

SERFF Tracking Number: AMFA-126745748 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 46355  
Company Tracking Number: IOWA RETIRED SCHOOL PERSONNEL ASSOCIATION  
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision  
Product Name: Iowa Retired School Personnel Association  
Project Name/Number: Iowa Retired School Personnel Association /Iowa Retired School Personnel Association

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: Iowa Retired School Personnel Association SERFF Tr Num: AMFA-126745748 State: Arkansas

TOI: H20G Group Health - Vision

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46355

Sub-TOI: H20G.000 Health - Vision

Co Tr Num: IOWA RETIRED  
SCHOOL PERSONNEL  
ASSOCIATION State Status: Approved-Closed

Filing Type: Form

Author: Janis Landon

Reviewer(s): Rosalind Minor

Date Submitted: 07/29/2010

Disposition Date: 10/01/2010

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Iowa Retired School Personnel Association

Status of Filing in Domicile: Not Filed

Project Number: Iowa Retired School Personnel Association

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: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 10/01/2010

Explanation for Other Group Market Type:

State Status Changed: 10/01/2010

Deemer Date:

Created By: Janis Landon

Submitted By: Janis Landon

Corresponding Filing Tracking Number:

Filing Description:

RE: Request for Review - Eligibility of a Group under §23-86-106(2)(A)

Iowa Retired School Personnel Association

Dear Sir/Madam:

Enclosed for your review and approval is the above captioned out-of-state group. Ameritas Life Insurance Corp.

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("Ameritas") is an Arkansas licensed insurer and has recently issued a group policy providing dental benefits to the members of the Iowa Retired School Personnel Association (IRSPA).

Ameritas has requested and reviewed the By-Laws of the Association. A copy has been attached for your review. In addition, Ameritas also reviewed the statutory provisions of Arkansas Code to ensure that this potential group constituted an eligible group under §23-86-106.

Specifically, under Arkansas §23-86-106(2)(A), an eligible group is defined as an association, including a labor union, which shall have a constitution or by-laws and the Insurance Commissioner finds, regardless of where the association is domiciled or does business, which has been organized and is maintained in good faith for purposes other than that of obtaining insurance or insuring members, employees, or employees of members of the association for the benefit of persons other than the association or its officers or trustees.

Therefore, Ameritas is requesting the Department's review and approval of this group as an eligible group under §23-86-106(2)(A) of Arkansas Code. The by-laws confirm that the association meets all of the above requirements and Ameritas is confident that the Commissioner will find that the issuance of the policy is not contrary to the best interest of the public and the issuance of the policy would meet result in economies of acquisition or administration. Ameritas represents that the benefits of the policy are reasonable in relation to the premium charged.

The membership of the Iowa Retired School Personnel Association has been helping retired school personnel since 1947. IRSPA is the only organization working primarily to protect and improve the financial benefits of Iowa's retired school personnel. They are affiliated with the National Retired Teacher Association (NRTA).

- IRSPA is a professional organization of dedicated volunteer members who keep you in touch with issues of significance to retired school personnel.
- The IRSPA budget is dedicated to serving the membership by providing communications, a quarterly newsletter, telephone trees, membership support and unity support. Much attention is given to legislative leadership and lobbying efforts on behalf of issues affecting retired school personnel.
- There is a state, regional, and district meeting coordination, and networking with other organizations for shared activity to benefit all.
- Membership in IRSPA affords a member the chance to join his/her fellow retirees in local activities, worthwhile projects, fellowship in regular meetings, plus the opportunity to maintain his/her professional contacts and to develop new ones.

Ameritas has already filed the group policy with Iowa and a copy is attached for your reference. Following approval by your Department, Ameritas will issue a certificate form to any Arkansas members of this group under certificate form 9021 Rev. 03-08. The content of this certificate form was previously approved by the Department on April 1, 2008 for true employer groups. There will be seven different plan options.

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The current address for this group is:

Iowa Retired School Personnel Association  
1416 20th Avenue, N  
Fort Dodge, IA 50501

More detailed information on membership has been provided.

This form is in final print. When scored with the policy, this form achieves a 50 on the Flesch Readability Scale.

Thank you for your review of this filing. If you need anything additional, please feel free to contact me at 800-745-1112, ext. 82444, FAX 402-309-2573 or email [jlandon@ameritas.com](mailto:jlandon@ameritas.com).

Sincerely,

Janis Landon  
Senior Contract Analyst

## Company and Contact

### Filing Contact Information

Janis Landon, Senior Contract Analyst  
475 Fallbrook Blvd.  
Lincoln, NE 68521  
[jlandon@ameritas.com](mailto:jlandon@ameritas.com)  
800-745-1112 [Phone] 82444 [Ext]  
402-309-2573 [FAX]

### Filing Company Information

Ameritas Life Insurance Corp.  
5900 O Street  
P O Box 81889  
Lincoln, NE 68501-1889  
(800) 756-1112 ext. [Phone]  
CoCode: 61301  
Group Code: 943  
Group Name:  
FEIN Number: 47-0098400  
State of Domicile: Nebraska  
Company Type:  
State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No

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Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	07/29/2010	38372868

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/01/2010	10/01/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/09/2010	08/09/2010	Janis Landon	08/09/2010	08/09/2010

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## Disposition

Disposition Date: 10/01/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Bylaws/Bd Info	Approved-Closed	Yes
<b>Supporting Document</b>	Group Policy Sitused in Iowa	Approved-Closed	Yes
<b>Supporting Document</b>	Membership Info	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/09/2010

Submitted Date 08/09/2010

Respond By Date

Dear Janis Landon,

This will acknowledge receipt of the captioned filing.

Objection 1

- Bylaws/Bd Info (Supporting Document)

Comment:

As required by our Group Laws, we also need a copy of the Articles of Incorporation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 08/09/2010  
Submitted Date 08/09/2010

Dear Rosalind Minor,

### Comments:

Thank you for allowing us to respond to you on this issue.

### Response 1

Comments: A copy of the Association's Bylaws/Articles of Incorporation have been attached under the Supporting Documentation tab.

### Related Objection 1

Applies To:

- Bylaws/Bd Info (Supporting Document)

Comment:

As required by our Group Laws, we also need a copy of the Articles of Incorporation.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,  
Janis Landon

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	10/01/2010
<b>Comments:</b>			
<b>Attachment:</b>			
	AR Readability .pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Application	Approved-Closed	10/01/2010
<b>Comments:</b>			
<b>Attachment:</b>			
	Signed Application.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Bylaws/Bd Info	Approved-Closed	10/01/2010
<b>Comments:</b>			
<b>Attachments:</b>			
	By-Laws.pdf		
	Committees.pdf		
	Executive Board.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Group Policy Sitused in Iowa	Approved-Closed	10/01/2010
<b>Comments:</b>			
<b>Attachment:</b>			
	IOWA_POLICY.pdf		

		<b>Item Status:</b>	<b>Status Date:</b>

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**Satisfied - Item:** Membership Info Approved-Closed 10/01/2010

**Comments:**

**Attachments:**

Iowa 990.pdf  
membership.pdf  
IRSPA Membership Application.pdf  
Member Information.pdf

**STATE OF ARKANSAS**  
**CERTIFICATE OF READABILITY**

INSURER:

This is to certify that the attached form(s) has achieved a Flesch Reading Ease Score of:

FORM NO:

FLESCH SCORE:

FORM NAME:

<u>FORM NO:</u>	<u>FLESCH SCORE:</u>	<u>FORM NAME:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

complies with the requirements of Ark. Stat. Ann. Sections 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

SIGNATURE: \_\_\_\_\_

TYPED NAME:

TITLE:

DATE: \_\_\_\_\_

RECEIVED  
JUN 21 2010



**APPLICATION FOR GROUP INSURANCE**  
(See reverse side for additional information)

1. Applicant's Legal Name Iowa Retired School Personnel Association  
2. Doing Business As IRSPA

3. P.O. BOX / ZIP CODE  
1916 20th Avenue, N  
STREET ADDRESS  
Fort Dodge, IA 50501  
CITY / STATE / ZIP  
515-576-0234  
PHONE NO. FAX NO. 515-576-0234  
E-MAIL ADDRESS TAX I.D. NO. johnber@frontiernet.net 48-6065400

4. What is the nature of your business or industry?  
Association of retired school personnel from Iowa

5. Are any classes or locations excluded?  Yes  No  
(If yes, please use reverse side for explanation.)

6. Are any subsidiary and/or affiliated companies to be insured?  Yes  No  
(If yes, please use reverse side to list name and location.)

7. How many hours per week equals full time employment? n/a

8. Employee Participation  
Employer contributes 0 % of employee premium.  
 Tied-to-Medical (All employees covered on employer's medical plan must be insured, except those listed under excluded classes or locations.)  
 Non-Contributory (Policyholder contributes 100% of premiums. All employees must be insured, except those listed under excluded classes or locations.)  
 Non-Contributory, except covered elsewhere (If policyholder contributes 100% of premiums, all employees must be insured, except those listed under excluded classes or locations and those covered elsewhere.)  
 Contributory (Policyholder is required to contribute to the employee premium and must contribute at least 25% of the total employee and dependent premium.)  
 Voluntary (Policyholder does not contribute towards premium, 100% contribution by employee.)

9. Dependent Participation  
Employer contributes 0 % of dependent premium.  
 Tied-to-Medical (All eligible dependents covered on employer's medical plan must be insured, except those listed under excluded classes or locations.)  
 Non-Contributory (Policyholder contributes 100% of premiums. All eligible dependents must be insured, except those listed under excluded classes or locations.)  
 Non-Contributory, except covered elsewhere (If policyholder contributes 100% of premiums, all eligible dependents must be insured, except those listed under excluded classes or locations and those covered elsewhere.)  
 Contributory (Policyholder is required to contribute to the employee premium and must contribute at least 25% of the total employee and dependent premium.)  
 Voluntary (Policyholder does not contribute towards premium, 100% contribution by employee.)

