

SERFF Tracking Number: FDLT-125894982 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 40824
Company Tracking Number: M-3037AR
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Accident Policy
Project Name/Number: Accident Policy/M-3037AR

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Accident Policy SERFF Tr Num: FDLT-125894982 State: ArkansasLH
TOI: H02G Group Health - Accident Only SERFF Status: Closed State Tr Num: 40824
Sub-TOI: H02G.000 Health - Accident Only Co Tr Num: M-3037AR State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Janice Garmon, Jennifer Disposition Date: 11/18/2008
Glaser, Kelly Humiston, Teresa
Saling, Tara Wilson
Date Submitted: 11/12/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Accident Policy
Project Number: M-3037AR
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/18/2008
State Status Changed: 11/18/2008
Corresponding Filing Tracking Number:
Filing Description:

RE: Fidelity Security Life Insurance Company
NAIC #71870 FEIN #43-0949844
Group Accident Indemnity Insurance
Policyholder: Employer Groups
M-3037AR Policy

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This filing is being submitted in our domicile state of Missouri.
Market Type: Group
Group Market Size: Small and Large
Group Market Type: Employer
Deemer Date:

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C-3037AR Certificate
A-01092 Group Application
A-01093 Employee Enrollment Form

We respectfully submit the above referenced forms for your review and approval. These forms are new and do not replace any forms previously filed with your state.

These forms will be sold via agent one-on-one solicitations to eligible Employer Groups.

This product provides a flat indemnity benefit when an insured receives treatment in a hospital emergency room or other outpatient facility for a non-occupational injury. Selection of the benefit amount and dependent coverage will be made by the Policyholder.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. The variables will not be adjusted to be less favorable than your state allows.

If you have questions or need additional information, please do not hesitate to contact me at 1-800-648-8624 (extension 1276) or e-mail me at tsaling@fslins.com.

Company and Contact

Filing Contact Information

Janice Garmon, Contract Analyst
3130 Broadway
Kansas City, MO 64111-2406
jgarmon@fslins.com
(800) 648-8624 [Phone]
(816) 751-6026[FAX]

Filing Company Information

Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, MO 64111-2406
(800) 648-8624 ext. [Phone]
CoCode: 71870
Group Code: 451
Group Name:
FEIN Number: 43-0949844

State of Domicile: Missouri
Company Type: Life & Health
State ID Number:

SERFF Tracking Number: FDLT-125894982 State: Arkansas
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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	11/12/2008	23884953

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/18/2008	11/18/2008

SERFF Tracking Number: *FDLT-125894982* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:* *40824*
Company Tracking Number: *M-3037AR*
TOI: *H02G Group Health - Accident Only* *Sub-TOI:* *H02G.000 Health - Accident Only*
Product Name: *Accident Policy*
Project Name/Number: *Accident Policy/M-3037AR*

Disposition

Disposition Date: 11/18/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLT-125894982 State: Arkansas
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 40824
 Company Tracking Number: M-3037AR
 TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
 Product Name: Accident Policy
 Project Name/Number: Accident Policy/M-3037AR

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Group Accident Indemnity Insurance Policy	Approved-Closed	Yes
Form	Group Accident Indemnity Insurance Certificate	Approved-Closed	Yes
Form	Application for Group Accident Indemnity Insurance Benefits	Approved-Closed	Yes
Form	Group Accident Indemnity Insurance Benefits	Approved-Closed	Yes

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Form Schedule

Lead Form Number: M-3037

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	M-3037AR	Policy/Cont ract/Fratern al Policy Certificate	Group Accident Indemnity Insurance	Initial		0	M-3037AR.pdf
Approved-Closed	C-3037AR	Certificate	Group Accident Indemnity Insurance Certificate	Initial		0	C-3037AR.pdf
Approved-Closed	A-01092	Application/ Enrollment Form	Application for Group Accident Indemnity Insurance Benefits	Initial		0	A-01092.pdf
Approved-Closed	A-01093	Application/ Enrollment Form	Group Accident Indemnity Insurance Benefits	Initial		0	A-01093.pdf



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

{POLICY NUMBER:	{AC-###}	}
{POLICYHOLDER:	{“ABC” Employer}	}
{STATE OF ISSUE:	Arkansas	}
{POLICY EFFECTIVE DATE:	{Month Day, Year}	}
{POLICY ANNIVERSARY DATE:	{Month Day, Year, and each Month Day thereafter}	}

Fidelity Security Life Insurance Company (“the Company”) agrees to pay the benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued in consideration of the application of the Policyholder (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder’s business address.

