b. the date of diagnosis is while insured; and
 - c. the critical illness is not excluded by name or specific description; and
 - d. we have not paid an initial critical illness benefit for the critical illness before.

Critical Illness

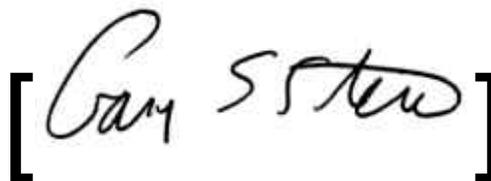
Ruptured or Dissecting Aneurysm

Percentage of Basic Benefit Amount

25%

A ruptured or dissecting aneurysm that is diagnosed prior to the effective date of coverage is excluded and is never covered under the policy.

- VII. The Waiver of Premium provision in the BENEFIT INFORMATION section is deleted in its entirety.
- VIII. All references to the Waiver of Premium provision throughout the remainder of the certificate are deleted.
- IX. The definitions of “Aneurysm”, “Dissecting Aneurysm” and “Ruptured Aneurysm” are added to the GLOSSARY section as follows:
- Aneurysm.** Means a balloon-like bulge or weakening in the walls of an artery. An aneurysm does not include a bruise or an aneurysm that resulted from an accident.
- Dissecting Aneurysm.** Means a condition in which a tear or split develops in a layer of an artery wall causing bleeding into and along the layers of the artery wall. A dissecting aneurysm does not include a bruise or an aneurysm that resulted from an accident.
- Ruptured Aneurysm.** Means a condition in which the aneurysm bursts and causes bleeding inside the body. A ruptured aneurysm does not include a bruise or an aneurysm that resulted from an accident.
- X. The definition of “Non-Tobacco” in the GLOSSARY section is deleted and replaced with the following:
- Tobacco-free.** Means that you have never used tobacco products, or, if you have previously used them, you have not used tobacco products 30 days before the date you enrolled for this coverage AND pledge to remain tobacco-free.
- XI. The definitions of “Any Occupation”, “Disabled” and “Own Occupation” are deleted from the GLOSSARY section in their entirety.



Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida
(the "Company")

Amendment No. [4] to Group Policy No. **WMART**
issued to

WALMART STORES, INC.
(the "Policyholder")

It is hereby agreed that, effective [January 1, 2013], the Group Policy is amended as follows:

- I. The provision titled "When Evidence of Insurability Is Required" is deleted from the GENERAL PROVISIONS section and replaced with the following:

WHEN EVIDENCE OF INSURABILITY IS REQUIRED

Evidence of insurability is required if:

1. the employee:
 - a. voluntarily canceled coverage under this policy and is reapplying; or
 - b. is applying for an amount of coverage over the Guaranteed Issue Limit; or
 - c. is applying for the coverage, or an increase in the amount of coverage, after his or her initial enrollment period.
2. the eligible spouse:
 - a. did not enroll within 60 days of eligibility; or
 - b. is applying for an amount over the Guaranteed Issue Limit.

- II. The provision titled "Waiver of Pre-Existing Condition Definition and Limitation" in the GENERAL PROVISIONS section is deleted in its entirety.

- III. The provision titled "Canceling Policy" in the POLICYHOLDER PROVISIONS section is deleted and replaced with the following:

CANCELING POLICY

This policy can be canceled:

1. by us; or
2. by the policyholder.

We may terminate or offer to modify this policy with at least 365 days written notice to the policyholder, if:

1. the policyholder fails to perform any of its material obligations that relate to this policy; or
2. fewer than 50 employees are insured.

With regards to the policyholder's failure to perform any of its material obligations that relate to this policy, before we give the policyholder 365 days written notice of our intent to terminate or modify this policy, we must first give the policyholder 30 days written notice of the breach and the opportunity to cure the breach during that 30 day period. Only after giving such notice may we provide the policyholder with the 365 days written notice of our intent to terminate or modify this policy.

The policyholder must pay us all premiums due for the full period this policy is in force. If the premium is not paid before the grace period ends, we may terminate this policy with at least 30 days written notice to the policyholder. If the policyholder pays all past due premiums before the conclusion of the 30 day notice period, the policy will not terminate.

The policyholder may cancel this policy with at least 180 days written notice to us. When both the policyholder and we agree, this policy can be canceled on an earlier date. If canceled, coverage will end at 12:00 midnight on the last day of coverage.