10. Section 125 Plan:  
Election Period:  
Plan Year:

11. Waiting Period  
\_\_\_\_\_ for those employed on or before the policy effective date.  
\_\_\_\_\_ for those employed after the new policy effective date.  
 month(s)  calendar days  working days

12. Effective Date and Termination Date  
 Immediate  
 First of Month Effective date/End of Month Termination date  
 Other \_\_\_\_\_

13. Premium Payment Mode (In advance):  
 Monthly  Quarterly  Semi-Annual  Annual  
 Payroll Deduction (Coverage must be 100% employee paid for employee and dependent premium to choose this option.)  
If policy effective date is other than first of the month, is a first of the month premium due date desired?  Yes  No

Billing Options  
 Home Office  Third-Party Administration  
John Eagle  
CONTACT NAME  
VP of Administration  
TITLE  
6034 W. Courtyard Dr., Suite 300  
STREET ADDRESS  
Austin, TX 78730  
CITY / STATE / ZIP  
512-241-0025 512-241-0035  
PHONE NO. FAX NO.  
john.eagle@amba.info  
E-MAIL ADDRESS

14. The following coverages are applied for:  
Employee & Dependents Benefits:  
 Dental  Orthodontia  Eye Care  Other \_\_\_\_\_  
Employee Only Benefits:  
 Dental  Orthodontia  Eye Care  Other \_\_\_\_\_  
This insurance shall be effective on: 8/1/2010  
(Premiums due prior to the coverage period.)

15. Insurance requested on this application will replace the coverage(s) checked.  
Coverages:  Dental  Ortho  Eye Care  Other \_\_\_\_\_  
VSP  
NAME OF CURRENT CARRIER  
POLICY NO.  
 Coverage applied for is replacing comparable coverage now or previously in force with another carrier.  
 It is intended that the insurance coverage applied for be in addition to, supplemented by, or supplemental to any similar coverage now in force, or to be in force, with this or any other carrier.  
7/31/10 3/1/08  
TERMINATION DATE ORIGINAL EFFECTIVE DATE

**Item 5: Exclusions:**

a. Classes, include reason for exclusion.

\_\_\_\_\_

b. Locations, if location is different from applicant's, list city and state.

\_\_\_\_\_

**Item 6: Subsidiary and/or affiliated companies to be insured:**

List names and locations: \_\_\_\_\_

\_\_\_\_\_

Plan Design and Proposed Rates: 12 exam / 12 lenses / 24 frames ; 10<sup>90</sup> 18<sup>85</sup> 23<sup>60</sup>  
\$15 exam, \$25 lenses, \$0 contacts

**Additional Remarks:**

\_\_\_\_\_

**Agreements**

This application will be subject to review and approval by the Home Office of Ameritas Life Insurance Corp. If this application is accepted, the final rates and benefits will be based on verification of this information and final enrollment numbers. This applicant represents that he/she has read the statements and answers to the above questions and that they are complete and true to the best of his/her knowledge and belief. Any policy including riders issued as a result of this application will, with this application, be the entire insurance contract. If this application is accepted at the Home Office of Ameritas Life Insurance Corp., group insurance at the Company's rates and under the terms applied for shall take effect as of the date set forth in the policy. If this application is not accepted, any premium advanced shall be refunded.

**Statements**

**In several states, we are required to advise you of the following:** Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (See state-specific statements.) • **Note for California Residents:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage. • **Note for Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts for 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. • **Note for Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. • **Note for New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. • **Note for Kansas, Nebraska, Oregon and Virginia Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. • **Note for Pennsylvania Residents:** 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.

If you do not want your company name used by Ameritas Life Insurance Corp. in our effort to recruit PPO providers, check this box.

Signed at: City: Fort Dodge State: IA Date: 6/8/2010

Soliciting Agent: Printed name: Jerry Morgan Signature: \_\_\_\_\_

For FL agents only, provide FL license #: \_\_\_\_\_

Signed by (Policyholder Representative): Printed name and title: John & Beverly McCartney, Co-Principals

Signature: John S. McCartney Beverly McCartney

Was a binder check received?  YES  NO If yes, then amount \$ \_\_\_\_\_

Check received by: (agent) \_\_\_\_\_ Authorized by: (policyholder) \_\_\_\_\_

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO AMERITAS LIFE INSURANCE CORP.  
DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE PAYEE BLANK.

# Sold Case Summary

**Rep Info:**

Sales Office: ALIC - Austin  
Rep Name: Craig Miller  
Sales Support: Carolyn Fultz  
Email Address: cfultz@ameritas.com  
Phone #: (972) 726-7700

**Broker Info:**

Broker Name: ASSOCIATION MEMBER BENEFITS ADVISORS  
Street Address:  
6034 W COURTYARD DR STE 300  
City: AUSTIN  
State: TX  
Zip Code: 787305035  
Email Address: JEAGLE@AMBA.INFO  
Tax ID/SSN: 742992940

Commission: 690

**Policy Information:**

Policy Effective Date: 8/1/2010  
Policy Number:  
Policy Holder Legal Name: Iowa Retired School Personnel Association  
Policy Holder DBA: IRSPA  
Policy Holder Street Address: 1416 20th Avenue, N  
City: Fort Dodge  
State: IA  
Zip Code: 50501  
Zip Code Extension:  
Policy Holder Phone: 515-576-0234  
Policy Holder Fax: 512-241-0035  
Policy Holder Email Address: johnbev@frontiernet.net  
Policy Holder URL:  
Nature of Business - PH - Description: Retired School Personnel  
SIC Code: 820011  
Person Signing Application: John McCartney  
Title of Person Signing: Co-President  
State Signed in: IA  
Date App Signed: 06/08/2010  
Date App Received in Group Office: 06/22/2010  
Eligibility Hours: 0  
Employee Effective Date: Immediate  
Employee Class Excluded:  
Print Separate Class Certificates: NO  
Retirees Covered: YES  
Waiting Period for Employees Covered on Policy Effective Date: NO  
Include Same Spouse EE Waiver: YES

78730

Domestic Partner Coverage: NO  
Third Party Admin Address: 6034 W Courtyard Dr., Suite 300, Austin, TX

Third Party Admin Contact: John Eagle  
Dual Choice: NO  
Recruit PPO Provider: YES  
9 Digit Employer Tax Identification Number Assigned by IRS: 42 - 6065400  
ERISA Information: NO  
Policy Holder Interested in eEnroll/eBill: YES  
How will the policyholder receive policy and certificates?  
(Appropriate rates were included in the proposal): eCert/ePolicy

**Mailing Instructions For:**

Policy Certificate ID: Home Address  
Administrative Kit: Policy Holder  
Initial Invoice: Policy Holder  
Rate Guarantee Date: 8/1/2012  
Billing Mode: Monthly  
Payroll Deduction Billing: NO  
Binder Check: NO  
Binder Check Amount:  
Section 125 Election Period: 7/1/2010 - 6/30/2010  
Section 125 Plan Year: 8/1/2010 - 7/31/2010  
Take Over Prior Carrier:  
Prior Effective Date:  
Prior Plan Termination Date:  
Prior Plan Similar:  
Former Policy Number if a Rewrite:

Notes:

The producer is Craig Miller - Rep # 814. Craig should receive production credit for this group.

Submitted by Carolyn Fultz/Dallas Office - 800-256-9282

Producer is Association Member Benefits Advisors - Agent # H2589. Commission is to be determined by Jason Summers after enrollment is received. For now I just put the standard commission in SalesXpress.

PLEASE BE SURE TO SEND THIS TO JASON SUMMER IN UNDERWRITING FOR APPROVAL.

CSR is Sharon Brown

Please Note: The enrollment numbers have been dummed up. We do not know what the enrollment is yet.

Effective Date: 8/1/2010 and Guaranteed until 8/1/2012.

Policy Name should read: IOWA RETIRED SCHOOL PERSONNEL ASSOCIATION dba IRSPA.

This is a VSP Direct case we are moving to Ameritas. The plan number assigned is VIS698, and has a 2-year rate guarantee. 12-12-24 Plan B, 120-120 allowances, \$15 deductible on exams and \$25 deductible on materials. Progressive lenses are NOT covered.

Effective Date and Termination Date is immediate. That wasn't a choice under the classes, so I chose undefined/undefined.

I also dummed up the Section 125 Plan year dates. A Section 125 Plan does not apply to this group.

3-tier Rates:

EO: \$10.90

E+1 Dep: \$18.85

E+2 or more: \$23.60

Please call me with any questions.

Thanks, Carolyn

**Division Information:**

Association

Division Number: 1

Division Name: Iowa Retired School Personnel

Contact Person: John Eagle

**Rating Structure:**

Contact Title: TPA

Eligible      Enrolled

Division Address: 6034 W Courtyard Dr., Suite 300 Employee Only: 280      280

Division PO Box:      1 Dependent Units: 10      10

City: Austin      2 + Dependent Units: 10      10

State: TX

Zip Code: 78730      Employee Participation: 100

Contact Phone: 512-241-0025      Dependent Participation: 100

Contact Ext:      Covered Elsewhere -

Division Fax: 512-241-0035      Employees: 0

Division Email: john.eagle@amba.info      Dependents: 0

List Emps By Dept: NO

List Cobra

Participants

Separately on Billing

Statement: NO

**Class Information:**

Class Number: 1

Class Description: All Eligible Retirees

New Hire Waiting Period: 0

New Hire Effective Type/Termination Date: Undefined / Undefined

Participation: D) Contributory for both (includes Section 125)

Eye Care Plan(s): Eye Care Plan 1

<b>Rate Information:</b>	<b>Employee Only</b>	<b>1 Dependent Units</b>	<b>2 + Dependent Units</b>
<b>Proposed Rates:</b>			
<b>Eye Care</b>	12.76	10.04	17.96
<b>Recalculated Rates:</b>			
<b>Eye Care</b>	12.76	10.04	17.96
<b>Issued Rates:</b>			
<b>Eye Care</b>	10.90	7.95	12.70
<b>Relationship To Manual:</b>			
<b>Eye Care R/M</b>	85.42	79.18	70.71
<b>Total Eye Care R/M:</b>			
<b>Monthly Eye Care Premium:</b>	3,476.50		
<b>Annual Eye Care Premium:</b>	41,718.00		

**Department Information:**

Department Number: N/A

Department Name: No Departments

Date Created: 6/29/2010

# Iowa Retired School Personnel Association

Eye Care Highlight Sheet



## Plan 1: Focus® Plan Summary

Effective Date: 8/1/2010

	VSP Network	Out of Network
<b>Deductibles</b>		
	\$15 Exam	\$15 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames*
<b>Annual Eye Exam</b>	Covered in full	Up to \$52
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$120	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>Frames</b>	\$120	Up to \$45
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

## Lens Options (member cost)\*

	VSP Network	Out of Network
<b>Progressive Lenses</b>	\$60-\$119	No benefit
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
	\$25 - \$35 adults	
<b>High Luster Edge Polish</b>	\$14	No benefit
<b>Solid Plastic Dye</b>	\$13 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	\$27-\$76	No benefit
<b>Scratch Resistant Coating</b>	\$15-\$29	No benefit
<b>Anti-Reflective Coating</b>	\$39-\$61	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail. See Additional Focus Features.	No benefit

\*Lens Option member costs vary by prescription and option chosen.

