

SERFF Tracking Number: JEPT-126423548 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 44373
Company Tracking Number: GL11-21-MXR WITH SET ROLLOVER
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental
Project Name/Number: Maximum Rollover/GL11-21-MXR with Set Rollover

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Group Dental

SERFF Tr Num: JEPT-126423548 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 44373

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: GL11-21-MXR WITH SET ROLLOVER State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Debbie Turek, Bonnie
White, Benjamin Davis

Disposition Date: 12/21/2009

Date Submitted: 12/17/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Maximum Rollover

Project Number: GL11-21-MXR with Set Rollover

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/11/2009

Domicile Status Comments: These forms were
filed in our domicile state of Indiana on
November 24, 2009. Approval was granted
December 11, 2009.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/21/2009

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 12/21/2009

Deemer Date:

Submitted By: Benjamin Davis

Filing Description:

Group Dental Forms:

Policy Form GL11-21-MXR with Set Rollover

Certificate Form GL12-21-MXR with Set Rollover

Created By: Benjamin Davis

Corresponding Filing Tracking Number:

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Please see the cover letter attached to the Supporting Documentation tab for a full description of this filing.

Sincerely,

Benjamin A. Davis
 Compliance Analyst
 Lincoln Financial Group
 Voice: (800) 423-2765 ext. 7495
 Fax: (402) 501-9308
 E-Mail: benjamin.davis@lfg.com

Company and Contact

Filing Contact Information

Ben Davis, Compliance Specialist Benjamin.Davis@lfg.com
 8807 Indian Hills Drive 402-361-7495 [Phone]
 Omaha, NE 68114 402-361-2568 [FAX]

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church Street Group Code: 20 Company Type: Group
 Hartford, CT 06103 Group Name: State ID Number:
 (800) 423-2765 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 per submission.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	12/17/2009	32880301

SERFF Tracking Number: JEPT-126423548 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/21/2009	12/21/2009

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Disposition

Disposition Date: 12/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JEPT-126423548 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Rollover of Calendar Year Maximum	Approved-Closed	Yes
Form	Rollover of Calendar Year Maximum	Approved-Closed	Yes

SERFF Tracking Number: JEPT-126423548 State: Arkansas
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Form Schedule

Lead Form Number: GL11-21-MXR with Set Rollover

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 12/21/2009	GL11-21-MXR with Set Rollover	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Rollover of Calendar Year Maximum	Initial		55.800	21MXR with Set Rollover.pdf
Approved-Closed 12/21/2009	GL12-21-MXR with Set Rollover	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Rollover of Calendar Year Maximum	Initial		55.800	21MXR with Set Rollover.pdf

ROLLOVER OF CALENDAR YEAR MAXIMUM

ELIGIBILITY. A Covered Person meets this provision's eligibility conditions if he or she[:

- (1) was covered prior to the last three months of a calendar year (prior to October, November, or December) and remains covered on the following [January 1st/anniversary of the plan/policy year]. If the Covered Person becomes covered in October, November or December, the Covered Person will meet this provision's eligibility conditions if he or she remains covered on the [January 1st/anniversary of the plan/policy year] that next follows the calendar year during which he or she was covered within the first nine months of such calendar year. For example, the Covered Person is covered under this Policy beginning on February 1, 2009; he or she meets this provision's eligibility requirements on January 1, 2010. The Covered Person becomes covered under this Policy beginning on October 1, 2009; he or she meets this provision's eligibility requirements on January 1, 2011]; and
- (2) has satisfied all applicable [Benefit Waiting Periods/Late Entrant Limitation Periods/Benefit Waiting Periods and Late Entrant Limitation Periods] for Type 1, 2, and 3 services shown in the Schedule of Benefits[, prior to the last three months of the previous calendar year].

BENEFIT. A Covered Person may be eligible for a rollover of a portion of the previous calendar year's unused Calendar Year Maximum, as follows.

Rollover Amount. The "Rollover Amount" is the amount by which a Covered Person's Calendar Year Maximum may be increased each calendar year, if the Covered Person[:

- (1) meets this provision's eligibility conditions[; and
- (2) received dental benefits under this Policy that fall within the Eligible Range, for claims incurred in the previous calendar year].

The maximum for any service with a Lifetime Maximum, such as Orthodontic (Type 4) services, may not be increased.

Eligible Range. The "Eligible Range" describes the range of dental benefits, if any, for Type 1, 2, or 3 services that a Covered Person must receive under this Policy, for claims incurred in the previous calendar year, in order to be eligible for a Rollover Amount. If the amount of benefits received for claims incurred in the previous calendar year does not fall within the Eligible Range, no Rollover Amount is accrued for that year. An incurred claim must be paid within 60 days following the end of the calendar year in which it was incurred. Deductibles and coinsurance amounts do not apply to the Eligible Range.

