

SERFF Tracking Number: AMFA-128038363 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number:
Company Tracking Number: ALIC - 9050 REV. 01-12
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: ALIC - 9050 Rev. 01-12
Project Name/Number: 9050 Rev. 01-12/9050 Rev. 01-12

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: ALIC - 9050 Rev. 01-12

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AMFA-128038363 State: Arkansas

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

Co Tr Num: ALIC - 9050 REV. 01-
12 State Status: Approved-Closed

Reviewers: Rosalind Minor
Authors: Janis Landon, Stephanie
Disposition Date: 02/01/2012

Mundt, Mary Chmelka

Date Submitted: 01/30/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 9050 Rev. 01-12

Project Number: 9050 Rev. 01-12

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association, Blanket, Trust

Filing Status Changed: 02/01/2012

State Status Changed: 02/01/2012

Created By: Mary Chmelka

Corresponding Filing Tracking Number:

Filing Description:

Form Nos. : 9310 AR Rev. 01-12 – General Provisions

9310-Trust AR Rev. 01-12 – General Provisions (Trust)

9050 Rev. 01-12 – Premiums – (included in Policy only)

Status of Filing in Domicile: Pending

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

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.

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Project Name/Number: 9050 Rev. 01-12/9050 Rev. 01-12

Dear Sir/Madam:

Enclosed for your review and approval are the above referenced insert pages, which will be used for new group policies/certificates issued or renewed after the Department's approval date. These forms will be used with policy 9000 Rev. 03-08, 9021-Trust Rev. 03-08, and certificate 9021 Rev. 03-08, previously approved by your Department on udner AMFA-125485830 and AMFA-125577585. These forms will replace forms 9310 AR Ed. 01-05, 9310-Trust AR Ed. 01-05 and 9050 Ed. 01-05, previously approved by your Department on SERT-65HRLM571 and SERT-672T6R874.

To assist you in your review of this filing, I have enclosed highlighted versions illustrating the changes from the previously approved forms. The modifications under form 9310 AR Rev. 01-12 and 9310-Trust AR Rev. 01-12 are to provide endorsement language that will only be included when an arrangement is made between the organization and the Company for the organization to endorse the Company to the Policyholder. No rates will be affected and full disclosure will be made to policyholder and certificateholder. Modifications to Form 9050 Rev. 01-12 are to add to the Adjust in Premium Rates section

These forms are in final print. The items shown in brackets represent variable material. These items would vary based on the specific policy/certificate plan as selected by the policyholder. An Optional and Variables statement is included for your reference.

These forms will be marketed to any eligible group as defined by the state of issue however; the primary market will be an employer-employee group.

When scored with the policy and certificate, these forms achieve a score of 50 on the Flesch reading ease test. No part of this filing contains any unusual or possibly controversial items from normal company and industry standards.

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

SERFF Tracking Number: AMFA-128038363 State: Arkansas
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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

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
 5900 O Street Group Code: 943 Company Type:
 P O Box 81889 Group Name: State ID Number:
 Lincoln, NE 68501-1889 FEIN Number: 47-0098400
 (800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: 3 forms at \$50 each = \$150.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$150.00	01/30/2012	55904888

SERFF Tracking Number: AMFA-128038363 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/01/2012	02/01/2012

SERFF Tracking Number: AMFA-128038363 *State:* Arkansas
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Project Name/Number: 9050 Rev. 01-12/9050 Rev. 01-12

Disposition

Disposition Date: 02/01/2012

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	Redlines	Approved-Closed	Yes
Supporting Document	Optionals & Variables	Approved-Closed	Yes
Form	PREMIUMS	Approved-Closed	Yes
Form	GENERAL PROVISIONS	Approved-Closed	Yes
Form	GENERAL PROVISIONS	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 9050 Rev. 01-12

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 02/01/2012	9050 Rev. 01-12	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 9050 Ed. 01-05 Previous Filing #: SERT-65HRLM571	50.000	9050 Rev. 01-12.pdf
Approved-Closed 02/01/2012	9310 AR Rev. 01-12	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 9310 AR Ed. 01-05 Previous Filing #: SERT-65HRLM571	50.000	9310 AR Rev. 01-12.pdf
Approved-Closed 02/01/2012	9310-Trust AR Rev. 01-12	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Revised	Replaced Form #: 9310-Trust AR Ed. 01-05 Previous Filing #: SERT-672T6R874	50.000	9310-Trust AR Rev. 01-12.pdf

