

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 an 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:

Ameritas Life Insurance Corp.
P.O. Box 82657
Lincoln, NE 68501-2657
877-897-4328 (Toll Free)

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 have the right to file a complaint with the Arkansas Insurance Department (AID). You may call AID to request a complaint form at (800) 852-5494 or (501) 371-2640 or write the Department at::

Consumer Services Division
Arkansas Insurance Department
1 Commerce Way, Suite 102
Little Rock, AR 72202

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.

