

SERFF Tracking Number: FDLA-126654603 State: Arkansas
Filing Company: Fort Dearborn Life Insurance Company State Tracking Number: 45929
Company Tracking Number: AH-6/14-7R1000510CDSAR
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Dental Insurance Amendatory Riders
Project Name/Number: Group Dental Insurance - 2010 Amendatory Riders/7R-100-0510 CDS, et al.

Filing at a Glance

Company: Fort Dearborn Life Insurance Company

Product Name: Group Dental Insurance SERFF Tr Num: FDLA-126654603 State: Arkansas

Amendatory Riders

TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 45929
Closed

Sub-TOI: H10G.000 Health - Dental Co Tr Num: AH-6/14- State Status: Approved-Closed
7R1000510CDSAR

Filing Type: Form

Reviewer(s): Rosalind Minor
Author: Antionette Hill Disposition Date: 06/21/2010
Date Submitted: 06/14/2010 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Dental Insurance - 2010 Amendatory Riders

Project Number: 7R-100-0510 CDS, et al.

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/21/2010

Deemer Date:

Submitted By: Antionette Hill

Filing Description:

Fort Dearborn Life Insurance Company

NAIC #71129 - FEIN #36-2598882

New Form Filing-

7R-100-0510 CDS Group Dental Insurance Amendatory Endorsement

7R-100-0510 DEP Group Dental Insurance Amendatory Rider

7R-100-0510 GRAD Group Dental Insurance Benefit Rider

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments: Prior approval by
the domicile state is not required.

Market Type: Group

Group Market Size: Small

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 06/21/2010

Created By: Antionette Hill

Corresponding Filing Tracking Number:

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We are submitting for your review and approval the above referenced endorsement and riders for use with Group Dental Insurance Certificate, form 7C-100-1004 (AR), which was approved by your Department on July 1, 2005 under SERFF Tracking Number SERT-6DMRD3204/00-00/00-00/00 and State Tracking Number 29862.

Amendatory Endorsement form no. 7R-100-0510 CDS adds additional oral evaluations and prophylaxis treatments to the plan for pregnant participants. The endorsement also adds additional periodontal services to the plan for pregnant participants and participants diagnosed with diabetes or heart disease. Amendatory Rider form no. 7R-100-0510 DEP revises the definition of "Dependent" to include a "Registered Domestic Partner." Benefit Rider form no. 7R-100-0510 GRAD provides for automatic increases to the participant's maximum calendar year benefits. This is an optional benefit selected by the group policyholder.

In regards to the use of brackets and underling throughout the forms, brackets show options of text that may or may not be offered. We reserve the right not to show these items if they are not offered. Underlines show text that can change. The underlined text represents our standard design and underwriting guidelines; however, text may vary to comply with specific state requirements or to accommodate the request of a large group requesting customization.

The forms are in final printed format subject only to changes in font style, margins, page numbers, ink and paper stock. Printing standards will not be lower than those required under the laws of your state.

In addition, we are submitting any certifications required by your state.

If you have any questions or need additional information, please contact me at 1-800-348-4512, ext. 6064, 630-824-6064 or antionette_hill@dearbornnational.com. Thank you for your prompt response.

Company and Contact

Filing Contact Information

Antionette Hill, Advanced Contract Specialist Antionette_Hill@fdlic.com
1020 31st Street 630-824-6064 [Phone]
c/o Fort Dearborn Life Insurance Company 630-824-5428 [FAX]
Downers Grove, IL 60515-5591

Filing Company Information

Fort Dearborn Life Insurance Company CoCode: 71129 State of Domicile: Illinois
1020 31st Street Group Code: 917 Company Type: Life and Health
Downers Grove, IL 60515-5591 Group Name: State ID Number:
(800) 633-3696 ext. [Phone] FEIN Number: 36-2598882

SERFF Tracking Number: FDLA-126654603 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? Yes
Fee Explanation: Illinois fee is \$50.00 per form.

