



Employer Administrative Kit
Group Insurance Policy

www.securecaredental.com



EMPLOYER ADMINISTRATIVE KIT

PREMIUM REMITTANCE INSTRUCTIONS

INITIAL PREMIUM DUE

The initial premium remittance is sent to SecureCare and will include all applicable premium for dental and/or vision along with SecureCare Master Application and employee enrollment forms. This initial premium remittance is included in the calculations of your first month's billing.

Upon receipt of SecureCare Master Application and employee enrollment forms, SecureCare will calculate the actual premium due and send the Group a Premium Billing Statement (to be included in the Administrative Kit) indicating the balance due SecureCare or due to the Group. The difference, if any, will be reported on the next SecureCare Premium Billing Statement to the Group.

WHERE TO SEND PREMIUM

SecureCare will send a Premium Billing Statement for both dental and/or vision each month.

Please send premium remittance to:
SecureCare
P.O. Box 29697
Phoenix, AZ 85038-9697

The SecureCare Premium Billing Statement includes a tear off portion to be returned to SCD with your payment. Please use the return envelope enclosed with your bill to insure correct and timely processing.

WHEN IS PREMIUM DUE?

All premium is due by the 1st day of the coverage month. This is your Premium Due Date.

Each Group has a 31-day Grace Period from the date the premium is due.

Insurance coverage will terminate effective as of the Premium Due Date if premium is not paid by the end of the Grace Period.

WHAT AMOUNT SHOULD YOU PAY?

Please pay exactly the amount shown as due on your Premium Billing Statement.

Please report all changes to employee coverage on the "Enrollment/Coverage Change Form".

All employee coverage changes, terminations and new hires will be reported on the next Premium Billing Statement.

Any questions about your Statement should be directed to the office of Group Administration. Group Administration can be reached by email at group@securecaredental.com or by phone at 602-241-0914 ext 2502 or Toll Free at 888-429-0914.

HOW TO MAKE CHANGES TO EMPLOYEE COVERAGE

ONLINE ENROLLMENT/COVERAGE CHANGES

Our secure online enrollment allows you to submit employee:

- Enrollments
- Coverage Changes
- Information Changes
- Terminations

Go to: www.securecaredental.com and click on the Enroll Online link. Enter employee information. Click on SUBMIT. You'll receive immediate email confirmation. Employee information submitted online will be live in our system within 2 business days.

FAX or MAIL

Complete entire Enrollment/Coverage Change Form for the following:

- New Employees
- Changes in Coverage for Existing Employees
 - Addition or deletion of dependents/spouse
 - Changes in dependent status
 - Corrections in Plan selected
 - Name changes
 - Address changes
 - Student status
 - Add a line of coverage
 - Any other status change
- Terminations
 - Indicate reason for termination by checking the appropriate box.
 - Terminations in the month of coverage, if received in our office by the 10th day of the month, will appear on the following month Premium Billing Statement. If received after the 10th day of the month, it will appear on the Premium Billing Statement for the month after next.

Employee signature is required on all changes.

To obtain Enrollment/Coverage Change Forms go to www.securecaredental.com and click on the Find a Form link.

Please mail to:

SecureCare.
Attention: Group Administration
777 E Missouri Ave, Suite 121
Phoenix, AZ 85014

American National Insurance Company of Texas

One Moody Plaza • Galveston, Texas • 77550

(called "We", "Our" and "Us")

GROUP DENTAL INSURANCE POLICY

Group Policy Number: [000000000]

Policyholder: [_____]

Date of Issue: [__/__/__]

Effective Date: [__/__/__]

State of Issue: Arizona

We agree to pay the benefits described in this Policy. We will do so in accordance with and subject to its terms and provisions.

This Policy is issued to the Policyholder. Its issue is based on the statements made in the attached application and payment of the first premium. This Policy takes effect on the group effective date issued by Us. It is governed by the laws of the State of Issue. Future premiums are due as scheduled while this Policy continues in force. It will terminate in accordance with its provisions.

The following are made part of this Policy: the provisions of the attached Certificates; all riders; all endorsements; and all amendments issued on and after the group's effective date.

IN WITNESS WHEREOF American National Insurance Company of Texas has caused this Policy to be executed on the Date of Issue to take effect on the Policy Effective Date.



President



Secretary

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information may be guilty of insurance fraud.

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GROUP DENTAL CERTIFICATE

SCHEDULE OF BENEFITS

AMENDMENT RIDERS, IF ANY

PREMIUMS

PREMIUM CALCULATIONS AND PAYMENTS

The first premium for this Policy is due on its Date Of Issue. Subsequent premiums are due on or before the same day of the month according to the Premium Frequency. The Premium Frequency is found in each Certificate's Coverage Summary. Premiums are payable on this basis, unless We agree to some other mode of payment. Premiums must be paid to Us at Our Home Office or to Our Third Party Administrator. Premiums are not considered paid until they are received by Us or Our Third Party Administrator.