Rollover Account Balance. The "Rollover Account Balance" is a Covered Person's unused cumulative Rollover Amount, subject to the Maximum Account Balance shown in the [Schedule of Benefits/table below]. When a claim is paid using the Rollover Amount, the Rollover Account Balance will be reduced by that amount.

[Preferred Provider Bonus. A "Preferred Provider Bonus" will be added to the Rollover Amount for a calendar year if:

- (1) the Covered Person qualifies for a Rollover Amount, as described above; and
- (2) [all/any] of the benefits a Covered Person receives for claims incurred for Type 1, 2, or 3 services in the previous calendar year were for services provided by Participating Dentists.]

<u>Calendar Year Maximum</u>	<u>Eligible Range</u>	<u>Rollover Amount [without Preferred Provider Bonus]</u>	<u>[Rollover Amount with Preferred Provider]</u>	<u>Maximum Rollover Account Balance</u>
<u>\$500 to \$5,000</u>	<u>\$0 to \$5,000</u>	<u>\$100 to \$1,250</u>	<u>\$150 to \$1,300</u>	<u>\$500 to \$5,000</u>

ROLLOVER OF CALENDAR YEAR MAXIMUM
(Continued)

EFFECTIVE DATE OF ROLLOVER AMOUNT. Any Rollover Amount for which a Covered Person is eligible will be added to the Rollover Account Balance 65 days following the end of the calendar year during which the Rollover Amount was accrued.

USE OF ROLLOVER AMOUNTS. Rollover Amounts, if available, are used only when the Covered Person's Calendar Year Maximum is reached.

LOSS OF ROLLOVER AMOUNTS. All Rollover Amounts previously added to the Rollover Account Balance will be lost if a Covered Person has any break in coverage under this Policy.

PRIOR PLAN'S ROLLOVER ACCOUNT BALANCE. Rollover Account Balances accrued under the Group Policyholder's prior group dental plan may be applied toward a Covered Person's Rollover Account Balance under this Policy if the Covered Person:

- (1) is covered under the Group Policyholder's prior group dental plan on the day before the Dental Expense Benefits under this Policy take effect;
- (2) immediately becomes covered under this Policy on the day the Group Policyholder's Dental Expense Benefits under this Policy take effect; and
- (3) provides written proof satisfactory to the Company of the Rollover Account Balance from the prior carrier.

Any Rollover Account Balance from a prior carrier is subject to this Policy's Maximum Rollover Account Balance.

COVERED PERSON'S ROLLOVER ACCOUNT BALANCE. Rollover Account Balances accrued under a Covered Person's prior dental plan may be applied toward a Covered Person's Rollover Account Balance under this Policy if the Covered Person:

- (1) is covered under a prior dental plan on the day before the Dental Expense Benefits under this Policy take effect;
- (2) is no longer covered under the prior dental plan; and
- (3) provides written proof satisfactory to the Company of the Rollover Account Balance from the prior carrier.

Any Rollover Account Balance from a prior carrier is subject to this Policy's Maximum Rollover Account Balance.

ROLLOVER OF CALENDAR YEAR MAXIMUM

ELIGIBILITY. A Covered Person meets this provision's eligibility conditions if he or she[:

- (1)] was covered prior to the last three months of a calendar year (prior to October, November, or December) and remains covered on the following [January 1st/anniversary of the plan/policy year]. If the Covered Person becomes covered in October, November or December, the Covered Person will meet this provision's eligibility conditions if he or she remains covered on the [January 1st/anniversary of the plan/policy year] that next follows the calendar year during which he or she was covered within the first nine months of such calendar year. For example, the Covered Person is covered under the Policy beginning on February 1, 2009; he or she meets this provision's eligibility requirements on January 1, 2010. The Covered Person becomes covered under the Policy beginning on October 1, 2009; he or she meets this provision's eligibility requirements on January 1, 2011]; and
- (2) has satisfied all applicable [Benefit Waiting Periods/Late Entrant Limitation Periods/Benefit Waiting Periods and Late Entrant Limitation Periods] for Type 1, 2, and 3 services shown in the Schedule of Benefits[, prior to the last three months of the previous calendar year].

BENEFIT. A Covered Person may be eligible for a rollover of a portion of the previous calendar year's unused Calendar Year Maximum, as follows.

Rollover Amount. The "Rollover Amount" is the amount by which a Covered Person's Calendar Year Maximum may be increased each calendar year, if the Covered Person[:

- (1)] meets this provision's eligibility conditions[; and
- (2) received dental benefits under the Policy that fall within the Eligible Range, for claims incurred in the previous calendar year].