The Policy may be modified by mutual agreement between the Policyholder and the Company.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP ACCIDENT INDEMNITY INSURANCE POLICY
THIS IS A LIMITED BENEFIT POLICY
Please read the Policy carefully.

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SCHEDULE OF BENEFITS

Accident Indemnity Benefit

Benefit Amount, per Insured Person, per Accident	{ \$100 – \$1,000 }
Maximum Number of Accidents, per Insured Person, per Calendar Year	{ 1 – 5 }

DEFINITIONS

Accident means an event occurring by chance or unintentionally while the Insured Person is covered by the Policy.

Age means the Insured's age on the Insured Person's last birthday.

Beneficiary means the person or entity named on the Company's records to receive the benefit after the Insured dies. The Insured may name any person as Beneficiary. If two or more Beneficiaries are named, each will receive an equal portion of the benefit, unless the Insured designates otherwise.

The Insured may change the Beneficiary at any time on forms the Company provides, unless an irrevocable Beneficiary is named or the insurance is assigned. The change date is the date the written request is signed by the Insured. If the Company pays the benefit before the Company receives a change request, the Company is released from further liability under the Policy to the extent of the Company's payment. If the Beneficiary dies at the same time as the Insured, or within 15 days after the Insured dies, the Company will pay the benefits as if the Insured survived the Beneficiary.

If there is no designated Beneficiary when the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

Calendar Year means a period of one year that starts on January 1 and ends at midnight, December 31.

{Dependent means any of the following whose coverage under the Policy has become effective and has not ended: 1) the Insured's lawful spouse {or the Insured's Domestic Partner;} 2) the Dependent child or children of an Insured or of an Insured's spouse (which includes stepchildren, grandchildren, legally adopted children, children placed in the home for adoption, children under the Insured's legal guardianship and foster children) who are under Age {19 – 27} {{19 – 27} if a full-time student, as long as the children are dependent upon the Insured for support and maintenance and actively attending an accredited college, vocational or high school}; or 4) each handicapped child of the Insured or Insured's spouse who has attained age {19 – 27} and over, provided such child was an Insured Person on the day immediately prior to attaining Age {19 – 27}, and is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity may be required by the Company, but not more than once in any 12-month period. {A full-time student is one who is enrolled at least the minimum hours of class the school considers as full-time status.}}

{Domestic Partner means an adult who is in a committed relationship with the Insured, and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means for the Insured Person the date the Insured Person's coverage under the Policy became effective.

Employee means a person employed by the Policyholder who meets the eligibility requirements shown in the Policyholder's application. {Employee also includes a retiree, but only if a retiree class is requested by the Policyholder.}

Employer means the Policyholder and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application.

Hospital means an institution that meets all the following requirements:

1. it must be operating according to law;
2. it must give 24-hour medical care, diagnosis and treatment to the sick or injured on an Inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. Registered Nurses must be on 24-hour call or duty; and
5. the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis.

Hospital does not mean a convalescent, nursing, rest or Extended Care Facility or a facility operating exclusively for treatment of the aged, drug addict or alcoholic, even though such facility is operating as a separate institution by a Hospital.

Immediate Family means the Insured Person or the Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing with the Insured Person.

Injury means bodily harm caused by an Accident. The Injury must be the direct cause of loss, independent of Sickness or bodily infirmity.

Insured means an Employee of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means {either} an Insured {or Dependent}.

Outpatient means treatment is received in an Outpatient Facility.