3 x \$50 is \$150.00.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fort Dearborn Life Insurance Company	\$150.00	06/14/2010	37192467

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/21/2010	06/21/2010

SERFF Tracking Number: FDLA-126654603 *State:* Arkansas
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Disposition

Disposition Date: 06/21/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Amendatory Endorsement	Approved-Closed	Yes
Form	Amendatory Rider	Approved-Closed	Yes
Form	Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 7R-100-0510 CDS

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/21/2010	7R-100-0510 CDS	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Endorsement	Initial		50.500	7R-100-0510 CDS.pdf
Approved-Closed 06/21/2010	7R-100-0510 DEP	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendatory Rider	Initial		57.600	7R-100-0510 DEP.pdf
Approved-Closed 06/21/2010	7R-100-0510 GRAD	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Benefit Rider	Initial		50.700	7R-100-0510 GRAD.pdf

FORT DEARBORN LIFE INSURANCE COMPANY
(herein called FDL, We, Us, Our)

Home Office:
[300 East Randolph Street • Chicago IL 60601]

Administrative Office:
[1020 31st Street • Downers Grove, IL 60515]

AMENDATORY ENDORSEMENT

This Amendatory Endorsement amends the Policy or Certificate to which it is attached. It takes effect and ends at the same time as the Policy or Certificate. All provisions of the Policy or Certificate will apply to this Amendatory Endorsement, except that in the event of a conflict, the specific provisions of this Amendatory Endorsement will govern.

BENEFITS PROVIDED
COVERED DENTAL SERVICES

Diagnostic and Preventive Care will be replaced with the following:

[Diagnostic and Preventive Care

Services that are used to prevent dental disease or to determine the nature or cause of a dental disease:

- a. Routine oral evaluations (limited to [one – two] per Calendar Year). [[One – Two] additional oral evaluation[s] is[are] payable at [80% - 100%] of the maximum Allowance for a pregnant Participant.]
- b. X-rays (dental radiographs):
 - i. full mouth or panorex x-ray limited to once every [12 – 36] months;
 - ii. bitewing limited to [4 – 8] horizontal films or [8 – 16] vertical films [twice – three times] per Calendar Year; and
 - iii. other x-rays as necessary for diagnosis (except in connection with a program of orthodontics).
- c. Professional cleaning, scaling and polishing teeth (prophylaxis) limited to [one – three] per Calendar Year. [[One – Two] additional prophylaxis treatment[s] is[are] payable at [100% - 80%] of the Maximum Allowance for a pregnant Participant.]
- d. Fluoride treatment (topical application), limited to [one – three] per Calendar Year for Participants up to age [19 – 24].]

Periodontal Services will be replaced with the following:

[Periodontal Services

Dental Services that treat diseases of the tissues that surround and support the teeth (e.g. gums and supporting bone) limited to [two – four] exams per Calendar Year. Periodontal maintenance includes the following:

- a. Periodontal scaling and root planning limited to [one – two] time[s] per quadrant per Calendar Year; [Periodontal scaling and root planning and periodontal maintenance treatment is payable at [100% - 80%] of the Maximum Allowance for a Participant diagnosed with [diabetes] or [heart disease].]

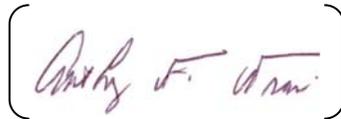
[Periodontal scaling and root planning and periodontal maintenance treatment is payable at [100% - 80%] of the Maximum Allowance for a pregnant Participant.] [[One – Two] additional periodontal maintenance treatment[s] is[are] payable at [100% - 80%] of the maximum Allowance for a pregnant Participant.]