## Monthly Rates

Employee Only (EE)	\$10.90
EE + 1 Dependent	\$18.85
EE + 2 or more Dependents	\$23.60

## Additional Focus® Features

<b>Contact Lenses Elective</b>	<p>Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts chosen in lieu of glasses.</p> <p>New and current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.</p>
<b>Additional Glasses</b>	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
<b>Frame Discount</b>	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
<b>Laser VisionCare</b>	VSP offers an average discount of 15% on LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

## Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

### VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: [ameritasgroup.com/member](http://ameritasgroup.com/member)

View plan benefit information at: [vsp.com](http://vsp.com)

## Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

**Ameritas Life Insurance Corp.**  
**Eye Care Ratesheet - Plan # 1(SOLD) Eye Care Plan 1**

Ver. 2010.02.0.1.0.0.12 (6/22/2010)  
 (QuoteID - 543894, PlanID - 1357893)

Company: Iowa Retired School Personnel Association  
 City, State, Zip: Iowa, IA 50501  
 Effective Date: 8/1/2010

Guarantee Date: 24 Months Industry Description: Schools, Colleges

SIC Code: 820011 Validate as: 820011

Number of Employees: 300  
 Final Employees: 300

Min. Participation: 10 enrolled  
 Eye Care Product: Focus--Exam & Materials (~~410005~~) **VIS698**  
 Participation: Section 125 Eyecare (10 life minimum participation)  
 Dental Included? No

Section 125: Yes

Deductible: \$15--Exam, \$<sup>25</sup>15--Materials, both Annual  
 Frequency - Exam/Lens/Frame: 12/12/24 months Enhanced B

Frame/CL Allowance: \$120/\$120  
 Panel: VSP Network

Home Address Mailing: ID Cards Only  
 eEnroll/eBill/eEnroll Plus: No/No/No

COBRA: None  
 eCert/ePolicy: eCert/ePolicy initial and ongoing

----- Rates based on February, 2010 Tables

	EMPLOYEE		SPOUSE		CHILD(REN)	
	EXAM	MATERIALS	EXAM	MATERIALS	EXAM	MATERIALS
Geographic Area Factor	0.800	0.800	0.800	0.800	0.800	0.800
Industry Factor	1.100	1.100	1.100	1.100	1.100	1.100
Case Size Selection Factor	0.886	0.886	0.886	0.886	0.886	0.886
Participation Factor	1.380	1.380	1.380	1.380	1.380	1.380
Panel Factor	1.000	1.000	1.000	1.000	1.000	1.000
Misc. Adjustment Factor	1.000	1.000	1.000	1.000	1.000	1.000

	Employee	Spouse	Child(ren)	Spouse Child(ren)	Composite Dependent	One Dependent	Two Plus Dependent
Units	300	0	0	0	0	10	10
Amount of Commission		\$2,543.14		Commission Scale			690
Gross Premium		\$49,232.56		Percent of Commission Override			0.00%

**FINAL GROSS RATES**

	R/M		R/M		R/M	
Employee	100.00%	\$12.76	Spouse	100.00%	\$11.84	One Dep
Comp Dep.	100.00%	\$15.60	Child(ren)	100.00%	\$7.88	2 + Dep.
			Sp. and Child(ren)	100.00%	\$19.72	Grand Comp.
						\$10.04
						\$17.96
						\$0.00

Jason Summers/ALIC  
06/22/2010 01:31 PM

To Carolyn Fultz/ALIC@Ameritas  
cc  
bcc  
Subject Fw: AMBA Vision Plan Codes.

Here are the plan codes with benefit summaries.

**Jason Summers | Ameritas Group | Senior Group Underwriter – National Accounts**  
475 Fallbrook Blvd., Lincoln, NE 68521 | p: 800.543.7784 ext 82163 | f: 402.309.2585 |  
jsummers@ameritas.com

----- Forwarded by Jason Summers/ALIC on 06/22/2010 01:30 PM -----

Jonathan Jennings/ALIC  
06/07/2010 04:29 PM

To Brian.Nichelmann@vsp.com  
cc Chris Koll/ALIC@Ameritas, Jason  
Summers/ALIC@Ameritas, Sharon Brown/ALIC@Ameritas  
Subject Fw: AMBA Vision Plan Codes.

Brian - Please set up the following benefit codes under the AMBA group number (12306023), effective dates 07-01-2010:

**VIS698 - Iowa Retired School Personnel Association - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179**  
**VIS697 - Louisiana Retired Teachers Association - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179**  
**VIS696 - School Employee Retirees of Ohio - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179**  
**VIS695 - West Virginia Association of Retired School Employees - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179**

**VIS694 - Utah Retired School Employees Association - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are covered In Network. Same as VSP170**  
**VIS693 - Oregon Retired School Employees Association - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are covered In Network. Same as VSP170**

**Jonathan Jennings, FSA, MAAA, FLMI | Ameritas Group | Senior Actuarial Associate**  
475 Fallbrook Blvd., Lincoln, NE 68521 | p: 402.309.2304 | f: 402.309.2518 | jjennings@ameritas.com

----- Forwarded by Jonathan Jennings/ALIC on 06/07/2010 04:12 PM -----

Jason Summers/ALIC  
06/07/2010 03:50 PM

To Jonathan Jennings/ALIC@Ameritas  
cc Sharon Brown/ALIC@Ameritas, Chris Koll/ALIC@Ameritas  
Subject AMBA Vision Plan Codes.

Jonathan,

We have several group's moving their eye care from VSP direct to Ameritas in July and August. As we do with all of AMBA's group's, we'll need eye care plan codes unique to each group. The groups, and their plans are similar to what they already have in place with their other group's.

**Iowa Retired School Personnel Association** - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179

**Louisiana Retired Teachers Association** - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179

**School Employee Retirees of Ohio** - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179

**West Virginia Association of Retired School Employees** - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are NOT covered. Same as VSP179

**Utah Retired School Employees Association** - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are covered In Network. Same as VSP170

**Oregon Retired School Employees Association** - 12/12/24 plan b, 120/120 allowances, \$15 exam, \$25 frame copays, Progressive lenses are covered In Network. Same as VSP170

None of these utilize the Choice Network.

There will be a seventh plan for the AMBA employees themselves, but they have not told us what plan they are offering. I'll forward as soon as I have that information.

Thanks in advance for your help.

**Jason Summers | Ameritas Group** | Senior Group Underwriter – National Accounts  
475 Fallbrook Blvd., Lincoln, NE 68521 | p: 800.543.7784 ext 82163 | f: 402.309.2585 |  
jsummers@ameritas.com

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If you prefer not to continue receiving promotional email communications from the Group Division at either Ameritas Life Insurance Corp. or First Ameritas Life Insurance Corp. of New York, please use the following link to opt-out of further promotional email communications.

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<http://notesweb.ameritas.com/is/dev/goop/optoutrequests.nsf/webOptOut?openform&mid=007489D1>

**Constitution and Bylaws of the Iowa Retired School Personnel Association**

- Approved May 20, 1976
- Amended May 26, 1977
- Amended October 18, 1979
- Amended November 5, 1981
- Amended May 5, 1983
- Amended October 9, 1986
- Amended October 5, 1989
- Amended October 2, 1991
- Amended October 2, 1992
- Amended October 5, 1994
- Amended October 3, 1996
- Amended October 2, 1997
- Amended October 5, 2000
- Amended October 7, 2004
- Amended October 5, 2005

**ARTICLE I - NAME**  
SECTION 1. The name of this organization shall be Iowa Retired School Personnel Association.

**ARTICLE II - PURPOSE**  
SECTION 1. The purposes of this Organization shall be the promotion of the educational, social and economic welfare of its members.

**ARTICLE III - MEMBERSHIP**  
SECTION 1. Any retired employee of the nation's schools shall be eligible for membership.  
SECTION 2. Associate membership shall be open to spouses of above and any person in the education field who wishes to affiliate with IRSPA.

SECTION 3. Membership shall be extended to retired public librarians with associate membership offered to their spouses.  
SECTION 4. Life membership shall be open to any member eligible for active or associate membership upon payment of \$300 dues.

**ARTICLE IV - DUES**  
SECTION 1. The annual dues of members and associate members of this Association shall be twelve dollars (\$12.00). New members paying dues after April 1 of their first year of membership shall be given credit as of having paid dues to October 1 of the following year.  
SECTION 2. A member whose dues remain unpaid after October 1 shall be dropped from membership.

SECTION 3. A member whose membership has been terminated for non-payment of dues may be reinstated in good standing upon payment of dues for the current year.

**ARTICLE V - ORGANIZATION OF UNITS**  
SECTION 1. A unit of the Iowa Retired School Personnel Association may be organized in any Iowa area in which members can conveniently meet.

SECTION 2. A written application for affiliation with the Iowa Retired School Personnel Association together with a copy of the constitution of the local unit, which shall in no way conflict with the state association constitution, shall be sent to the president of the Iowa Retired School Personnel Association.

SECTION 3. Twenty-five percent of the members of the local unit must be members of the state association.  
SECTION 4. Each local unit is encouraged to send representatives to the District Workshop.

**ARTICLE VI - OFFICERS**  
SECTION 1. Officers  
A. Elected Officers of this organization shall be president, president-elect and recording secretary.  
B. The president shall appoint the treasurer, district coordinators and newsletter editor and they shall serve on the executive committee.