If this policy is canceled, the cancellation will not affect a payable claim incurred prior to cancellation.

IV. The provision titled “Pre-Existing Condition Definition and Limitation” in the BENEFIT INFORMATION section is deleted in its entirety.

V. All references to the pre-existing condition limitation throughout the remainder of the policy are deleted.

VI. The Date of Diagnosis for a Ruptured or Dissecting Aneurysm in the Initial Critical Illness Benefit provision of the BENEFIT INFORMATION section is added as follows:

For a Ruptured or Dissecting Aneurysm: The date of the rupture or dissection as determined by ultrasound, CT Scan, Angiogram or MRI.

VII. The “Ruptured or Dissecting Aneurysm” provision of the BENEFIT INFORMATION section is added as follows:

14. Ruptured or Dissecting Aneurysm. We will pay a benefit for a ruptured or dissecting aneurysm if a covered person is diagnosed with the critical illness and undergoes surgery, provided that:

- a. the date of diagnosis is after the effective date of coverage; and
- b. the date of diagnosis is while insured; and
- c. the critical illness is not excluded by name or specific description; and
- d. we have not paid an initial critical illness benefit for the critical illness before.

<u>Critical Illness</u>	<u>Percentage of Basic Benefit Amount</u>
Ruptured or Dissecting Aneurysm	25%

A ruptured or dissecting aneurysm that is diagnosed prior to the effective date of coverage is excluded and is never covered under this policy.

VIII. The Waiver of Premium provision in the BENEFIT INFORMATION section is deleted in its entirety.

IX. All references to the Waiver of Premium provision throughout the remainder of the policy are deleted.

X. The definitions of “Aneurysm”, “Dissecting Aneurysm” and “Ruptured Aneurysm” are added to the GLOSSARY section as follows:

Aneurysm. Means a balloon-like bulge or weakening in the walls of an artery. An aneurysm does not include a bruise or an aneurysm that resulted from an accident.

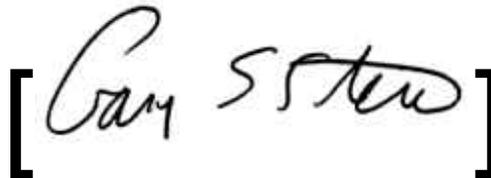
Dissecting Aneurysm. Means a condition in which a tear or split develops in a layer of an artery wall causing bleeding into and along the layers of the artery wall. A dissecting aneurysm does not include a bruise or an aneurysm that resulted from an accident.

Ruptured Aneurysm. Means a condition in which the aneurysm bursts and causes bleeding inside the body. A ruptured aneurysm does not include a bruise or an aneurysm that resulted from an accident.

XI. The definition of "Non-Tobacco" in the GLOSSARY section is deleted and replaced with the following:

Tobacco-free. Means that the employee has never used tobacco products, or, if the employee has previously used them, he or she has not used tobacco products 30 days before the date he or she enrolled for this coverage AND pledges to remain tobacco-free. This Amendment will be attached to and form a part of the Group Policy, and will not be held to alter or affect any of the terms of such Policy other than as specifically stated, but not unless the Company has executed this amendment.

XII. The definitions of "Any Occupation", "Disabled", and "Own Occupation" are deleted from the GLOSSARY section in their entirety.



Secretary

SERFF Tracking #:

ALST-128697138

State Tracking #:**Company Tracking #:**

GCICWMEND

State:

Arkansas

Filing Company:

American Heritage Life Insurance Company

TOI/Sub-TOI:

H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/27/2012
Comments:			
Attachment(s):			
Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	09/27/2012
Comments:	GCIAPPAR and AWD4528WMESP were approved on 7/1/2009 under SERFF filing number ALST-126167624 and have not been changed. ABJ4528WM was approved on 11/14/2011 under SERFF filnig number ALST-127747904 and has not been changed.		

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6687

To the Forms Review Section, ARKANSAS Department of Insurance.

I certify that I have carefully reviewed the form(s) listed below and to the best of my knowledge and ability, find that the form(s) meet the minimum reading ease score on the test used.

<u>Form</u>	<u>Score</u>
GCICWMEND	51.5
GCIPWMAMD1	56.6

Date: September 24, 2012



Diane Ierna
Assistant Vice President, Compliance Department