

**State:** Arkansas **Filing Company:** Delta Dental of Arkansas  
**TOI/Sub-TOI:** H10G Group Health - Dental/H10G.000 Health - Dental  
**Product Name:** DAR-ENR-12  
**Project Name/Number:** /

## Filing at a Glance

Company: Delta Dental of Arkansas  
Product Name: DAR-ENR-12  
State: Arkansas  
TOI: H10G Group Health - Dental  
Sub-TOI: H10G.000 Health - Dental  
Filing Type: Form  
Date Submitted: 09/12/2012  
SERFF Tr Num: DDAR-128682305  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num:

Implementation  
Date Requested:  
Author(s): Sara Farris  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 09/14/2012  
Disposition Status: Approved-Closed  
Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Delta Dental of Arkansas  
**TOI/Sub-TOI:** H10G Group Health - Dental/H10G.000 Health - Dental  
**Product Name:** DAR-ENR-12  
**Project Name/Number:** /

### General Information

Project Name: Status of Filing in Domicile:  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Domicile Status Comments:  
 Explanation for Combination/Other: Market Type:  
 Submission Type: Overall Rate Impact:  
 Filing Status Changed: 09/14/2012  
 State Status Changed: 09/14/2012 Deemer Date:  
 Created By: Sara Farris Submitted By: Sara Farris  
 Corresponding Filing Tracking Number:

**Filing Description:**  
 Please approve this enrollment form for the State of Arkansas group dental business.

### Company and Contact

#### Filing Contact Information

Sara Farris, sfarris@ddpar.com  
 1513 Country Club 501-992-1662 [Phone]  
 Sherwood, AR 72120 501-992-1663 [FAX]

#### Filing Company Information

Delta Dental of Arkansas CoCode: 47155 State of Domicile: Arkansas  
 1513 Country Club Rd. Group Code: Company Type:  
 Sherwood, AR 72120 Group Name: State ID Number:  
 (501) 992-1662 ext. [Phone] FEIN Number: 71-0561140

### Filing Fees

Fee Required? Yes  
 Fee Amount: \$0.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

Company	Amount	Date Processed	Transaction #
Delta Dental of Arkansas	\$50.00	09/12/2012	62612222

SERFF Tracking #:

DDAR-128682305

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

DAR-ENR-12

Project Name/Number:

/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/14/2012	09/14/2012

SERFF Tracking #:

DDAR-128682305

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

DAR-ENR-12

Project Name/Number:

/

## Disposition

Disposition Date: 09/14/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	DAR-ENR-12	Approved-Closed	Yes

SERFF Tracking #:

DDAR-128682305

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

DAR-ENR-12

Project Name/Number:

/

## Form Schedule

### Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/14/2012		AEF	DAR-ENR-12	Initial:	0.000	DAR-ENR-12.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# ARBenefits Dental

Return form to:

H&H Employee Benefits Specialists  
 1512 Macon Drive, Suite 1A | Little Rock, AR 72211 | Fax: (501) 663-1445  
 Questions? Call (501) 224-5234 or (888) 224-5233



AGENCY NAME: _____ LAST NAME: _____ FIRST: _____ MI: _____ SSN: _____ [PERSONNEL NUMBER: _____] STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ PHONE: ( ) _____ EMAIL: _____ DATE OF HIRE: ____ (MM) ____ (DD) ____ (YY) GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DATE OF BIRTH: ____ (MM) ____ (DD) ____ (YY) MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	<b>For internal use only:</b> Delta Dental Group Number: _____ Effective Date: ____ (MM) ____ (DD) ____ (YY)
--	--

### 1. COVERAGE CHANGES

\*Please check the box(es) next to the reason for your change

Type of coverage selected & plan option (choose one)

Base Dental

- Employee \$19.62
- Employee/Spouse \$39.10
- Employee/Child(ren) \$38.20
- Employee/Family \$63.30

Premium Dental

- Employee \$28.12
- Employee/Spouse \$56.06
- Employee/Child(ren) \$54.74
- Employee/Family \$90.72

Monthly Rates effective January 1, 2013 – December 31, 2015

- Open enrollment
- New Hire
- Agency Change
- Termination
- Status Change
- Address Change

Reason(s) for Status Change:

- Marriage\*
- Divorce\*
- Birth or adoption of child\*
- Loss of spouse's coverage\*
- No longer dependent child\*
- Death of dependent\*
- Name Change
- Other

\*Date of event above: \_\_\_\_\_

### 2. LIST ALL MEMBERS TO BE ENROLLED OR AFFECTED BY CHANGE

Add	Remove	Last Name	First Name	MI	Spouse or Dependent	Gender M/F	Birthdate (MM/DD/YY)
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

### 3. AUTHORIZATION

I authorize dentists, dental office personnel, and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for 30 months from the date this form is signed for the purpose of collecting information in connection with enrollment, coverage reinstatement, or requests to change benefits. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

### 4 CERTIFICATION

I certify that the information supplied by me on this form is accurate to the best of my knowledge. 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 fines and confinement in prison.

I authorize payroll deductions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: For new hires, the effective date will be first of the month following the signature date provided on this form.

SERFF Tracking #:

DDAR-128682305

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

DAR-ENR-12

Project Name/Number:

/

## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	09/14/2012
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/14/2012
Bypass Reason:	N/A		
Comments:			