The maximum for any service with a Lifetime Maximum, such as Orthodontic (Type 4) services, may not be increased.

Eligible Range. The "Eligible Range" describes the range of dental benefits, if any, for Type 1, 2, or 3 services that a Covered Person must receive under the Policy, for claims incurred in the previous calendar year, in order to be eligible for a Rollover Amount. If the amount of benefits received for claims incurred in the previous calendar year does not fall within the Eligible Range, no Rollover Amount is accrued for that year. An incurred claim must be paid within 60 days following the end of the calendar year in which it was incurred. Deductibles and coinsurance amounts do not apply to the Eligible Range.

Rollover Account Balance. The "Rollover Account Balance" is a Covered Person's unused cumulative Rollover Amount, subject to the Maximum Account Balance shown in the [Schedule of Benefits/table below]. When a claim is paid using the Rollover Amount, the Rollover Account Balance will be reduced by that amount.

[Preferred Provider Bonus. A "Preferred Provider Bonus" will be added to the Rollover Amount for a calendar year if:

- (1) the Covered Person qualifies for a Rollover Amount, as described above; and
- (2) [all/any] of the benefits a Covered Person receives for claims incurred for Type 1, 2, or 3 services in the previous calendar year were for services provided by Participating Dentists.]

<u>Calendar Year Maximum</u>	<u>Eligible Range</u>	<u>Rollover Amount [without Preferred Provider Bonus]</u>	<u>[Rollover Amount with Preferred Provider]</u>	<u>Maximum Rollover Account Balance</u>
<u>\$500 to \$5,000</u>	<u>\$0 to \$5,000</u>	<u>\$100 to \$1,250</u>	<u>\$150 to \$1,300</u>	<u>\$500 to \$5,000</u>

ROLLOVER OF CALENDAR YEAR MAXIMUM
(Continued)

EFFECTIVE DATE OF ROLLOVER AMOUNT. Any Rollover Amount for which a Covered Person is eligible will be added to the Rollover Account Balance 65 days following the end of the calendar year during which the Rollover Amount was accrued.

USE OF ROLLOVER AMOUNTS. Rollover Amounts, if available, are used only when the Covered Person's Calendar Year Maximum is reached.

LOSS OF ROLLOVER AMOUNTS. All Rollover Amounts previously added to the Rollover Account Balance will be lost if a Covered Person has any break in coverage under the Policy.

PRIOR PLAN'S ROLLOVER ACCOUNT BALANCE. Rollover Account Balances accrued under your Employer's prior group dental plan may be applied toward a Covered Person's Rollover Account Balance under the Policy if the Covered Person:

- (1) is covered under the Employer's prior group dental plan on the day before the Dental Expense Benefits under the Policy take effect;
- (2) immediately becomes covered under the Policy on the day the Employer's Dental Expense Benefits under the Policy take effect; and
- (3) provides written proof satisfactory to the Company of the Rollover Account Balance from the prior carrier.

Any Rollover Account Balance from a prior carrier is subject to the Policy's Maximum Rollover Account Balance.

COVERED PERSON'S ROLLOVER ACCOUNT BALANCE. Rollover Account Balances accrued under a Covered Person's prior dental plan may be applied toward a Covered Person's Rollover Account Balance under the Policy if the Covered Person:

- (1) is covered under a prior dental plan on the day before the Dental Expense Benefits under the Policy take effect;
- (2) is no longer covered under the prior dental plan; and
- (3) provides written proof satisfactory to the Company of the Rollover Account Balance from the prior carrier.

Any Rollover Account Balance from a prior carrier is subject to the Policy's Maximum Rollover Account Balance.

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 Product Name: Group Dental
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Supporting Document Schedules

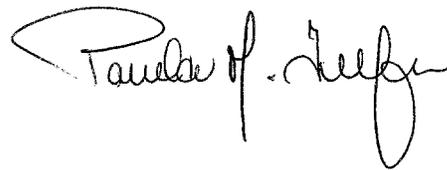
	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments: FL112409 Dental Max Rollover Read Cert.pdf FL121709 AR Dental Regulation 19.pdf</p>	Approved-Closed	12/21/2009
<p>Satisfied - Item: Application</p> <p>Comments: The GL2-APP.09/02 was approved 05/04/2007.</p>	Approved-Closed	12/21/2009
<p>Satisfied - Item: Statement of Variables</p> <p>Comments:</p> <p>Attachment: FL112409 Dental Max Rollover Appendix.pdf</p>	Approved-Closed	12/21/2009
<p>Satisfied - Item: Cover Letter</p> <p>Comments:</p> <p>Attachment: FL112409 Max Rollover Cover Letter (FORMS).pdf</p>	Approved-Closed	12/21/2009

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the forms shown below have achieved the indicated Flesch Reading Ease Score.

