

SERFF Tracking Number: ICCI-125614919 State: Arkansas
Filing Company: Standard Security Life Insurance Company of New York State Tracking Number: 39130
Company Tracking Number: SSL-ADEN MBR APP 0408
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: SSL ADEN MBR APP 0408
Project Name/Number: SSL ADEN MBR APP 0408/SSL ADEN MBR APP 0408

Filing at a Glance

Company: Standard Security Life Insurance Company of New York

Product Name: SSL ADEN MBR APP 0408 SERFF Tr Num: ICCI-125614919 State: ArkansasLH
TOI: H10G Group Health - Dental SERFF Status: Closed State Tr Num: 39130
Sub-TOI: H10G.000 Health - Dental Co Tr Num: SSL-ADEN MBR APP 0408 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Author: Brenda Dawson Disposition Date: 06/06/2008
Date Submitted: 05/27/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: SSL ADEN MBR APP 0408 Status of Filing in Domicile: Pending
Project Number: SSL ADEN MBR APP 0408 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Overall Rate Impact: Group Market Type: Association
Filing Status Changed: 06/06/2008 Deemer Date:
State Status Changed: 06/06/2008
Corresponding Filing Tracking Number:
Filing Description:
See attached cover letter

Company and Contact

Filing Contact Information

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(This filing was made by a third party - insurancecomplianceconsultantsinc)

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
519 Colman Center Drive (815) 316-6714 [Phone]
Rockford, IL 61108 (815) 316-6720[FAX]

Filing Company Information

Standard Security Life Insurance Company of New York CoCode: 69078 State of Domicile: New York
485 Madison Avenue, 14th Floor Group Code: Company Type:
New York, NY 10022 Group Name: State ID Number:
(212) 355-4141 ext. [Phone] FEIN Number: 13-5679267

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Security Life Insurance Company of New York	\$20.00	05/27/2008	20511261

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/06/2008	06/06/2008

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Disposition

Disposition Date: 06/06/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	SSL Authorization Letter	Approved-Closed	Yes
Supporting Document	Cover letter	Approved-Closed	Yes
Supporting Document	Fee Schedule	Approved-Closed	Yes
Form	Member Application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: SSL-ADEN MBR APP 0408

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SSL ADEN-0408	Application/Member Enrollment Form	Application/Member Enrollment Form	Initial		50	SSL ADEN-MBR APP 0408 (SDO app) 4-18-08.pdf

STANDARD SECURITY LIFE INSURANCE COMPANY OF NEW YORK

Home Office: 485 Madison Avenue, New York, New York 10022

[MEMBER DENTAL INSURANCE APPLICATION]

[Group Name] [Location]

[MEMBER APPLICANT

LAST NAME _____
 FIRST NAME _____ M.I. _____
 SOCIAL SECURITY NUMBER _____
 STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 TELEPHONE NUMBER () _____
 BIRTHDATE ____/____/____ Age ____ Sex... Male Female
 MARITAL STATUS..... Single Married
 EMAIL] _____

[COVERAGE

Requested effective date ____/____/____
 Plan Name Elected _____]

[DEPENDENT INFORMATION

Spouse's Name _____
 Date of Birth _____ Age ____ Sex ____
 SSN # _____ Occupation _____
 Child's Name _____ Sex _____
 Date of Birth _____ Student (over age 19*)... Yes No
 Child's Name _____ Sex _____
 Date of Birth _____ Student (over age 19*)... Yes No
 Child's Name _____ Sex _____
 Date of Birth _____ Student (over age 19*)... Yes No
 Child's Name _____ Sex _____
 Date of Birth _____ Student (over age 19*)... Yes No

[* Not applicable in IN, TX and UT]

Will you or any dependent have other dental insurance coverage?..... Yes No
 If yes, please list the name of the other insurance company and phone number: _____]

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby request coverage as outlined above under the Standard Security Life Insurance Company of New York group plan offered by [the Group]. I reserve the right to revoke or change this authorization by written notice. I represent that the information provided is true and complete to the best of my knowledge and belief.

Date _____ City _____ State _____
 Signature of [Member] [Applicant] _____

SSL ADEN-MBR APP 0408

FRAUD WARNING STATEMENTS

[The following states require that insurance applicants acknowledge a fraud warning statement.] Please refer to the fraud warning statement for your state as indicated below. If your state is not listed read the last statement marked "All Other States."

[Residents of Arkansas- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of crime and may be subject to fines and or confinement in prison.

Residents of Colorado-It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Residents of District of Columbia- It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Residents of Kentucky- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Residents of Louisiana- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement.