Outpatient Facility means a medical facility which has no overnight patients. An Outpatient Facility includes, but is not limited to, a Physician's office, clinic, urgent care facility, magnetic resonance imaging (MRI) facility, Hospital emergency room, and Hospital outpatient diagnostic and treatment spaces.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.

Policy means the contract providing the benefits described herein issued to the Policyholder.

Policyholder means the Employer in whose name the Policy is issued.

Sickness means a bodily disorder, disease or illness.

ELIGIBILITY AND EFFECTIVE DATE

Eligibility

All Employees {and their Dependents} who meet the definition of an eligible class, as shown in the Policyholder's application, are eligible for coverage. New eligible classes may be added from time to time.

Effective Date

Insured Persons. An Insured Person's coverage will be effective on {the {first} {15th} of the month following} the date the Insured Person becomes eligible for coverage, subject to the Company's approval of the Insured Person's enrollment form, if any, and the Company's receipt of the first premium. In no event will coverage become effective before the Policy Effective Date for any Insured Person {or before the Insured's effective date for any Dependent}.

{If an eligible person is: 1) confined at home or in a Hospital or medical institution; or 2) not engaged in his or her Regular and Customary Activities on the date coverage would otherwise begin; then coverage will begin on the {date shown in the Schedule of Benefits following} {{first} {15th} of the month following} the date he or she: 1) is no longer confined at home or in a Hospital or medical institution; and 2) engages in his or her Regular and Customary Activities. "Regular and Customary Activities" means a person can carry on a substantial part of the standard and commonly practiced activities of a person in

good health of the same Age and sex. Activities performed while confined in a Hospital or other medical institution may not be used to meet this requirement. }

{If the Insured does not apply for coverage during the Insured's initial eligibility period, the Insured may not apply for coverage for the Insured {and/or any Dependents} until the next Policy Anniversary Date. }

{Newborn Children. A Dependent child born while the Insured's coverage is in force will be covered from the moment of birth for 90 days. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period.

Adopted Children. If a Dependent child is adopted by or placed with the Insured for adoption while the Insured's coverage is in force, this child will be covered from the date of adoption or placement for 60 days. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement. }

WHEN CHANGES IN COVERAGE OCCUR

Any change in benefits that occurs automatically under the Policy provisions or Schedule of Benefits will become effective on the {first} {15th} day of the month coinciding with or next following the date that the status of the Insured Person has changed.

If any change in benefits or coverage is requested, the change will become effective as of the {first} {15th} day of the month coinciding with or next following the date of the Company's approval.

BENEFITS

Accident Indemnity Benefit. If an Insured Person suffers an Injury due to an Accident and receives treatment from a Physician in an Outpatient Facility within 72 hours of the date of the Accident for such Injury, the Company will pay the Accident Indemnity Benefit shown in the Schedule of Benefits. The benefit is limited to the Maximum Number of Accidents shown in the Schedule of Benefits.

EXCLUSIONS AND LIMITATIONS

Exclusions

The Policy does not provide any benefits for an Injury from:

1. Sickness, disease or bacterial infection except which results from an Injury or bacterial infections which results from accidental ingestion of contaminated substances;
2. suicide, attempted suicide, intentionally self-inflicted Injury, while sane or insane (in Colorado or Missouri, while sane);
3. an Accident that occurs while in the course of any legal occupation, activity or employment for wage or profit;
4. any loss caused by the Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law means a felony violation;
5. any loss caused by the Insured Person's riding or driving in any kind of organized race;
6. any loss for which benefits are provided under any Workers' Compensation Law, Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;
7. Injury as a result of air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - b. as a passenger for transportation only and not as a pilot or crew member;
8. war, declared or undeclared; or
9. caused by an Accident that occurs while an Insured Person has been determined to be intoxicated:
 - a. by judicial or administrative judgment or order;

- b. by evidence of an alcohol concentration in the Insured Person's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or
 - c. by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage;
- and the use of such substance was a proximate cause of the Injury.