PREMIUMS

TABLE OF MONTHLY PREMIUM RATES

[Dental Care Insurance	\$**.** per Insured Person
	\$**.** per Dependent Unit
Orthodontic Insurance	\$**.** per Insured Person
	\$**.** per Dependent Unit
Eye Care Insurance	\$**.** per Insured Person
	\$**.** per Dependent Unit]

[ASSOCIATED GROUPS]

PAYMENT OF PREMIUMS. The first premium will be due on the Policy Effective Date to cover the period from that date to the first Premium Due Date. Other premiums will be due on or before each Premium Due Date. Premiums are payable at our Home Office or at some other location to which we and the Policyholder agree.

PREMIUM DUE DATE. The Premium Due Date will be the [first] day of the month that falls on or after the Policy Effective Date. If we agree with the Policyholder to the payment of premiums on a basis other than monthly, the Premium Due Date will be fixed to match the correct basis. If there is a change in the method of payment or Premium Due Date, a pro-rata charge in the premium due will be made.

PREMIUM STATEMENTS. The premium due as of any Premium Due Date is the number of units in force on such date for each type of insurance multiplied by the rate shown in the Table of Premium Rates. A premium statement will be made as of the Premium Due Date showing the premium payable. If premiums are payable on other than a monthly basis, each statement will show any pro-rata premium charges and credits in the last premium period due to changes in the number of Insureds and in the amount of insurance for which people are insured. This is subject to the rules below.

SIMPLIFIED ACCOUNTING. The premium will start on the Premium Due Date falling on or after the date the insurance or the increase in the insurance is effective for: a) a person becoming insured; or b) an increase in the amount of insurance on any person. The premium will stop on the Premium Due Date falling on or after the date of termination of insurance or through the date of service of the last paid claim. There will be no pro-rata charges or credits for a partial month. If premiums are payable other than monthly, charges and credits will be figured as though the Premium Due Date is monthly.

We will be liable for the return of unearned premiums (premium for the period which claims were not paid) to the Policyholder only for the [3, 6, 9, 12] months before the date we receive evidence that a return is due.

ADJUSTMENT IN PREMIUM RATES. We may change the rates shown in the Table of Premium Rates by giving the Policyholder at least [30, 45, 60, 90] days advance written notice. We may change the rates at any time the Schedule of Benefits, or any other terms and conditions of the policy, are changed. We will not change the rates until the Renewal Date shown on the policy cover or more than once in any [12, 24, 36, 48] month period thereafter, unless there is a change in the Schedule of Benefits or a change in any other terms and conditions in the policy.

[Notwithstanding the above, We reserve the right to change any one or more of the rates prior to the Renewal Date or more than once in any [12, 24, 36, 48] month period thereafter upon the occurrence of any one or more of the following:

1. We determine that the average number of dependent children for each Insured with Dependent coverage exceeds 4.0; and/or
2. We determine that the number of Insureds is less than 80% of those Insureds initially enrolled under the Policy as of either (i) the Plan Effective Date, if during the period of time between the Plan Effective Date and the Renewal Date, or (ii) the most recent [12, 24, 36, 48] month anniversary of the Renewal Date; and/or
3. We are required by either the federal government or by any state or local government or by any agency thereof to pay a new or increased tax, assessment, or monetary charge of any kind (other than a new or any increase to the amount of tax we pay based upon our net operating income). Such taxes, assessments or fees would include those that are charged or assessed in connection with the operation of a health care exchange authorized by federal or state law.

Should either or all of the above occur and should we elect to change rates as a result, we agree to notify the Policyholder of the corresponding rate changes at least [30, 45, 60, 90] days in advance of the Premium Due Date for which the rate change shall be effective. The right to change rates as well as the timing of such changes in the above two limited situations shall at all times be subject to applicable state laws and regulations.]

RENEWAL DATE refers to the date each calendar year that the coverage issued under the group policy is considered for renewal. The Renewal Date(s) are shown on the policy cover.