SECTION 2. Elections  
A. The president-elect and secretary shall be elected in the odd numbered years.  
B. Names of the members of the Nominating Committee shall be published in the Newsletter in time for members of IRSPA Association to submit names of qualified nominees to the committee.  
C. Officers so elected shall take office the following November 1 and serve two years or until their successors are elected or appointed.

SECTION 3. Qualifications of Officers  
A. To be eligible to hold an office on the Iowa Retired School Personnel Association

Executive Board, a person shall be a member in good standing in a local unit, the Iowa Retired School Personnel Association and, NRTA, AARP's Educator Community.

B. A member is eligible for re-election to the same office only once.

**SECTION 4.**

- A. A nominating committee of 6, one from each district shall be appointed by the president not later than February 1
- B. The nominations from the nominating committee and the candidates' profiles shall be included in the September Newsletter prior to the October Annual Meeting
- C. A ballot shall be sent to each member in the September Newsletter
- D. All original ballots must be postmarked by the printed deadline and mailed to the chairperson of the nominating committee. The ballots shall remain sealed until counted by the nominating committee at the Annual Meeting.
- E. The nominating committee shall report the results of the balloting at the October Annual Business Meeting

**SECTION 5. Duties of Officers**

**Duties of President**

- (1) Serve as chairman of the Executive Committee and Executive Board
- (2) Preside at all meetings of the Association
- (3) Call special meetings
- (4) Appoint committees
- (5) Provide opportunities for the president-elect to become acquainted with IRSP Association and NRTA leaders, programs and goals
- (6) Cooperate with the president-elect in developing plans and programs for IRSP Association the following year
- (7) Authorize all checks drawn in the name of the Association
- (8) Exercise all powers and authorities pertaining to the office

**Duties of the president-elect**

- (1) Assist the president
- (2) Assume the duties of the president in the event the president is unable to serve
- (3) Serve as program chairman of the Association's general meeting
- (4) Become acquainted with the IRSP Association and NRTA programs, leaders, materials, and goals
- (5) Attend Executive Board Meetings and Executive Committee Meetings
- (6) Cooperate with the president to develop programs and plans for the following year

**Duties of secretary**

Keep the minutes of all meetings of the Executive Committee, the Executive Board, and of the Association, and submit a copy of these minutes to the state officers and unit presidents as quickly as convenient.

**Duties of treasurer**

- (1) Receive and keep a record of all monies paid into the Association
- (2) Pay all bills authorized by the president
- (3) Make a quarterly financial report to the elected officers of the State Association
- (4) Make an annual financial report at the October meeting
- (5) Work closely with the Membership Chairman

**ARTICLE VII - COMMITTEES**

SECTION 1. Standing Committees of the organization shall be:

- A. Membership
- B. Legislative
- C. Supportive Services
- D. Public Relations (Publicity)
- E. Historian
- F. Health-Care Advocacy
- G. Budget & Finance Committee
- H. Active President, Past President, President Elect, and Treasurer
- I. Constitution & Revision Committee

SECTION 2. Such other committees as the Executive Committee or Board deems necessary or expedient.

SECTION 3. The chairmen of these committees shall be appointed by the president.

#### ARTICLE VIII - MEETINGS

SECTION 1. The regular meeting of the Association shall be in October of each year and shall be known as the Annual Meeting.

SECTION 2. The Executive Board Meeting shall precede the regular meetings; only Executive Board members are eligible to vote.

SECTION 3. Special meetings may be called whenever the president or the Executive Committee deems it necessary.

SECTION 4. Twenty-five active members shall constitute a quorum at any regular or general Association meeting.

#### ARTICLE IX - EXECUTIVE BOARD

SECTION 1. The elected officers of the Association and the Treasurer, the District Coordinators, and the Newsletter Editor shall be the Executive Committee of the Executive Board.

SECTION 2. The Executive Board shall consist of the Executive Committee, the Immediate Past President, the AARP Representative to Retired School Personnel, and Chairmen of the Standing Committees.

#### SECTION 3. Quorum

A. Five members constitute a quorum for the Executive Committee.

B. Ten members constitute a quorum for the Executive Board.

#### SECTION 4. Duties of the Executive Committee:

A. Conduct the business of the Association during the interim between meetings.

B. Fill vacancies in elected offices. If because of a death or disability, an officer is unable to complete a term, the Executive Committee by a majority vote shall fill the unexpired term. In case of a vacancy in the presidency, the president-elect shall fill the unexpired term, and the office of the president-elect shall be filled by appointment of the Executive Committee.

#### ARTICLE X - AFFILIATION

SECTION 1. The Iowa Retired School Personnel Association maintains a close relationship with the Iowa State Education Association and is affiliated with the National Retired Teachers Association.

#### ARTICLE XI - AMENDMENTS

SECTION 1. The Constitution and Bylaws may be amended by a majority vote of its IRSPA members present at the Annual Meeting. The written notice of the proposed amendment, the time and place of the meeting, shall be presented to the members not less than two weeks previous to the final vote.

#### ARTICLE XII - PARLIAMENTARY AUTHORITY

SECTION 1. In all matters not specifically expressed in this Constitution, the parliamentary authority shall be *Robert's Rules of Order, Revised*.

### IRSPA ASSOCIATION POLICIES Policies amended April 9, 2008

1. A unit president (or driver of the car in which the president rides) shall receive reimbursement per mile round trip as established by the Executive Committee when attending the October Annual Meeting and the District Meeting. The unit president may send a substitute. If the first car is filled, and a need arises for a second car, the unit president may designate the driver of that car to also receive reimbursement. State meetings and District Meetings are open to the total membership.
2. The state president shall be reimbursed by IRSPA for expenses incurred while conducting IRSPA business.
3. The immediate past IRSPA president and president-elect as members of the Executive Board shall be reimbursed for reasonable expenses while conducting IRSPA business at the request of the acting president.
4. The state president is empowered to pay minimum wage for needed secretarial or clerical work for IRSPA business.
5. Newly organized IRSPA units will be given \$50.00 to help them with their programs. Requirements:
  - A. All unit officers are members of IRSPA.
  - B. Twenty-five percent of the unit members are members of IRSPA.
  - C. The unit has a charter from NRTA and a copy of its Constitution and Bylaws have been sent to the president of IRSPA.
6. The Executive Committee, chairmen of the standing committees, chairmen of the special committees named by the president, and members of those committees who have been required to attend meetings shall be paid expenses of transportation at the approved amount established by the Executive Committee, and for food and lodging, if necessary.
7. A parliamentarian shall be appointed by the president to serve at all Executive Board meetings as well as at the State Annual Meeting. The president shall be empowered to allow reasonable expenses for the parliamentarian carrying out his/her duties.
8. The Executive Board shall contract annually with the Newsletter Editor and the Treasurer as independent contractors to provide some reasonable compensation for their services.
9. The current President of IRSPA is authorized to sign checks as well as the Treasurer.
10. Mileage compensation shall be increased from forty (40) cents per mile to fifty (50) cents per mile beginning April 10, 2008.
11. Excess funds collected by the hosting local association meeting for the Annual Meeting should be deposited with the IRSPA treasurer. The president or designated person will meet with the sponsoring unit by May to review the proposed program for the Annual Meeting. Meals should be kept at a reasonable price and registration fees estimated to cover the other expenses. Financing of the Annual Meeting should be as follows:
  - A. All receipts for the registration, luncheons and dinners will be received by the sponsoring unit, deposited and the bills paid from these funds. Receipts and payments will be documented on a form provided by the IRSPA treasurer. Receipts in excess of the expenses will be forwarded to the IRSPA treasurer. If the expenses exceed the receipts, the IRSPA treasurer will pay the difference to the sponsoring unit.

- B. The IRSPA treasurer will pay expenses for the officers and other authorized expenses for the annual meeting.
- C. If "seed" money is needed to start planning for the meeting, the sponsoring unit may request up to \$500 from IRSPA by listing those expenses that must be prepaid, secure the president's signature on the document and forward it to the IRSPA treasurer. IRSPA will be reimbursed for this "seed" money from the registration fees.
12. IRSPA offers, to members and associate members only, the opportunity to purchase Delta Dental Insurance by the Delta Dental Plan of Iowa.
13. IRSPA offers, to members and associate members only, the opportunity to purchase Long Term Care with Home Health Benefits Insurance, Medicare Supplement with Prescription Discount Card, Lump Sum Cancer & Dread Disease Plan, MASA, Easy Issue Whole Life and Single Premium and Tax Deferred Annuity, Vision, Hearing and Identity Theft programs from Association Member Benefits Advisors known as AMBA.

#### SUGGESTED CRITERIA FOR IRSPA ASSOCIATION SERVICE AWARDS

1. This award should be in recognition of service rendered to IRSPA Association as a STATE OFFICER or CHAIR PERSON or a STATE COMMITTEE.
2. This award should be presented at the completion of a term of office or upon retirement or resignation from the office for valid reasons.
3. This award can be a certificate.

#### OUTSTANDING SERVICE AWARD TO IRSPA ASSOCIATION

1. This award should be in recognition for outstanding service rendered to IRSPA Association.
2. The quality of service for this award shall be for leadership, dedication and effectiveness in planning, promoting, or developing a program for IRSPA Association.
3. The selection of persons for this award shall be made by the Executive Board consisting of the officers and chair persons of standing committees. Nominations for this award may be made by any member of the organization. It will be by letter with justification for choice to reach the secretary of IRSPA Association one month before the Executive Board meeting.
4. This award can be a plaque.

#### DATES TO REMEMBER

#### IRSPA EXECUTIVE COMMITTEE AND BOARD MEETING

April 7, 2010  
AARP State Office  
600 E. Court Ave.  
Des Moines

October Executive Board Meeting October 6, 2010

#### IRSPA ANNUAL MEETING

October 7, 2010 - Place to be Announced  
24



Welcome to the IRSPA Website

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- News**
- Executive Board**
- Committees**
- Member Benefits**

To learn more about benefits, contact AMBA at 1.800.258.7041.