TERMINATION OF INSURANCE

Termination of the Policy. The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {60-120} days prior to termination. The Policyholder may terminate the Policy on any date. The Policyholder is responsible for notifying each Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. The Insured's insurance will cease on the earliest of the following dates:

1. the date the Policy terminates;
2. the end of the last period for which any required premium contribution agreed to in writing has been made, subject to the Grace Period provision;
3. the date the Insured is no longer eligible for insurance;
4. the last day of the month for which the Insured's premium has been paid following the date the Insured's employment with the Employer ends;
5. the premium due date following the date the Insured is no longer actively at work due to a labor dispute, including, but not limited to, any strike, work slowdown or lockout.

{Termination of Dependent's Coverage under the Policy. The Dependent's insurance automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the Policy terminates;
3. the end of the last period for which any required premium contribution agreed to in writing has been made, subject to the Grace Period provision; or
4. the premium due date following the date the Dependent ceases to be an eligible Dependent or on the date the Dependent's insurance under the Policy is discontinued. }

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The first premium is due on the Policy Effective Date. Subsequent premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application. }

Premium Changes. The Company has the right to change the premium rates on any premium due date on or after the first Policy Anniversary Date. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates can also be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the

premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person may be deducted from the Insured Person's claim payment.

{**Reinstatement of Insurance.** Coverage for an Insured Person will not be reinstated. However, this provision will not prejudice an Insured Person from submitting a new application for coverage and again becoming covered under the Policy. Any such application will be treated as a new request and will be subject to all provisions of the Policy.}

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's home office{at 3130 Broadway, Kansas City, Missouri 64111}, or to its authorized administrator or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately, but not more than 30 days, upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. Any unassigned benefits payable on or after the Insured Person's death will be paid to the Beneficiary.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Physical Examination and Autopsy. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim. The Company, at the Company's expense, will have the right to make an autopsy in case of death, unless it is prohibited by law.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina; five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. A Certificate will be provided to the Insured Person. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured Person will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured Person, the Insured Person's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured Person, the Insured Person's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured Person, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names of all individuals insured. The names of persons who later become insured and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Misstatement Of Age. If relevant facts about the Insured Person were not accurate:

1. an adjustment of premium will be made; and
2. the true facts will decide what amount of insurance is valid under the Policy.

{**Multiple Certificates.** The Insured Person is not eligible for coverage under more than one Certificate providing accident coverage under group policies issued by the Company to the Policyholder. If premium is being paid for more than one Certificate, coverage will be in effect under only one Certificate at any one time and premiums paid for Certificates that are not in effect will be refunded.}

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

{POLICY NUMBER:} {###}
{POLICYHOLDER:} {"ABC" Employer}
{POLICY EFFECTIVE DATE:} {Month Day, Year}

The Certificate is issued to Insureds of the {above} Policyholder whose coverage is in effect according to the Company's records.

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

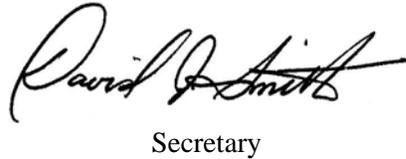
This Certificate replaces all certificates that may have been previously issued to the Insured under the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP ACCIDENT INDEMNITY INSURANCE CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

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SCHEDULE OF BENEFITS

{Policy Number:} {###}
Policyholder: {"ABC" Employer}
{Policy Effective Date:} {Month Day, Year}}
{Benefit Year:} {Month Day – Month Day}}

Insurance benefits are determined by this Schedule of Benefits and the terms of the Policy.

Accident Indemnity Benefit

Benefit Amount, per Insured Person, per Accident	{\$100 – \$1,000}
Maximum Number of Accidents, per Insured Person, per Calendar Year	{ 1 – 5 }

DEFINITIONS

Accident means an event occurring by chance or unintentionally while the Insured Person is covered by the Policy.

Age means the Insured's age on the Insured Person's last birthday.

Beneficiary means the person or entity named on the Company's records to receive the benefit after the Insured dies. The Insured may name any person as Beneficiary. If two or more Beneficiaries are named, each will receive an equal portion of the benefit, unless the Insured designates otherwise.

