

SERFF Tracking Number: AMFA-127714211 State: Arkansas
Filing Company: Standard Insurance Company State Tracking Number: 50023
Company Tracking Number: SIC - AR-COMPLAINT REV. 10-11
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: SIC - AR-Complaint Rev. 10-11
Project Name/Number: AR-Complaint Rev. 10-11/AR-Complaint Rev. 10-11

Filing at a Glance

Company: Standard Insurance Company

Product Name: SIC - AR-Complaint Rev. 10-11 SERFF Tr Num: AMFA-127714211 State: Arkansas

TOI: H10G Group Health - Dental SERFF Status: Closed-Approved- State Tr Num: 50023
Closed

Sub-TOI: H10G.000 Health - Dental Co Tr Num: SIC - 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
Project Number: AR-Complaint Rev. 10-11
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association
Filing Status Changed: 10/17/2011
State Status Changed: 10/17/2011
Created By: Mary Chmelka
Corresponding Filing Tracking Number:
Filing Description:
Form: AR-Complaint Rev. 10-11

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:
Deemer Date:
Submitted By: Mary Chmelka

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-125485832. This insert page will replace AR-Complaint Ed. 01-05, previously approved by your Department under SERFF# SERT-65HRBV659.

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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

Standard Insurance Company CoCode: 69019 State of Domicile: Oregon
 900 SW Fifth Avenue Group Code: 1348 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: 1 formx x \$50 each = \$50.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------|---------|----------------|---------------|
| Standard Insurance Company | \$50.00 | 10/13/2011 | 52776956 |

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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, Endorsement or Rider | IMPORTANT INFORMATION TO POLICYHOLDERS | Revised | Replaced Form #: AR-Complaint Ed. 01-05 Previous Filing #: SERT-65HRBV659 | 50.000 | ar-complaint-sic-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:

Standard Insurance Company
P.O. Box 82629
Lincoln, NE 68501-2629
1-800-547-9515

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-sic.pdf | Approved-Closed | 10/17/2011 |
| Bypassed - Item: Application Bypass Reason: N/A Comments: | Approved-Closed | 10/17/2011 |
| Satisfied - Item: Redline Comments: Attachment: ar-complaint-sic-10-11-rl.pdf | Approved-Closed | 10/17/2011 |
| Satisfied - Item: 3rd Party Authorization Comments: Attachment: SIC authorization 01-2011.pdf | Approved-Closed | 10/17/2011 |

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER: Standard 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'

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; ← --- 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:

Standard Insurance Company
P.O. Box 82629
Lincoln, NE 68501-2629
1-800-547-9515

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: 08/08/11



January 2011

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