*Standing committees chairs are part of the IRSPA executive board.*

### Committees

<b>Supportive Services</b>	<b>Health Advocacy Services</b>
Margaret Schluter 20 Pebble Creek Court Mason City, IA 50401 (641) 423-3725 <a href="mailto:vermar@netconx.net">vermar@netconx.net</a>	Yvonne Wilson 2227 Hwy 218 Donnellson, IA 52625 319-835-5733 <a href="mailto:ypwilson@iowatelecom.net">ypwilson@iowatelecom.net</a>
<b>Historian</b>	<b>Public Relations Committee</b>
Linda Foland 1848 Elk St. Osceola, IA 50213 (641) 342-3911 <a href="mailto:hlfoland@iowatelecom.net">hlfoland@iowatelecom.net</a>	Marian Downing 720 Delta Road Sigourney, IA 52591 (641) 622-3546 <a href="mailto:mdowning@illisco.com">mdowning@illisco.com</a>
<b>Membership Committee</b>	<b>Insurance Committee</b>
Sandra Kongable 1039 Quaker Winfield, IA 52659 (319) 257-6683 <a href="mailto:n6iowal@farmtel.net">n6iowal@farmtel.net</a>	Craig Downing 720 Delta Road Sigourney, IA 52591 (641) 622-3546 <a href="mailto:mdowning@llisco.com">mdowning@llisco.com</a>
<b>Legislative Task Force</b>	<b>Constitution &amp; Revision Committee</b>

Walt Gavin  
5525 SE 32nd Street  
Des Moines, IA 50320  
(515) 953-4853

Art Gratiias  
93 Granada Drive  
Mason City, IA 50401  
(641) 424-0255  
[aagratiias@netconx.net](mailto:aagratiias@netconx.net)

Iowa Retired School Personnel Association (IRSPA)  
[info@irspa.org](mailto:info@irspa.org)



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To learn more about benefits, contact AMBA at 1.800.258.7041.

*The IRSPA board is comprised of the state officers, district coordinators, and standing committee chairs.*

**State Officers**

President-Elect	CO-Presidents	Treasurer
Eileen Eckrich 2130 S. 179th Street Omaha, NE 68130 402-691-7942	John & Beverly McCartney 1416 20th Avenue, N Fort Dodge, IA 50501 515-576-0234 <a href="mailto:johnbev@frontiernet.net">johnbev@frontiernet.net</a>	Alice Gracias 93 Granada Drive Mason City, IA 50401 (641) 424-0255 <a href="mailto:aagratias@netconx.net">aagratias@netconx.net</a>
Secretary	Newsletter Editor	Past President
Robert Swanson 4221 Cheyenne Blvd. Sioux City, IA 51104 712-252-1446 <a href="mailto:rswanson@cablone.net">rswanson@cablone.net</a>	Marian Downing 720 Delta Road Sigourney, IA 52591 (641) 622-3546 <a href="mailto:mdowning@lisco.com">mdowning@lisco.com</a>	Dawn Rogers 3703 Rohret Road Iowa City, IA 52246 319-339-0050 <a href="mailto:dcrogers@avalon.net">dcrogers@avalon.net</a>

**District Coordinators**

District 1 - Co-District Coordinators Northwest Iowa	District 2 - Co-District Coordinators North Central Iowa	District 3 - Co-District Coordinators Northeast Iowa
Ann Tell 416 Myrtle - Box 756 Aurelia, IA 51005		

<p>712-434-2110  <a href="mailto:atell@newulmtel.net">atell@newulmtel.net</a></p> <p>Betty Resch                  1011 Rock Island Ave.                  Cherokee, IA 51012                  712-225-5436  <a href="mailto:bettyann_65@msn.com">bettyann_65@msn.com</a></p>	<p>Beverly L. McCartney                  1416 20th Ave. N.                  Fort Dodge, IA 50501                  515-576-0234  <a href="mailto:concorde5@dodgenet.com">concorde5@dodgenet.com</a></p>	<p>Bob Hearst                  330 Peace Ave. NW                  Cedar Rapids, IA 52406                  319-396-2100  <a href="mailto:elynnr@aol.com">elynnr@aol.com</a></p>
<p><b>District 4 - Coordinator                  Southwest Iowa</b></p>	<p><b>District 5 - Coordinator                  South Central Iowa</b></p>	<p><b>District 6 - Co-District                  Coordinators                  Southeast Iowa</b></p>
<p>James (Jim) Tussey                  3277 Hwy 25                  Orient, IA 50858                  641-782-8704  <a href="mailto:jim_w_tussey@yahoo.com">jim_w_tussey@yahoo.com</a></p>	<p>Joy Walker                  1511 N. Jefferson                  Ottumwa, IA 52501                  641-682-2931  <a href="mailto:jawnjeff@lisco.com">jawnjeff@lisco.com</a></p>	<p>Dawn Rogers                  3703 Rohret Road                  Iowa City, IA 52246                  319-339-0050  <a href="mailto:dcrogers@avalon.net">dcrogers@avalon.net</a></p>

Iowa Retired School Personnel Association (IRSPA)  
[info@irspa.org](mailto:info@irspa.org)



A STOCK COMPANY  
LINCOLN, NEBRASKA

**GROUP EYE CARE INSURANCE POLICY**

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<b>The Policyholder</b>	<b>IOWA RETIRED SCHOOL PERSONNEL ASSOCIATION</b>	<b>Policy Number</b>	<b>10-350663</b>
<b>State of Delivery</b>	<b>Iowa</b>	<b>Plan Effective Date</b>	<b>August 1, 2010</b>
<b>Premium Due Date 1st of each month.</b>		<b>Renewal Date</b>	<b>August 1, 2012</b>

Ameritas Life Insurance Corp. agrees to pay, with respect to each Insured Person, the group insurance benefits provided in this policy.

This policy is issued to the Policyholder in consideration of the Policyholder's application and the payment of premiums, as provided herein.

This policy is delivered in and governed by the laws of the state of delivery.

**AMERITAS LIFE INSURANCE CORP.**

Secretary

President

## IOWA – NOTICE OF GRIEVANCE PROCEDURES

Please read this Notice carefully. This notice, along with the information on your Explanation of Benefits, contains important information about your rights to appeal, or request a review of, our decision if all or part of a benefit is denied.

Any request for review concerning this benefit decision should be sent to:

Quality Control  
P.O. Box 82657  
Lincoln, NE 68501-2657  
877-897-4328 (Toll Free)  
Fax 402-309-2579

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your appeal. There will be no charge for such copies. You may request the names of the experts we may have consulted who provided advice to us about your claim, and also request at no charge any clinical rationale relied upon by them for any benefit determinations related to dental necessity.

The appeal review will be conducted by someone other than the person who denied the claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based in whole or in part on a medical judgment, including determinations with regard to whether a service was considered experimental, investigational, and/or not medically necessary, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim. We will review your appeal promptly after we receive your request.

If your appeal is about urgent care, you may call Toll Free at 877-897-4328 and an Expedited Review will be conducted. Verbal notification of our decision will be made within 72 hours, followed by written notice within 3 calendar days after that.

If your appeal is about benefit decisions related to coverage, a Standard Administrative Review will be conducted. A written decision will be provided within 60 calendar days of the receipt of the request for appeal.

If your appeal is about benefit decisions related to clinical or medical necessity, a Standard Consultant Review will be conducted. A written decision will be provided within 30 calendar days of the receipt of the request for appeal.

If you are not satisfied with the result of your internal appeal about a clinical or medical necessity benefit decision, you or your treating provider can request an external review of our decision. This request must be sent within 60 days of receipt of our appeals decision to:

Iowa Division of Insurance  
330 Maple Street,  
Des Moines, Iowa 50319

A copy of our decision must be sent with the written request for an external review, along with a \$25.00 filing fee, in a check payable to the Insurance Division. You may request that this filing fee be waived, including an explanation of the rationale for the waiver.

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**SCHEDULE OF BENEFITS  
OUTLINE OF COVERAGE**

The Insurance for each Insured and each Insured Dependent will be based on the Insured's class shown in this Schedule of Benefits.

Benefit Class

Class Description

Class 3

Ass Defined By Association

**EYE CARE EXPENSE BENEFITS**

When you select a Participating Provider, a discounted fee schedule is used which is intended to provide you, the Insured, reduced out of pocket costs.

Deductible Amount:

Exams - Each Benefit Period	\$15
Frames and Lenses - Each Benefit Period	\$25

*Please refer to the EYE CARE EXPENSE BENEFITS page for details regarding frequency, limitations, and exclusions.*

## PREMIUMS

### TABLE OF MONTHLY PREMIUM RATES

Eye Care Insurance	\$10.90 per Insured Person
	\$7.95 Spouse Only
	\$7.95 Child(ren) Only
	\$12.70 Spouse & Child(ren)

**PAYMENT OF PREMIUMS.** The first premium will be due on the Policy Effective Date to cover the period from that date to the first Premium Due Date. Other premiums will be due on or before each Premium Due Date. Premiums are payable at our Home Office or at some other location to which we and the Policyholder agree.

**PREMIUM DUE DATE.** The Premium Due Date will be the first day of the month that falls on or after the Policy Effective Date. If we agree with the Policyholder to the payment of premiums on a basis other than monthly, the Premium Due Date will be fixed to match the correct basis. If there is a change in the method of payment or Premium Due Date, a pro-rata charge in the premium due will be made.

**PREMIUM STATEMENTS.** The premium due as of any Premium Due Date is the number of units in force on such date for each type of insurance multiplied by the rate shown in the Table of Premium Rates. A premium statement will be made as of the Premium Due Date showing the premium payable. If premiums are payable on other than a monthly basis, each statement will show any pro-rata premium charges and credits in the last premium period due to changes in the number of Insureds and in the amount of insurance for which people are insured. This is subject to the rules below.

**SIMPLIFIED ACCOUNTING.** The premium will start on the Premium Due Date falling on or after the date the insurance or the increase in the insurance is effective for: a) a person becoming insured; or b) an increase in the amount of insurance on any person. The premium will stop on the Premium Due Date falling on or after the date of termination of insurance or through the date of service of the last paid claim. There will be no pro-rata charges or credits for a partial month. If premiums are payable other than monthly, charges and credits will be figured as though the Premium Due Date is monthly.

We will be liable for the return of unearned premiums to the Policyholder only for the 3 months before the date we receive evidence that a return is due.