The Insured may change the Beneficiary at any time on forms the Company provides, unless an irrevocable Beneficiary is named or the insurance is assigned. The change date is the date the written request is signed by the Insured. If the Company pays the benefit before the Company receives a change request, the Company is released from further liability under the Policy to the extent of the Company's payment. If the Beneficiary dies at the same time as the Insured, or within 15 days after the Insured dies, the Company will pay the benefits as if the Insured survived the Beneficiary.

If there is no designated Beneficiary when the Insured dies, the Company will pay the benefits to the first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

Calendar Year means a period of one year that starts on January 1 and ends at midnight, December 31.

{Dependent means any of the following whose coverage under the Policy has become effective and has not ended: 1) the Insured's lawful spouse {or the Insured's Domestic Partner;} 2) the Dependent child or children of an Insured or of an Insured's spouse (which includes stepchildren, grandchildren, legally adopted children, children placed in the home for adoption, children under the Insured's legal guardianship and foster children) who are under Age {19 – 27} {{19 – 27} if a full-time student, as long as the children are dependent upon the Insured for support and maintenance and actively attending an accredited college, vocational or high school}; or 4) each handicapped child of the Insured or Insured's spouse who has attained age {19 – 27} and over, provided such child was an Insured Person on the day immediately prior to attaining Age {19 – 27}, and is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity may be required by the Company, but not more than once in any 12-month period. {A full-time student is one who is enrolled at least the minimum hours of class the school considers as full-time status.}}

{Domestic Partner means an adult who is in a committed relationship with the Insured, and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.}

Effective Date means for the Insured Person the date the Insured Person's coverage under the Policy became effective.

Employee means a person employed by the Policyholder who meets the eligibility requirements shown in the Policyholder's application. {Employee also includes a retiree, but only if a retiree class is requested by the Policyholder.}

Employer means the Policyholder and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application.

Hospital means an institution that meets all the following requirements:

1. it must be operating according to law;
2. it must give 24-hour medical care, diagnosis and treatment to the sick or injured on an Inpatient basis;
3. it must provide diagnostic and surgical facilities supervised by Physicians;
4. Registered Nurses must be on 24-hour call or duty; and
5. the care must be given either on the Hospital's premises or in facilities available to the Hospital on a pre-arranged basis.

Hospital does not mean a convalescent, nursing, rest or Extended Care Facility or a facility operating exclusively for treatment of the aged, drug addict or alcoholic, even though such facility is operating as a separate institution by a Hospital.

Immediate Family means the Insured Person or the Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing with the Insured Person.

Injury means bodily harm caused by an Accident. The Injury must be the direct cause of loss, independent of Sickness or bodily infirmity.

Insured means an Employee of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means {either} an Insured {or Dependent}.

Outpatient means treatment is received in an Outpatient Facility.

Outpatient Facility means a medical facility which has no overnight patients. An Outpatient Facility includes, but is not limited to, a Physician's office, clinic, urgent care facility, magnetic resonance imaging (MRI) facility, Hospital emergency room, and Hospital outpatient diagnostic and treatment spaces.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.

Policy means the contract providing the benefits described herein issued to the Policyholder.

Policyholder means the Employer in whose name the Policy is issued.

Sickness means a bodily disorder, disease or illness.

ELIGIBILITY AND EFFECTIVE DATE

Eligibility

All Employees {and their Dependents} who meet the definition of an eligible class, as shown in the Policyholder's application, are eligible for coverage. New eligible classes may be added from time to time.

Effective Date

Insured Persons. An Insured Person's coverage will be effective on {the {first} {15th} of the month following} the date the Insured Person becomes eligible for coverage, subject to the Company's approval of the Insured Person's enrollment form, if any, and the Company's receipt of the first premium. In no event will coverage become effective before the Policy Effective Date for any Insured Person {or before the Insured's effective date for any Dependent}.