The payment of any due premium will keep the coverage in force to the next premium due date, subject to the Grace Period provision. We are not responsible for claims incurred by Insureds during any period for which full premiums have not been paid, except as provided in the Grace Period provision.

We reserve the right to change any premium rate as of any due date. In this event, We will give written notice to the Policyholder at least 60 days in advance of any such change.

PREMIUM ADJUSTMENTS

From time to time, adjustments may be required due to additions and deletions. For this reason, We will require a premium statement for any premium to be debited or credited. Any debit or credit remaining at the end of any premium paying period will be debited or credited to the next premium due date.

If there is a clerical error which affects the premium, an adjustment will be made on the next due date after such error is found and reported. Any change which involves the crediting of unearned premium must be reported to Us. We must receive such notice before the end of the premium paying period next following the Year for which such adjustment relates.

POLICY PROVISIONS

DEFINITIONS

Terms used in this Policy are defined in its Certificate.

ENTIRE CONTRACT

The entire contract between the Policyholder and Us is made up of the following:

1. This Policy.
2. The Policyholder's application.
3. Insureds' enrollment forms.
4. Specific provisions shown in the Certificate, as issued to Certificate holders.
5. Riders and endorsements, if any, adding or changing the provisions of the Policy or Certificate.

CHANGES TO POLICY

The Policy or Certificate cannot be changed, and its terms cannot be waived or extended in any way, except by written endorsement or amendment. Such endorsement or amendment must be signed by:

1. the Company's President or Secretary; and
2. if the endorsement or amendment makes the terms of the Policy more restrictive, an officer of the Policyholder.

Any change so made will be binding on Insureds and on any other person(s) referenced in this Policy.

No agent may change the Policy or Certificate, or waive or extend its provisions.

INCONTESTABILITY / TIME LIMIT ON CERTAIN DEFENSES: We will rely on statements made by the Policyholder and each Insured employee to be true and complete to the best knowledge and belief of such persons. All such statements are representations (and not warranties), if fraud was not intended. No such statements will be used to void the insurance, reduce benefits, or defend a claim under the Policy unless:

1. the statement is in writing; and
2. a copy of that statement is given to the Insured employee or, in the event of the Insured employee's death or incapacity, the Insured employee's beneficiary.

The validity of the Policy cannot be contested after two years from its date of issue, except for nonpayment of premiums. Except for fraudulent misstatements in the application or enrollment form, We will not use any statement to void the

insurance or deny a claim after insurance has been in force for two years during the Insured employee's lifetime. However, this provision shall not preclude Our assertion, at any time, of defenses based on provisions in the Policy that relate to eligibility for coverage.

AGENT

Neither the Policyholder, nor any Insured will be considered Our agent for any purpose under this Policy.

OWNERSHIP AND CONTROL OF THE POLICY

The Policyholder owns the Policy. The Policy may be changed or ended by agreement between the Policyholder and Us. This may take place without the consent of, or notice to, any person claiming rights or benefits under the Policy. No change to end insurance will affect any right to receive benefits if such right existed before the date of the change, or the date insurance ended. Any such right will be subject to the terms and conditions of the Policy as they were before such date.

CERTIFICATES

We will furnish to the Policyholder a supply of individual Certificates for delivery to eligible employees enrolling for coverage. The Certificate will describe:

1. the insurance benefits; and
2. to whom benefits will be paid; and
3. any limitations of the Policy; and
4. all other essential features of the Policy.

If We issue more than one Certificate to an employee, only the last one issued will be in effect.

NEW INSUREDS

To the group or class originally insured, there will be added from time to time all persons eligible and applying for insurance in such group or class.

RECORDS REQUIRED

We may require the Policyholder to furnish information necessary to administer the Policy. The Policyholder may delegate such responsibility to one or more parties in interest. We may rely on the information received from these sources.

We may inspect all such records having a bearing on this insurance when and as often as We may reasonably require. Such right of inspection will continue until the later of:

1. The Policy's date of termination;
2. Final adjustment and settlement of all premiums and claims hereunder.

MISSTATEMENT OF AGE

If the true age of a person has been misstated, We will correct both benefits and premiums. We will adjust any benefits purchased and premiums payable under the Policy to those for the correct age. We will do so if the amount of insurance would be affected by such misstated age. Any such change will neither continue insurance ended by valid means nor void insurance otherwise valid and in force. We will make any required change in accordance with applicable laws.