GENERAL PROVISIONS

NOTICE OF CLAIM. Written notice of a claim must be given to us within 90 days after the incurred date of the services provided for which benefits are payable.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it was not reasonably possible to give written notice within the 30 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

CLAIM FORMS. When we receive the notice of a claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

PROOF OF LOSS. Written proof of loss must be given to us within 90 days after the incurred date of the services provided for which benefits are payable. If it is impossible to give written proof within the 90-day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as is reasonably possible. For Eye Care benefits that use either the EyeMed or VSP network, please refer to the limitations section on the Eye Care Expense Benefits page.

[ENDORSEMENT. Pleased be advised that We pay a fee to [(designated organization)] for the use of that organization's intellectual property in connection with their endorsement of the Company to the Policyholder. Amounts paid by Us are used for the general purposes of [(designated organization)] and its members or affiliates and do not affect the rates charged to the Policyholder.]

TIME OF PAYMENT. We will pay all benefits within 30 days of when we receive due proof. We will pay interest at the rate of one and one-half percent per month on benefits for valid claims not paid within 30 days until the claim is settled. If we do not pay benefits when due, the Insured may bring legal action to recover benefits, interest and any other damages allowable by law.

PAYMENT OF BENEFITS. Participating Providers have agreed to accept assignment of benefits for services and supplies performed or furnished by them. When a Non-Participating Provider performs services, all benefits will be paid to the Insured unless otherwise indicated by the Insured's authorization to pay the Non-Participating Provider directly.

FACILITY OF PAYMENT. If an Insured or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Insured, then we may, at our option, pay the benefit up to an amount not to exceed \$5,000, to any relative by blood or connection by marriage of the Insured who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PROVIDER-PATIENT RELATIONSHIP. The Insured may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than five years after proof of loss is required.

INCONTESTABILITY. Any statement made by the Policyholder to obtain the Policy is a representation and not a warranty. No misrepresentation by the Policyholder will be used to deny a claim or to deny the validity of the Policy unless:

1. The Policy would not have been issued if we had known the truth; and

2. We have given the Policyholder a copy of a written instrument signed by the Policyholder that contains the misrepresentation.

The validity of the Policy will not be contested after it has been in force for one year, except for nonpayment of premiums or fraudulent misrepresentations.

WORKER'S COMPENSATION. The coverage provided under the Policy is not a substitute for coverage under a workmen's compensation or state disability income benefit law and does not relieve the Policyholder of any obligation to provide such coverage.

GENERAL PROVISIONS

NOTICE OF CLAIM. Written notice of a claim must be given to us within 90 days after the incurred date of the services provided for which benefits are payable.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it was not reasonably possible to give written notice within the 30 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

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PAYMENT OF BENEFITS. Participating Providers have agreed to accept assignment of benefits for services and supplies performed or furnished by them. When a Non-Participating Provider performs services, all benefits will be paid to the Insured unless otherwise indicated by the Insured's authorization to pay the Non-Participating Provider directly.

FACILITY OF PAYMENT. If an Insured or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Insured, then we may, at our option, pay the benefit up to an amount not to exceed \$5,000, to any relative by blood or connection by marriage of the Insured who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PROVIDER-PATIENT RELATIONSHIP. The Insured may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than five years after proof of loss is required.

INCONTESTABILITY. We cannot contest the validity of the policy after one year from the date of issue except for non-payment of premiums. We cannot contest an Insured's insurability after his or her insurance has been in force for one year while the Insured is alive. Any of the Insured's statements that we contest must be in a written application signed by the Insured.

TERMINATION OF EMPLOYER UNIT PARTICIPATION UNDER THE POLICY. In addition to the Policy termination rights contained elsewhere, we may terminate a particular Employer Unit's participation under the policy for any one or more of the following reasons:

- a. failure to make required premium payments;
- b. the number of Insureds falls below any participation requirements shown in the Conditions for Insurance Coverage.
- c. the failure of the Employer Unit to satisfy the conditions for participation in the [Bankers Life Nebraska Preferred Trust] or the policy.