**ADJUSTMENTS IN PREMIUM RATES.** We may change the rates shown in the Table of Premium Rates by giving the Policyholder at least 30 days advance written notice. We may change the rates at any time the Schedule of Benefits, or any other terms and conditions of the policy, are changed. We will not change the rates until the Renewal Date shown on the policy cover or more than once in any 12 month period thereafter, unless there is a change in the Schedule of Benefits or a change in any other terms and conditions in the policy.

Notwithstanding the above, the Company reserves the right to change any one or more of the rates prior to the Renewal Date or more than once in any 12 month period thereafter upon the occurrence of one or both of the following:

1. We determine that the average number of dependent children for each Insured with Dependent coverage exceeds 4.0; and/or

2. We determine that the number of Insureds is less than 80% of the number of Insureds covered under the Policy as of either (i) the Plan Effective Date, if during the period of time between the Plan Effective Date and the Renewal Date, or (ii) the most recent 12 month anniversary of the Renewal Date.

Should either or both of the above occur and should we elect to change rates as a result, we agree to notify the Policyholder of the corresponding rate changes at least 30 days in advance of the Premium Due Date for which the rate change shall be effective. The right to change rates as well as the timing of such changes in the above two limited situations shall at all times be subject to applicable state laws and regulations.

**RENEWAL DATE** refers to the date each calendar year that the coverage issued under the group policy is considered for renewal. The Renewal Date(s) are shown on the policy cover.

## DEFINITIONS

**COMPANY** refers to Ameritas Life Insurance Corp. The words "we", "us" and "our" refer to Company. Our Home Office address is 5900 "O" Street, Lincoln, Nebraska 68510.

**POLICYHOLDER** refers to the Policyholder stated on the face page of the policy.

**INSURED** refers to a person:

- a. who is a Member of the eligible class; and
- b. who has qualified for insurance by completing the eligibility period, if any; and
- c. for whom the insurance has become effective.

**CHILD.** Child refers to the child of the Insured or a child of the Insured's spouse, if they otherwise meet the definition of Dependent.

**DEPENDENT** refers to:

- a. an Insured's spouse.
- b. each child for whom the Insured or the Insured's spouse, is legally responsible, including:
  - i. natural born children;
  - ii. adopted children, eligible from the date of placement for adoption;
  - iii. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

A child ceases to be a dependent at the end of the policy year in which the child:

- i. marries; or
- ii. attains the age of 25

An unmarried child may still be deemed to be a dependent so long as the child:

- i. maintains full-time status as a student in an accredited institution of postsecondary education; or
- ii.(a) is Totally Disabled as defined below; and
- ii.(b) becomes Totally Disabled while insured as a dependent under b. above.

Coverage of such child will not cease if proof of dependency and disability is given within 31 days of attaining the limiting age and subsequently as may be required by us but not more frequently than annually after the initial two-year period following the child's attaining the limiting age. Any costs for providing continuing proof will be at our expense.

**TOTAL DISABILITY** describes the Insured's Dependent as:

1. Continuously incapable of self-sustaining employment because of mental retardation or physical handicap; and
2. Chiefly dependent upon the Insured for support and maintenance.

**DEPENDENT UNIT** refers to all of the people who are insured as the dependents of any one Insured.

**PROVIDER** refers to any person who is licensed by the law of the state in which treatment is provided within the scope of the license.

**PLAN EFFECTIVE DATE** refers to the date coverage under the policy becomes effective. The Plan Effective Date for the Policyholder is shown on the policy cover. The effective date of coverage for an Insured is shown in the Policyholder's records.

All insurance will begin at 12:01 A.M. on the Effective Date. It will end after 11:59 P.M. on the Termination Date. All times are stated as Standard Time of the residence of the Insured.

**PLAN CHANGE EFFECTIVE DATE** refers to the date that the policy provisions originally issued to the Policyholder change as requested by the Policyholder. The Plan Change Effective date for the Policyholder will be shown on the policy cover, if the Policyholder has requested a change. The plan change effective date for an Insured is shown in the Policyholder's records or on the cover of the certificate.

## **CONDITIONS FOR INSURANCE COVERAGE**

### *ELIGIBILITY*

**ELIGIBLE CLASS FOR MEMBERS.** The members of the eligible class(es) are shown on the Schedule of Benefits. Each member of the eligible class (referred to as "Member") will qualify for such insurance on the day he or she completes the required eligibility period, if any. Members choosing to elect coverage will hereinafter be referred to as "Insured."

If employment is the basis for membership, a member of the Eligible Class for Insurance is any ass defined by association working a minimum number of hours per week as required by the Policyholder. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

If a husband and wife are both Members and if either of them insures their dependent children, then the husband or wife, whoever elects, will be considered the dependent of the other. As a dependent, the person will not be considered a Member of the Eligible Class, but will be eligible for insurance as a dependent.

**ELIGIBLE CLASS FOR DEPENDENT INSURANCE.** Each Member of the eligible class(es) for dependent coverage is eligible for the Dependent Insurance under the policy and will qualify for this Dependent Insurance on the latest of:

1. the day he or she qualifies for coverage as a Member;
2. the day he or she first becomes a Member; or
3. the day he or she first has a dependent. For dependent children, a newborn child will be considered an eligible dependent upon reaching their 2<sup>nd</sup> birthday. The child may be added at birth or within 31 days of the 2<sup>nd</sup> birthday.

A Member must be an Insured to also insure his or her dependents.

If employment is the basis for membership, a member of the Eligible Class for Dependent Insurance is any ass defined by association working a minimum number of hours per week as required by the Policyholder and has eligible dependents. If membership is by reason other than employment, then a member of the Eligible Class for Insurance is as defined by the Policyholder.

Any husband or wife who elects to be a dependent rather than a member of the Eligible Class for Personal Insurance, as explained above, is not a member of the Eligible Class for Dependent Insurance.

When a member of the Eligible Class for Dependent Insurance dies and, if at the date of death, has dependents insured, the Policyholder has the option of offering the dependents of the deceased member continued coverage. If elected by the Policyholder and the affected dependents, the name of such deceased member will continue to be listed as a member of the Eligible Class for Dependent Insurance.

**CONTRIBUTION REQUIREMENTS.** Member Insurance: An Insured is required to contribute to the payment of his or her insurance premiums.

Dependent Insurance: An Insured is required to contribute to the payment of insurance premiums for his or her dependents.

**ELIGIBILITY PERIOD.** For Members on the Plan Effective Date of the policy, coverage is effective immediately.

For persons who become Members after the Plan Effective Date of the policy, qualification will occur after an eligibility period defined by the Policyholder is satisfied. The same eligibility period will be applied to all members.

If employment is the basis for membership in the Eligible Class for Members, an Insured whose eligibility terminates and is established again, may or may not have to complete a new eligibility period before he or she can again qualify for insurance.

**EFFECTIVE DATE.** Each Member has the option of being insured and insuring his or her Dependents. To elect coverage, he or she must agree in writing to contribute to the payment of the insurance premiums. The Effective Date for each Member and his or her Dependents, will be:

1. the date on which the Member qualifies for insurance, if the Member agrees to contribute on or before that date.
2. the date on which the Member agrees to contribute, if that date is within 31 days after the date he or she qualifies for insurance.

**EXCEPTIONS.** If employment is the basis for membership, a Member must be in active service on the date the insurance, or any increase in insurance, is to take effect. If not, the insurance will not take effect until the day he or she returns to active service. Active service refers to the performance in the customary manner by an employee of all the regular duties of his or her employment with his or her employer on a full time basis at one of the employer's business establishments or at some location to which the employer's business requires the employee to travel.

A Member will be in active service on any regular non-working day if he or she is not totally disabled on that day and if he or she was in active service on the regular working day before that day.

If membership is by reason other than employment, a Member must not be totally disabled on the date the insurance, or any increase in insurance, is to take effect. The insurance will not take effect until the day after he or she ceases to be totally disabled.

#### ***TERMINATION DATES***

**INSUREDS.** The insurance for any Insured, will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date the Insured ceases to be a Member;
2. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
3. the date the policy is terminated.

**DEPENDENTS.** The insurance for all of an Insured's dependents will automatically terminate on the end of the month falling on or next following the **earliest of:**

1. the date on which the Insured's coverage terminates;
2. the date on which the Insured ceases to be a Member;
3. the last day of the period for which the Insured has contributed, if required, to the payment of insurance premiums; or
4. the date all Dependent Insurance under the policy is terminated.

The insurance for any Dependent will automatically terminate on the end of the month falling on or next following the day before the date on which the dependent no longer meets the definition of a dependent. See "Definitions."

**CONTINUATION OF COVERAGE.** If coverage ceases according to TERMINATION DATE, some or all of the insurance coverages may be continued. Contact your plan administrator for details.

## **EYE CARE EXPENSE BENEFITS**

If an Insured has Covered Expenses under this section, we pay benefits as described. The Insured may use a Participating Provider or a Non-Participating Provider. The Insured has the freedom to choose any provider.

### **AMOUNT PAYABLE**

The Amount Payable for Covered Expenses is the lesser of:

- A. the provider's charge, or
- B. the Maximum Covered Expense for such services or supplies. This is shown in the Schedule of Eye Care Services for Participating and Non-Participating Providers.

### **DEDUCTIBLE AMOUNT**

The Deductible Amount is on the Schedule of Benefits. It is an amount of Covered Expenses for which no benefits are payable. It applies separately to each Insured. Benefits are paid only for those Covered Expenses that are over the Deductible Amount.

### **PARTICIPATING AND NON-PARTICIPATING PROVIDERS**

A Participating Provider agrees to provide services and supplies to the Insured at a discounted fee. A Non-Participating Provider is any other provider.

### **COVERED EXPENSES**

Covered expenses are the eye care expenses incurred by an Insured for services or supplies. We pay up to the Maximum Covered Expense shown in the Schedule of Eye Care Services.

### **EYE CARE SUPPLIES**

Eye care supplies are all services listed on the Schedule of Eye Care Services. They exclude services related to Eye Care Exams.

### **REQUEST FOR SERVICES**

When requesting services, the Insured must advise the Participating Provider's office that he or she has coverage under this network plan. If the Insured receives services from a Participating Provider without this notification, the benefits are limited to those for a Non-Participating Provider.

