

SERFF Tracking Number: AMFA-128384182 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number:  
Company Tracking Number: GR 6490 ED. 5-12  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: GR 6490 Ed. 5-12  
Project Name/Number: GR 6490 Ed. 5-12/GR 6490 Ed. 5-12

## Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: GR 6490 Ed. 5-12

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health - Dental

Filing Type: Form

SERFF Tr Num: AMFA-128384182 State: Arkansas

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

Co Tr Num: GR 6490 ED. 5-12

State Status: Approved-Closed

Authors: Janis Landon, Mary  
Chmelka

Reviewer(s): Rosalind Minor

Disposition Date: 05/22/2012

Date Submitted: 05/22/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: GR 6490 Ed. 5-12

Project Number: GR 6490 Ed. 5-12

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Association

Filing Status Changed: 05/22/2012

State Status Changed: 05/22/2012

Created By: Janis Landon

Corresponding Filing Tracking Number:

Filing Description:

RE: AMERITAS LIFE INSURANCE CORP.

NAIC NO.:943-61301

FEIN NO.:47-0098400

Group Dental & Eye Care Enrollment Form

Form: GR 6490 Ed. 5-12 - Group Application for Dental and/or Vision Insurance

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: Janis Landon

Dear Sir/Madam:

SERFF Tracking Number: AMFA-128384182 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number:  
Company Tracking Number: GR 6490 ED. 5-12  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: GR 6490 Ed. 5-12  
Project Name/Number: GR 6490 Ed. 5-12/GR 6490 Ed. 5-12

Enclosed for your review and approval is the above application form. This form will be used with group policy 9000 Rev. 03-08 and group certificate 9021 Rev. 03-08, previously approved by your Department. It does not replace any previously approved form.

The base policy and certificate forms provide group dental and/or eye care coverage to employer-employee groups and association groups. This application will be used with an applicant employer or association who is selecting dental and/or eye care coverage for their employees or members.

The 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.

If you should have any questions, please don't hesitate to contact me at 800-745-1112, Ext. 82444, FAX 402-309-2573 or eMail [jlandon@ameritas.com](mailto:jlandon@ameritas.com).

Sincerely,

Janis Landon, FLMI, ACS  
Senior Contract Analyst  
Ameritas Life Insurance Corp.

State Narrative:

## Company and Contact

### Filing Contact Information

Janis Landon, Senior Contract Analyst  
475 Fallbrook Blvd.  
Lincoln, NE 68521

[jlandon@ameritas.com](mailto:jlandon@ameritas.com)  
800-745-1112 [Phone] 82444 [Ext]  
402-309-2573 [FAX]

### Filing Company Information

Ameritas Life Insurance Corp.  
5900 O Street  
P O Box 81889  
Lincoln, NE 68501-1889  
(800) 756-1112 ext. [Phone]

CoCode: 61301 State of Domicile: Nebraska  
Group Code: 943 Company Type:  
Group Name: State ID Number:  
FEIN Number: 47-0098400

SERFF Tracking Number: AMFA-128384182 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number:  
Company Tracking Number: GR 6490 ED. 5-12  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: GR 6490 Ed. 5-12  
Project Name/Number: GR 6490 Ed. 5-12/GR 6490 Ed. 5-12

-----

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 1 application filing  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$50.00	05/22/2012	59332324

SERFF Tracking Number: AMFA-128384182 State: Arkansas  
Filing Company: Ameritas Life Insurance Corp. State Tracking Number:  
Company Tracking Number: GR 6490 ED. 5-12  
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
Product Name: GR 6490 Ed. 5-12  
Project Name/Number: GR 6490 Ed. 5-12/GR 6490 Ed. 5-12

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/22/2012	05/22/2012

*SERFF Tracking Number:* AMFA-128384182      *State:* Arkansas  
*Filing Company:* Ameritas Life Insurance Corp.      *State Tracking Number:*  
*Company Tracking Number:* GR 6490 ED. 5-12  
*TOI:* H10G Group Health - Dental      *Sub-TOI:* H10G.000 Health - Dental  
*Product Name:* GR 6490 Ed. 5-12  
*Project Name/Number:* GR 6490 Ed. 5-12/GR 6490 Ed. 5-12

## **Disposition**

Disposition Date: 05/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMFA-128384182</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>GR 6490 ED. 5-12</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>GR 6490 Ed. 5-12</i>		
<i>Project Name/Number:</i>	<i>GR 6490 Ed. 5-12/GR 6490 Ed. 5-12</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Application	Approved-Closed	Yes

SERFF Tracking Number: AMFA-128384182 State: Arkansas  
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number:  
 Company Tracking Number: GR 6490 ED. 5-12  
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental  
 Product Name: GR 6490 Ed. 5-12  
 Project Name/Number: GR 6490 Ed. 5-12/GR 6490 Ed. 5-12

## Form Schedule

**Lead Form Number: GR 6490 Ed. 5-12**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 05/22/2012	GR 6479 Ed. 5-12	Application/ Enrollment Form	Application	Initial		50.000	GR6490_File d Version.pdf