- b. Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis limited to [one – two] time[s] per Calendar Year;
- c. Gingivectomy or gingivoplasty limited to [one – two] time[s] per quadrant per Calendar Year;
- d. Gingival flap procedure (includes root planning) limited to [one – two] time[s] per quadrant per Calendar Year;
- e. Osseous surgery, including flap entry with closure limited to [one – two] time[s] per quadrant per Calendar Year;
- f. Osseous grafts limited to [one – two] time[s] per site per Calendar Year; and
- g. Soft tissue grafts (includes donor site).]

Nothing contained in this Amendatory Endorsement shall be held to alter or affect any provision or condition of the Policy other than as stated above.

This Amendatory Endorsement is attached to and made a part of the Contract. This Amendatory Endorsement is subject to all of the provisions of the Contract that apply to and are not in conflict with the provisions of this Amendatory Endorsement.

Fort Dearborn Life Insurance Company



[Anthony F. Trani]
President

FORT DEARBORN LIFE INSURANCE COMPANY
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Home Office:
[300 East Randolph Street • Chicago IL 60601]

Administrative Office:
[1020 31st Street • Downers Grove, IL 60515]

AMENDATORY RIDER

This Rider is a part of the Policy or Certificate to which it is attached and is subject to all the provisions of the Policy not in conflict with the provisions of this Amendatory Rider.

Subsection 1 of the *Dependent Eligibility* provision is deleted entirely and replaced with the following:

Dependent Eligibility

For the purposes of this provision, an eligible Dependent includes:

1. an eligible Employee's lawful spouse, including a spouse or former spouse for whom the Employee has received a court order to maintain financial responsibility for providing health insurance; or a **Registered Domestic Partner**; and/or

Registered Domestic Partner means an adult of the same or opposite gender who has an emotional, physical and financial relationship to **You**, similar to that of a Spouse, as evidenced by the following:

1. **You and Your Domestic Partner share financial responsibility for a joint household and intend to continue an exclusive relationship indefinitely;**
2. **You and Your Domestic Partner each are at least eighteen (18) years of age;**
3. **You and Your Domestic Partner are both mentally competent to enter into a binding contract;**
4. **You and Your Domestic Partner share a residence and have done so for at least 12 months;**
5. **Neither You nor Your Domestic Partner are married to or legally separated from anyone else;**
6. **You and Your Domestic Partner are not related to one another by blood closer than would bar marriage; and**
7. **Neither You nor Your Domestic Partner is a Domestic Partner of anyone else.**



[Anthony F. Trani]
President

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BENEFIT RIDER

This Rider is a part of the Policy or Certificate to which it is attached and is subject to all the provisions of the Policy not in conflict with the provisions of this Benefit Rider.

SCHEDULE OF BENEFITS

MAXIMUM CALENDAR YEAR BENEFITS

[Graduated Annual Maximum Benefits

[Your dental program provides automatic increases to your Maximum Calendar Year Benefits. These incremental increases will apply separately to each Participant covered and become effective on the first day of the new Calendar Year following your anniversary.]

[Your dental program provides automatic increases to your Maximum Calendar Year Benefits in the amount of \$[100-2,000]. The highest benefit period maximum level is capped after three incremental increases or \$[300-6,000], whichever comes first.]]



[Anthony F. Trani]
President

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	06/21/2010
Comments:			
Attachment:			
	AR Certificate of Compliance.pdf		

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	06/21/2010
Bypass Reason:	A policy is not included in this submission.		
Comments:			

FORT DEARBORN LIFE INSURANCE COMPANY
COMPLIANCE CERTIFICATION

I, Victoria E. Fimea, Vice Present, General Counsel and Secretary of Fort Dearborn Life Insurance Company, hereby certify that, to the best of my knowledge, this submission meets the provisions of Rule & Regulation 19, Rule & Regulation 49, ACA 23-80-206 and ACA 23-79-138, as well as all applicable requirements of the Arkansas Department of Insurance.

Fort Dearborn Life Insurance Company

By: 

Victoria E. Fimea
Vice President, General Counsel and Secretary

Date: June 14, 2010