

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

Filing at a Glance

Company: Fidelity Life Association, A Legal Reserve Life Insurance Company

Product Name: AR 2008 Riders SERFF Tr Num: FDLR-125698108 State: ArkansasLH
TOI: L07G Group Life - Whole SERFF Status: Closed State Tr Num: 39329
Sub-TOI: L07G.101 Fixed/Indeterminate Co Tr Num: State Status: Approved-Closed
Premium - Single Life
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Author: Barbara Mooney Disposition Date: 06/19/2008
Date Submitted: 06/17/2008 Disposition Status: Approved
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Overall Rate Impact: Group Market Type: Employer, Association
Filing Status Changed: 06/19/2008 Deemer Date:
State Status Changed: 06/19/2008
Corresponding Filing Tracking Number:
Filing Description:
Please see cover letter.

Company and Contact

Filing Contact Information

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

Ciaran Brady, Vice President - Operations Ciaran.Brady@FLA-Life.com
1211 W 22nd St, Suite 209 (630) 522-0392 [Phone]
Oak Brook, IL 60523 (630) 522-0397[FAX]

Filing Company Information

Fidelity Life Association, A Legal Reserve Life Insurance Company CoCode: 63290 State of Domicile: Illinois
1211 W 22nd St. Group Code: 3413 Company Type: Life
Suite 209
Oak Brook, IL 60523 Group Name: State ID Number:
(630) 522-0392 ext. [Phone] FEIN Number: 36-1068685

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$220.00
Retaliatory? No
Fee Explanation: 11 Forms seperate from Policy @ \$20 per form
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Life Association, A Legal Reserve Life Insurance Company	\$220.00	06/17/2008	20937314

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/19/2008	06/19/2008

SERFF Tracking Number: FDLR-125698108 *State:* Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life *State Tracking Number:* 39329
Insurance Company
Company Tracking Number:
TOI: L07G Group Life - Whole *Sub-TOI:* L07G.101 Fixed/Indeterminate Premium - Single
Life
Product Name: AR 2008 Riders
Project Name/Number: /

Disposition

Disposition Date: 06/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLR-125698108 State: Arkansas
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
 Company Tracking Number:
 TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Product Name: AR 2008 Riders

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Form List		Yes
Supporting Document	Schedule Page		Yes
Supporting Document	Memorandi		No
Supporting Document	Readability		Yes
Supporting Document	Statement of Variability		Yes
Form	Optional Level Term Rider		Yes
Form	Optional Level Term Benefit		Yes
Form	Payor Waiver of Premium Rider		Yes
Form	Payor Waiver of Premium Optional Benefit		Yes
Form	Guaranteed Insurance Rider (LBT)		Yes
Form	Guaranteed Insurance Optional Benefit		Yes
Form	Guaranteed Insurance Rider (Term)		Yes
Form	Guaranteed Insurance Optional Benefit		Yes
Form	Endorsement		Yes
Form	Endorsement		Yes

SERFF Tracking Number: FDLR-125698108 State: Arkansas
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
 Company Tracking Number:
 TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
 Product Name: AR 2008 Riders
 Project Name/Number: /

Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	W3P09	Policy/Cont	Optional Level Term ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			W3P09 Optional Level Term Rider.pdf
	W3009	Certificate	Optional Level Term Amendmen Benefit t, Insert Page, Endorseme nt or Rider	Initial			W3009 Optional Level Term Benefit.pdf
	W3P10	Policy/Cont	Payor Waiver of ract/Fratern Premium Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			payor waiver of premium rider.pdf
	W3010	Certificate	Payor Waiver of Amendmen Premium Optional t, Insert Benefit Page, Endorseme nt or Rider	Initial			payor wop optional benefit.pdf

SERFF Tracking Number: FDLR-125698108 State: Arkansas
 Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
 Company Tracking Number:
 TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
 Product Name: AR 2008 Riders
 Project Name/Number: /

W3P11	Policy/Cont Guaranteed ract/Fratern Insurance Rider al (LBT) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	gir lbt rider.pdf
W3011	Certificate Guaranteed Amendmen Insurance Optional t, Insert Benefit Page, Endorseme nt or Rider	Initial	optional gir lbt benefit.pdf
W3P12	Policy/Cont Guaranteed ract/Fratern Insurance Rider al (Term) Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	GIR TRM rider.pdf
W3012	Certificate Guaranteed Amendmen Insurance Optional t, Insert Benefit Page, Endorseme nt or Rider	Initial	optional GIR TRM benefit.pdf
LBTGIR- END	Certificate Endorsement Amendmen t, Insert Page, Endorseme nt or Rider	Initial	LBT GIR endorsement. pdf

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

TRMGIR- Certificate Endorsement Initial TRM GIR
END Amendmen t, Insert endorsement.
Page, Endorseme nt or Rider pdf

LEVEL TERM RIDER

This Rider is available to the Certificate Holder as an Optional Benefit upon payment of premium

RIDER PART OF POLICY: This Optional Benefit may become part of the Certificate Holder's Coverage as provided under this Rider in response to an authorized election and payment of applicable premiums. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy apply to this Rider.

TERM INSURANCE BENEFIT: We will pay the amount of term insurance provided by this Rider while this Benefit is in force, upon the receipt of due proof of the death of an Insured Person. For each Insured Person the amount of term insurance for this Benefit is shown on the Certificate Schedule Page. Term insurance provided by this Benefit may not be used by an Optional Accelerated Death Benefit. This Benefit has no cash surrender or loan value.

EFFECTIVE AND EXPIRY DATES: For each Insured Person the Effective and Expiry Dates of their Term Insurance under this Rider are shown on the Certificate Schedule Page. Benefits will not be in effect unless the Coverage to which it is attached becomes effective.

PRIMARY INSURED: The person named as the Insured under the Policy on the Certificate Schedule Page.

OTHER INSURED: Other Insured means an Insured Person, other than the Primary Insured, whose life is insured under this Rider.

INSURED PERSON: A person whose life is insured under this Rider. An Insured Person may be either the Primary Insured or an Other Insured. Each Insured Person is named on the Certificate Schedule Page.

ISSUE AGE: The Insured Person's age last birthday on the Effective Date of their Term Insurance under this Rider. Each Insured Person's issue age is shown on the Certificate Schedule Page.

ANNUAL PREMIUM: For each Insured Person the annual premium for their Term Insurance under this Rider is guaranteed and payable to the Expiry Date of their Term Insurance under this Rider. The annual premium for their Term Insurance is shown on the Certificate Schedule Page.

MISSTATEMENT OF AGE OR GENDER: If an Insured Person's age or gender is misstated, the amount of term insurance payable will be the amount that the premium paid would have purchased at the correct age and gender. The Expiry Date for the Term Insurance for the Insured Person will be based on their corrected age.

REINSTATEMENT: Benefits under this Rider may be reinstated under the same provisions as the Policy upon reinstatement of the Coverage if satisfactory evidence of insurability is furnished to us with respect to each Insured Person.

BENEFICIARY: Is the person, persons or entity designated by the Certificate Holder to receive the death benefit provided under this Rider. If the Certificate Holder does not designate a Beneficiary for this Rider, the Beneficiary will be:

- i. The Certificate Holder if the Insured Person who died is not the Certificate Holder; otherwise
- ii. The Primary Insured if the Insured Person who died is not the Primary Insured; otherwise
- iii. The Beneficiary of the Coverage on the Primary Insured.

CONTESTABILITY/SUICIDE: The Incontestability and Suicide provisions of the Policy apply to the all Insured Persons under this Rider. The Incontestability provision of the Policy also applies to any reinstatement of the Rider as regards to statements made in the application for reinstatement

CONVERSION: The Certificate Holder may convert any insurance provided on an Insured Person under this Rider while this insurance is in force and prior to the later of the Insured Person's age 65 or issue age plus 5 years.

The Certificate Holder may convert any insurance provided on Other Insureds under this Rider within 30 days after it terminates due to the death of the Primary Insured or if the Coverage under The Policy terminates due to acceleration of death benefits under the Certificate. No evidence of insurability is required for the conversion. However, if an increase in the

LEVEL TERM RIDER

Continued from previous page.

amount of insurance provided is desired on the new Coverage, evidence of insurability satisfactory to us must be provided. We must receive written application and the first premium for the new Coverage while the Insured Person is alive. The new Coverage will:

1. be the same base plan as the Coverage to which this Rider is attached provided the Insured Person is eligible for Coverage based upon their then attained age, or a comparable plan available at the time of conversion;
2. have a face amount which is less than or equal to the amount of term insurance payable under this Rider, but no less than \$5,000.
3. have premiums based on the age, gender and closest available rate class of the Insured Person on the new Coverage Date.