# application

## for Group Dental and/or Vision Insurance Benefits



1. The following coverages are applied for:  
**Employee & Dependents Benefits**  Dental  Orthodontia  Vision  Other \_\_\_\_\_  
**Employee Only Benefits**  Dental  Orthodontia  Vision  Other \_\_\_\_\_
2. Group Name \_\_\_\_\_  
Doing business as \_\_\_\_\_ Tax I.D. Number \_\_\_\_\_
3. Group Address: Street or P.O. Box \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_
4. Group Contact: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_
5. Type of business \_\_\_\_\_
6. Payment mode  Monthly  Quarterly  Semi-Annually  Annually
7. Total Employees Eligible. . . . . \_\_\_\_\_
8. Number of Employees Enrolled . . . . . \_\_\_\_\_
9. It is requested that this insurance be effective on \_\_\_\_\_ . (The effective date must be the first of the month. All papers must be received by the Company in acceptable form by the requested effective date.)
10. All present employees are to be eligible on the effective date except part-time employees and those on disability leave. Employees who come to work after the effective date shall be eligible on the first day of the month following completion of \_\_\_\_\_ (  days or  months ) of continuous active service.  
Every group will have an open enrollment period, which is the group's policy anniversary date unless otherwise changed.
11. The firm will pay \_\_\_\_\_ % of all employee costs and \_\_\_\_\_ % of dependent costs.
12. I hereby represent that there are, as of this date, a total of \_\_\_\_\_ full-time eligible employees including owners, partners, and officers in the employment of this firm. If any class or classes of employees are to be excluded from eligibility, describe them briefly.  
\_\_\_\_\_  
\_\_\_\_\_

(Such class exclusion must be nondiscriminatory.)

13. Policy and Certificate Delivery (select one):  
**A. eCert\*/ePolicy** (\*generic cert, non-personalized)  via PDF format sent via e-mail to: \_\_\_\_\_  
 via eService and member portal  
**B. Paper policy/personalized certificates**  Initial employees only and/or  Subsequently added employees  
**Note:** eCert will be available on member portal for all members.
14. Will the insurance requested on this application replace the coverage(s) checked?  Yes  No  
Coverages:  Dental  Orthodontia  Vision  Other \_\_\_\_\_  
Name of Current Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Coverage applied for is replacing comparable coverage now or previously in force with another carrier.  
Termination Date \_\_\_\_\_ Original Effective Date \_\_\_\_\_
16. Section 125 Plan: Election Period \_\_\_\_\_ Plan Year \_\_\_\_\_

### Agreements

This application will be subject to review and approval by the Home Office of Ameritas Life Insurance Corp. If this application is accepted, the final rates and benefits will be based on verification of this information and final enrollment numbers. This applicant represents that he/she has read the statements and answers to the above questions and that they are complete and true to the best of his/her knowledge and belief. Any policy including riders issued as a result of this application will, with this application, be the entire insurance contract. If this application is accepted at the Home Office of Ameritas Life Insurance Corp., group insurance at the Company's rates and under the terms applied for shall take effect as of the date set forth in the policy. If this application is not accepted, any premium advanced shall be refunded.

– over –

## Statements

**In several states, we are required to advise you of the following:** Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (See state-specific statements.)

**Note for California Residents:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

**No Cost Language Services.** You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

**Servicios de idiomas sin costo.** Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-2797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

**Note for Colorado Residents:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Note for Florida Residents:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**Note for Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person

files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Note for Maryland Residents:** Any person who knowingly [and] [or] willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly [and] [or] willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Note for New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Note for New Mexico and Rhode Island Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Note for North Carolina Residents:** After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

**Note for Pennsylvania Residents:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Note for Texas Residents:** Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

**Note for Washington Residents:** For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

**Note for Washington, D.C. Residents:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**If you do not want your company name used by Ameritas Life Insurance Corp. in our effort to recruit Network providers, check this box.**

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City / State

Signature of Applicant X \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_ Title \_\_\_\_\_

Signature of Licensed Agent X \_\_\_\_\_ Agent License I.D. # \_\_\_\_\_

Printed Name of Writing Agent \_\_\_\_\_ Agent # \_\_\_\_\_

All insurance plans may not be available in all states. Check with our administrative office.

<i>SERFF Tracking Number:</i>	<i>AMFA-128384182</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>GR 6490 ED. 5-12</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>GR 6490 Ed. 5-12</i>		
<i>Project Name/Number:</i>	<i>GR 6490 Ed. 5-12/GR 6490 Ed. 5-12</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> N/A <b>Attachment:</b> ar-readability-certification-alic.pdf	Approved-Closed	05/22/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application <b>Comments:</b> N/A	Approved-Closed	05/22/2012

**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>
GR 6490 Ed. 05-12	50, with policy/cert	Application
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Garcia  
TITLE: Vice President, Group Compliance  
DATE: 05/22/2012

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: 2012.05.22 10:03:50 -05'00'