### **ASSIGNMENT OF BENEFITS**

We pay benefits to the Participating Provider for services and supplies performed or furnished by them. When a Non-Participating Provider performs services, we pay benefits to the Insured unless otherwise required by state regulation.

### **EXTENSION OF BENEFITS**

We will extend benefits for eye care supplies if this policy terminates. To be eligible for an extension, the supply must be prescribed prior to the termination of the policy and must be received within six months after the policy terminates.

**EXPENSES INCURRED.** An expense is incurred at the time a service is rendered or a supply item furnished.

### **LIMITATIONS**

This plan has the following limitations.

- 1) This plan does not cover more than one Eye Exam in any 12-month period.
- 2) This plan does not cover more than one pair of Lenses in any 12-month period.

- 3) This plan does not cover more than one set of Frames in any 24-month period.
- 4) This plan does not cover Elective Contact Lenses more than once in any 12-month period. Contact Lenses and associated expenses are in lieu of any other Lenses or Frame benefit.
- 5) This plan does not cover Medically Necessary Contact Lenses more than once in any 12-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit. This benefit is in lieu of Elective Contact Lenses.
- 6) This plan does not cover any procedure to change the shape of the cornea in order to reduce Myopia.
- 7) This plan does not cover the refitting of Contact Lenses after the initial 90-day fitting period.
- 8) This plan does not cover Plano Contact Lenses to change eye color.
- 9) This plan does not cover artistically painted Contact Lenses.
- 10) This plan does not cover contact lens insurance policies or service contracts.
- 11) This plan does not cover additional office visits associated with contact lens pathology.
- 12) This plan does not cover contact lens modification, polishing or cleaning.
- 13) This plan does not cover Orthoptics or vision training and any associated testing.
- 14) This plan does not cover Plano Lenses.
- 15) This plan does not cover two pairs of glasses in lieu of Bifocals.
- 16) This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- 17) This plan does not cover medical or surgical treatment of the eyes.
- 18) This plan does not cover services for claims filed more than 180 days after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- 19) This plan does not cover the following materials over and above the Covered Expense for the basic material: blended lenses, oversized lenses, and photochromic or tinted lenses except pink #1 and #2.
- 20) This plan does not cover the coating or laminating of the lens or lenses.
- 21) This plan does not cover corrective vision treatments that are experimental.
- 22) This plan does not cover Corneal Refractive Therapy (CRT).
- 23) This plan does not cover costs for services and/or materials that exceed the Maximum Covered Expense.
- 24) This plan does not cover services or materials that are cosmetic.
- 25) This plan does not cover any procedure not listed on the Schedule of Eye Care Services.

## SCHEDULE OF EYE CARE SERVICES

The following is a complete list of eye care services for benefits payable under this section. No benefits are payable for a service not listed.

<i><b>SERVICE</b></i>	<i><b>PLAN MAXIMUM COVERED EXPENSE</b></i>	
	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
Eye Exam	Covered in Full	Up to \$ 45.00
<i>(All lenses are per pair)</i>		
Single Vision Lenses	Covered in Full	Up to \$ 45.00
Lined Bifocal Lenses	Covered in Full	Up to \$ 65.00
Lined Trifocal Lenses	Covered in Full	Up to \$ 85.00
Lenticular Lenses	Covered in Full	Up to \$125.00
Frame	Up to \$120.00	Up to \$ 47.00
Contact Lenses*		
Elective	Up to \$120.00	Up to \$105.00
Medically Necessary	Covered in Full	Up to \$210.00

An Insured can receive professional services for treatment of severe visual problems. A treating provider may prescribe Low Vision treatment. This treatment is for problems that are not correctable with regular lenses. The treating provider determines if the Insured meets the criterion for coverage of this benefit.

\*The contact lenses allowance applies to the contact lens exam and lenses.

## GENERAL PROVISIONS

**NOTICE OF CLAIM.** Written notice of a claim must be given to us within 30 days after the incurred date of the services provided for which benefits are payable.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it was not reasonably possible to give written notice within the 30 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

**CLAIM FORMS.** When we receive the notice of a claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

**PROOF OF LOSS.** Written proof of loss must be given to us within 90 days after the incurred date of the services provided for which benefits are payable. If it is impossible to give written proof within the 90-day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible. For Eye Care benefits that use either the EyeMed or VSP network, please refer to the limitations section on the Eye Care Expense Benefits page.

**TIME OF PAYMENT.** We will pay all benefits immediately when we receive due proof. Any balance remaining unpaid at the end of any period for which we are liable will be paid at that time.

**PAYMENT OF BENEFITS.** All benefits will be paid to the Insured unless otherwise agreed upon through your authorization or provider contracts.

**FACILITY OF PAYMENT.** If an Insured or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Insured, then we may, at our option, pay the benefit up to an amount not to exceed \$5,000, to any relative by blood or connection by marriage of the Insured who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

**PROVIDER-PATIENT RELATIONSHIP.** The Insured may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.

**LEGAL PROCEEDINGS.** No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than five years after proof of loss is required.

**INCONTESTABILITY.** Any statement made by the Policyholder to obtain the Policy is a representation and not a warranty. No misrepresentation by the Policyholder will be used to deny a claim or to deny the validity of the Policy unless:

1. The Policy would not have been issued if we had known the truth; and
2. We have given the Policyholder a copy of a written instrument signed by the Policyholder that contains the misrepresentation.

The validity of the Policy will not be contested after it has been in force for one year, except for nonpayment of premiums or fraudulent misrepresentations.

**WORKER'S COMPENSATION.** The coverage provided under the Policy is not a substitute for coverage under a workmen's compensation or state disability income benefit law and does not relieve the Policyholder of any obligation to provide such coverage.

## GENERAL PROVISIONS (CONTINUED)

**CONFORMITY WITH LAW.** Any policy provision that conflicts with the laws of the state in which the policy is issued, when the policy is issued, is automatically changed to meet the minimum requirements of those laws.

**ENTIRE CONTRACT.** The policy and the application of the Policyholder constitute the entire contract between the parties. A copy of the Policyholder's application is attached to the policy when issued. All statements made by the Policyholder or an Insured will, in the absence of fraud, be considered representations and not warranties. No statement made to obtain insurance will be used to avoid the insurance or reduce the benefits of this policy unless it is in a written application signed by the Policyholder or Insured. A copy of this must have been given to the Policyholder or Insured.

No change in this policy will be valid unless approved in writing by one of our officers and given to the Policyholder for attachment to the policy. No agent has the authority to change this policy or waive any of its provisions. Any change in this policy will be valid even though an Insured may not have agreed to it.

**INSURANCE DATA.** The Policyholder will furnish, at our request, data necessary to administer this policy. The data will include, but not be limited to data:

- i. necessary to calculate premiums;
- ii. necessary to determine a person's effective date or termination date of insurance;
- iii. necessary to determine the proper coverage level of insurance.

We shall have the right to inspect any of the Policyholder's records we find necessary to properly administer this policy. Any inspections will be at a time and place convenient to the Policyholder.

We will not refuse to insure a person who is eligible to be insured just because the Policyholder fails or errs in giving us the data necessary to include that person for coverage. An Insured's insurance will not stay in force nor an amount of insurance be continued after the termination date, according to the Conditions for Insurance, because the Policyholder fails or errors in giving us the necessary data concerning an Insured's termination.

**CERTIFICATES.** We will issue certificates to the Policyholder showing the coverage under the policy. The Policyholder will distribute a certificate to each insured Member. If the terms of the certificate differ from the policy, the terms stated in the policy will govern.

**PARTICIPATION REQUIREMENTS.** There are two requirements that must be met in order for the policy to be placed in force, and to remain in force:

- a. a certain percentage of all Members qualified for insurance must be insured at all times; and
- b. a certain number of Insureds must be insured at all times.

The Participation Requirements are as follows:

Percentage of Members-	60%
Number of Members-	255

**TERMINATION OF THE POLICY.** The Policyholder may terminate this policy as of any Premium Due Date by giving us written notice before that date.

We may terminate this policy on the earlier of:

1. any Premium Due Date if the participation of Insureds and/or Dependents does not meet the requirements in "Conditions For Insurance." Written notice of termination of insurance must be given to the Policyholder at least 45 days before the date of termination.
2. any Premium Due Date on or after the first policy year, for reasons other than lack of participation. Written notice of termination of insurance must be given to the Policyholder at least 60 days before the date of termination.

If any premium is not paid when due, this policy will automatically be terminated as of the Premium Due Date, except as stated below.

**GRACE PERIOD.** This policy has a 60 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 60 days. During the grace period, the policy will stay in force. If the Policyholder has not sent us a written request to terminate the policy and a premium is not paid by the end of the grace period, the policy will terminate at the end of the grace period. If the Policyholder gives us written notice of termination before the Premium Due Date, the policy will be terminated as of the date requested. The Policyholder will be liable for any unpaid premium for the time this policy was in force, including the grace period.

**CONSIDERATION.** This policy is issued to the Policyholder in consideration of the application and the payment of premiums specified in this policy.

**TERMS AND CONDITIONS.** Payment of any benefit under this policy is subject to the definitions and all other terms of this policy pertinent to the benefit.

**CLAIMS REVIEW PROCEDURES  
AS REQUIRED UNDER  
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)**

The following provides information regarding the claims review process and your rights to request a review of any part of a claim that is denied. Please note that certain state laws may also require specified claims payment procedures as well as internal appeal procedures and/or independent external review processes. Therefore, in addition to the review procedures defined below, you may also have additional rights provided to you under state law. If your state has specific grievance procedures, an additional notice specific to your state will also be included within the group policy and your certificate.

**CLAIMS FOR BENEFITS**

Claims may be submitted by mailing the completed claim form along with any requested information to:

Vision Service Plan  
Attn: Out-of-Network Provider Claims  
P.O. Box 997105  
Sacramento, CA 95899-7105

**NOTICE OF DECISION OF CLAIM**

We will evaluate your claim promptly after we receive it.