PAID-UP TERM INSURANCE: If the Coverage under The Policy terminates due to acceleration of death benefits and if the Primary Insured is an Insured Person under this Rider, the term insurance Benefit provided by this Rider for the Primary Insured will become paid up.

The paid-up term insurance will have no Surrender Value or Loan Value and will automatically terminate on the Expiry Date of this Benefit.

Paid-up insurance on the Primary Insured will not be contested after insurance has been in force, during the Primary Insured's lifetime for two years. The two years includes the period that such Coverage was in force under this Rider prior to the effective date of the paid up term coverage. The Certificate Holder will be the Owner of the paid-up insurance if he or she is alive. Otherwise, the Primary Insured will be the Owner.

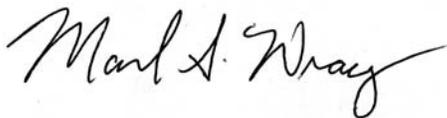
TERM INSURANCE TERMINATION: Term Insurance on an Insured Person ends automatically on the earliest of the following events:

- a. On the Expiry Date of the Term Insurance on the Insured Person, as shown on the Certificate Schedule Page; or
- b. Upon Written request by the Certificate Holder to terminate the Term Insurance on an Insured Person; or
- c. On the date this Benefit Terminates.

BENEFIT TERMINATION: Benefits under this Rider will end at the earliest of the following events:

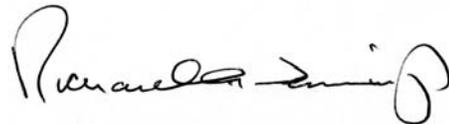
- a. On the Expiry Date or Maturity Date of the Coverage ; or
- b. Upon Written request by the Certificate Holder; or
- c. When the Coverage terminates for any reason except that provided under the Paid-Up Term Provision of this Rider; or
- d. At the end of the 31 day grace period for an unpaid premium.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

LEVEL TERM OPTIONAL BENEFIT

This Benefit was elected by You as part of Your Coverage

BENEFIT PART OF COVERAGE: This Benefit is part of Your Coverage provided in response to Your enrollment form and payment of premiums for this Benefit. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy apply to this Benefit.

TERM INSURANCE BENEFIT: We will pay the amount of term insurance for this Benefit while this Benefit is in force, upon the receipt of due proof of the death of the Insured Person. For each Insured Person the amount of term insurance for this Benefit is shown on the Certificate Schedule Page. Term insurance provided by this Benefit may not be used by an Optional Accelerated Death Benefit. This Benefit has no cash surrender or loan value.

EFFECTIVE AND EXPIRY DATES: For each Insured Person the Effective and Expiry Dates of their Term Insurance under this Benefit are shown on the Certificate Schedule Page. This Benefit will not be in effect unless the Coverage to which it is attached becomes effective.

PRIMARY INSURED: The person named as the Insured under the Policy on the Certificate Schedule Page.

OTHER INSURED: Other Insured means an Insured Person, other than the Primary Insured, who is listed in the enrollment form as a Person to be insured under this Benefit.

INSURED PERSON: A person whose life is insured under this Benefit. An Insured Person may be either the Primary Insured or an Other Insured. Each Insured Person is named on the Certificate Schedule Page.

ISSUE AGE: The Insured Person's age last birthday on the Effective Date of their Term Insurance under this Benefit. Each Insured Person's Issue Age is shown on the Certificate Schedule Page.

ANNUAL PREMIUM: For each Insured Person the annual premium for their Term Insurance under this Benefit is guaranteed and payable to the Expiry Date of their Term Insurance under this Benefit. The annual premium for this Benefit is shown on the Certificate Schedule Page.

MISSTATEMENT OF AGE OR GENDER: If an Insured Person's age or gender is misstated, the amount of term insurance payable will be the amount that the premium paid would have purchased at the correct age and gender. The Expiry Date for the term insurance for the Insured Person will be based on their corrected age.

REINSTATEMENT: This Benefit may be reinstated under the same provisions as the Policy upon reinstatement of the Coverage if satisfactory evidence of insurability is furnished to us with respect to each Insured Person.

BENEFICIARY: Is the person, persons or entity designated by the Certificate Holder to receive the death benefit provided under this Benefit. If the Certificate Holder does not designate a Beneficiary for this Benefit, the Beneficiary will be:

- i. The Certificate Holder if the Insured Person who died is not the Certificate Holder; otherwise
- ii. The Primary Insured if the Insured Person who died is not the Primary Insured; otherwise
- iii. The Beneficiary of the Coverage on the Primary Insured.

CONTESTABILITY/SUICIDE: The Incontestability and Suicide provisions of the Policy apply to all Insured Persons under this Benefit. The Incontestability provision of the Policy also applies to any reinstatement of the Benefit as regards to statements made in the application for reinstatement

CONVERSION: The Certificate Holder may convert any insurance provided on an Insured Person under this Benefit while this insurance is in force and prior to the later of the Insured Person's age 65 or issue age plus 5 years.

The Certificate Holder may convert any insurance provided on Other Insureds under this Benefit within 30 days after it terminates due to the death of the Primary Insured or if the Coverage under The Policy terminates due to acceleration of death benefits under the Certificate. No evidence of insurability is required for the conversion. However, if an increase in the

LEVEL TERM OPTIONAL BENEFIT

Continued from previous page.

amount of insurance provided is desired on the new Coverage, evidence of insurability satisfactory to us must be provided. We must receive written application and the first premium for the new Coverage while the Insured Person is alive. The new Coverage will:

1. be the same base plan as the Coverage to which this Benefit is attached provided the Insured Person is eligible for Coverage based upon their then attained age, or a comparable plan available at the time of conversion;
2. have a face amount which is less than or equal to the amount of term insurance provided by this Benefit, but no less than \$5,000.
3. have premiums based on the age, gender and closest available rate class of the Insured Person on the new Coverage Date.

PAID-UP TERM INSURANCE: If the Coverage under The Policy terminates due to acceleration of death benefits and if the Primary Insured is an Insured Person under this Optional Benefit, the term insurance provided by this Benefit for the Primary Insured will become paid up.

The paid-up term insurance will have no Surrender Value or Loan Value and will automatically terminate on the Expiry Date of this Benefit.

Paid-up insurance on the Primary Insured will not be contested after insurance has been in force, during the Primary Insured's lifetime for two years. The two years includes the period that such Coverage was in force under this Benefit prior to the effective date of the paid up term coverage. The Certificate Holder will be the Owner of the paid-up insurance if he or she is alive. Otherwise, the Primary Insured will be the Owner.

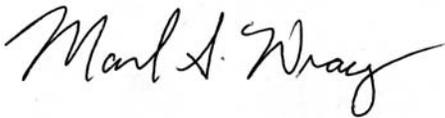
TERM INSURANCE TERMINATION: Term Insurance on an Insured Person ends automatically on the earliest of the following events:

- a. On the Expiry Date of the Term Insurance on the Insured Person, as shown on the Certificate Schedule Page; or
- b. Upon Written request by the Certificate Holder to terminate the Term Insurance on an Insured Person; or
- c. On the date this Benefit Terminates.

BENEFIT TERMINATION: This Benefit ends automatically at the earliest of the following events:

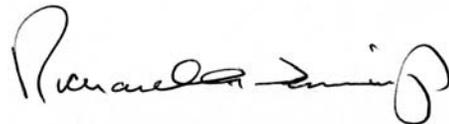
- a. On the Expiry Date or Maturity Date of the Coverage; or
- b. Upon written request by the Certificate Holder; or
- c. When the Coverage terminates for any reason except that provided under the Paid-Up Term Provision of this Benefit; or
- d. At the end of the 31 day grace period for an unpaid premium.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

PAYOR WAIVER OF PREMIUM BENEFIT RIDER

This Rider is available to Certificate Holders as an Optional Benefit upon payment of premium.

RIDER PART OF POLICY: This Optional Benefit may become part of the Certificate Holder's Coverage as provided under this Rider in response to an authorized election and payment of applicable premiums. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy apply to this Rider.

TOTAL DISABILITY: The Payor's inability to substantially perform the essential duties of any Occupation in the usual and customary way due to bodily injury or disease.

INSURED: The person whose life is insured under The Policy. The Insured is shown in the Certificate Schedule Page.

PAYOR: The Payor is the person on whose Total Disability benefits under this Rider are based.

OCCUPATION: Any occupation for which the Payor may qualify by reason of education, training, or experience.

COVERAGE DATE: Benefits under this Rider are effective on the Coverage Date shown on the Certificate Schedule Page.

