



UNL Dental Shield 2.0 Underwriting Guide

Base Plan: \$1,000-\$5,000 (OH and PA \$3,000 Maximum)

Ages: 18-89

Child Rider: 0-17

1. The applicant must be a U.S. citizen or hold a “green card” (permanent resident of US). We will not consider any applicant that has a temporary visa, work or otherwise. The applicant also must have a valid social security number. We will not consider any applicant without one.
2. The agent must be health licensed and use the state approved application in the state where the applicant has permanent residency.
3. Power of Attorney/Guardianship is not accepted for this product (except in NE).
4. If the application is over 31 days old when received by the Company, a new currently dated Application will be required.
5. The effective date cannot be more than 90 days from the application date or prior to the application date.
6. The draft date should be the same as the effective date but if not, it can’t be more than 15 days past the effective date.
7. No credit or debit cards allowed for this plan.
8. Cannot have multiple concurrent Dental-Vision policies, or Dental-Vision rider as well as a Dental-Vision Stand-Alone policy. This includes both companies, UNL and GTL. Only one dental plan or rider in force at the same time is allowed.

Dental Continuous Coverage Requirements:

- The prior coverage must be under a fully insured individual or employer group dental plan
- The prior coverage may be through Indemnity (non-network), PPO, or HMO type of products
- The prior coverage must have been effective for at least 12 months
- The prior coverage is allowed to be from 2 plans. For example: client had an employer dental plan 1/1/24 – 6/1/24 then switched to a UNL dental from 6/1/24 – 1/1/25. If the client wanted to upgrade their dental to a higher benefit, we would be able to waive the waiting period since they

did have 12 months combined between the employer plan and the UNL plan.

- No more than a 63-day gap is allowed between the termination date of prior coverage and effective date of UNL coverage

UNL will waive applicable waiting periods for insureds that present proof of qualified prior dental insurance coverage. Please *note*, Underwriting will allow such proof to be supplied after the application process, but we encourage agents/applicants to provide such proof as early as possible. Supporting documents should be emailed to: DentalProof@unlinsurance.com or faxed to 847-699-0229. Please make sure the policy number is referenced (if available).

Acceptable Proof of Qualified Prior Coverage*:

- Letter or Certificate from prior carrier on carrier letterhead
- Copy of policy, Copy of ID Card, Premium Billing Notice

The proof must include the following:

- Carrier name (proper letterhead)
- Effective Date of coverage and proof of current status
- Name(s) of covered individual(s)
- Type of coverage (ex: PPO, HMO, Indemnity)
- Annual maximum and coinsurance

Please note: Medicare/Medicaid are not acceptable as qualified prior coverage.

*All proof of prior coverage is subject to UNL approval.

Replacement Guidelines:

External replacements:

Please submit replacement form if required by your state.

Internal replacements:

In general, we do not permit replacement of another UNL agent's business. Contact our Agency Department if you have any questions regarding these types of replacements. The new application must be from the same writing agent. If approved by Underwriting, we will treat this as a replacement, pay renewal only.

Increase of Benefits Guidelines:

We will allow the base plan to be increased under the following conditions:

- Increase must be from the same writing agent as existing.
- Policy must be in force for a minimum of 12 months.
- Replacement question must be answered YES, referencing existing plan.

- New application to increase benefits, if approved by underwriting, will be treated as a cancel/rewrite.

Decrease of Benefits Guidelines:

A written request from the Insured or Policy Owner is required to decrease benefits. The request must include a wet signature.

Reinstatement Guidelines:

A policy can be considered for reinstatement (subject to a reinstatement application) if not lapsed more than 6 months. After 6 months, a policy cannot reinstate and must reapply for a new coverage.

Proof of Prior Coverage Examples

A new UNL Dental Shield 2.0 application submitted for Kathi Doe.