INSURANCE DATA. The Policyholder and the Employer Unit, including each Insured, will furnish, at our request, data necessary to administer this policy. The data will include, but not be limited to the following:

- i. data necessary for us to calculate premiums;
- ii. data necessary to for us determine a person's effective date or termination date of insurance;

We shall have the right to inspect any of the Policyholder or Employer Unit's records we find necessary to properly administer this policy. Any inspections will be at a time and place convenient to the Policyholder and/or the Employer Unit.

We will not refuse to insure a person who is eligible to be insured just because the Policyholder or the Employer Unit fails or errs in giving us the data necessary to include that person for coverage. An Insured's insurance will not stay in force nor an amount of insurance be continued after the termination date, according to the Conditions for Insurance, because the Policyholder and/or Employer Unit fails or errs in giving us the necessary data concerning an Insured's termination.

WORKER'S COMPENSATION. The coverage provided under the Policy is not a substitute for coverage under a workmen's compensation or state disability income benefit law and does not relieve the Policyholder of any obligation to provide such coverage.

<i>SERFF Tracking Number:</i>	AMFA-128038363	<i>State:</i>	Arkansas
<i>Filing Company:</i>	Ameritas Life Insurance Corp.	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	ALIC - 9050 REV. 01-12		
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<i>Project Name/Number:</i>	9050 Rev. 01-12/9050 Rev. 01-12		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - readability-alic.pdf	Approved-Closed	02/01/2012

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: n/a Comments:	Approved-Closed	02/01/2012

	Item Status:	Status Date:
Satisfied - Item: Redlines Comments: Attachments: 9310 AR Rev. 01-12-rl.pdf 9310-Trust AR Rev. 01-12-rl.pdf 9050 Rev. 01-12-rl.pdf	Approved-Closed	02/01/2012

	Item Status:	Status Date:
Satisfied - Item: Optionals & Variables Comments: Attachment: Opts-Var-9050-9310 Rev. 01-12.pdf	Approved-Closed	02/01/2012

STATE OF ARKANSAS
CERTIFICATE OF READABILITY

INSURER: Ameritas Life Insurance Corp.

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>
9050 Rev. 01-12	50, with policy/certificate	Premiums
9310 AR Rev. 01-12	50 with policy/certificate	General Provisions
9310-Trust AR Rev. 01-12	50 with trust cert	General Provisions

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: 01/30/12

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'

GENERAL PROVISIONS

NOTICE OF CLAIM. Written notice of a claim must be given to us within 90 days after the incurred date of the services provided for which benefits are payable.

Notice must be given to us at our Home Office, or to one of our agents. Notice should include the Policyholder's name, Insured's name, and policy number. If it was not reasonably possible to give written notice within the 30 day period stated above, we will not reduce or deny a claim for this reason if notice is filed as soon as is reasonably possible.

CLAIM FORMS. When we receive the notice of a claim, we will send the claimant forms for filing proof of loss. If these forms are not furnished within 15 days after the giving of such notice, the claimant will meet our proof of loss requirements by giving us a written statement of the nature and extent of loss within the time limit for filing proofs of loss.

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Deleted: PAYMENT OF BENEFITS. All benefits will be paid to the Insured unless you authorize us in writing to make payment to the Provider providing the services or supplies.¶

FACILITY OF PAYMENT. If an Insured or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Insured, then we may, at our option, pay the benefit up to an amount not to exceed \$5,000, to any relative by blood or connection by marriage of the Insured who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PROVIDER-PATIENT RELATIONSHIP. The Insured may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than five years after proof of loss is required.

INCONTESTABILITY. Any statement made by the Policyholder to obtain the Policy is a representation and not a warranty. No misrepresentation by the Policyholder will be used to deny a claim or to deny the validity of the Policy unless:

- 1. The Policy would not have been issued if we had known the truth; and

- |
2. We have given the Policyholder a copy of a written instrument signed by the Policyholder that contains the misrepresentation.

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The validity of the Policy will not be contested after it has been in force for one year, except for nonpayment of premiums or fraudulent misrepresentations.

| Deleted: 9310 AR Ed. 01-05¶

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Deleted: PAYMENT OF BENEFITS.
All benefits will be paid to the Insured unless you authorize us in writing to make payment to the Provider providing the services or supplies.¶

FACILITY OF PAYMENT. If an Insured or beneficiary is not capable of giving us a valid receipt for any payment or if benefits are payable to the estate of the Insured, then we may, at our option, pay the benefit up to an amount not to exceed \$5,000, to any relative by blood or connection by marriage of the Insured who is considered by us to be equitably entitled to the benefit.