{If an eligible person is: 1) confined at home or in a Hospital or medical institution; or 2) not engaged in his or her Regular and Customary Activities on the date coverage would otherwise begin; then coverage will begin on the {date shown in the Schedule of Benefits following} {{first} {15th} of the month following} the date he or she: 1) is no longer confined at home or in a Hospital or medical institution; and 2) engages in his or her Regular and Customary Activities. "Regular and Customary Activities" means a person can carry on a substantial part of the standard and commonly practiced activities of a person in

good health of the same Age and sex. Activities performed while confined in a Hospital or other medical institution may not be used to meet this requirement. }

{If the Insured does not apply for coverage during the Insured's initial eligibility period, the Insured may not apply for coverage for the Insured {and/or any Dependents} until the next Policy Anniversary Date. }

{Newborn Children. A Dependent child born while the Insured's coverage is in force will be covered from the moment of birth for 90 days. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period.

Adopted Children. If a Dependent child is adopted by or placed with the Insured for adoption while the Insured's coverage is in force, this child will be covered from the date of adoption or placement for 60 days. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement. }

WHEN CHANGES IN COVERAGE OCCUR

Any change in benefits that occurs automatically under the Policy provisions or Schedule of Benefits will become effective on the {first} {15th} day of the month coinciding with or next following the date that the status of the Insured Person has changed.

If any change in benefits or coverage is requested, the change will become effective as of the {first} {15th} day of the month coinciding with or next following the date of the Company's approval.

BENEFITS

Accident Indemnity Benefit. If an Insured Person suffers an Injury due to an Accident and receives treatment from a Physician in an Outpatient Facility within 72 hours of the date of the Accident for such Injury, the Company will pay the Accident Indemnity Benefit shown in the Schedule of Benefits. The benefit is limited to the Maximum Number of Accidents shown in the Schedule of Benefits.

EXCLUSIONS AND LIMITATIONS

Exclusions

The Policy does not provide any benefits for an Injury from:

1. Sickness, disease or bacterial infection except which results from an Injury or bacterial infections which results from accidental ingestion of contaminated substances;
2. suicide, attempted suicide, intentionally self-inflicted Injury, while sane or insane (in Colorado or Missouri, while sane);
3. an Accident that occurs while in the course of any legal occupation, activity or employment for wage or profit;
4. any loss caused by the Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law means a felony violation;
5. any loss caused by the Insured Person's riding or driving in any kind of organized race;
6. any loss for which benefits are provided under any Workers' Compensation Law, Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;
7. Injury as a result of air travel, except:
 - a. as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - b. as a passenger for transportation only and not as a pilot or crew member;
8. war, declared or undeclared; or
9. caused by an Accident that occurs while an Insured Person has been determined to be intoxicated:
 - a. by judicial or administrative judgment or order;

- b. by evidence of an alcohol concentration in the Insured Person's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or
 - c. by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage;
- and the use of such substance was a proximate cause of the Injury.

TERMINATION OF INSURANCE

Termination of the Policy. The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {60-120} days prior to termination. The Policyholder may terminate the Policy on any date. The Policyholder is responsible for notifying each Insured of the termination of the Policy.

Termination of Insured's Coverage under the Policy. The Insured's insurance will cease on the earliest of the following dates:

1. the date the Policy terminates;
2. the end of the last period for which any required premium contribution agreed to in writing has been made, subject to the Grace Period provision;
3. the date the Insured is no longer eligible for insurance;
4. the last day of the month for which the Insured's premium has been paid following the date the Insured's employment with the Employer ends;
5. the premium due date following the date the Insured is no longer actively at work due to a labor dispute, including, but not limited to, any strike, work slowdown or lockout.

{Termination of Dependent's Coverage under the Policy. The Dependent's insurance automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the Policy terminates;
3. the end of the last period for which any required premium contribution agreed to in writing has been made, subject to the Grace Period provision; or
4. the premium due date following the date the Dependent ceases to be an eligible Dependent or on the date the Dependent's insurance under the Policy is discontinued. }

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The first premium is due on the Policy Effective Date. Subsequent premiums must be paid to the Company on or before the due date. {The initial premium rates are shown in the Policyholder's application. }

Premium Changes. The Company has the right to change the premium rates on any premium due date on or after the first Policy Anniversary Date. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates can also be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the

premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person may be deducted from the Insured Person's claim payment.

