

State: Arkansas **Filing Company:** American Heritage Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident
Project Name/Number: GVA1 Family Fracture/

Filing at a Glance

Company: American Heritage Life Insurance Company
Product Name: Group Accident
State: Arkansas
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Form
Date Submitted: 01/02/2013
SERFF Tr Num: ALST-128832203
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GVA1FRACTUREAR

Implementation: On Approval
Date Requested:
Author(s): Angie Redden, Jennifer Aiello, Lynn Bautista, Patti Hicks, Julie Marienau
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 01/03/2013
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** American Heritage Life Insurance Company
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident
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General Information

Project Name: GVA1 Family Fracture Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association Overall Rate Impact:
Filing Status Changed: 01/03/2013
State Status Changed: 01/03/2013 Deemer Date:
Created By: Lynn Bautista Submitted By: Lynn Bautista
Corresponding Filing Tracking Number:

Filing Description:

These forms are being submitted for your review and approval. These forms are new and do not replace any forms previously approved by your department. These products are solicited by agents licensed to do business within your state and will be marketed to approved groups.

These forms will be attached to our Group Accident product, GVAP1(AR), which was filed and approved by your state on 4/22/2002. Form GVA1FB-AMD will be used to amend existing policies to increase the Dislocation/Fracture benefit and waive the pre-existing condition limitation. The form is bracketed so that one or both of these changes can be made to existing groups as agreed to by us and the policyholder. The Dislocation/Fracture benefit increase will make the spouse and children coverage equal to the amount received for the primary insured. To add the Dislocation/Fracture benefit change to the certificates, form GVA1FBR will be used. To add the pre-existing condition limitation waiver to the certificates, form GVA1NPX will be used.

Material may vary, but will always be in accordance with your state laws. Any logo, officer signature, or Home Office address and telephone number that appears on these forms is subject to change.

If you have any questions regarding this filing, feel free to contact me at cbautista@allstate.com, or (904) 992-3046. Thank you for your continued consideration.

Company and Contact

Filing Contact Information

Lynn Bautista, Compliance Analyst CBautista@allstate.com
Attn: Legal/Compliance 904-992-3046 [Phone]
1776 American Heritage Life Drive 904-992-2975 [FAX]
Jacksonville, FL 32224-9983

State: Arkansas **Filing Company:** American Heritage Life Insurance Company
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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	Group Name: Allstate	State ID Number:
Jacksonville, FL 32224-9983	FEIN Number: 59-0781901	
(904) 992-1776 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 3 forms at \$50.00 per form = \$150.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
American Heritage Life Insurance Company	\$150.00	01/02/2013	66190076

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

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/03/2013	01/03/2013

SERFF Tracking #:

ALST-128832203

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

GVA1FRACTUREAR

State:

Arkansas

Filing Company:

American Heritage Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Group Accident

Project Name/Number:

GVA1 Family Fracture/

Disposition

Disposition Date: 01/03/2013

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	Sample Page 3s	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Policy Amendment	Approved-Closed	Yes
Form	Certificate Rider	Approved-Closed	Yes
Form	Certificate Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GVA1FB-AMD								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/03/2013	Policy Amendment	GVA1FB-AMD	POLA	Initial			GVA1FB-AMD policy amendment.pdf
2	Approved-Closed 01/03/2013	Certificate Rider	GVA1FBR	CER	Initial			GVA1FBR certificate rider.pdf
3	Approved-Closed 01/03/2013	Certificate Rider	GVA1NPX	CERA	Initial			GVA1NPX certificate rider.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

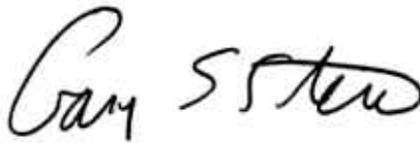
This Endorsement is made part of the policy to which it is attached [and is effective as of [xx/xx/xx], or the Effective Date, whichever is later]. It is subject to all of the provisions, limitations and exclusions of the policy, not inconsistent with this Endorsement.

I. [The "Dislocation/Fracture" section of the BENEFIT SCHEDULE on page 3A of the policy is deleted and replaced with the following:

	Insured Employee [or Member]	Spouse	Child(ren)
Dislocation/Fracture (scheduled – maximum benefit)	\$2,000*	\$2,000*	\$2,000*]

[II. The Pre-Existing Condition Limitation is waived for hereby waived for all benefits provided under the policy except for a Disability Rider. This waiver does not apply to a Disability Rider if such Rider is included with your policy. The Pre-Existing Condition Limitation is applicable to disability benefits.]

All other requirements of the policy not specifically stated within this endorsement still apply.



Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

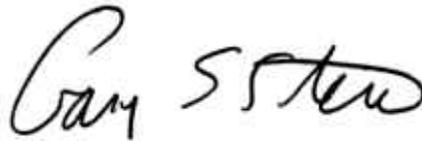
Jacksonville, Florida
(the "Company")

ENDORSEMENT

This Endorsement is made part of the Certificate to which it is attached [and is effective as of [xx/xx/xx], or the Effective Date, whichever is later]. It is subject to all of the provisions, limitations and exclusions of the Policy, not inconsistent with this Endorsement.

Under the "Dislocation/Fracture" section of the BENEFIT SCHEDULE on page 3A, the maximum benefit amount for a covered spouse and/or child(ren) is hereby changed to reflect the same maximum benefit amount of an insured employee or member.

All other requirements of the policy not specifically stated within this endorsement still apply.