Any equitable payment made in good faith will release us from liability to the extent of payment.

PROVIDER-PATIENT RELATIONSHIP. The Insured may choose any Provider who is licensed by the law of the state in which treatment is provided within the scope of their license. We will in no way disturb the provider-patient relationship.

LEGAL PROCEEDINGS. No legal action can be brought against us until 60 days after the Insured sends us the required proof of loss. No legal action against us can start more than five years after proof of loss is required.

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INCONTESTABILITY. We cannot contest the validity of the policy after one year from the date of issue except for non-payment of premiums. We cannot contest an Insured's insurability after his or her insurance has been in force for one year while the Insured is alive. Any of the Insured's statements that we contest must be in a written application signed by the Insured.

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TERMINATION OF EMPLOYER UNIT PARTICIPATION UNDER THE POLICY. In addition to the Policy termination rights contained elsewhere, we may terminate a particular Employer Unit's participation under the policy for any one or more of the following reasons:

- a. failure to make required premium payments;
- b. the number of Insureds falls below any participation requirements shown in the Conditions for Insurance Coverage.
- c. the failure of the Employer Unit to satisfy the conditions for participation in the [Bankers Life Nebraska Preferred Trust] or the policy.

INSURANCE DATA. The Policyholder and the Employer Unit, including each Insured, will furnish, at our request, data necessary to administer this policy. The data will include, but not be limited to the following:

- i. data necessary for us to calculate premiums;
- ii. data necessary to for us determine a person's effective date or termination date of insurance;

We shall have the right to inspect any of the Policyholder or Employer Unit's records we find necessary to properly administer this policy. Any inspections will be at a time and place convenient to the Policyholder and/or the Employer Unit.

We will not refuse to insure a person who is eligible to be insured just because the Policyholder or the Employer Unit fails or errs in giving us the data necessary to include that person for coverage. An Insured's insurance will not stay in force nor an amount of insurance be continued after the termination date, according to the Conditions for Insurance, because the Policyholder and/or Employer Unit fails or errs in giving us the necessary data concerning an Insured's termination.

WORKER'S COMPENSATION. The coverage provided under the Policy is not a substitute for coverage under a workmen's compensation or state disability income benefit law and does not relieve the Policyholder of any obligation to provide such coverage.

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PREMIUMS

TABLE OF MONTHLY PREMIUM RATES

[Dental Care Insurance	\$**.**. per Insured Person \$**.**. per Dependent Unit
Orthodontic Insurance	\$**.**. per Insured Person \$**.**. per Dependent Unit
Eye Care Insurance	\$**.**. per Insured Person \$**.**. per Dependent Unit]

[ASSOCIATED GROUPS]

PAYMENT OF PREMIUMS. The first premium will be due on the Policy Effective Date to cover the period from that date to the first Premium Due Date. Other premiums will be due on or before each Premium Due Date. Premiums are payable at our Home Office or at some other location to which we and the Policyholder agree.

PREMIUM DUE DATE. The Premium Due Date will be the [first] day of the month that falls on or after the Policy Effective Date. If we agree with the Policyholder to the payment of premiums on a basis other than monthly, the Premium Due Date will be fixed to match the correct basis. If there is a change in the method of payment or Premium Due Date, a pro-rata charge in the premium due will be made.

PREMIUM STATEMENTS. The premium due as of any Premium Due Date is the number of units in force on such date for each type of insurance multiplied by the rate shown in the Table of Premium Rates. A premium statement will be made as of the Premium Due Date showing the premium payable. If premiums are payable on other than a monthly basis, each statement will show any pro-rata premium charges and credits in the last premium period due to changes in the number of Insureds and in the amount of insurance for which people are insured. This is subject to the rules below.

