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**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:** GACWMEND/

## 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: 01/10/2013  
SERFF Tr Num: ALST-128832535  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: GAPWMAMD1  
  
Implementation: On Approval  
Date Requested:  
Author(s): Lynn Bautista, Patti Hicks  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 01/28/2013  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

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

## General Information

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

Explanation for Combination/Other:  
 Submission Type: Resubmission  
 Group Market Size: Large  
 Overall Rate Impact:

Deemer Date:  
 Submitted By: Lynn Bautista

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.  
 Market Type: Group  
 Previous Filing Number: ALST-128697137  
 Group Market Type: Employer  
 Filing Status Changed: 01/28/2013  
 State Status Changed: 01/28/2013  
 Created By: Lynn Bautista  
 Corresponding Filing Tracking Number: ALST-128697137

### Filing Description:

Form GAPWMAMD1 was previously approved by your department on 9/27/2012 under filing number ALST-128697137. It will be used with Group Voluntary Accident Policy, GAPWM et al, which was approved by your department on August 9, 2009 under filing number ALST-126250239. This form is being submitted as a single case filing for Wal-Mart Stores, Inc.

The policyholder has requested a slight revision to the form. Since it has not yet been implemented, the form number has not changed from the last approval. The policyholder has changed their mind about changes to the Canceling Provision of the policy, and as such, we have removed that language from the amendment. This is the only change to the form and the rest of the language remains the same as it was when last approved.

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 904-992-3046 or at CBautista@allstate.com. Thank you for your continued consideration.

## Company and Contact

### Filing Contact Information

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

### Filing Company Information

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

**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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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 for 1 form  
 Per Company: No

Company	Amount	Date Processed	Transaction #
American Heritage Life Insurance Company	\$50.00	01/10/2013	66419633

State: Arkansas Filing Company: American Heritage Life Insurance Company  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2013	01/28/2013

**SERFF Tracking #:**

ALST-128832535

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

GAPWMAMD1

**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:**

GACWMEND/

## Disposition

Disposition Date: 01/28/2013

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	Red-line	Approved-Closed	Yes
Form	Group Voluntary Accident Policy Amendment	Approved-Closed	Yes

SERFF Tracking #:

ALST-128832535

State Tracking #:

Company Tracking #:

GAPWMAMD1

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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## Form Schedule

Lead Form Number: GACWMEND

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/28/2013	Group Voluntary Accident Policy Amendment	GAPWMAM D1	POLA	Initial		53.000	GAPWMAMD1 Policy Amendment.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

Jacksonville, Florida

(the "Company")

Amendment No. [3] 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 "Emergency Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

**A. Immediate Care:** We pay \$120 for the insured employee or covered spouse and \$70 for a covered child for required medical treatment as a result of a covered accident. This benefit is payable for physician fees, x-rays, and emergency room services. Treatment must be received within 7 days of the covered accident. This benefit is payable only once for any and all treatment that occurs during any 24-hour period, per covered person, per covered accident.

II. The "Follow-Up Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

**B. Follow-Up Treatment:** We pay \$25 per follow-up visit when a covered person requires additional follow-up treatment after receiving emergency treatment for which a benefit is paid under Immediate Care (benefit A). Follow-up treatment must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is payable for 1 follow-up treatment per day for a maximum of 6 treatments, per covered person, per covered accident. This benefit is not payable for treatments for which the Physical Therapy benefit (benefit R) is paid.

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.

[  ]

Secretary

**SERFF Tracking #:**

ALST-128832535

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

GAPWMAMD1

**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:**

GACWMEND/

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	01/28/2013
Comments:			
Attachment(s):			
Readability Certification.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Application	Approved-Closed	01/28/2013
Comments:	GAAPPAR and AWD4528WMESP were approved on 7/1/2009 under SERFF filing number ALST-126167739 and have not been changed. ABJ4528WM was approved on 11/14/2011 under SERFF filing number ALST-127747929 and has not been changed.		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Red-line	Approved-Closed	01/28/2013
Comments:	A red-line document is being provided to show the change to the form since it was last approved.		
Attachment(s):			
GAPWMAMD1 Red-line.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>
GAPWMAMD1	53.0

Date: January 2, 2013



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Diane Ierna  
Assistant Vice President, Product Support Department

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida  
(the "Company")

Amendment No. [3] 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 "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.~~

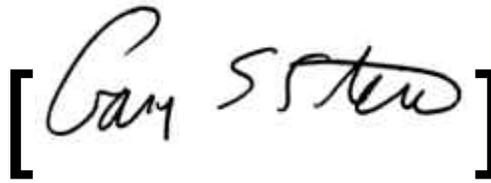
II. The "Emergency Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

**A. Immediate Care:** We pay \$120 for the insured employee or covered spouse and \$70 for a covered child for required medical treatment as a result of a covered accident. This benefit is payable for physician fees, x-rays, and emergency room services. Treatment must be received within 7 days of the covered accident. This benefit is payable only once for any and all treatment that occurs during any 24-hour period, per covered person, per covered accident.

III. The "Follow-Up Treatment" benefit in the BENEFIT INFORMATION section is deleted and replaced with the following:

**B. Follow-Up Treatment:** We pay \$25 per follow-up visit when a covered person requires additional follow-up treatment after receiving emergency treatment for which a benefit is paid under Immediate Care (benefit A). Follow-up treatment must be administered by a physician in a physician's office or in a hospital on an outpatient basis. Follow-up treatment must begin within 30 days of the covered accident or discharge from the hospital. This benefit is payable for 1 follow-up treatment per day for a maximum of 6 treatments, per covered person, per covered accident. This benefit is not payable for treatments for which the Physical Therapy benefit (benefit R) is paid.

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.



Secretary