CLERICAL ERRORS

Clerical error by the Policyholder or by Us will not make the insurance of an ineligible person valid. It also will not continue insurance which was ended by valid means. Neither the passage of time nor the payment of premiums will make this insurance valid for a person who is not eligible to apply for insurance under the terms of the Policy. If it is found that a person was included incorrectly when the premium was figured for the Policy, the only liability We will have is the proper refund of premiums.

When payments made under the Policy are due to clerical error, We reserve the right to recover such payments paid in error by Us. We have a right to recover from the person receiving such payments an amount equal to the amount We paid.

LEGAL ACTIONS

No legal action may be brought to recover benefits under the Policy:

1. within 60 days after written proof of loss has been furnished as required; or
2. more than three years from the time written proof of loss is required to be furnished.

MONIES PAYABLE

All monies payable by Us as benefits under the Policy are subject to the laws which govern such payment. Such payments will be made by Our Home Office or by an authorized claim office. All monies payable to Us or by Us will be in lawful currency of the United States.

NON-PARTICIPATING

The Policy does not share in any divisible surplus We otherwise may declare. No refund or assessment will be made to the Policyholder or any Insured of any of Our excess or deficit earnings.

RENEWAL

Coverage under this Policy may be renewed by payment of premiums as required by the terms of the Policy. Insurance under this Policy will end with respect to each Insured as of the first of the month for which a premium is in default, if the required premium is not paid by the last day of the Grace Period.

POLICY TERMINATION

The Policy continues in effect from its Effective Date until coverage is terminated. Termination may occur voluntarily or by Us, or automatically. Upon termination, we will refund any unearned premium.

The Policyholder may terminate the Policy voluntarily on any premium due date by giving written notice to Us at least 31 days prior to such date.

TERMINATION BY US

We may terminate the Policy without advance notice only if:

1. the number of Insureds under the Policy is less than 10; or
2. when part of the premium is paid by the employee; less than 75% of the eligible employees are insured; or
3. when part of the premium is paid by the employee; less than 65% of the eligible employees with Dependents are insured for any Dependent dental coverage; or
4. when none of the premium is paid by the employee; less than 100% of those employees eligible for coverage are insured.

We may terminate coverage on any premium due date, by giving written notice to the Policyholder at least 60 days prior to such date.

As used in this section, "Certificate holders" will not include anyone whose application is rejected due to unsatisfactory evidence of insurability.

AUTOMATIC COVERAGE TERMINATION

Coverage under this Policy will cease for all Insureds of the Policyholder on the date the Policyholder:

1. no longer meets the definition of an eligible Employer; or
2. suspends active business operations or is placed in bankruptcy or receivership; or
3. dissolves or merges; or
4. stops paying premiums as required by this Policy.

With respect to a particular benefit, coverage will cease on the date that portion of the Policy providing such benefit terminates.

CONFORMITY TO LAW

Any provision of this Policy in conflict with the laws to which it is subject is hereby considered amended to conform to the minimum requirements of such laws.

American National Life Insurance Company of Texas

NOTICE OF PRIVACY POLICY AND INFORMATION PRACTICES

American National Life Insurance Company of Texas is committed to providing insurance products and services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information about you that we may receive. We have prepared this notice to advise you what information we collect, how we use it and how we protect it.

What Information We Collect

As an essential part of our business, we obtain certain personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications or other forms, and may include information you provide during visits to our Web site. We may also receive information from physicians, testing laboratories and other health providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information, current and past medical history and financial information, including information about transactions with other financial institutions.

What Information We Disclose

We do not disclose nonpublic personal information about our current or former customers to any non-affiliated entity, except as permitted by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance product that you requested or authorized; disclosures made with your consent or at your direction; disclosures made to your legal representative; disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority; disclosures made to comply with federal, state or local laws and to protect against fraud.

Our Privacy Protection Procedures

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide products and services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintain procedures to comply with all state and federal laws and regulations regarding the security of personal information.

Your Right to Review Information About You

You have the right to review the recorded personal information about you contained in our files and to obtain a copy of such information. You also have the right to request that we correct, amend or delete any such information if it is in error or you do not wish us to maintain such information, provided that it is not necessary for us to maintain such information in order to properly service or administer insurance products or services requested or authorized by you. Upon your request to the address listed below, we will provide you with a complete statement of our Information Practices and Privacy Policy and the procedures by which you may review, obtain copies of, and/or request the correction of personal information about you contained in our files.

If you have questions about this notice or the personal information contained in our files, please contact us at: Privacy Compliance, P. O. Box 1896, Galveston, Texas 77553-9902. Please include your policy or contract number and the name of the company that issued your policy in any correspondence.