

SERFF Tracking Number: AMFA-126650717 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
Company Tracking Number: ALIC - 9011 ED. 05-10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: ALIC - 9011 Ed. 05-10
Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: ALIC - 9011 Ed. 05-10

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AMFA-126650717 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45866

Co Tr Num: ALIC - 9011 ED. 05-10 State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Janis Landon Disposition Date: 06/09/2010

Date Submitted: 06/03/2010 Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 9011 Ed. 05-10

Project Number: 9011 Ed. 05-10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,
Trust

Explanation for Other Group Market Type:

State Status Changed: 06/09/2010

Created By: Janis Landon

Corresponding Filing Tracking Number:

Filing Status Changed: 06/09/2010

Deemer Date:

Submitted By: Janis Landon

Filing Description:

RE: Ameritas Life Insurance Corp.

NAIC No.: 943-61301

FEIN No.: 47-0098400

Form No.: 9011 Ed. 05-10-a - Implementation Credit Rider

9060 Rev. 05-10 - Definitions

9060-Trust Rev. 05-10 - Definitions

9060-B Rev. 05-10 - Definitions

SERFF Tracking Number: AMFA-126650717 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
Company Tracking Number: ALIC - 9011 ED. 05-10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: ALIC - 9011 Ed. 05-10
Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

PLEASE NOTE: This filing is identical in content to two other filings being submitted on behalf of Reliance Standard Life Insurance Company and Standard Insurance Company. We would appreciate the Department's consideration of consistent and similar reviews.

Dear Sir/Madam:

We understand that the initial reforms in the federal Patient Protection and Affordable Care Act are not intended to apply to standalone dental or vision policies; however, we have developed language in our policy to allow for applicants and policyholders to elect to align their dental benefit age with their new medical policy definition of dependent, if they choose. Our currently approved dependent language will remain in the policy unless the policyholder chooses this alternate definition. To identify these options as variable, there are brackets around both definitions of dependents. Only one option can be elected.

Enclosed for your review and approval are our "Definitions" insert pages, which will be issued for new group policies/certificates issued or renewed after the Department's approval date. These forms will be used with the following forms:

Form Number Type of Form
9000 Rev. 03-08 Group Master Policy
9021 Rev. 03-08 Group Certificate
9021-Trust Rev. 03-08 Group Certificate (Ameritas and Reliance only)
9021-B Ed. 3-05 Group Certificate (Ameritas only)
9000-B Ed. 3-05 Group Blanket Master Policy (Ameritas only)

These insert pages will replace 9060 Ed. 01-05 approved on 11/08/04 , 9060-Trust Ed. 01-05 approved on 12/06/04, and 9060-B Ed. 03-05 approved on 05/03/05.

We have also enclosed an Implementation Credit Rider for our tailored product (not to be issued with trust or blanket). We are preparing to offer an implementation credit to some of our prospective groups to help off-set the cost of transferring to our company from another carrier. We anticipate the use of this form in very rare occasions. The 9011 Ed. 05-10 is a new form and was created to disclose this credit.

Nothing in this filing includes any provisions contrary to standard industry practice.

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.

Sincerely,

SERFF Tracking Number: AMFA-126650717 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
 Company Tracking Number: ALIC - 9011 ED. 05-10
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: ALIC - 9011 Ed. 05-10
 Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

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
 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 State of Domicile: Nebraska
 Group Code: 943 Company Type:
 Group Name: State ID Number:
 FEIN Number: 47-0098400

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$200.00	06/03/2010	36970301

SERFF Tracking Number: AMFA-126650717
 Filing Company: Ameritas Life Insurance Corp.
 Company Tracking Number: ALIC - 9011 ED. 05-10
 TOI: H10G Group Health - Dental
 Product Name: ALIC - 9011 Ed. 05-10
 Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

State: Arkansas
 State Tracking Number: 45866
 Sub-TOI: H10G.000 Health - Dental

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/09/2010	06/09/2010

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	06/07/2010	06/07/2010	Janis Landon	06/08/2010	06/08/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Definitions	Janis Landon	06/08/2010	06/08/2010
Form	Definitions	Janis Landon	06/08/2010	06/08/2010
Form	Definitions	Janis Landon	06/08/2010	06/08/2010
Form	Definitions	Janis Landon	06/07/2010	06/07/2010
Form	Definitions	Janis Landon	06/07/2010	06/07/2010
Form	Definitions	Janis Landon	06/07/2010	06/07/2010
Form	Definitions	Janis Landon	06/07/2010	06/07/2010
Form	Definitions	Janis Landon	06/07/2010	06/07/2010
Form	Definitions	Janis Landon	06/07/2010	06/07/2010