A handwritten signature in black ink that reads "Gary Stewart". The signature is written in a cursive style with a large initial "G" and "S".

Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida
(the "Company")

ENDORSEMENT

This Endorsement is made part of the certificate to which it is attached [and is effective as of [xx/xx/xx], or the Effective Date, whichever is later]. It is subject to all of the provisions, limitations and exclusions of the policy, not inconsistent with this Endorsement.

The Pre-Existing Condition Limitation is hereby waived for all benefits provided under your coverage except for a Disability Rider. This waiver does not apply to a Disability Rider if such Rider is included with your certificate. The Pre-Existing Condition Limitation is applicable to disability benefits.

All other requirements of the policy not specifically stated within this endorsement still apply.

A handwritten signature in black ink that reads "Gary Stewart". The signature is written in a cursive, flowing style.

Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
GVAP1 Readability Certificationpdf.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/03/2013
Bypass Reason:	A previously approved application form will be used. Multi-product employer application ERAPP was filed and last approved 2/2/2011 under SERFF filing ALST-126989580 or state filing number 47778.		
		Item Status:	Status Date:
Satisfied - Item:	Sample Page 3s	Approved-Closed	01/03/2013
Comments:	Sample page 3s for the policy and certificate are being attached for illustrative purposes to show the change in Dislocation/Fracture benefit amount for the spouse and child to be equal to the primary insured. These pages were previously filed and approved as variable and new issues will have the updated benefit amounts already included.		
Attachment(s):			
GVAC1_AR_ Page 3A sample.pdf			
GVAP1_AR_ Page 3A sample.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	01/03/2013
Comments:	The statement of variability explains all the bracketed language in the forms.		
Attachment(s):			
Statement of Variability.pdf			

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6687

To the Policy 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>
GVA1FB-AMD	50.6
GVA1FBR	52.8
GVA1NPX	56.2

Date: January 2, 2013



Diane Ierna
Assistant Vice President, Product Support Department

CERTIFICATE NUMBER: [123456]
ACCIDENT CERTIFICATE – GVAC1(AR)
SEE BENEFITS SECTION OF CERTIFICATE FOR DETAILS OF BENEFITS

<u>Benefits</u>	<u>Principal Amount</u>		
	<u>Insured Employee</u>	<u>Spouse</u>	<u>Child(ren)</u>
Accidental Death	\$20,000	\$10,000	\$5,000
Common Carrier Accidental Death	\$100,000	\$50,000	\$25,000
Dismemberment (scheduled – maximum benefit)	\$20,000*	\$10,000*	\$5,000*
Dislocation/Fracture (scheduled – maximum benefit)	\$2,000*	\$2,000*	\$2,000*
Initial Hospitalization Confinement	\$500	\$500	\$500
Hospitalization Confinement (daily benefit amount)	\$100	\$100	\$100
Intensive Care (daily benefit amount)	\$200	\$200	\$200
Ambulance Services			
Ground Ambulance	\$100	\$100	\$100
Air Ambulance	\$300	\$300	\$300
Medical Expenses	\$250	\$250	\$250
Outpatient Physicians Treatment Benefit	\$25	\$25	\$25

* Multiplied by applicable factor on page [12].

ACCIDENT POLICY – GVAP1(AR)
SEE BENEFITS SECTION OF POLICY FOR DETAILS OF BENEFITS

<u>Benefits</u>	<u>Principal Amount</u>		
	<u>Insured Employee</u>	<u>Spouse</u>	<u>Child(ren)</u>
[Accidental Death	\$20,000	\$10,000	\$5,000
Common Carrier Accidental Death	\$100,000	\$50,000	\$25,000
Dismemberment (scheduled – maximum benefit)	\$20,000*	\$10,000*	\$5,000*
Dislocation/Fracture (scheduled – maximum benefit)	\$2,000*	\$2,000*	\$2,000*
Initial Hospitalization Confinement	\$500	\$500	\$500
Hospitalization Confinement (daily benefit amount)	\$100	\$100	\$100
Intensive Care (daily benefit amount)	\$200	\$200	\$200
Ambulance Services			
Ground Ambulance	\$100	\$100	\$100
Air Ambulance	\$300	\$300	\$300
Medical Expenses	\$250	\$250	\$250
Outpatient Physicians Treatment Benefit	\$25	\$25	\$25]

***Multiplied by applicable factor on page [13].**

American Heritage Life Insurance Company (AHL)

Variables for Group Voluntary Accident Policy Amendment (GVAFB-AMD)

1. The effective date of the amendment will be a date determined by us and/or by the policyholder, or the effective date of the policy the amendment will be attached to.
2. The Dislocation/Fracture section will either be included or deleted so that one or both of the changes listed on the amendment will be effective on a policyholder.
3. The term "or Member" may be deleted if the amendment will be issued to an employer group policyholder.
4. The Benefit Amounts listed are based on 1 unit of coverage. The policyholder or the employee/member can select between 0.5 to 6.0 units of coverage.
5. The Pre-Existing Condition section will either be included or deleted so that one or both of the changes listed on the amendment will be effective on a policyholder

Variables for Group Voluntary Accident Certificate Rider (GVAFBR)

1. The effective date of the rider will be a date determined by us and/or by the policyholder, or the effective date of the certificate the rider will be attached to.

Variables for Group Voluntary Accident Certificate Rider (GVANPX)

1. The effective date of the rider will be a date determined by us and/or by the policyholder, or the effective date of the certificate the rider will be attached to.