

SERFF Tracking Number: FDLT-125629846 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 38916
Company Tracking Number: M-9089
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing Aid
Project Name/Number: Hearing Aid/M-9089

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Hearing Aid SERFF Tr Num: FDLT-125629846 State: ArkansasLH
TOI: H21 Health - Other SERFF Status: Closed State Tr Num: 38916
Sub-TOI: H21.000 Health - Other Co Tr Num: M-9089 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Rosalind Minor
Authors: Kelly Humiston, Debbie Disposition Date: 05/13/2008
Oestreich, Teresa Saling
Date Submitted: 05/08/2008 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Hearing Aid Status of Filing in Domicile:
Project Number: M-9089 Date Approved in Domicile:
Requested Filing Mode: Review & Approval 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: Other
Filing Status Changed: 05/13/2008
State Status Changed: 05/13/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
RE: Fidelity Security Life Insurance Company
NAIC #71870 FEIN #43-0949844
Group Hearing Indemnity Insurance
Policyholder: Union Groups
M-9089 Policy
C-9089 Certificate

SERFF Tracking Number: FDLT-125629846 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 38916
Company Tracking Number: M-9089
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing Aid
Project Name/Number: Hearing Aid/M-9089

Z-9089AR Amendment Rider for Arkansas Residents
A-01081 Application

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

These forms are identical to the Fidelity Security Life Insurance forms M-9091 et. al. being submitted simultaneously by us under SERFF # FDLT-125627426, with the exception of the type of group. This filing is for coverage sold via one-on-one direct agent sales to Union Groups. Application form A-01081 will be used with both forms.

This product includes an optional Hearing Exam Benefit that will pay a fixed dollar indemnity benefit per Insured Person to detect and diagnose hearing loss and an optional Hearing Aid Benefit that will pay a fixed dollar indemnity benefit for a hearing aid that is ordered and received while insured for each Insured Person. At least one benefit, either the Hearing Exam, the Hearing Aid or both will always be included. Dependent coverage is optional at the Group level.

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

Form C-9089 is in 10 pt. type as required by statute. When printed, the form will be on legal paper. However, when converted to a PDF document it is shown as an 8 1/2 X 11 format.

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

Teresa Saling, Supervisor
3130 Broadway
Kansas City, MO 64111-2406

tsaling@fslins.com
(800) 648-8624 [Phone]
(816) 751-6026[FAX]

Filing Company Information

Fidelity Security Life Insurance Company CoCode: 71870 State of Domicile: Missouri

SERFF Tracking Number: FDLT-125629846 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 38916
Company Tracking Number: M-9089
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing Aid
Project Name/Number: Hearing Aid/M-9089

3130 Broadway Group Code: 451 Company Type: Life & Health
Kansas City, MO 64111-2406 Group Name: State ID Number:
(800) 648-8624 ext. [Phone] FEIN Number: 43-0949844

SERFF Tracking Number: FDLT-125629846 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 38916
Company Tracking Number: M-9089
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing Aid
Project Name/Number: Hearing Aid/M-9089

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per filing. Missouri, our domicile state, filing fee is \$50.00.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	05/08/2008	20172844

SERFF Tracking Number: FDLT-125629846 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 38916
Company Tracking Number: M-9089
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing Aid
Project Name/Number: Hearing Aid/M-9089

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/13/2008	05/13/2008

SERFF Tracking Number: *FDLT-125629846* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:* *38916*
Company Tracking Number: *M-9089*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Hearing Aid*
Project Name/Number: *Hearing Aid/M-9089*

Disposition

Disposition Date: 05/13/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLT-125629846 State: Arkansas
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 38916
 Company Tracking Number: M-9089
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Hearing Aid
 Project Name/Number: Hearing Aid/M-9089

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Amendment Rider	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

SERFF Tracking Number: FDLT-125629846 State: Arkansas
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 38916
 Company Tracking Number: M-9089
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Hearing Aid
 Project Name/Number: Hearing Aid/M-9089

Form Schedule

Lead Form Number: M-9089

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	M-9089	Policy/Cont	Policy ract/Fratern al Certificate	Initial			M-9089.pdf
Approved-Closed	C-9089	Certificate	Certificate	Initial			C-9089.pdf
Approved-Closed	Z-9089AR	Certificate	Amendment Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial			Z-9089AR.pdf
Approved-Closed	A-01081	Application/	Application Enrollment Form	Initial			A-01081.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: {HC-###}
POLICYHOLDER: {"ABC" Union} {"ABC" Union Welfare Benefit {Trust} {Plan}}
STATE OF ISSUE: {Various}
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 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.