Residents of Maine- It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. **NOTICE TO BUYER: THIS IS AN APPLICATION FOR DENTAL INSURANCE ONLY. READ YOUR CERTIFICATE CAREFULLY.**

Residents of New Mexico- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Residents of Ohio- Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of Oklahoma-Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Residents of Pennsylvania- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Residents of Tennessee-It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Residents of Virginia-Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may have violated state law.

Residents of West Virginia- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

All Other States-Any person who knowingly and with intent to defraud an insurer files an application or statement of claim containing any false, incomplete or misleading information may be guilty of insurance fraud which is a crime.

Agent Use Only: Are you currently appointed with Standard Security Life Insurance Company of New York? Yes No

Agent Name _____ HPA # _____ Phone _____ E-mail _____
 [Agent Signature _____]
 Address _____ City _____ State _____ Zip _____
 GA Name _____ # _____
 MGA Name _____ # _____

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Supporting Document Schedules

<p>Satisfied -Name: Certification/Notice Comments: Attachment: Cert of Comp with Rule 19 SSL ADEN MBR APP 0408.pdf</p>	<p>Review Status: Approved-Closed 06/06/2008</p>
<p>Bypassed -Name: Application Bypass Reason: See application included in Form Schedule Comments:</p>	<p>Review Status: Approved-Closed 06/06/2008</p>
<p>Satisfied -Name: SSL Authorization Letter Comments: Attachment: ICC Authorization letter SSL 2008.pdf</p>	<p>Review Status: Approved-Closed 06/06/2008</p>
<p>Satisfied -Name: Cover letter Comments: Attachment: AR ADEN MBR APP 5-27-08.pdf</p>	<p>Review Status: Approved-Closed 06/06/2008</p>
<p>Satisfied -Name: Fee Schedule Comments: Attachment: AR_Fee_Schedule SSL ADEN-MBR APP 0408.pdf</p>	<p>Review Status: Approved-Closed 06/06/2008</p>

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Standard Security Life Insurance Company

Form Number(s): SSL ADEN-MBR APP 0408

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirement of Rule and Regulation 19.



Signature of Company Officer

Rachel Lipari

Name

President

Title

May 27, 2008

Date



January 1, 2008

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
519 Colman Center Dr.
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Standard Security may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Kettig". The signature is fluid and cursive, with a large, sweeping flourish at the end.

David Kettig



INSURANCE
COMPLIANCE
CONSULTANTS, INC.

519 Colman Center Drive
Rockford, Illinois 61108

Phone: (815) 316-6714
FAX: (815) 316-6720

May 27, 2008

Honorable Julie Benafield Bowman
Insurance Commissioner
State of Arkansas
Arkansas Department of Insurance
1200 W. Third St.
Little Rock, AR 72201-1904

RE: Standard Security Life Insurance Company of New York - NAIC Number: 69078
FEIN Number: 13-5679267
Member Dental Application – SSL ADEN-MBR APP 0408

Dear Commissioner Benafield Bowman:

Enclosed for review and approval for use in your state is the above referenced application. This application is new and is not intended to replace any applications previously approved by the Department.

A Filing Letter of Authorization from Standard Security Life Insurance Company of New York authorizing Insurance Compliance Consultants, Inc., to represent them in this filing and to work with the Department for the purposes of obtaining Departmental filing is enclosed.

This application is intended to be used with Group Dental Policy form SSL ADEN-POL 0606, previously approved by your Department on August 8, 2006. The Member Applicant will use this application to apply for coverage.

Your continued review for approval is greatly appreciated. If you have any questions or need further information, please contact me at (815) 316-6714, fax me at (815) 316-6720, or email me at Brendadawson@inscompliance.com.

Sincerely,

Brenda Dawson, FLMI, AIRC, ACS
Insurance Compliance Consultants



ARKANSAS INSURANCE DEPARTMENT

1200 West Third Street
Little Rock Arkansas 72201-1904
501-371-2600

Mike Pickens
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Standard Security Life Insurance Company
Company NAIC Code: 69078
Company Contact Person & Telephone # Brenda Dawson, Insurance Compliance Consultants, Inc., (815) 316-6714
Form Number(s): SSL ADEN-MBR APP 0408

* INSURANCE DEPARTMENT USE ONLY *
* ANALYST: AMOUNT: ROUTE SLIP: *

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing * x \$50 = **Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. * x \$50 = **Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. *1 x \$20 = \$20 **Retaliatory

Policy and contract forms, all lines, filing corrections in previously filed policy and contract forms. * x \$20 = **Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. * x \$25 = **Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to
amend an Insurer's Certificate of Authority.

 * x \$400 =

Filing to amend Certificate of Authority.

 *** x \$100 =

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE
AND REGULATION 57.

**THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK.
CODE ANN. 23-63-102, RETALIATORY TAX.

***THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.