<i>SERFF Tracking Number:</i>	<i>AMFA-126650717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>45866</i>
<i>Company Tracking Number:</i>	<i>ALIC - 9011 ED. 05-10</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>ALIC - 9011 Ed. 05-10</i>		
<i>Project Name/Number:</i>	<i>9011 Ed. 05-10/9011 Ed. 05-10</i>		

Disposition

Disposition Date: 06/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-126650717 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
 Company Tracking Number: ALIC - 9011 ED. 05-10
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: ALIC - 9011 Ed. 05-10
 Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Implementation Credit Rider	Approved-Closed	Yes
Form (revised)	Definitions	Approved-Closed	Yes
Form	Definitions	Replaced	Yes
Form	Definitions	Replaced	Yes
Form	Definitions	Replaced	Yes
Form (revised)	Definitions	Approved-Closed	Yes
Form	Definitions	Replaced	Yes
Form	Definitions	Replaced	Yes
Form	Definitions	Replaced	Yes
Form (revised)	Definitions	Approved-Closed	Yes
Form	Definitions	Replaced	Yes
Form	Definitions	Replaced	Yes
Form	Definitions	Replaced	Yes

SERFF Tracking Number: AMFA-126650717 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
Company Tracking Number: ALIC - 9011 ED. 05-10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: ALIC - 9011 Ed. 05-10
Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/07/2010

Submitted Date 06/07/2010

Respond By Date

Dear Janis Landon,

This will acknowledge receipt of the captioned filing.

Objection 1

- Implementation Credit Rider, 9011 Ed. 05-10 (Form)

Comment:

You state in your General Instructions that this rider will be used to help off-set the cost of transferring to your company from another carrier. Could you give us more information on the "cost of transferring". For example, what does the cost consist of and how much is this cost?

Also, please explain how this cost does not constitute a rebate as outlined under ACA 23-66-206(10)(A) and Directive 5-98.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: AMFA-126650717 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
Company Tracking Number: ALIC - 9011 ED. 05-10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: ALIC - 9011 Ed. 05-10
Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/08/2010
Submitted Date 06/08/2010

Dear Rosalind Minor,

Comments:

Re: Your comments

Response 1

Comments: The costs will vary depending upon the circumstances of the particular case. However, the costs will be related to both hard and soft dollar outlays associated with the transfer of carrier. For instance, employer's expense in changing to a new carrier -things like programming changes to transmit eligibility to new carrier, transfer of eligibility and claims history, communications to employees, SPD updates.

The implementation credit isn't a rebate because it's disclosed in the contract. The Directive relates to the giving of gifts. This isn't a gift. This is provided to the entity to offset costs. When all is said and done, the policyholder is in the same position they were in prior to the transaction.

Related Objection 1

Applies To:

- Implementation Credit Rider, 9011 Ed. 05-10 (Form)

Comment:

You state in your General Instructions that this rider will be used to help off-set the cost of transferring to your company from another carrier. Could you give us more information on the "cost of transferring". For example, what does the cost consist of and how much is this cost?

Also, please explain how this cost does not constitute a rebate as outlined under ACA 23-66-206(10)(A) and Directive 5-98.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number: AMFA-126650717

State: Arkansas

Filing Company: Ameritas Life Insurance Corp.

State Tracking Number: 45866

Company Tracking Number: ALIC - 9011 ED. 05-10

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Product Name: ALIC - 9011 Ed. 05-10

Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,
Janis Landon

SERFF Tracking Number: AMFA-126650717 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
 Company Tracking Number: ALIC - 9011 ED. 05-10
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: ALIC - 9011 Ed. 05-10
 Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Amendment Letter

Submitted Date: 06/08/2010

Comments:

Fixed an error.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
9060 AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert	Definitions	Initial				50.000	9060-AR-Rev. 05-10-alic.pdf
9060-B AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert	Definitions	Initial				50.000	9060-B-AR-alic Rev. 05-10.pdf
9060-Trust AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert	Definitions	Initial				50.000	9060-Trust-AR-alic Rev. 05-10.pdf

SERFF Tracking Number: AMFA-126650717 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
 Company Tracking Number: ALIC - 9011 ED. 05-10
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: ALIC - 9011 Ed. 05-10
 Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Amendment Letter

Submitted Date: 06/07/2010

Comments:

Fixed a numbering error.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
9060 AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert	Definitions	Initial				50.000	9060-AR-Rev. 05-10-alic.pdf
9060-B AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert	Definitions	Initial				50.000	9060-B-AR- alic Rev. 05-10.pdf
9060-Trust AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert	Definitions	Initial				50.000	9060-Trust- AR-alic Rev. 05-10.pdf

SERFF Tracking Number: AMFA-126650717 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
 Company Tracking Number: ALIC - 9011 ED. 05-10
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: ALIC - 9011 Ed. 05-10
 Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Amendment Letter

Submitted Date: 06/07/2010

Comments:

I noticed an error after submission, new Definitions pages have been added.