United National Life Insurance Company of America
1275 Milwaukee Avenue
Glenview, Illinois 60025
(800) 207-8050



Dental Shield 2.0

Application for: Limited Benefit Policy Providing Dental Coverage

Application for: ☐ New Coverage ☐ Increase of Benefits

If an Increase of Benefits is requested, please list UNL policy/certificate number(s) affected: _____

DELIVER DOCUMENTS TO: ☐ AGENT ☐ INSURED

Proposed Insured 1

First Name Kathi M.I. _____ Last Name Doe

Soc. Security # 987-65-4321 Age 40 Date of Birth 01 / 29 / 1985 ☐ Male ☒ Female

Phone (____) _____ ☐ Mobile E-mail Address _____

Address


Home Address 1275 Milwaukee Ave City Glenview State IL Zip 60025

Proof of prior coverage documentation must include the following:

- Carrier Name (proper letterhead)
- Effective Date of coverage and proof of current status
- Name(s) of covered individual(s)
- Type of coverage: Dental (ex: PPO, HMO, Indemnity (non-network))

Example of acceptable proof of prior coverage:

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Welcome, John Doe!

In Force Health

Name: John Doe Policy Status: Active
 Address: 1275 Milwaukee Ave
 Glenview, IL 60025
 Home Phone: (708) 221-1234

Effective Date: 1/1/2024
 Policy Number: 123456789
 Plan: PLATINUM DENTAL 1000 ANNUAL MAX/80% COINS
 Written Date: 12/21/2023

Mode Premium: \$93.38 Paid To Date: 3/1/2025
 Annual Premium: \$1,125.02 Last Activity Date: 2/3/2025
 Billing Mode: Monthly
 Billing Form: PAC Suspense Money:
 Policy Fee:

Agent Information:

Name	BAA Status	Policy Access	E-Mail Address
KATH	Agent is a Business Associate	Agent has access to this policy	kath@wellabe.com
JOHN	Agent is a Business Associate	Agent has access to this policy	john@wellabe.com

Personal Information:

Name	Relationship	DOB	Gender	Tobacco Free
JOHN	Primary Insured	01-01-84	M	S
KATH	Spouse	01-01-85	F	Z

Benefit Information:

Ni	DOB	Benefits	Effective Date	Amount	Rate Up
JOHN	11-07-84	PLATINUM DENTAL 1000 ANNUAL MAX/80% COINS	01-01-2024	77.80	
		CALENDAR YR MAXIMUM CARRYOVER RIDER	01-01-2024	15.58	
KATH	01-29-85	PLATINUM DENTAL 1000 ANNUAL MAX/80% COINS	01-01-2024		
		CALENDAR YR MAXIMUM CARRYOVER RIDER	01-01-2024	0.00	

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This proof of prior coverage provides all the required elements:

- ★ Proper letterhead.
- ★ Lists the Proposed Insured as a covered dependent.
- ★ Includes the effective date and paid-to-date of the policy.
- ★ Includes the type of coverage

Example of what is NOT acceptable as proof of prior coverage:



Why? The proposed Insured is Kathi Doe. This ID Card does not prove Kathi is a covered dependent under the policy. Also, although an effective date of coverage is provided, it does not prove current status of the policy.

Example of acceptable proof of prior coverage that requires additional information:

How To Use Your New Dental Benefits

Find A Dentist
We know how important it is for you to see the right dentist. That's why we've partnered with MetLife who has one of the largest dental networks. Just go to the website below to find the dentist that works for you.
Locate A Dentist Here:
www.ncd.com/metlifedentists

Access Benefits
As a member of NCD by MetLife you have 24/7 access to your member portal where you can review your plan, update payment info or contact our member care team.
Access Benefits Here:
www.ncd.com/metlifebenefits

Claims Assistance
Getting claims assistance is simple, just go to the link below. You can:
-View Claims Status
-View Coverages
-Print Off Explanations of Benefits
Check Claims Here:
www.ncd.com/metlifeclaims

Your ID Card

Member

Member Name: Kathi Doe

Member ID#: [REDACTED]

Effective Date: 11/01/2023

Coverage Type: Member

Dental Plan: NCD Essentials by MetLife

PPO Network

MetLife PDP Plus

Member Care Information

[REDACTED]

Although this example provides most of the required elements, it does not provide proof of current policy status. We know the plan became effective 11/1/2023, but is it currently Active? Terminated? There is no “date” to prove recent status. Documentation must prove prior coverage has been in force for a minimum of 12 months. If the prior plan is terminated, we need to verify the new dental application is received within 63-days from the date of termination. We would need to request additional information to verify prior coverage information. In this example, a copy of the latest billing notice may suffice as additional proof.