

SERFF Tracking Number: AMFA-126796847 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 46680
Company Tracking Number: 9060 AR REV. 09-10
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: 9060 AR Rev. 09-10-sic
Project Name/Number: 9060 AR Rev. 09-10/9060 AR Rev. 09-10

Filing at a Glance

Company: Standard Insurance Company

Product Name: 9060 AR Rev. 09-10-sic

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AMFA-126796847 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46680

Co Tr Num: 9060 AR REV. 09-10 State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Author: Janis Landon Disposition Date: 09/07/2010

Date Submitted: 09/01/2010 Disposition Status: Approved-
Closed

Implementation Date Requested:

State Filing Description:

Implementation Date:

General Information

Project Name: 9060 AR Rev. 09-10

Project Number: 9060 AR Rev. 09-10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association,
Blanket, Trust

Explanation for Other Group Market Type:

State Status Changed: 09/07/2010

Created By: Janis Landon

Corresponding Filing Tracking Number:

Filing Status Changed: 09/07/2010

Deemer Date:

Submitted By: Janis Landon

Filing Description:

Enclosed for your review and approval is the above referenced insert page, which will be issued for new group policies/certificates issued or renewed after the Department's approval date. This form will be used with policy form 9000 Rev. 03-08 and certificate form 9021 Rev. 03-08, previously approved by your Department.

This insert page will replace 9060 AR Rev. 5-10, approved on 6/9/10.

We have revised the form by adding the definition of Domestic Partner and making it an option for the policyholder, per Amendment 83 and A.C.A. Section 9-11-208. In an email written by Robert Alexander, Associate Counsel for the

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Arkansas Insurance Company, an insurer may extend medical coverage to domestic partners if its policy includes domestic partners in its definition of family member or dependent.

This form, when scored with the policy, achieves a 50 on the Flesch Readability Scale.

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 402-309-2444 or email jlandon@ameritas.com.

Sincerely,
 Janis Landon, FLMI, ACS
 Senior Contract Analyst

Company and Contact

Filing Contact Information

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

Filing Company Information

Standard Insurance Company CoCode: 69019 State of Domicile: Oregon
 900 SW Fifth Avenue Group Code: -99 Company Type:
 Portland, OR 97204-1235 Group Name: State ID Number:
 (800) 745-6665 ext. [Phone] FEIN Number: 93-0242990

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Standard Insurance Company	\$50.00	09/01/2010	39175380

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/07/2010	09/07/2010

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Disposition

Disposition Date: 09/07/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMFA-126796847</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Standard Insurance Company</i>	<i>State Tracking Number:</i>	<i>46680</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	authorization	Approved-Closed	Yes
Form	Definitions	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 9060 AR Rev. 09-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/07/2010	9060 AR Rev. 09-10	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Definitions	Revised	Replaced Form #: 9060 AR Rev. 05-10 Previous Filing #: 45865	50.000	9060-AR-Rev. 05-10-sic.pdf

DEFINITIONS

COMPANY refers to Standard Insurance Company. The words "we", "us" and "our" refer to Company. Our Home Office address is 900 SW Fifth Avenue, Portland, OR 97204.

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.

[DOMESTIC PARTNER. Refers to two unrelated individuals who share the necessities of life, live together, and have an emotional and financial commitment to one another, similar to that of a spouse.]

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, or 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.

Spouses of Dependents and children of Dependents may not be enrolled 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.

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/07/2010
Comments:			
Attachment:			
ar-readability-sic.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/07/2010
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	authorization	Approved-Closed	09/07/2010
Comments:			
Attachment:			
SIC authorization 08-2010.pdf			

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER:

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

FORM NO:

FLESCH SCORE:

FORM NAME:

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

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

SIGNATURE: _____

TYPED NAME:

TITLE:

DATE: _____



January 2010

TO ALL STATE INSURANCE DEPARTMENT PERSONNEL

Standard Insurance Company, Administrative Offices at 1100 SW Sixth Avenue, Portland, Oregon 97204-1093, has provided Ameritas Life Insurance Corp. with the authority to submit forms related to dental and vision insurance benefits on our behalf. Accordingly, Ameritas Life Insurance Corp. has the authority to represent us in the submission and negotiation of the approval of these forms and their accompanying rates.

In this regard, the signatures of:

Gail M. Garcia
Vice President, Group Compliance

Kelly Wieseler
Vice President, Group Actuary

Janis Landon
Senior Contract Analyst

Kate McCown
Manager, Group Compliance

Geri L. McKeown
Manager, Group Compliance

When affixed to a letter or certification of intent, will be as binding as if signed by an officer of Standard Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Alex M Terry".

Alex Terry, FSA, MAAA
Second Vice President and Associate Actuary
900 SW Fifth Avenue
Portland OR 97204-1235
971.321.8232