Thanks.

Stephanie Mundt

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
9060 AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Definitions	Initial				50.000	9060-AR-Rev. 05-10-alic.pdf
9060-B AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Definitions	Initial				50.000	9060-B-AR-alic Rev. 05-10.pdf
9060-Trust AR Rev. 05-10	Policy/Contr act/Fraternal Certificate: Amendment, Insert Page,	Definitions	Initial				50.000	9060-Trust-AR-alic Rev. 05-10.pdf

SERFF Tracking Number: AMFA-126650717 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 45866
Company Tracking Number: ALIC - 9011 ED. 05-10
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: ALIC - 9011 Ed. 05-10
Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Endorsemen
t or Rider

SERFF Tracking Number: AMFA-126650717 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45866
 Company Tracking Number: ALIC - 9011 ED. 05-10
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: ALIC - 9011 Ed. 05-10
 Project Name/Number: 9011 Ed. 05-10/9011 Ed. 05-10

Form Schedule

Lead Form Number: 9011 Ed. 05-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/09/2010	9011 Ed. 05-10	Certificate	Implementation Credit Rider t, Insert Page, Endorseme nt or Rider	Initial		50.000	9011 Ed. 05-10-alic.pdf
Approved-Closed 06/09/2010	9060 AR Rev. 05-10	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	9060-AR-Rev. 05-10-alic.pdf
Approved-Closed 06/09/2010	9060-B AR Rev. 05-10	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.000	9060-B-AR- alic Rev. 05- 10.pdf
Approved-Closed 06/09/2010	9060-Trust AR Rev. 05-10	Policy/Cont	Definitions ract/Fratern al Certificate: Amendmen t, Insert Page,	Initial		50.000	9060-Trust- AR-alic Rev. 05-10.pdf

<i>SERFF Tracking Number:</i>	<i>AMFA-126650717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>45866</i>
<i>Company Tracking Number:</i>	<i>ALIC - 9011 ED. 05-10</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>ALIC - 9011 Ed. 05-10</i>		
<i>Project Name/Number:</i>	<i>9011 Ed. 05-10/9011 Ed. 05-10</i>		

Endorsement or Rider

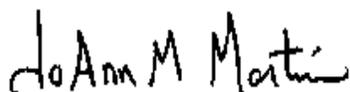
AMERITAS LIFE INSURANCE CORP.

IMPLEMENTATION CREDIT RIDER

Ameritas Life Insurance Corp. (Ameritas) will help to offset the cost of a change in insurance carrier by reimbursing you up to \$XXX of the direct or indirect costs you incur in connection with transfer of your insurance coverage to Ameritas. To be eligible for reimbursement, the costs must be incurred no later than 90 days after the policy effective date. To obtain reimbursement, you need to submit to Ameritas reasonably detailed documentation evidencing the costs you incurred in connection with the transfer no later than 180 days following the policy effective date.

Rider is effective [effective date].

Ameritas Life Insurance Corp.

A handwritten signature in black ink that reads "JoAnn M. Martin". The signature is written in a cursive, slightly slanted style.

JoAnn M. Martin
President

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, and is eligible under the federal laws identified below, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, and is eligible under the federal laws identified below, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

MASTER POLICY EFFECTIVE DATE refers to the date coverage under the policy becomes effective. The Master Policy Effective Date for the Policyholder is shown on the policy cover and in the application attached to the master policy. The effective date of coverage for an Insured is shown in the Company's records.

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

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, and is eligible under the federal laws identified below, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

EMPLOYER UNIT means any business organization which has elected to participate in the [*Name* Trust.]

<i>SERFF Tracking Number:</i>	AMFA-126650717	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Ameritas Life Insurance Corp.	<i>State Tracking Number:</i>	45866
<i>Company Tracking Number:</i>	ALIC - 9011 ED. 05-10		
<i>TOI:</i>	H10G Group Health - Dental	<i>Sub-TOI:</i>	H10G.000 Health - Dental
<i>Product Name:</i>	ALIC - 9011 Ed. 05-10		
<i>Project Name/Number:</i>	9011 Ed. 05-10/9011 Ed. 05-10		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/09/2010
Comments:			
Attachment:			
ar-readability-alic.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	06/09/2010
Bypass Reason:	n/a		
Comments:			