BENEFIT: Subject to this Rider's provisions and after we approve this Benefit for the Payor, We will:

- Waive future premiums at the payment frequency in effect at the start of Total Disability and which fall due while Total Disability continues; and
- Refund any premiums which were due and were paid since the start of Total Disability.

No premium will be waived which was due more than 12 months before we received written notice of claim.

BENEFIT REQUIREMENTS: Total Disability of the Payor must:

- Begin while the Optional Benefit under this Rider is in effect; and
- Begin before the Coverage anniversary on which the Insured is age 60; and
- Be continuous for at least a 6 month period.

While Total Disability continues, the frequency of premium payments may not be changed.

BENEFIT LIMITATIONS: No premiums will be waived for any disability which results from any of the following:

- An intentional, self-inflicted injury.
- War or any act of war, whether or not the Payor is serving in the military, naval, national guard, or air forces of any country, international organization, or countries at war. War can be declared or not, and includes hostilities and any armed aggression and resistance to such aggression.
- Bodily injury or disease, occurring before the effective date of this Rider, which was not disclosed on the enrollment form.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY: We will require written notice of claim to our Administrative Office:

- While the Payor is alive; and
- While the Total Disability continues; and
- No later than 12 months after Total Disability began.

Failure to give written notice of claim within 12 months from the date Total Disability began will not void or reduce the claim if such notice is sent as soon as reasonably possible.

The Payor must furnish us with proof of Total Disability no later than 6 months after written notice of claim has been received.

PAYOR WAIVER OF PREMIUM BENEFIT RIDER

Continued from previous page.

PROOF OF CONTINUANCE OF TOTAL DISABILITY: The Payor, at reasonable intervals, must furnish us with proof of continuance of Total Disability. We have the right to require examinations of the Payor by physicians of our choice and paid by us. After Total Disability has continued for 2 years, we will not require proof more often than once each year.

END OF DISABILITY: For any single period of Total Disability, no further premiums will be waived if:

- The Coverage terminates, or
- Proof of Continuance of Total Disability is not furnished to us, or
- The Payor refuses to submit to a medical examination, or
- Death of the Payor; or
- Total Disability ceases.

INCONTESTABILITY: We will not contest this Rider based upon statements made in the enrollment form after this Rider has been in effect, during the Payor's lifetime, for 2 years from the Effective Date.

A new period of contestability will apply if reinstatement occurs. We will not contest this Rider based on statements made in the application for reinstatement after this Rider has been in effect, during the Payor's lifetime, for 2 years from the effective date of reinstatement.

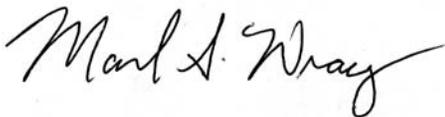
BENEFIT TERMINATION: Benefits under this Rider end automatically:

- a. On the Expiry Date of this Benefit, as shown on the Certificate Schedule Page. However, as long as any continuing disability began before termination of the Benefits under this Rider, Benefits will continue as otherwise provided in this Rider; or
- b. Death of the Payor; or
- ~~b.c.~~ When the Coverage matures; or
- ~~e.d.~~ When Coverage terminates for any reason; or
- ~~d.e.~~ At the end of the 31 day grace period for an unpaid premium; or
- e.f. Upon written request by the Certificate Holder to change the Payor.

AUTOMATIC CONVERSION: If the Policy to which this Rider is attached contains a Conversion Privilege and at the end of the conversion period the Payor is totally disabled, as defined in this Rider, the Certificate Holder's Coverage will automatically be converted.

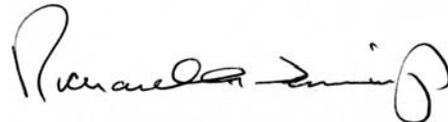
A Waiver of Premium Rider on the Payor will be attached and premiums for the new Coverage will be waived, subject to the terms of that Rider. The Rider attached will be the one in use by Fidelity Life Association on the Coverage Date of the new Coverage.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

PAYOR WAIVER OF PREMIUM OPTIONAL BENEFIT

This Benefit was elected by You as part of Your Coverage

BENEFIT PART OF COVERAGE: This Optional Benefit is part of Your Coverage provided in response to your enrollment form and payment of premiums for this Benefit. Those premiums are shown on the Certificate Schedule Page. All the provisions of The Policy apply to this Benefit.

TOTAL DISABILITY: The Payor's inability to substantially perform the essential duties of any Occupation in the usual and customary way due to bodily injury or disease.

INSURED: The person whose life is insured under The Policy. The Insured is shown in the Certificate Schedule Page.

PAYOR: The Payor is the person on whose Total Disability benefits under this Optional Benefit are based.

OCCUPATION: Any occupation for which the Payor may qualify by reason of education, training, or experience.

COVERAGE DATE: Coverage under this Benefit is effective on the Coverage Date shown on the Certificate Schedule Page.

BENEFIT: Subject to this Benefit's provisions and after We approve this Benefit for the Payor, We will:

- Waive future premiums at the payment frequency in effect at the start of Total Disability and which fall due while Total Disability continues; and
- Refund any premiums which were due and were paid since the start of Total Disability.

No premium will be waived which was due more than 12 months before We received written notice of claim.

BENEFIT REQUIREMENTS: Total Disability of the Payor must:

- Begin while this Benefit is in effect; and
- Begin before the Coverage anniversary on which the Insured is age 60; and
- Be continuous for at least a 6 month period.

While Total Disability continues, the frequency of premium payments may not be changed.

BENEFIT LIMITATIONS: No premiums will be waived for any disability which results from any of the following:

- An intentional, self-inflicted injury.
- War or any act of war, whether or not the Payor is serving in the military, naval, national guard, or air forces of any country, international organization, or countries at war. War can be declared or not, and includes hostilities and any armed aggression and resistance to such aggression.
- Bodily injury or disease, occurring before the effective date of this Benefit, which was not disclosed on the enrollment form.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY: We will require written notice of claim to our Administrative Office:

- While the Payor is alive; and
- While the Total Disability continues; and
- No later than 12 months after Total Disability began.

Failure to give written notice of claim within 12 months from the date Total Disability began will not void or reduce the claim if such notice is sent as soon as reasonably possible.

The Payor must furnish us with proof of Total Disability no later than 6 months after written notice of claim has been received.

PAYOR WAIVER OF PREMIUM OPTIONAL BENEFIT

Continued from previous page.

PROOF OF CONTINUANCE OF TOTAL DISABILITY: The Payor, at reasonable intervals, must furnish us with proof of continuance of Total Disability. We have the right to require examinations of the Payor by physicians of our choice and paid by us. After Total Disability has continued for 2 years, We will not require proof more often than once each year.

END OF DISABILITY: For any single period of Total Disability, no further premiums will be waived if:

- The Coverage terminates, or
- Proof of Continuance of Total Disability is not furnished to us, or
- The Payor refuses to submit to a medical examination, or
- Death of the Payor; or
- Total Disability ceases.

INCONTESTABILITY: We will not contest this Benefit based on statements made in the enrollment form after this Benefit has been in effect, during the Payor's lifetime, for 2 years from the Coverage Date.

A new period of contestability will apply if reinstatement occurs. We will not contest this Benefit based on statements made in the application for reinstatement after this Benefit has been in effect, during the Payor's lifetime, for 2 years from the effective date of reinstatement.

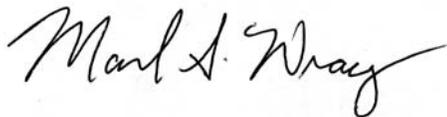
BENEFIT TERMINATION: This Benefit ends automatically:

- a. On the Expiry Date of this Benefit, as shown on the Certificate Schedule Page. However, as long any continuing disability began before termination of this Optional Benefit, benefits will continue as otherwise provided in this Benefit; or
- b. When the Coverage matures; or
- c. Death of the Payor; or
- ~~e.d.~~ When Coverage terminates for any reason; or
- ~~e.e.~~ At the end of the 31 day grace period for an unpaid premium; or
- ~~e.f.~~ Upon written request by the Certificate Holder to change the Payor

AUTOMATIC CONVERSION: If the Coverage to which this Benefit is attached contains a Conversion Privilege, and at the end of the conversion period, the Payor is totally disabled, as defined in this Benefit, the Coverage will automatically be converted.

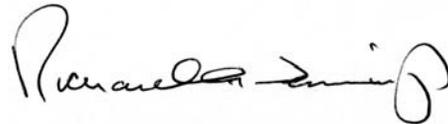
A waiver of premium Benefit on the Payor will be attached and premiums for the new Coverage will be waived, subject to the terms of that Rider. The Benefit attached will be the one in use by Fidelity Life Association on the Coverage Date of the new coverage.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

GUARANTEED INSURANCE RIDER

*This Rider is available to the Certificate Holder as an Optional Benefit
There is no additional premium charge for this Rider until an Automatic Increase is made*

RIDER PART OF POLICY: This Optional Benefit may become part of the Certificate Holder's Coverage as provided under this Rider in response to an authorized election. All the provisions of The Policy apply to this Rider.

AUTOMATIC INCREASE: We will Automatically Increase the Coverage on the life of the Insured that is provided by The Policy, subject to the Eligibility provision, without requiring evidence of insurability.

The amount of each Automatic Increase, its Option Date and additional premium are shown in the Certificate Schedule.

Any increase in Coverage provided by The Policy may be used by an Optional Accelerated Death Benefit Rider attached to The Policy.

OPTION DATE: "Option Date" is one of the consecutive Anniversary dates on which an Automatic Increase may occur. The Option Dates are shown in the Certificate Schedule.

INSURED: The Insured is named in the Certificate Schedule.

COVERAGE DATE: Coverage under this Benefit is effective on the Coverage Date shown in the Certificate Schedule Page or any amendment made to it.

ELIGIBILITY: The Insured is eligible for an Automatic Increase under this Rider only if:

1. the Insured is less than age 71 on an Option Date.
2. the Premiums for the Certificate are not being waived under any Waiver of Premium Rider.
3. the Premiums for the Certificate are not being waived under any Accelerated Death Benefit Rider.
4. the Optional Benefit has not terminated.

Automatic Increase Benefits made prior to termination of the Benefits under this Rider will be subject to the benefit termination provision of the Policy.

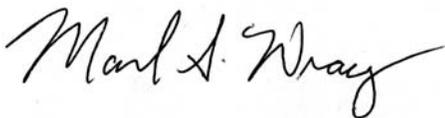
AUTOMATIC INCREASE ENDORSEMENT: We will mail You an endorsement to the Certificate two months before each Option Date, evidencing the Automatic Increase that is scheduled to take effect on the Option Date. You may reject an Automatic Increase by providing written notice to our Administrative Office within 31 days after the Option Date. If you reject an Automatic Increase, any premium paid for the automatic increase will be returned to You and You will not be allowed to reinstate the Benefits under this Rider at a later date.

BENEFIT TERMINATION: Availability of future Automatic Increase Benefits provided under this Rider will terminate on the earliest of:

1. the date the Certificate lapses; or
2. the termination date shown for this Optional Benefit in the Certificate Schedule; or
3. the date the Certificate is surrendered for its Cash Surrender Value; or
4. the date we receive Your request to terminate this Optional Benefit or the Certificate; or
5. the date You reject an Automatic Increase; or

Automatic Increase Benefits made prior to termination of the Benefits under this Rider will be subject to the benefit termination provision of the Term Rider that was increased.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

GUARANTEED INSURANCE OPTIONAL BENEFIT

*This Optional Benefit was elected as part of Your Coverage
There is no additional premium charge for this Optional Benefit until an Automatic Increase is made*

BENEFIT PART OF COVERAGE: This Benefit is part of Your Coverage provided in response to Your enrollment form. All the provisions of The Policy apply to this Benefit.

AUTOMATIC INCREASE: We will Automatically Increase the Coverage on the life of the Insured that is provided by the Certificate, subject to the Eligibility provision, without requiring evidence of insurability.

The amount of each Automatic Increase, its Option Date and additional premium are shown in the Certificate Schedule.

Any increase in Coverage provided by the Certificate may be used by an Optional Accelerated Death Benefit attached to the Certificate.

OPTION DATE: "Option Date" is one of the consecutive Anniversary dates on which an Automatic Increase may occur. The Option Dates are shown in the Certificate Schedule.

INSURED: The Insured is named in the Certificate Schedule.

COVERAGE DATE: Coverage under this Benefit is effective on the Coverage Date shown in the Certificate Schedule Page or any amendment made to it.

ELIGIBILITY: The Insured is eligible for an Automatic Increase under this Benefit only if:

1. the Insured is less than age 71 on an Option Date.
2. the Premiums for the Certificate are not being waived under any Waiver of Premium Optional Benefit.
3. the Premiums for the Certificate are not being waived under any Optional Accelerated Death Benefit.
4. the Optional Benefit has not terminated.

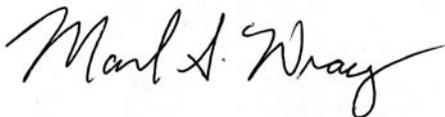
AUTOMATIC INCREASE ENDORSEMENT: We will mail You an endorsement to the Certificate two months before each Option Date, evidencing the Automatic Increase that is scheduled to take effect on the Option Date. You may reject an Automatic Increase by providing written notice to our Administrative Office within 31 days after the Option Date. If You reject an Automatic Increase, any premium paid for the automatic increase will be returned to You and You will not be allowed to reinstate this Optional Benefit at a later date.

BENEFIT TERMINATION: Availability of future Automatic Increase Optional Benefits will terminate on the earliest of:

1. the date the Certificate lapses; or
2. the termination date shown for this Optional Benefit in the Certificate Schedule; or
3. the date the Certificate is surrendered for its Cash Surrender Value; or
4. the date we receive Your request to terminate this Optional Benefit or the Certificate; or
5. the date You reject an Automatic Increase.

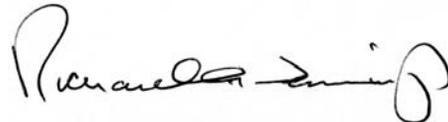
Automatic Increase Benefits made prior to termination of the Benefits under this Rider will be subject to the benefit termination provision of the Policy.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

GUARANTEED INSURANCE RIDER

*This Rider is available to the Certificate Holder as an Optional Benefit
There is no additional premium charge for this Rider until an Automatic Increase is made*

RIDER PART OF POLICY: This Optional Benefit may become part of the Certificate Holder's Coverage as provided under this Rider in response to an authorized election. All the provisions of The Policy apply to this Rider.

AUTOMATIC INCREASE: We will Automatically Increase the Coverage on the life of the Insured that is provided by an Optional Term Rider attached to The Policy, subject to the Eligibility provision, without requiring evidence of insurability.

The amount of each Automatic Increase, its Option Date, and additional premium are shown in the Certificate Schedule.

Any increase in term insurance provided by a Term Rider attached to The Policy may not be used by an Optional Accelerated Death Benefit Rider.

OPTION DATE: "Option Date" is one of the consecutive Anniversary dates on which an Automatic Increase may occur. The Option Dates are shown in the Certificate Schedule.

INSURED: The Insured is named in the Certificate Schedule.

COVERAGE DATE: Coverage under this Benefit is effective on the Coverage Date shown in the Certificate Schedule Page or any amendment made to it.

ELIGIBILITY: The Insured is eligible for an Automatic Increase under this Rider only if:

1. the Insured is less than age 71 on an Option Date.
2. the Premiums for the Certificate are not being waived under any Waiver of Premium Rider.
3. the Premiums for the Certificate are not being waived under any Accelerated Death Benefit Rider.
4. the Optional Benefit has not terminated.

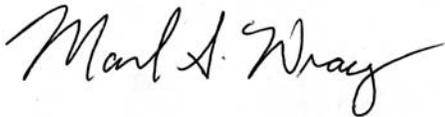
AUTOMATIC INCREASE ENDORSEMENT: We will mail You an endorsement to the Certificate two months before each Option Date, evidencing the Automatic Increase that is scheduled to take effect on the Option Date. You may reject an Automatic Increase by providing written notice to our Administrative Office within 31 days after the Option Date. If You reject an Automatic Increase, any premium paid for the automatic increase will be returned to You and You will not be allowed to reinstate the Benefits under this Rider at a later date.

BENEFIT TERMINATION: Availability of future Automatic Increase Benefits provided under this Rider will terminate on the earliest of:

1. the date the Certificate lapses; or
2. the termination date shown for this Optional Benefit in the Certificate Schedule; or
3. the date the Certificate is surrendered for its Cash Surrender Value; or
4. the date we receive Your request to terminate this Optional Benefit or the Certificate; or
5. the date You reject an Automatic Increase.

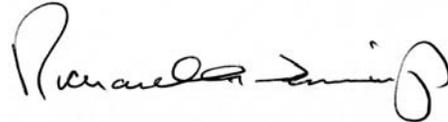
Automatic Increase Benefits made prior to termination of the Benefits under this Rider will be subject to the benefit termination provision of the Term Rider that was increased.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

GUARANTEED INSURANCE OPTIONAL BENEFIT

*This Optional Benefit was elected as part of Your Coverage
There is no additional premium charge for this Optional Benefit until an Automatic Increase is made*

BENEFIT PART OF COVERAGE: This Benefit is part of Your Coverage provided in response to Your enrollment form. All the provisions of The Policy apply to this Benefit.

AUTOMATIC INCREASE: We will Automatically Increase the Coverage on the life of the Insured that is provided by an Optional Term Benefit attached to the Certificate, subject to the Eligibility provision, without requiring evidence of insurability.

The amount of each Automatic Increase, its Option Date and additional premium are shown in the Certificate Schedule.

Any increase in term insurance provided by an Optional Term Benefit attached to the Certificate may not be used by an Optional Accelerated Death Benefit.

OPTION DATE: "Option Date" is one of the consecutive Anniversary dates on which an Automatic Increase may occur. The Option Dates are shown in the Certificate Schedule.

INSURED: The Insured is named in the Certificate Schedule.

COVERAGE DATE: Coverage under this Benefit is effective on the Coverage Date shown in the Certificate Schedule Page or any amendment made to it.

ELIGIBILITY: The Insured is eligible for an Automatic Increase under this Benefit only if:

1. the Insured is less than age 71 on an Option Date.
2. the Premiums for the Certificate are not being waived under any Waiver of Premium Optional Benefit.
3. the Premiums for the Certificate are not being waived under any Optional Accelerated Death Benefit.
4. the Optional Benefit has not terminated.

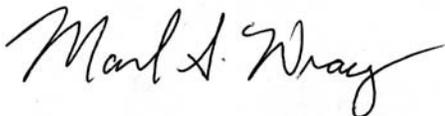
AUTOMATIC INCREASE ENDORSEMENT: We will mail You an endorsement to the Certificate two months before each Option Date, evidencing the Automatic Increase that is scheduled to take effect on the Option Date. You may reject an Automatic Increase by providing written notice to our Administrative Office within 31 days after the Option Date. If You reject an Automatic Increase, any premium paid for the automatic increase will be returned to You and You will not be allowed to reinstate this Optional Benefit at a later date.

BENEFIT TERMINATION: Availability of future Automatic Increase Optional Benefits will terminate on the earliest of:

1. the date the Certificate lapses; or
2. the termination date shown for this Optional Benefit in the Certificate Schedule; or
3. the date the Certificate is surrendered for its Cash Surrender Value; or
4. the date we receive Your request to terminate this Optional Benefit or the Certificate; or
5. the date You reject an Automatic Increase; ~~or~~.

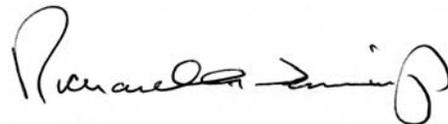
Automatic Increase Benefits made prior to termination of the Benefits under this Rider will be subject to the benefit termination provision of the Term Rider that was increased.

FIDELITY LIFE ASSOCIATION, A LEGAL RESERVE LIFE INSURANCE COMPANY



Secretary

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523



President

Administrative Office
Fidelity Life Association
[17 Church St.
Keene, NH 03431]

FIDELITY LIFE ASSOCIATION

Administrative Office: P.O. Box 506, Keene, NH 03431

ENDORSEMENT TO CERTIFICATE

EFFECTIVE MARCH 01, 2001, CERTIFICATE NUMBER 08WS000001 HAS BEEN ENDORSED ACCORDING TO THE TERMS OF THE GUARANTEED INSURANCE OPTIONAL BENEFIT ATTACHED TO SAID CERTIFICATE. [\$8,253] OF GUARANTEED DEATH BENEFIT TO AGE [70] HAS BEEN ADDED TO YOUR CERTIFICATE. FOR FURTHER DETAILS ON BOTH YOUR CURRENT AND GUARANTEED DEATH BENEFIT REFER TO YOUR CERTIFICATE.

INSURED: JOHN DOE

CERTIFICATE HOLDER: JOHN DOE

ISSUE AGE: 35

COVERAGE EFFECTIVE DATE: MARCH 01, 2001

EFFECTIVE DATE OF INCREASE: MARCH 01, 2002

NEW DEATH BENEFIT: \$108,253

NEW [MONTHLY] PLANNED PREMIUM: \$64.97

NEW GUARANTEED PLANNED [MONTHLY] PREMIUM: \$xxx.xx

[NEW LONG TERM CARE MONTHLY ACCELERATED DEATH BENEFIT FOR CONFINEMENT [\$4,330.12]]

[NEW LONG TERM CARE MONTHLY ACCELERATED DEATH BENEFIT FOR HOME HEALTH CARE OR ADULT CARE [\$4,330.12]]

ATTACH THIS ENDORSEMENT TO YOUR CERTIFICATE.

THE SUICIDE EXCLUSION FOR THE INCREASE IN DEATH BENEFIT AMOUNT IS MEASURED FROM THE EFFECTIVE DATE OF THE INCREASE.

LBTGIR-END

FIDELITY LIFE ASSOCIATION

Administrative Office: P.O. Box 506, Keene, NH 03431

ENDORSEMENT TO CERTIFICATE

EFFECTIVE MARCH 01, 2001, CERTIFICATE NUMBER 08WS000001 HAS BEEN ENDORSED ACCORDING TO THE TERMS OF THE GUARANTEED INSURANCE OPTIONAL BENEFIT ATTACHED TO SAID CERTIFICATE. [\$5,253] OF LEVEL TERM OPTIONAL BENEFIT TO AGE [70] HAS BEEN ADDED TO YOUR CERTIFICATE.

INSURED PERSON: JOHN DOE

CERTIFICATE HOLDER: JOHN DOE

ISSUE AGE: 35

COVERAGE EFFECTIVE DATE: MARCH 01, 2001

EFFECTIVE DATE OF INCREASE: MARCH 01, 2002

NEW OPTIONAL LEVEL TERM BENEFIT: \$45,253

NEW PLANNED [MONTHLY] PREMIUM: \$64.97

NEW GUARANTEED PLANNED [MONTHLY] PREMIUM: \$xxx.xx

ATTACH THIS ENDORSEMENT TO YOUR CERTIFICATE.

THE SUICIDE EXCLUSION FOR THE INCREASE TERM INSURANCE AMOUNT IS MEASURED FROM THE EFFECTIVE DATE OF THE INCREASE.

TRMGIR-END

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

Supporting Document Schedules

Review Status: 06/17/2008
Satisfied -Name: Certification/Notice
Comments:
Attachment:
Filing Authorization 06-2008.pdf

Review Status: 06/17/2008
Satisfied -Name: Application
Comments:
Attachment:
W6006 Enrollment.pdf

Review Status: 06/17/2008
Satisfied -Name: Cover Letter
Comments:
Attachment:
AR COVER LETTER.pdf

Review Status: 06/17/2008
Satisfied -Name: Form List
Comments:
Attachment:
Form List.pdf

Review Status: 06/17/2008
Satisfied -Name: Schedule Page
Comments:
Attachment:
lbt schdeule page 061208.pdf

SERFF Tracking Number: FDLR-125698108 State: Arkansas
Filing Company: Fidelity Life Association, A Legal Reserve Life Insurance Company State Tracking Number: 39329
Company Tracking Number:
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: AR 2008 Riders
Project Name/Number: /

Review Status:

Satisfied -Name: Readability 06/17/2008
Comments:
Attachment:
Rider Readability.pdf

Review Status:

Satisfied -Name: Statement of Variability 06/17/2008
Comments:
Attachment:
Stmnt of Variability.pdf



Established 1896

Fidelity Life Association
1211 West 22nd Street, Suite 209
Oak Brook, IL 60523
Tel 630.522.0392
Fax 866.375.8175

June 16, 2008

Company NAIC Number: 63290
Company FEIN Number: 36-1068685

Re: Group Life Insurance Policy, Certificate and Benefit Forms
Letter of Authorization

To: All State Insurance Departments

The Fidelity Life Association, A Legal Reserve Life Insurance Company of 1211 West 22nd Street, Oak Brook, Illinois hereby authorizes Vision Financial Corporation to represent us in the submission of the captioned forms and to negotiate with insurance departments for their approval.

Sincerely,

A handwritten signature in black ink, appearing to read 'C. Brady', written over a horizontal line.

Ciaran Brady
Vice President, Operations

- New Contract
- Contract Change For # _____
- Reinstatement For # _____



I. [Employee/Payor Information]

Group Name _____ Location/Dept. _____
 Name _____ Date of Hire _____ Home Phone _____
 Legal Address _____
 Street _____ City _____ State _____ Zip _____
 Annual Salary _____ Social Security # _____ Employee ID _____

[Is the employee actively at work performing the regular duties of the job in the usual manner and the usual place of employment?] Yes No

II. Proposed Insured Information

	Name	Gender	Birth Date	Age	Tobacco or Nicotine Products in Last 12 Months?
1. [Employee/Payor]:	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Spouse:	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Child 1:	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Child 2:	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

III. Coverage Information

Planned Premium Mode: Weekly Bi- Weekly Monthly Other _____

Base Plan: [Lifetime Benefit Term (LBT)]
 [Employee/Payor] Face _____ Premium \$ _____

Base Plan: [Lifetime Benefit Term (LBT)]
 [Spouse] Face _____ Premium \$ _____

Is the Proposed Insured a U.S. Citizen or a permanent resident?
 Yes No

Is the Proposed Insured a U.S. Citizen or a permanent resident?
 Yes No

Level Term Optional Benefit:

1. [Employee/Payor]: Face _____ Premium \$ _____
 2. Spouse: Face _____ Premium \$ _____
 3. Child 1: Face _____ Premium \$ _____
 4. Child 2: Face _____ Premium \$ _____

Level Term Optional Benefit:

1. [Employee/Payor]: Face _____ Premium \$ _____
 2. Spouse: Face _____ Premium \$ _____
 3. Child 1: Face _____ Premium \$ _____
 4. Child 2: Face _____ Premium \$ _____

Optional Benefits

[Employee/Payor]:
 Waiver Premium \$ _____
 Dependent Child Benefit: _____ Units Premium \$ _____
 Accidental Death Benefit Premium \$ _____
 LTC Premium \$ _____
 LTC/TI Combo Premium \$ _____
 EOB Premium \$ _____
 Guaranteed Insurance Option
 Other _____ Premium \$ _____
 Total Planned Premium \$ _____

[Spouse]:
 Payor Waiver Premium \$ _____
 Dependent Child Benefit: _____ Units Premium \$ _____
 Accidental Death Benefit Premium \$ _____
 LTC Premium \$ _____
 LTC/TI Combo Premium \$ _____
 EOB Premium \$ _____
 Guaranteed Insurance Option
 Other _____ Premium \$ _____
 Total Planned Premium \$ _____

IV. Beneficiary

The [Employee/Payor] will be the Beneficiary of any coverage issued on a Spouse or Child, unless otherwise stated in this section. The Spouse will be the Beneficiary of any coverage issued on the [Employee/Payor], unless otherwise stated in this section.

Insured: _____ Beneficiary: _____ Relationship: _____
 Insured: _____ Beneficiary: _____ Relationship: _____

V. Certificate Holder

The [Employee/Payor] will be the Certificate Holder unless another is subsequently designated.

VI. Conditional Issue Questions: Please answer all required questions for any Person proposed for Coverage. If any question is answered "Yes" for any proposed insured, please answer all of the Simplified Eligibility questions on Page 2 for that Person.

	Proposed Insured Person:							
	Employee		Spouse		Child 1		Child 2	
	Yes	No	Yes	No	Yes	No	Yes	No
a. [Has the Employee/Payor missed more than 5 consecutive days of active work due to an illness or injury in the past 3 months?]	<input type="checkbox"/>	<input type="checkbox"/>	N/A		N/A		N/A	
b. Has any Person proposed for coverage been hospitalized in the past 6 months?	<input type="checkbox"/>							
c. Has any Person proposed for coverage, within the last 10 years, been diagnosed as having or been treated by a physician for HIV infection, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC)?	<input type="checkbox"/>							
d. Has any Spouse or Child proposed for coverage been seen or treated by a licensed physician or other medical practitioner within the past 6 months?	N/A		<input type="checkbox"/>					

VII. Other Coverage: Does any Person proposed for coverage have any life insurance in force or is any application for life insurance or reinstatement now pending? No Yes If Yes, complete the following:

Insured	Name of Company	Face Amount	Month/Year Issued	To be Replaced?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

VIII. Simplified Issue Questions:

1. [Employee/Payor]: Height: ___Ft. ___In. Weight _____lbs. 3. Child 1: Height: ___Ft. ___In. Weight _____lbs.
 2. Spouse: Height: ___Ft. ___In. Weight _____lbs. 4. Child 2: Height: ___Ft. ___In. Weight _____lbs.

Proposed Insured Person:

	Employee		Spouse		Child 1		Child 2	
	Yes	No	Yes	No	Yes	No	Yes	No
Within the past 5 years, has any Person proposed for insurance been admitted or advised to be admitted to a hospital or received medical advice or treatment for:								
a. any chest pain, heart disease, stroke or paralysis, lung or respiratory disease, blood disease or high blood pressure? If yes, provide most recent blood pressure reading and date: _____;	<input type="checkbox"/>							
b. any cancer, tumor, disorder of the kidney, liver disease or hepatitis;	<input type="checkbox"/>							
c. any mental or psychiatric disorder, stomach or intestinal disorder or reproductive organ disorder;	<input type="checkbox"/>							
d. received or been advised to have, counseling or treatment for the use of alcohol, drugs, illegal drugs, or used any illegal drug or controlled substance;	<input type="checkbox"/>							
e. taken any prescription medication in the past 6 months (If "Yes", state name of medication, reason for taking, frequency and dosage.);	<input type="checkbox"/>							
f. had or been advised to have an electrocardiogram, x-ray, blood study, urinalysis, or any other diagnostic study, operation or treatment.	<input type="checkbox"/>							
g. Other than stated above, within the past 5 years, had any other illness, operation or treatment?	<input type="checkbox"/>							

Details: Provide full details of "yes" answers on Page 1 and 2. Include the diagnoses, date, duration, and names and address of all attending physicians and medical facilities.

Proposed Insured Person	Question #	Describe Injury, Illness, Disorder, Symptoms and Medication (include Dosage and frequency)	Date Diagnosed	Length of Treatment	Current Health Status	Name & Address of Doctor or Hospital

If more space is needed to provide details, attach a signed and dated additional sheet of paper.

Declaration, Agreement and Authorization To Release Information: I declare that each answer given to the questions contained in this enrollment form is complete and true to the best of my knowledge and belief. I understand and agree that the company will rely on these answers, and the answers and statements I may give in any other form taken as part of this enrollment form. I also understand that the Company reserves the right to accept or deny this enrollment form after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers. All statements and answers on this enrollment form are full, complete and true to the best knowledge and belief of each person who has signed below.

[The insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.]

I/We authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, the Medical Information Bureau (MIB) or employer to give to Fidelity Life Association any information they might have regarding the diagnosis, treatment, prescription and prognosis of any physical or mental condition as applicable. To facilitate the rapid transmissions of such information, I authorize all said sources, to give such records or knowledge to any agency employed by the Company to collect and transmit such information. I agree that this authorization shall remain in effect for two years (24 months) from the date that it is signed and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my request for insurance or to evaluate a claim during the time that this authorization is valid. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization.

All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the Medical Information Bureau (MIB), to other persons or organizations performing business or legal services in connection with this enrollment form, including reinsuring companies as may be required by law.

The Certificate Holder/Insured and the agent certify that no illustration conforming to the coverage applied for was provided, but that an illustration conforming to the coverage issued will be provided upon delivery.

Fraud Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an enrollment form for insurance may be guilty of a criminal offense under state law.

Agent: To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any proposed Insured? (If Yes, complete appropriate State replacement forms) Yes No

SIGNED AT: (State) _____ DATE: _____ SIGNATURE OF LICENSED AGENT: _____

SIGNATURE OF Employee/Payor: _____ PRINTED NAME OF AGENT: _____

SIGNATURE OF SPOUSE OR CHILD: (if required) _____ STATE LICENSE NUMBER: (if required by law) _____

June 16, 2008

Life Policy Analyst
Life and Health Division
Arkansas Insurance Department
1200 West 3rd St.
Little Rock, AR 72201

RE: Fidelity Life Association
NAIC No.: 63290
FEIN Number: 36-1068685
Miscellaneous Forms Filing

Dear Sir or Madame:

The attached forms are being submitted for your review and approval. A list of the forms included with this filing is included with this letter. These are new forms and will not replace any forms previously approved by your Department. These forms will be used with the Graded Death Benefit Whole Life Insurance Policy and the Lifetime Benefit Term Insurance Policy previously approved by your Department, or any products approved in the future.

These forms have been filed contemporaneously in our domicile State of Illinois.

This submission contains no unusual or possibly controversial items from the standpoint of normal company or industry standards.

