

**State:** District of Columbia **Filing Company:** American General Life Insurance Company  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** AGLC110469-DC Supplemental App for Accident and Critical Illness Insurance Policy  
**Project Name/Number:** AGLC110469-DC Supplemental App for Accident and Critical Illness Insurance Policy/AGLC110469-DC Supplemental App for Accident and Critical Illness Insurance Policy

**Filing at a Glance**

Company: American General Life Insurance Company  
Product Name: AGLC110469-DC Supplemental App for Accident and Critical Illness Insurance Policy  
State: District of Columbia  
TOI: H21 Health - Other  
Sub-TOI: H21.000 Health - Other  
Filing Type: Form  
Date Submitted: 11/17/2016  
SERFF Tr Num: AMGN-130813518  
SERFF Status: Submitted to State  
State Tr Num:  
State Status:  
Co Tr Num: AGLC110469-DC SUPPLEMENTAL APP FOR ACCIDENT AND CRITICAL ILLNESS INSURANCE POLICY

Implementation: On Approval  
Date Requested:  
Author(s): Kathryn Mitchell, Debra French  
Reviewer(s):  
Disposition Date:  
Disposition Status:  
Implementation Date:

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### General Information

Project Name: AGLC110469-DC Supplemental App for Accident and Critical Illness Insurance Policy  
Project Number: AGLC110469-DC Supplemental App for Accident and Critical Illness Insurance Policy  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Deemer Date:  
Submitted By: Debra French  
Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type: Individual  
Filing Status Changed: 11/17/2016  
State Status Changed:  
Created By: Debra French  
Corresponding Filing Tracking Number:  
PPACA: Not PPACA-Related  
PPACA Notes: null  
Include Exchange Intentions: No  
Filing Description:  
This application is being submitted for your review and approval. It is new and does not replace any form previously approved by your Department.

This supplemental application will be used with accident and critical illness policy applications to comply with District of Columbia Bulletin 06-IB-004-8/29.

This supplemental application was not flesched as it was written using prescribed language.

### Company and Contact

#### Filing Contact Information

Kathryn Mitchell, Manager  
340 Seven Springs Way  
Mail Code 560  
Brentwood, TN 37027-5098  
kathryn\_mitchell@aigag.com  
615-749-1139 [Phone]  
615-749-2521 [FAX]

#### Filing Company Information

American General Life Insurance Company  
2727-A Allen Parkway  
Houston, TX 77019  
(713) 831-3508 ext. [Phone]  
CoCode: 60488  
Group Code: 12  
Group Name: AIG  
FEIN Number: 25-0598210  
State of Domicile: Texas  
Company Type:  
State ID Number:

### Filing Fees

Fee Required? No  
Retaliatory? No

SERFF Tracking #: AMGN-130813518 State Tracking #:

Company Tracking #: AGLC110469-DC  
SUPPLEMENTAL APP FOR  
ACCID...

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Fee Explanation: Accident and Critical Illness Insurance Policy

SERFF Tracking #:

AMGN-130813518

State Tracking #:

Company Tracking #:

AGLC110469-DC SUPPLEMENTAL APP  
FOR ACCID...

State: District of Columbia

Filing Company:

American General Life Insurance Company

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

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## Form Schedule

### Lead Form Number: AGLC110469-DC Supplemental App for Accident and Critical Illness Insurance Policy

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Supplemental Application for Accident or Critical Illness Insurance Policy	AGLC110469-DC	AEF	Initial			AGLC110469-DC ACA Disclosure_John Doe (2).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



**Supplemental Application for  
Accident or Critical Illness Insurance Policy  
Washington DC Version**

**American General Life Insurance Company**, 2727-A Allen Parkway, Houston, TX 77019  
A member of American International Group, Inc. (AIG)

Supplemental Application for Life Application Dated November 1, 2016

Name of Primary Proposed Insured John Doe DOB 1/1/1981

**NOTICE TO CONSUMER: THE POLICY BEING APPLIED FOR IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES. ALSO, THE BENEFITS PROVIDED BY THE POLICY CANNOT BE COORDINATED WITH THE BENEFITS PROVIDED BY OTHER COVERAGE. PLEASE REVIEW THE BENEFITS PROVIDED BY THE POLICY CAREFULLY TO AVOID A DUPLICATION OF COVERAGE.**

**Notice:** The policy being applied for may only be issued if you have minimum essential coverage within the meaning of section 5000A (f) of the Internal Revenue Code, or you are treated as having minimum essential coverage due to your status as a bona fide resident of any possession of the United States pursuant to Code section 5000A (f) (4) (B). If you have employer-sponsored coverage, COBRA coverage, insurance purchased from DC Health Link, or other similar insurance, you likely have minimum essential coverage. If your minimum essential coverage is terminated for any reason, you should notify the company immediately.

- 1. Do you have comprehensive medical coverage including the minimum essential coverage required by the Affordable Care Act (ACA) or are treated as having minimum essential coverage due to your status as a bona fide resident of any possession of the United States? .....  Yes  No  
If you answered **NO** to question 1, you are not eligible for this policy.  
Do you understand most supplemental only policies may not pay full benefits if your ACA compliant minimum essential coverage plan is not in force? .....  Yes  No
- 2. Do you understand that the benefits provided under this policy may be limited? .....  Yes  No

I agree that this Supplemental Application shall form a part of my application for accident or critical illness insurance.

**Proposed Insured Signature**

**X** John Doe

**Proposed Insured signed on** (date) November 1, 2016

**Proposed Owner Signature** (if other than Proposed Insured)

**X**

**Proposed Owner signed on** (date) \_\_\_\_\_

**Licensed Agent's Signature**

**X** Sally Shield