<u>FORM NO.</u>	<u>FLESCH SCORE</u>
GL11-21-MXR with Set Rollover	55.8
GL12-21-MXR with Set Rollover	55.8



(An Officer of the Company)

Pamela Telfer

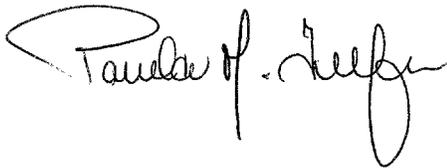
Assistant Vice President - Product Compliance &
State Filing

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

Insurer: The Lincoln National Life Insurance Company

Form Number(s): GL11-21-MXR WITH SET ROLLOVER and GL12-21-MXR WITH
SET ROLLOVER

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

A handwritten signature in black ink, appearing to read "Pamela M. Telfer". The signature is written in a cursive style with a large initial "P" and a long, sweeping tail on the "T".

Signature of Company Officer

Pamela M. Telfer
Name

Assistant Vice President, Product Compliance & State Filing
Title

December 17, 2009
Date

THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
APPENDIX OF VARIABILITY
Supplemental Information on Alternate Versions and Variables for Forms in
Group Dental Policy Series GL11 and Certificate Series GL12

The following forms may be used with the group Dental benefits provided in this Series. Forms numbered GL11 are policy insert pages, while those numbered GL12 are certificate insert pages.

Rollover of Calendar Year Maximum. Forms GL11-21-MXR with Set Rollover and GL12-21-MXR with Set Rollover

Policy Form *GL11-21-MXR with Set Rollover* and Certificate Form *GL12-21-MXR with Set Rollover* describe an Annual Maximum Rollover benefit. We request variable filing of all references to Calendar Year in order to accommodate plans based on Policy or Plan Year. This will include appropriate adjustments to the months, dates, and the time periods before and after the calendar/policy/plan year.

We request that the bracketed material in the Eligibility provision be variable to omit when not applicable. If (2) is included, one of the choices would be included: Benefit Waiting Periods, Late Entrant Periods, or Benefit Waiting Periods and Late Entrant Periods. The final bracketed text in (2) can be included if applicable.

We request that the bracketed material in the Rollover Amount provision be variable to omit when not applicable. For those services with a Lifetime Maximum, we will enter the appropriate title of the services.

Within the Eligible Range, the period of time in which an incurred claim must be paid can range from 30 days to 120 days. 60 days is the standard.

We request variable filing of the bracketed material in the Rollover Account Balance paragraph to reference either the Schedule of Benefits or the "table below," in case the referenced table is moved to the Schedule of Benefits.

The Preferred Provider Bonus paragraph may be omitted when not applicable. If this is included, the appropriate references within the table will be shown. The bracketed "all" will be the standard wording, but may be substituted for "any" at the Policyholder's request.

The range of the amounts for the Maximums, Eligible Range, and Rollover Amounts are shown in the table. These amounts can be elected by the group.

The days in the Effective Date of Rollover Amount can range from 65 days to 120 days.

The bracketed Prior Plan's Rollover Account Balance section may be omitted when not applicable.

The bracketed Covered Person's Rollover Account Balance may be omitted when not applicable.



The Lincoln National Life Insurance Company
8801 Indian Hills Drive
Omaha, NE 68114-4066
(800) 423-2765

December 17, 2009

ARKANSAS INSURANCE DEPARTMENT
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904

NAIC No.: 0020-65676
FEIN No.: 35-0472300
LNL #: LINCOLN780N4

Re: Group Dental Forms:
Policy Form GL11-21-MXR with Set Rollover
Certificate Form GL12-21-MXR with Set Rollover

Enclosed for filing with your Department are copies of the captioned forms. We are requesting that these forms be approved for general use with any of our previously approved Group Policy Series GL11 and Group Certificate Series GL12 forms. They will be marketed by licensed agents and brokers.

These insert pages describe an optional provision that enables eligible insureds to "roll over" a portion of their unused Annual Maximum from one year to the following year (calendar, policy, or plan year, as elected by the group policyholder).

The Appendix of Variability and a Readability Certification are attached. Your review and notice of approval will be greatly appreciated. If you have questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Benjamin A. Davis', written over a horizontal line.

Benjamin A. Davis
Compliance Analyst
Lincoln Financial Group

Voice: (800) 423-2765 ext. 7495
Fax: (402) 501-9308
E-Mail: benjamin.davis@lfg.com