SIMPLIFIED ACCOUNTING. The premium will start on the Premium Due Date falling on or after the date the insurance or the increase in the insurance is effective for: a) a person becoming insured; or b) an increase in the amount of insurance on any person. The premium will stop on the Premium Due Date falling on or after the date of termination of insurance or through the date of service of the last paid claim. There will be no pro-rata charges or credits for a partial month. If premiums are payable other than monthly, charges and credits will be figured as though the Premium Due Date is monthly.

We will be liable for the return of unearned premiums ([premium for the period which claims were not paid](#)) to the Policyholder only for the [3, 6, 9, 12] months before the date we receive evidence that a return is due.

ADJUSTMENT IN PREMIUM RATES. We may change the rates shown in the Table of Premium Rates by giving the Policyholder at least ~~[30, 45, 60, 90]~~ days advance written notice. We may change the rates at any time the Schedule of Benefits, or any other terms and conditions of the policy, are changed. We will not change the rates until the Renewal Date shown on the policy cover or more than once in any ~~[12, 24, 36, 48]~~ month period thereafter, unless there is a change in the Schedule of Benefits or a change in any other terms and conditions in the policy.

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[Notwithstanding the above, We reserve the right to change any one or more of the rates prior to the Renewal Date or more than once in any ~~[12, 24, 36, 48]~~ month period thereafter upon the occurrence of any one or more of the following:

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1. We determine that the average number of dependent children for each Insured with Dependent coverage exceeds 4.0; and/or

2. We determine that the number of Insureds is less than 80% of those Insureds initially enrolled under the Policy as of either (i) the Plan Effective Date, if during the period of time between the Plan Effective Date and the Renewal Date, or (ii) the most recent ~~[12, 24, 36, 48]~~ month anniversary of the Renewal Date; and/or

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3. We are required by either the federal government or by any state or local government or by any agency thereof to pay a new or increased tax, assessment, or monetary charge of any kind (other than a new or any increase to the amount of tax we pay based upon our net operating income). Such taxes, assessments or fees would include those that are charged or assessed in connection with the operation of a health care exchange authorized by federal or state law.

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Should either or all of the above occur and should we elect to change rates as a result, we agree to notify the Policyholder of the corresponding rate changes at least ~~[30, 45, 60, 90]~~ days in advance of the Premium Due Date for which the rate change shall be effective. The right to change rates as well as the timing of such changes in the above two limited situations shall at all times be subject to applicable state laws and regulations.]

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RENEWAL DATE refers to the date each calendar year that the coverage issued under the group policy is considered for renewal. The Renewal Date(s) are shown on the policy cover.

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OPTIONALS AND VARIABLES

No change will be made to any policy or certificate in violation of state statutes.

TABLE OF MONTHLY PREMIUM RATES – 9050 Rev. 01-12

The rate table will reflect the rate structure selected by the Policyholder, which could include: Insured/Dependent Unit, Insured/Spouse/Children Only/Spouse and Children, or One Dependent/Two or More Dependents.

The policyholder may request to have the total rate for the Member and Dependent Unit combined. The example lists the Dependent Only rates. In this case the rate table will look like the following:

Dental Care Insurance Person	\$XX.XX	per Insured
+ Spouse	\$XX.XX	Insured Person
+ Children	\$XX.XX	Insured Person
+ Spouse & Children	\$XX.XX	Insured Person

Any of the Benefit Types, Dental, Orthodontic, Eye Care, etc. may be combined together to indicate the total rate for each of the Benefit Types.

Ex. Dental and Eye Care Insurance \$XX.XX per Insured Person.

The 3 month variable could be modified to extend to a longer period, e.g., 6, 9, or 12 based on plan selection.

The 30 day advance written notice could be modified to 45, 60, 90 days, but never less than the number required by the state law.

If a policyholder has subsidiaries, multiple locations, etc. which are covered under the group policy, these subsidiaries, locations would be listed here.

Based on the case criteria and upon request of the Policyholder, the policy can be issued with an expanded rate guarantee period of 24, 36, or 48 months. This extended period is conditional upon the items listed within the provision. A 12-month guarantee period is the standard provision.

GENERAL PROVISIONS - 9310 Rev. 01-12

Endorsement language will be included when an arrangement is made between the organization and the Company for the organization to endorse the Company to the Policyholder. No rates will be affected and full disclosure will be made to policyholder and certificateholder.