{**Reinstatement of Insurance.** Coverage for an Insured Person will not be reinstated. However, this provision will not prejudice an Insured Person from submitting a new application for coverage and again becoming covered under the Policy. Any such application will be treated as a new request and will be subject to all provisions of the Policy.}

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company at the Company's home office{at 3130 Broadway, Kansas City, Missouri 64111}, or to its authorized administrator or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately, but not more than 30 days, upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured, unless assigned. Any unassigned benefits payable on or after the Insured Person's death will be paid to the Beneficiary.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Physical Examination and Autopsy. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim. The Company, at the Company's expense, will have the right to make an autopsy in case of death, unless it is prohibited by law.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina; five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. A Certificate will be provided to the Insured Person. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured Person will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured Person, the Insured Person's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured Person, the Insured Person's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured Person, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names of all individuals insured. The names of persons who later become insured and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Misstatement Of Age. If relevant facts about the Insured Person were not accurate:

1. an adjustment of premium will be made; and
2. the true facts will decide what amount of insurance is valid under the Policy.

{**Multiple Certificates.** The Insured Person is not eligible for coverage under more than one Certificate providing accident coverage under group policies issued by the Company to the Policyholder. If premium is being paid for more than one Certificate, coverage will be in effect under only one Certificate at any one time and premiums paid for Certificates that are not in effect will be refunded.}

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

{Marketing Name}

Application for Group Accident Indemnity Insurance Benefits

FIDELITY SECURITY LIFE INSURANCE COMPANY

Kansas City, MO 64111

Policy No. { _____ }

I. GROUP INFORMATION

Full legal name _____

Street address _____

City _____

State _____

Zip _____

Mailing address (if different from street address) _____

City _____

State _____

Zip _____

Principal contact _____

Title _____

Phone _____

Fax _____

E-mail Address _____

Routine billing contact _____

Title _____

Phone _____

Fax _____

II. PLAN SELECTION

Coverage Type:

Employee Only Coverage

{ Employee & Dependent Coverage }

Benefit Package:

Accident Indemnity Benefit

{ } { \$100 - \$1,000 } per Insured Person, per Accident

Number of Accidents Covered

{ } { 1 - 5 } per Insured Person, per Calendar Year

III. ELIGIBLE CLASSES

All Employees for whom the Group has paid premium

{ All Dependents for whom the Group has paid premium }

{ All Retirees for whom the Group has paid premium }

IV. ELIGIBILITY INFORMATION

Number of Eligible Employees: _____ {Number of Eligible Retirees: _____}

{Number of Eligible Dependents: _____ Include Domestic Partner as Dependent Yes No}

Eligibility File Contact: _____

Address (if different from Group): _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Phone: (_____) _____ Fax: (_____) _____

V. PREMIUMS

Group's Premium Contribution: Employees: _____ % {Dependents: _____ %}
Premium received with application: \$ _____
Premiums will be payable {in advance} {arrears} at the rates billed.

VI. EFFECTIVE DATE

This plan will become effective at 12:01 a.m. Local Time at the Group's address herein, on the first day of _____, 2_____, provided the following have been completed prior to this effective date:

1. This application has been received and accepted by Fidelity Security Life Insurance Company ("the Company") {(must be submitted 30 days in advance of the effective date)}.
 2. The Company or its Administrator has been furnished an eligibility file.
 3. A check for the first month's premium is received.
-

VII. AGREEMENT

The Group hereby makes application to Fidelity Security Life Insurance Company ("the Company") for Accident Indemnity Insurance Benefits. The Group agrees to maintain and furnish all records necessary to administer the plan and to forward premiums {monthly} {in advance}.

The Group certifies that all information shown on this application and any attachments are correct and complete as of the date this application is signed. The Group understands that the Company intends to rely on this information in determining whether or not the enrolling Employees {and their Dependents} may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY**; and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation.

