

SERFF Tracking Number: AMFA-127714210 State: Arkansas
Filing Company: Reliance Standard Life Insurance Company State Tracking Number: 50025
Company Tracking Number: RSL - AR-COMPLAINT REV. 10-11
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: RSL - AR-Complaint Rev. 10-11
Project Name/Number: AR-Complaint Rev. 10-11/AR-Complaint Rev. 10-11

Filing at a Glance

Company: Reliance Standard Life Insurance Company

Product Name: RSL - AR-Complaint Rev. 10-11 SERFF Tr Num: AMFA-127714210 State: Arkansas

TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 50025
Closed

Sub-TOI: H10G.000 Health - Dental Co Tr Num: RSL - AR-COMPLAINT State Status: Approved-Closed
REV. 10-11

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Janis Landon, Stephanie Disposition Date: 10/17/2011
Mundt, Mary Chmelka

Date Submitted: 10/13/2011 Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR-Complaint Rev. 10-11

Status of Filing in Domicile: Not Filed

Project Number: AR-Complaint Rev. 10-11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust

Overall Rate Impact:

Filing Status Changed: 10/17/2011

State Status Changed: 10/17/2011

Deemer Date:

Created By: Mary Chmelka

Submitted By: Mary Chmelka

Corresponding Filing Tracking Number:

Filing Description:

Form: AR-Complaint Rev. 10-11

Enclosed for your review and approval is the above referenced insert page, which will be used for new group policies/certificates issued or renewed after the Department's approval date. This form will be used with policy 9000 Rev. 03-08 and certificate 9021 Rev. 03-08, previously approved by your Department under SERFF# AMFA-125485831. This insert page will replace AR-Complaint Ed. 01-05, previously approved by your Department under SERFF# SERT-65HR3H146/00.

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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,
 Janis Landon
 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

Reliance Standard Life Insurance Company CoCode: 68381 State of Domicile: Illinois
 2001 Market Street Group Code: 74 Company Type:
 Suite 1500 Group Name: State ID Number:
 Philadelphia, PA 19103 FEIN Number: 36-0883760
 (800) 745-6665 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x \$50 each = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reliance Standard Life Insurance Company	\$50.00	10/13/2011	52776957

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/17/2011	10/17/2011

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Disposition

Disposition Date: 10/17/2011

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
Supporting Document	Redline	Approved-Closed	Yes
Supporting Document	3rd Party Authorization	Approved-Closed	Yes
Form	IMPORTANT INFORMATION TO POLICYHOLDERS	Approved-Closed	Yes

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Form Schedule

Lead Form Number: AR-Complaint Rev. 10-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/17/2011	AR-Complaint Rev. 10-11	Policy/Contract, Insert Page, Endorsement or Rider	IMPORTANT INFORMATION TO POLICYHOLDERS	Revised	Replaced Form #: AR-Complaint Ed. 01-05 Previous Filing #: SERT-65HR3H146	50.000	ar-complaint-rsl-10-11.pdf

IMPORTANT INFORMATION TO POLICYHOLDERS

This notice provides information regarding your right to request information about your coverage with us.

You Have the Right to Request

- Information about your plan provisions, benefits, and exclusions by category of service and provider;
- A description of how you can get a estimate of your benefits prior to receiving treatment
- The name, number, type, specialty, and geographic location of participating providers; and
- Criteria we use to evaluate providers for network participation.

In the event you need to contact someone about this policy for any reason, please contact your agent. If you have additional questions, you may contact the insurance company issuing this policy at the following address and telephone number:

Reliance Standard Life Insurance Company
P.O. Box 81889
Lincoln, NE 68501-1889
1-800-366-5933

Name of Agent: _____

Address: _____

Telephone Number: _____

If you have been unable to contact or obtain satisfaction from the company or the agent, or we fail to provide you with reasonable and adequate service, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - readability-rsl.pdf	Approved-Closed	10/17/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:	Approved-Closed	10/17/2011

	Item Status:	Status Date:
Satisfied - Item: Redline Comments: Attachment: ar-complaint-rsl-10-11-rl.pdf	Approved-Closed	10/17/2011

	Item Status:	Status Date:
Satisfied - Item: 3rd Party Authorization Comments: Attachment: RSL authorization 01-2011.pdf	Approved-Closed	10/17/2011

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER: Reliance Standard Life Insurance Company

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

<u>FORM NO:</u>	<u>FLESCH SCORE:</u>	<u>FORM NAME:</u>
AR-Complaint Rev. 10-11	50, with policy/certificate	IMPORTANT INFORMATION TO POLICYHOLDERS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: **Gail M. Garcia**
TYPED NAME: Gail M. Garcia
TITLE: Vice President - Group Compliance
DATE: 10/13/11

Digitally signed by Gail M. Garcia
DN: cn=Gail M. Garcia, o=Ameritas Life Insurance Corp., ou=Group Compliance, email=ggarcia@ameritas.com, c=US
Date: 2009.05.12 13:04:06 -05'00'

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You Have the Right to Request

- Information about your plan provisions, benefits, and exclusions by category of service and provider; ← --- Formatted: Bullets and Numbering
- A description of how you can get a estimate of your benefits prior to receiving treatment ← --- Formatted: Bullets and Numbering
- The name, number, type, specialty, and geographic location of participating providers; and ← --- Formatted: Bullets and Numbering
- Criteria we use to evaluate providers for network participation. ← --- Formatted: Bullets and Numbering

In the event you need to contact someone about this policy for any reason, please contact your agent. If you have additional questions, you may contact the insurance company issuing this policy at the following address and telephone number:

Reliance Standard Life Insurance Company
P.O. Box 81889
Lincoln, NE 68501-1889
1-800-366-5933

Name of Agent: _____
Address: _____
Telephone Number: _____

If you have been unable to contact or obtain satisfaction from the company or the agent, or we fail to provide you with reasonable and adequate service, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

Deleted: Ed. 01-05

Deleted: 08/08

RELIANCE STANDARD

Life Insurance Company

a **DELPHI** company

2001 Market Street, Suite 1500
Philadelphia, PA 19103-7090
(267) 256-3500
(800) 351-7500

January 2011

ALL STATE INSURANCE DEPARTMENT PERSONNEL

Reliance Standard Life Insurance Company, Administrative Offices at 2001 Market Street, Suite 1500 Philadelphia, Pennsylvania 19103, 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

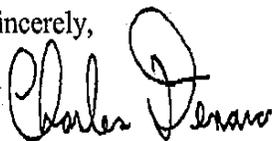
Janis Landon
Senior Contract Analyst

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 Reliance Standard Life Insurance Company.

Sincerely,



Charles Denaro
Secretary