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: _____

<i>SERFF Tracking Number:</i>	<i>AMFA-126650717</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>45866</i>
<i>Company Tracking Number:</i>	<i>ALIC - 9011 ED. 05-10</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>ALIC - 9011 Ed. 05-10</i>		
<i>Project Name/Number:</i>	<i>9011 Ed. 05-10/9011 Ed. 05-10</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/07/2010	Form	Definitions	06/08/2010	9060-AR-Rev. 05-10-alic.pdf (Superseded)
06/07/2010	Form	Definitions	06/07/2010	9060-AR-Rev. 05-10-alic.pdf (Superseded)
06/01/2010	Form	Definitions	06/07/2010	9060-AR-Rev. 05-10-alic.pdf (Superseded)
06/07/2010	Form	Definitions	06/08/2010	9060-B-AR-alic Rev. 05-10.pdf (Superseded)
06/07/2010	Form	Definitions	06/07/2010	9060-B-AR-alic Rev. 05-10.pdf (Superseded)
06/01/2010	Form	Definitions	06/07/2010	9060-B-AR-alic Rev. 05-10.pdf (Superseded)
06/07/2010	Form	Definitions	06/08/2010	9060-Trust-AR-alic Rev. 05-10.pdf (Superseded)
06/07/2010	Form	Definitions	06/07/2010	9060-Trust-AR-alic Rev. 05-10.pdf (Superseded)
06/01/2010	Form	Definitions	06/07/2010	9060-Trust-AR-alic Rev. 05-10.pdf (Superseded)

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

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, 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 unmarried child less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each unmarried child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

MASTER POLICY EFFECTIVE DATE refers to the date coverage under the policy becomes effective. The Master Policy Effective Date for the Policyholder is shown on the policy cover and in the application attached to the master policy. The effective date of coverage for an Insured is shown in the Company's records.

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

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- d. an Insured's spouse.
- e. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- f. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- g. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

MASTER POLICY EFFECTIVE DATE refers to the date coverage under the policy becomes effective. The Master Policy Effective Date for the Policyholder is shown on the policy cover and in the application attached to the master policy. The effective date of coverage for an Insured is shown in the Company's records.

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

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, 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 unmarried child less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each unmarried child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- d. an Insured's spouse.
- e. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- f. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- g. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

MASTER POLICY EFFECTIVE DATE refers to the date coverage under the policy becomes effective. The Master Policy Effective Date for the Policyholder is shown on the policy cover and in the application attached to the master policy. The effective date of coverage for an Insured is shown in the Company's records.

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

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- a. an Insured's spouse.
- b. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- c. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- d. [each unmarried child age [19] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

EMPLOYER UNIT means any business organization which has elected to participate in the [*Name* Trust.]

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, 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 less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- d. an Insured's spouse.
- e. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- f. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- g. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

EMPLOYER UNIT means any business organization which has elected to participate in the [*Name* Trust.]

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, 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 unmarried child less than [26] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - i. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.

Dependents who are married may not enroll their spouses or children under this policy. Additionally, if the Policyholder's separate medical plans are considered to have "grandfathered status" as defined in the federal Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, Dependents may not be eligible Dependents under such medical plans if they are eligible to enroll in an eligible employer-sponsored health plan other than a group health plan of a parent for plan years beginning before January 1, 2014. Dependents that are ineligible under the Policyholder's separate medical plans will be ineligible under this Policy as well.

- c. [each unmarried child age [26] or older who:
 - i. is Totally Disabled as defined below; and
 - ii. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is

responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[DEPENDENT refers to:

- d. an Insured's spouse.
- e. each unmarried child less than [19] years of age, for whom the Insured, the Insured's spouse, is legally responsible, including:
 - ii. natural born children;
 - ii. newly born adopted children, eligible from birth, if the petition for adoption and the application for coverage are filed within 60 days of birth.
 - iii. adopted children, eligible from the date of filing the petition for adoption if the application for coverage is filed within 60 days after the petition is filed.
 - iv. children covered under a Qualified Medical Child Support Order as defined by applicable Federal and State laws.
- f. [each unmarried child age [19] but less than [24] who is:
 - i. a full-time student at an accredited school or college, which includes a vocational, technical, vocational-technical, trade school or institute; and
 - ii. primarily dependent on the Insured, the Insured's spouse for support and maintenance.]
- g. [each unmarried child age [19] or older who:
 - iii. is Totally Disabled as defined below; and
 - iv. becomes Totally Disabled while insured as a dependent under b. or c. above.

We may request proof of dependency and disability of a handicapped dependent. Any costs for providing continuing proof will be at our expense. The policyholder is responsible for furnishing such proof following our request and for notifying us when such dependency and disability has terminated.]

[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.

[LATE ENTRANT refers to any person:

- a. whose Effective Date of insurance is more than 31 days from the date the person becomes eligible for insurance; or
- b. who has elected to become insured again after canceling a premium contribution agreement.]

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 and/or on the cover of the certificate.

EMPLOYER UNIT means any business organization which has elected to participate in the [*Name* Trust.]