{I hereby represent that I have reviewed the fraud warning notice (if applicable) included with this application for the Group's state of domicile.} {Place fraud statement here.}

Dated at: _____ this _____ day of _____, 2_____

Signed for the Group: ► _____ Title: _____

{FRAUD WARNING NOTICE

{For residents of all states (except the following:)}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.}
{Arkansas}	{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.}
{Colorado}	{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.}
{District of Columbia}	{Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.}
{Florida}	{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 in the third degree.}
{Kentucky}	{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.}
{Louisiana} {West Virginia}	{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.}
{Maine} {Tennessee} {Washington}	{It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
{Maryland}	{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.}
{Nebraska} {Texas}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
{New Jersey}	{Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.}
{New Mexico}	{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.}
{Pennsylvania}	{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.}
{Virginia}	{Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.}

WRITING BROKER'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the applicant.

Firm Name (print): _____ Tax ID No.: _____

Broker Name (print): _____ SS#: _____

Broker Name (print): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Primary Contact: _____ Secondary Contact: _____

Title: _____ Title: _____

E-mail Address: _____ E-mail Address: _____

Commission checks payable to Firm Broker

Broker Signature: ► _____

PLEASE CHECK ONE OF THE FOLLOWING:

I have been appointed by Fidelity Security Life Insurance Company (FSL) FSL Agent No.: _____
The commission schedule is attached.

I have not been appointed by Fidelity Security Life Insurance Company (FSL)
My Broker application package is attached:

- FSL Agent Data Sheet
- FSL Agent Commission Agreement
- License Copy

NOTE: Broker commission will not be paid until appointment has been completed.

WRITING GENERAL AGENT'S CERTIFYING STATEMENT

I certify that I have accurately recorded on this application the information supplied by the applicant.

Firm Name (print): _____ Tax ID No.: _____

General Agent Name (print): _____ SS#: _____

General Agent Name (print): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Primary Contact: _____ Secondary Contact: _____

Title: _____ Title: _____

E-mail Address: _____ E-mail Address: _____

Commission checks payable to Firm General Agent

General Agent Signature: ► _____

PLEASE CHECK ONE OF THE FOLLOWING:

I have been appointed by Fidelity Security Life Insurance Company (FSL) FSL Agent No.: _____
The commission schedule is attached.

I have not been appointed by Fidelity Security Life Insurance Company (FSL)
My General Agent application package is attached:

- FSL Agent Data Sheet
- FSL Agent Commission Agreement
- License Copy

NOTE: General Agent commission will not be paid until appointment has been completed.

FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri

Group Accident Indemnity Insurance Benefits
Employee Enrollment Form

Policy No. {_____}

Name: _____ SS#: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Date of Birth: _____

{E-mail address: _____}

{Group Name: _____}

Dependent Information:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

{I AUTHORIZE my employer to deduct my contribution for insurance premium from my wages or salary.}

{I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for my state of residence.} {Place Fraud Statement here.}

Employee
Signature: ► _____ Date: _____

{FRAUD WARNING NOTICE

{For residents of all states (except the following:)}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.}
{Arkansas}	{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.}
{Colorado}	{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.}
{District of Columbia}	{Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.}
{Florida}	{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 in the third degree.}
{Kentucky}	{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.}
{Louisiana} {West Virginia}	{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.}
{Maine} {Tennessee} {Washington}	{It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
{Maryland}	{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.}
{Nebraska} {Texas}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
{New Jersey}	{Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.}
{New Mexico}	{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.}
{Pennsylvania}	{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.}
{Virginia}	{Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.}

SERFF Tracking Number: *FDLT-125894982* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:* *40824*
Company Tracking Number: *M-3037AR*
TOI: *H02G Group Health - Accident Only* *Sub-TOI:* *H02G.000 Health - Accident Only*
Product Name: *Accident Policy*
Project Name/Number: *Accident Policy/M-3037AR*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLT-125894982 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 40824
Company Tracking Number: M-3037AR
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only
Product Name: Accident Policy
Project Name/Number: Accident Policy/M-3037AR

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 11/18/2008
Comments:
Please see attached.
Attachment:
Readability Certification - AR.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 11/18/2008
Bypass Reason: Not applicable.
Comments:

