

SERFF Tracking Number: FEMC-126470533 State: Arkansas
Filing Company: Federated Mutual Insurance Company State Tracking Number: 44672
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental
Project Name/Number: GD 03 80 (01-10 ed.)/GD 03 80 (01-10 ed.)

Filing at a Glance

Company: Federated Mutual Insurance Company

Product Name: Group Dental

SERFF Tr Num: FEMC-126470533 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 44672

Sub-TOI: H10G.000 Health - Dental

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Jeanette Myers

Disposition Date: 01/28/2010

Date Submitted: 01/25/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: GD 03 80 (01-10 ed.)

Status of Filing in Domicile: Pending

Project Number: GD 03 80 (01-10 ed.)

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

Overall Rate Impact:

Group Market Type: Discretionary, Trust

Filing Status Changed: 01/28/2010

Explanation for Other Group Market Type:

State Status Changed: 01/28/2010

Deemer Date:

Created By: Jeanette Myers

Submitted By: Jeanette Myers

Corresponding Filing Tracking Number:

Filing Description:

Federated Mutual Insurance Company is submitting one rider GD 03 80 (01-10 ed.) This rider amends the definition of dependent in the certificate and replaces a previously approved version. The rider provides for continued coverage when an insured student is on a medically necessary leave of absence due to an illness or injury. Coverage can be continued for 1 year from the date the leave of absence began.

Rider GD 03 80 (01-10 ed.) will replace GD 03 80 (01-09 ed.) approved on 10/09/2008 under state tracking No. 40488.

This rider will be used with certificate form GD 00 11 (01-02 ed.) approved by your department on 10/21/2002.

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Company and Contact

Filing Contact Information

Jeanette Myers, Compliance Analyst jmmyers@fedins.com
 121 East Park Square 800-533-0472 [Phone]
 Owatonna, MN 55060 507-455-8226 [FAX]

Filing Company Information

Federated Mutual Insurance Company CoCode: 13935 State of Domicile: Minnesota
 121 East Park Square Group Code: 7 Company Type:
 PO Box 328 Group Name: State ID Number:
 Owatonna, MN 55060 FEIN Number: 41-0417460
 (800) 533-0472 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation: MN filing fee is \$125
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$125.00	01/25/2010	33757334

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2010	01/28/2010

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Disposition

Disposition Date: 01/28/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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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
Form	Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: GD 03 80 (01-10 ed.)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/28/2010	GD 03 80 (01-10 ed.)	Certificate	Rider Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: GD 03 80 (01-9 ed.) Previous Filing #: 40488		GD 03 80 _01-10 ed._.pdf

**FEDERATED MUTUAL
INSURANCE COMPANY**
HOME OFFICE: 121 East Park Square, Owatonna, Minnesota 55060

GROUP DENTAL POLICY AND CERTIFICATE RIDER

POLICY NUMBER: [0000]
RIDER EFFECTIVE DATE: [January 1, 2010]

The **policy** and certificate are changed as follows for residents of Arkansas:

Section VIII - Definitions, 25 **Dependent or Dependents**, is deleted and replaced with the following:

25. **Dependent or Dependents**

means the persons shown below. A person who is a **covered employee** is not eligible as a **dependent** under any policy issued by **us**. No one can be considered a **dependent** of more than one **covered employee** under any policy issued by **us**. If both **spouses** are covered as **covered employees** under any **policy** issued by **us**, only one **spouse** shall be considered to have any eligible **dependents**.

- a. **Spouse.** This is a **covered employee's** current legal **spouse**.
- b. **Child.** This is a **covered employee's**:
 - i. unmarried natural or legally adopted child;
 - ii. unmarried child for whom the **covered employee** or his **spouse** is the legal guardian;
 - iii. unmarried step-child living with the **covered employee**; or
 - iv. a child covered under a valid qualified medical child support order (as the term is defined under Section 609 of the Employee Retirement Income Security Act (ERISA) and its implementing regulations) which is enforceable against a **covered employee**.

In each case the child must be unmarried and less than 25 years old or a disabled **dependent**, as described below. Coverage is available to the end of the **calendar year** in which the child marries or reaches the age of 25. Coverage will also be available beyond age 25 for an unmarried child who is a student in an accredited institution of postsecondary education as long as full-time student status is maintained or the child is on a **medically necessary** leave of absence from school due to serious **illness or injury**. Continued coverage during a **medically necessary** leave of absence from school is limited to 1 year from the date the leave of absence began.

- c. **Disabled Dependent.** This is a **covered employee's** child who is beyond the limiting age and physically handicapped or mentally disabled, and obtains the majority of his financial support from the **covered employee**. The disability must have come into existence prior to age 25. Disability does not include pregnancy. "Disabled" means incapable of self-sustaining employment by reason of mental retardation, mental illness, or physical handicap. At **our** request and **our** expense, the **covered employee** must give **us** proof of the **dependent's** disability. **We** reserve the right to periodically review the disability. After the first two years, **we** will not review the disability more frequently than once every **calendar year**.

President

Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/28/2010
Comments:			
Attachment:			
ARCERT.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/28/2010
Bypass Reason:	N/A		
Comments:			

FEDERATED MUTUAL INSURANCE COMPANY

Owatonna, Minnesota

January 25, 2010

CERTIFICATE OF COMPLIANCE

Arkansas

I hereby certify that Federated Mutual Insurance Company meets the provisions set forth in Rule and Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.

Timothy G. Luy
Vice President