**Utilization Review Program.** Generally, utilization review means a set of criteria designed to monitor the use of, or evaluate the medical necessity, appropriateness, or efficiency of health care services. We have established a utilization review program to ensure that any guidelines and criteria used to evaluate the medical necessity of a health care service are clearly documented and include procedures for applying such criteria based on the needs of the individual patients. The program was developed in conjunction with licensed dentists and is reviewed at least annually to ensure that criteria are applied consistently and are current with dental technology, evidence-based research and any dental trends.

We will provide you written notice regarding the payment under the claim within 30 calendar days following receipt of the claim. This period may be extended for an additional 15 days, provided that we have determined that an extension is necessary due to matters beyond our control, and notify you, prior to the expiration of the initial 30-day period, of the circumstances requiring the extension of time and the date by which we expect to render a decision. If the extension is due to your failure to provide information necessary to decide the claim, the notice of extension shall specifically describe the required information we need to decide the claim.

If we request additional information, you will have 45 days to provide the information. If you do not provide the requested information within 45 days, we may decide your claim based on the information we have received.

If we deny any part of your claim, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Reference to any internal rule or guideline relied upon in making our decision, along with your right to receive a copy of these guidelines, free of charge, upon request.
- d. A statement that you may request an explanation of the scientific or clinical judgment we relied upon to exclude expenses that are experimental or investigational, or are not necessary or accepted according to generally accepted standards of Eye Care practice.
- e. A description of any additional information needed to support your claim and why such information is necessary.
- f. Information concerning your right to a review of our decision.

- g. Information concerning your right to bring a civil action for benefits under section 502(a) of ERISA following an adverse benefit determination on review.

## **APPEAL PROCEDURE**

If all or part of a claim is denied, you may request a review in writing within 180 days after receiving notice of the benefit denial.

You may send us written comments or other items to support your claim. You may review and receive copies of any non-privileged information that is relevant to your appeal. There will be no charge for such copies. You may request the names of the experts we consulted who provided advice to us about your claim.

The appeal review will be conducted by the Plan's named fiduciary and will be someone other than the person who denied the initial claim and will not be subordinate to that person. The person conducting the review will not give deference to the initial denial decision. If the denial was based in whole or in part on a medical judgment, including determinations with regard to whether a service was considered experimental, investigational, and/or not medically necessary, the person conducting the review will consult with a qualified health care professional. This health care professional will be someone other than the person who made the original judgment and will not be subordinate to that person. Our review will include any written comments or other items you submit to support your claim.

We will review your claim promptly after we receive your request.

If your appeal is about urgent care, you may call Toll Free at 877-897-4328, and an Expedited Review will be conducted. Verbal notification of our decision will be made within 72 hours, followed by written notice within 3 calendar days after that.

If your appeal is about benefit decisions related to clinical or medical necessity, a Standard Consultant Review will be conducted. A written decision will be provided within 30 calendar days of the receipt of the request for appeal.

If your appeal is about benefit decisions related to coverage, a Standard Administrative Review will be conducted. A written decision will be provided within 60 calendar days of the receipt of the request for appeal.

If we deny any part of your claim on review, you will receive a written notice of denial containing:

- a. The reasons for our decision.
- b. Reference to the parts of the Group Policy on which our decision is based.
- c. Reference to any internal rule or guideline relied upon in making our decision along with your right to receive a copy of these guidelines, free of charge, upon request.
- d. Information concerning your right to receive, free of charge, copies of non-privileged documents and records relevant to your claim.
- e. A statement that you may request an explanation of the scientific or clinical judgment we relied upon to exclude expenses that are experimental or investigational, or are not necessary or accepted according to generally accepted standards of Eye Care practice.
- f. Information concerning your right to bring a civil action for benefits under section 502(a) of ERISA.

Certain state laws also require specified internal appeal procedures and/or external review processes. In addition to the review procedures defined above, you may also have additional rights provided to you under state law. Please review your certificate for such information, call us, or contact your state insurance regulatory agency for assistance. In any event, you need not exhaust such state law procedures prior to bringing civil action under Section 502(a) of ERISA.

Any request for appeal should be directed to:

Quality Control, P.O. Box 82657, Lincoln, NE 68501-2657.

*Application is Hereby Made to*

AMERITAS LIFE INSURANCE CORP.

by: IOWA RETIRED SCHOOL PERSONNEL  
ASSOCIATION

whose main office address is: 1416 20TH AVE N  
FORT DODGE, IA 50501-7140

for Group Policy No. 10-350663

This group policy is hereby approved. Its terms are hereby accepted.

This Acceptance Application is made in duplicate. One is attached to the policy. The other part has been returned to the Company.

It is agreed that this application supersedes any previous application for the group policy.

IOWA RETIRED SCHOOL PERSONNEL  
ASSOCIATION  
(Full or Corporate Name of Applicant)

Dated at \_\_\_\_\_ By \_\_\_\_\_  
(Signature and Title)

On \_\_\_\_\_, 20\_\_ Witness \_\_\_\_\_  
(To be signed by Resident Agent where required by law)

**This copy is to Remain Attached to the Policy**

Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Iowa Retired School Personnel Association		<b>D Employer identification number</b> 42-6065400
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 93 Granada Drive		<b>E Telephone number</b> 641-424-0255
		City or town, state or country, and ZIP + 4 Mason City, IA 50401-5327		<b>F Group Exemption Number</b> ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ▶

**J Tax-exempt status** (check only one) —  501(c) ( 06 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															4,518											
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments															59,637											
	4	Investment income															7,699											
	5a	Gross amount from sale of assets other than inventory																										
	b	Less: cost or other basis and sales expenses																										
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																										
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																										
	a	Gross revenue (not including \$ of contributions reported on line 1)																										
	b	Less: direct expenses other than fundraising expenses																										
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																											
7a	Gross sales of inventory, less returns and allowances																											
b	Less: cost of goods sold																											
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
8	Other revenue (describe)																											
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8															71,854												
Expenses	10	Grants and similar amounts paid (attach schedule)																										
	11	Benefits paid to or for members																										
	12	Salaries, other compensation, and employee benefits																										
	13	Professional fees and other payments to independent contractors															10,000											
	14	Occupancy, rent, utilities, and maintenance																										
	15	Printing, publications, postage, and shipping															21,050											
	16	Other expenses (describe ▶ Annual Mtg., Workshops, Execu. Bd. Mtg, Officers' Expense, Etc )															43,239											
17	<b>Total expenses.</b> Add lines 10 through 16															74,289												
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-2,435											
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															245,930											
	20	Other changes in net assets or fund balances (attach explanation)																										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															243,495											

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	245,930	243,495
23	Land and buildings		
24	Other assets (describe ▶ )		
25	<b>Total assets</b>	245,930	243,495
26	<b>Total liabilities</b> (describe ▶ )		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	245,930	243,495

SCANNED APR 14 2010

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ _____		
<b>42a</b>	The organization's books are in care of ▶ <u>Alice N. Gratias, IRSPA Treasurer</u> Telephone no. ▶ <u>641-424-0255</u> Located at ▶ <u>93 Granada Drive, Mason City, IA</u> ZIP + 4 ▶ <u>50401-5327</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/>            |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving more than \$100,000 . . . . . ▶ \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this return, in its entirety and to my knowledge, and believe, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

▶ *Alice N. Gratias*  
Signature of officer

▶ Alice N. Gratias, IRSPA Treasurer  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions.

7



Welcome to the IRSPA Website

Home

Calendar & Meetings

Membership

News

Executive Board

Committees

Member Benefits

To learn more  
about benefits,  
contact AMBA  
at 1.800.258.7041.

## Membership

The membership of the **Iowa Retired School Personnel Association** has been helping retired school personnel since 1947. IRSPA is the only organization working primarily to protect and improve the financial benefits of Iowa's retired school personnel. We are affiliated with the National Retired Teacher Association (NRTA). Select "Member Benefits" from the navigation to see what benefits you gain access to as an IRSPA member.



▶▶▶ [Click Here to Download a Membership Application.](#) ◀◀◀

Iowa Retired School Personnel Association (IRSPA)  
[info@irspa.org](mailto:info@irspa.org)

V

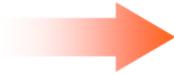
# Iowa Retired School Personnel Association Membership Application

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Select an option below:

Annual membership \$12.00       Life membership \$300.00       Local unit dues \_\_\_\_\_



**Make checks payable to the Iowa Retired School Personnel Association**

**Send to your local treasurer, or mail to:**

**Alice Gratas / 93 Granada Drive / Mason City, IA 50401**

**Name** \_\_\_\_\_

**Street or Box Number** \_\_\_\_\_ **Apt. No.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Local RSPA Unit** \_\_\_\_\_

- Check here if you would like information about NRTA division of AARP
- Check here if you would like information about IRSPA Delta Dental Group Insurance Plan
- Check here if you would like IRSPA Group Long Term Care or other benefits



**RE: Request for Review – Out-of-State Association Group  
Iowa Retired School Personnel Association**

- What specific activities does the group perform: Local meetings, volunteering, regional and statewide conventions, lobbying for protection of their pension and health care.
- How will this product be marketed in North Carolina: Direct mail.
- Who will be marketing it in North Carolina: Association Member Benefits Advisors (AMBA)
- How is a member recruited: Recruited by members in their geographic area, recruited by those they know in the organization. Word of mouth, direct mail.
- How does a member qualify: A party interested in retirement from education in Iowa.
- How many members total? How many participating?: Approximately 2000 eligible with 164 Participating
- List of due paying members in Arkansas, names and full addresses: The association requests to not release names and addresses due to confidentiality. The state may contact the IRSPA directly.
- Board of Directors (Names, Employer, and Occupation)/Officers Information (Names, Number of Years Served): Board of Directors and Officers are one in the same. They serve for a period of two years with elections occurring every odd year.
  - President Elect - Eileen Eckrich, Retired
  - Co-Presidents - John & Beverly McCartney, Retired
  - Treasurer - Alice Gratias, Retired
  - Secretary - Robert Swanson, Retired
  - Past President - Dawn Rogers, Retired
  - District Coordinators can be found at [www.irspa.org](http://www.irspa.org)
- Is the association incorporated?: Yes , in Iowa
- Is there an office in Arkansas?: No
- Does the association receive compensation of any kind from the insurer issuing contracts to it's members?: No