Variable material is set off by brackets. It must be noted that no change in the variable areas will be made which will be in conflict with the laws, rules and regulations of this district. In addition, no change in variability will be made which in any way expands the scope of the wording being changed.

All forms are submitted in final print and are subject to only minor modifications in paper size, paper color, paper stock, binding, ink, shading, border, company officer signatures, font type, logo and company adaptation to computer printing/typesetting.

Please find attached the actuarial memorandums and the readability certification for these forms.

Thank you for your assistance with this filing. A prepaid, self-addressed envelope is enclosed for your convenience in replying. If you have any questions, please call me at 1-800-635-4467, ext. 267.

Sincerely,

Barbara Mooney
Vice President Actuarial Services
Vision Financial Corporation
Telephone: 800-635-4467, ext. 267
Fax: 603-357-0250
Email: bmooney@visfin.com

Enc.

Vision Financial Corporation is a Third Party Administrator for Fidelity Life Association, A Legal Reserve Life Insurance Company

Fidelity Life Association
Forms Listing

Form #	Form Name	Description
W3P11	Guaranteed Insurance Rider	This Rider is attached to The Policy and may provide for a number of automatic increases in the base coverage for an insured.
W3011	Guaranteed Insurance Optional Benefit	This Optional Benefit is attached to the Certificate of Coverage and may provide for a number of automatic increases in the base coverage for an insured.
LBTGIR-END	Endorsement To Certificate	This endorsement will be sent to the Certificate Holder each anniversary that an automatic increase in coverage is processed. A cover letter will be sent with this endorsement directing the Certificate Holder to contact the Administrative Office if they have any questions or would like a current illustration of your Certificate benefits and values.
W3P12	Guaranteed Insurance Rider	This Rider is attached to The Policy and may provide for a number of automatic increases in the coverage for an insured through an Optional Term Rider.
W3012	Guaranteed Insurance Optional Benefit	This Optional Benefit is attached to the Certificate of Coverage and may provide for a number of automatic increases in the coverage for an insured through Level Term Optional Benefit.
TRMGIR-END	Endorsement To Certificate	This endorsement will be sent to the Certificate Holder each anniversary that an automatic increase in the level term optional benefit is processed.
W3P10	Payor Waiver of Premium Benefit Rider	This Rider is attached to The Policy and may provide for a waiver of future premium payments if the Payor is found totally disabled.
W3010	Payor Waiver of Premium Optional Benefit	This Optional Benefit is attached to the Certificate and may provide for a waiver of future premium payments if the covered Payor is found totally disabled.
W3P09	Level Term Rider	This Rider is attached to The Policy and may provide level term insurance coverage for a specific insured person (primary insured or other insured) as defined in the rider.
W3009	Level Term Optional Benefit	This Optional Benefit is attached to the Certificate of Coverage and may provide level term insurance coverage for a specific insured person (primary insured or other insured) as defined in the optional benefit.
W6006	Group Enrollment Form	Form that will be completed by Applicants for themselves and their eligible family members requesting to enroll in the Voluntary Insurance program being offered by Fidelity Life.

CERTIFICATE SCHEDULE
LIFETIME BENEFIT TERM INSURANCE

INSURED:	WILLIAM DOE	EXPIRY DATE:	MAR 01, 2087
CERTIFICATE HOLDER:	MARY DOE	FACE AMOUNT:	50,000
ISSUE AGE:	35 MALE	GUARANTEED DEATH BENEFIT TO AGE [70]:	50,000
RATE CLASS:	[NON-NICOTINE]	REDUCED GUARANTEED DEATH BENEFIT AFTER AGE [70]:	25,000
DATE OF ISSUE:	MAR 01, 2001	VESTING PERIOD:	[5 YEARS]
COVERAGE DATE:	MAR 01, 2001		
CERTIFICATE NUMBER:	08WS000001		

BENEFICIARY: AS STATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED

CURRENT: ANNUAL PREMIUM \$621.80 PLANNED PERIODIC PREMIUM \$51.81 (MONTHLY)

GUARANTEED: ANNUAL PREMIUM \$646.30 PLANNED PERIODIC PREMIUM \$53.86 (MONTHLY)

THE CURRENT AND GUARANTEED PREMIUMS SHOWN ABOVE INCLUDE THE PREMIUM FOR ANY OPTIONAL BENEFITS, WHICH MAY BE ATTACHED TO THIS COVERAGE. THE CURRENT PREMIUMS ARE GUARANTEED NOT TO EXCEED THE GUARANTEED PREMIUMS. PREMIUMS ARE PAYABLE TO AGE 100.

CERTIFICATE SCHEDULE CONTINUED
 CERTIFICATE NUMBER: 08WS000001
 OPTIONAL BENEFITS

BENEFIT	AMOUNT	ANNUAL PREMIUM	COVERAGE DATE	EXPIRY DATE
PAYOR WAIVER OF PREMIUM OPTIONAL BENEFIT PAYOR: MARY DOE		\$ 24.30	MAR 01, 2001	MAR 01, 2026
LEVEL TERM OPTIONAL BENEFIT INSURED PERSON: MARY DOE	\$50,000	\$ 197.00	MAR 01, 2001	MAR 01, 2038
			ISSUE AGE: 33; FEMALE NON-NICOTINE	
LEVEL TERM OPTIONAL BENEFIT INSURED PERSON: ROBERT DOE	\$10,000	\$27.00	MAR 01, 2001	MAR 01, 2050
			ISSUE AGE: 21; MALE NON-NICOTINE	
OPTIONAL ACCELERATED DEATH BENEFIT FOR LONG TERM CARE AND TERMINAL ILLNESS (LTC-TI)	See below	\$ 24.50(*)	MAR 01, 2001	MAR 01, 2087
Long Term Care Monthly Accelerated Death Benefit For Confinement:				\$2,000(**)
Long Term Care Monthly Accelerated Death Benefit For Home Health Care Or Adult Day Care:				\$2,000(**)
Waiting Period: 2 Years				
Elimination Period: 90 Days				

(*) The guaranteed maximum annual premium for this benefit is \$49.00.

(**) Total lifetime accelerated death benefit may not exceed the Coverage death benefit at the time an acceleration is paid.

CERTIFICATE SCHEDULE CONTINUED
 CERTIFICATE NUMBER: 08WS000001
 OPTIONAL BENEFITS continued

-GUARANTEED INSURABILITY OPTIONAL BENEFIT MAR 01, 2001 MAR 02, 2006
 AUTOMATIC INCREASE: [LIFETIME BENEFIT TERM INSURANCE

OPTION DATE	GUARANTEED (*)	CURRENT (**)	ANNUAL PREMIUM
	DEATH BENEFIT INCREASE	DEATH BENEFIT INCREASE	
MAR 01, 2002	\$5,704	\$6,044	\$52.00
MAR 01, 2003	\$5,406	\$5,729	\$52.00
MAR 01, 2004	\$5,132	\$5,440	\$52.00
MAR 01, 2005	\$4,867	\$5,158	\$52.00
MAR 01, 2006	\$4,615	\$4,890	\$52.00

(*) Guaranteed Death Benefit Increases use the guaranteed maximum annual premium for the following Benefits: [LTC-TI].

(**) Current Death Benefit Increases use the current annual premium for the following Benefits: [LTC-TI]

The above Death Benefit Increases are based on the Optional Benefits attached to the Certificate and the rate class of the Insured at issue. Addition or requested termination of Optional Benefits may change Death Benefit amounts on future Option Dates.]

[AUTOMATIC INCREASE: (2)[LEVEL TERM OPTIONAL BENEFIT

OPTION DATE	DEATH BENEFIT INCREASE	ANNUAL PREMIUM
MAR 01, 2002	\$10,537	\$52.00
MAR 01, 2003	\$10,105	\$52.00
MAR 01, 2004	\$9,671	\$52.00
MAR 01, 2005	\$9,239	\$52.00
MAR 01, 2006	\$8,814	\$52.00]

The above Death Benefit Increases are based on the Optional Benefits attached to the Certificate and the rate class of the Insured at issue. Addition or requested termination of Optional Benefits may change Death Benefit amounts on future Option Dates.]

[AUTOMATIC INCREASE: (3)[LIFETIME BENEFIT TERM INSURANCE

OPTION DATE	DEATH BENEFIT INCREASE	ANNUAL PREMIUM
MAR 01, 2002	\$6,427	\$52.00
MAR 01, 2003	\$6,094	\$52.00
MAR 01, 2004	\$5,787	\$52.00
MAR 01, 2005	\$5,486	\$52.00
MAR 01, 2006	\$5,200	\$52.00]

The above Death Benefit Increases are based on the Optional Benefits attached to the Certificate and the rate class of the Insured at issue. Addition or requested termination of Optional Benefits may change Death Benefit amounts on future Option Dates.]

CERTIFICATE SCHEDULE CONTINUED
SCHEDULE OF GUARANTEED VALUES

CERTIFICATE NUMBER: 08WS000001

CERTIFICATE YEAR	ATTAINED AGE	ANNUAL PREMIUM (INCLUDES OPTIONAL BENEFITS)	DECREASING TERM DEATH BENEFIT**	PAID UP TERM DEATH BENEFIT**	GUARANTEED DEATH BENEFIT**
1	35	\$646.30	\$50,000	-	\$50,000
2	36	\$646.30	\$50,000	-	\$50,000
3	37	\$646.30	\$49,834	-	\$50,000
4	38	\$646.30	\$49,672	-	\$50,000
5	39	\$646.30	\$49,513	-	\$50,000
6	40	\$646.30	\$49,357	\$643	\$50,000
7	41	\$646.30	\$48,743	\$1,257	\$50,000
8	42	\$646.30	\$48,141	\$1,859	\$50,000
9	43	\$646.30	\$47,549	\$2,451	\$50,000
10	44	\$646.30	\$46,968	\$3,032	\$50,000
15	49	\$646.30	\$44,214	\$5,786	\$50,000
20	54	\$646.30	\$41,691	\$8,309	\$50,000
25	59	\$646.30	\$39,370	\$10,630	\$50,000
30	64	\$622.00	\$37,226	\$12,774	\$50,000
35	69	\$622.00	\$35,233	\$14,767	\$50,000
40	74	\$398.00	\$8,371	\$16,629	\$25,000
45	79	\$398.00	\$6,618	\$18,382	\$25,000
50	84	\$398.00	\$4,955	\$20,045	\$25,000
55	89	\$398.00	\$3,359	\$21,641	\$25,000
60	94	\$398.00	\$1,812	\$23,188	\$25,000
65	99	\$398.00	\$299	\$24,701	\$25,000
66-86	100-120		\$0	\$25,000	\$25,000

**BEGINNING OF YEAR COVERAGE VALUES ARE SHOWN. THE ABOVE CALCULATIONS ASSUME THAT PREMIUMS ARE PAID ANNUALLY AND THAT DEATH BENEFITS ARE PAYABLE UNIFORMLY THROUGHOUT THE COVERAGE YEAR .

THE PORTION OF THE ANNUAL PREMIUM USED TO PURCHASE PAID UP INSURANCE IS [\$282.56]. THE PREMIUM LOADS USED FOR CALCULATING THE PAID UP TERM DEATH BENEFIT IS [100%] FOR COVERAGE YEAR 1, [75%] FOR COVERAGE YEARS 2 -5 AND [0%] FOR SUBSEQUENT COVERAGE YEARS.

THE ABOVE VALUES ARE DETERMINED ACCORDING TO THE POLICY COVERAGE VALUES SECTION. VALUES ARE BASED ON THE 2001 CSO ULTIMATE, COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE, UNISEX [50% MALE/50%FEMALE], [SMOKER/NONSMOKER] AT 2% INTEREST. WE WILL FURNISH ANY VALUES NOT SHOWN ABOVE UPON REQUEST. THE METHOD OF COMPUTATION OF COVERAGE VALUES HAS BEEN FILED WITH THE INSURANCE SUPERVISORY OFFICIAL IN THE STATE WHERE THE POLICY IS DELIVERED.

Fidelity Life Association, A Legal Reserve Life Insurance Company
Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

A. Option Selected

1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is _____.

2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are indicated below:

Forms and Form Numbers to Which Certification is Applicable:

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
Optional Level Term Rider	W3P09	63.0
Optional Level Term Benefit	W3009	62.4
Payor Waiver of Premium Benefit Rider	W3P10	60.4
Payor Waiver of Premium Optional Benefit	W3010	60.6
Guaranteed Insurance Rider	W3P11	55.6
Guaranteed Insurance Optional Benefit	W3011	55.4
Guaranteed Insurance Rider (Term)	W3P12	56.0
Guaranteed Insurance Optional Benefit (Term)	W3012	55.7
Enrollment Form	W6006	65.4

B. Test Option Selected

1. Test was applied to entire policy form(s)

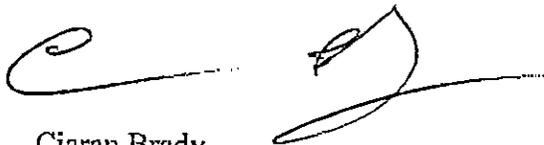
2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standards for Certification

A checked block indicates standard has been achieved

- 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.



Ciaran Brady
Vice President, Operations

Date: June 11, 2008

STATEMENT OF VARIABILITY

Form Number – WC300

Description - Certificate of Coverage –

Schedule Page

Page Variable is Reflected On	Variable Language	Variable Text
4		The Certificate Schedule will reflect those changes that are unique to the person being insured and the selection of coverages, optional benefits and limits made by the Certificate Holder.
	Insured Name	Name of the Covered, Insured Person
	Certificate Holder	Name of the Certificate Holder
	Issue Age	Calculated Issue Age of the Insured
	Rate Class	Non-Nicotine or Nicotine (Smoking Classification)
	Date of Issue	Date that Coverage has been Issued. This will normally equal the Coverage Date unless future changes have been made an amended Certificate Schedule is produced.
	Coverage Date	Effective Date of Coverage for the Certificate.
	Certificate Number	Identifying number for a given Certificate
	Expiry Date	This reflects the date coverage would expire under the certificate.
	Face Amount	Amount of coverage elected for the given Insured.
	Guaranteed Death Benefit to Age 70	Amount calculated based on the coverage elected for the given insured and the defined calculations within the certificate.
	Reduced Guaranteed Death Benefit to Age 70	Amount calculated based on the coverage elected for the given insured and the defined calculations within the certificate.
	Annual Premium	This will reflect the Current and Guaranteed annualized premium based on the coverages selected, issue age and rate classification of the Insured.
	Planned Periodic Premium	This will indicate the Current and Guaranteed modal calculation of the premium based on the premium mode selected by the Certificate Holder. (i.e. Weekly, Bi-Weekly, Monthly, Quarterly, Semi-Annual)
4 a, b etc.	Optional Benefits	This section will reflect the Optional Benefits selected by the Certificate Holder. Only those Optional Benefits that have been filed and approved for use with this product can be selected. Variable information will include the name of the Optional Benefit, Coverage Amount, Annual Premium, Coverage Date and the Expiry Date of the Optional Benefit.

Examples for the Guaranteed Insurability Option

1. Provides an example of what would be reflected for an Automatic Increase of a Lifetime Benefit Term rider when the contract includes a LTC or LTC-TI benefit).
2. Provides an example of what would be reflected for an Automatic Increase of a Level Term Optional Benefit.
3. Provides an example of what would be reflected for an Automatic Increase of a Lifetime Benefit Term rider when the contract does not include a LTC or LTC-TI benefit).

5

Scheduled of Guaranteed Values

Reflects the calculated Guaranteed values based on the plan variation, premium and coverage amounts selected.

Form Number – W6006

Description – Enrollment Form

Page Variable is Reflected On	Variable Language	Variable Text
1	Section 1	This section will reflect the information necessary to identify the group and the employee or member.
1	Are you actively at work performing the regular duties of your job in the usual manner and at the usual place of employment?	The question as stated will be asked of Employees of Employer Groups. The question will be modified for Association Members to read: Are you an active member of the Association.
1	Section 2	This section will reflect the name, gender, date of birth, age and smoking classification for each proposed covered insured person.
1	Section III	This section will reflect the coverage amounts and optional benefits for each proposed covered insured person.
1	Section IV	Reflects any unique beneficiary designation.
1	Section VI	Reflects the conditional issue underwriting questions for the proposed covered insured person.
1	Section VII	Reflects the information regarding existing coverage or replacement activity for each proposed covered insured person.
2	Section VIII	Reflects the simplified issue underwriting questions for the proposed covered insured person.
	The insurance being applied for will be effective as of the enrollment form date, provided the person(s) to be insured is (are) found acceptable for such insurance as applied for.	This statement will be changed for special enrollment situations where the enrollment may occur during a period in which deductions can not occur until several months later. (example school systems where the enrollment may take place in June prior to the school closing for the summer and the deductions will be help until September when school starts up again. In this case the wording would read: The insurance being applied for will be effective as of the Coverage Date on the Certificate Schedule Page and not the date the enrollment form is signed.