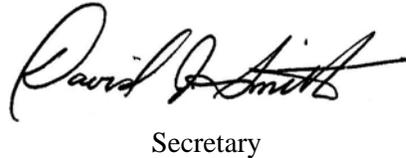
All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

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 HEARING INDEMNITY INSURANCE POLICY

THIS IS A LIMITED BENEFIT POLICY
Please read the Policy carefully.

TABLE OF CONTENTS

SCHEDULE OF BENEFITS	1A
DEFINITIONS.....	2
ELIGIBILITY AND EFFECTIVE DATE.....	3
BENEFIT PROVISIONS.....	3
EXCLUSIONS.....	3
TERMINATION OF INSURANCE.....	4
PREMIUMS.....	4
CLAIM PROVISIONS	5
GENERAL PROVISIONS	5

{SCHEDULE OF BENEFITS

Policy Number: {HC-###}
Policyholder: {"ABC" Union} {"ABC" Union Welfare Benefit {Trust} {Plan}}
Policy Effective Date: {Month Day, Year}

{Hearing Exam Benefit

per Insured {and Dependent Spouse}: {\$10-\$150} per {12} {24} consecutive month period following the date of the last covered Hearing Exam

{per Dependent Child(ren): {\$10-\$150} per 12 consecutive month period following the date of the last covered Hearing Exam}}

{Hearing Aid Benefit (per ear)

per Insured {and Dependent Spouse}: {\$100-\$2,000} per {24} {36} {60} consecutive month period following the date last fitted for the covered Hearing Aid

{per Dependent Child(ren): {\$100-\$2,000} per 24 consecutive month period following the date last fitted for the covered Hearing Aid}}

THIS SCHEDULE OF BENEFITS IS ATTACHED TO AND MADE A PART OF THE POLICY. THIS SCHEDULE OF BENEFITS REPLACES AND CANCELS ALL OTHER SCHEDULES OF BENEFITS ISSUED PRIOR TO THE DATE SHOWN BELOW UNDER THIS POLICY NUMBER.

DEFINITIONS

Assistive Listening Devices (ALDs) means non-Hearing Aid devices used by a hearing impaired individual to improve communication and the performance of activities in specific environments. ALDs include devices such as infrared and FM personal amplifiers, amplification systems, alerting devices and closed captioning equipment.

Audiologist means a healthcare professional who has earned a Master's Degree (M.S., M.A. or M.E.d.) or Doctorate Degree (Au.D. or Ph.D.) in audiology or a related field of study, specializes in identifying, diagnosing, rehabilitating and monitoring disorders of the auditory and vestibular system portions of the ear, carries national board certification and is licensed under applicable state law to perform such services. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family. Audiologist does not include a Hearing Aid Dispenser.

{Dependent} means any of the following whose coverage under the Policy has become effective and has not ended: 1) the Insured's lawful spouse; {2) the Insured's Domestic Partner; } 3) 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 27 regardless of student status; or 4) each handicapped child of the Insured or Insured's spouse who has attained age 27 and over, provided such child was an Insured Person on the day immediately prior to attaining age 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. }

{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. }

Hearing Aid means a device, which is an electroacoustic apparatus, which fits in or behind the wearer's ear and is designed to amplify and modulate sounds for the wearer.

Hearing Aid Dispenser means a hearing instrument specialist who dispenses Hearing Aids but does not have the training or licensing required of a Physician or Audiologist.

Hearing Exam means an exam that is performed by a Physician or Audiologist to detect and diagnose Hearing Loss. It includes advanced hearing tests and Hearing Aid recommendations.

Hearing Loss means the total or partial inability to hear sound in one or both ears.

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.

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

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

Member means a person who meets the eligibility requirements shown in the Policyholder's application.

Otolaryngologist means an Ear, Nose and Throat (ENT) Doctor of Medicine (MD).

Otologist means an Otolaryngologist who specializes in the evaluation and treatment of the ear.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts, including, but not limited to, an Otolaryngologist (ENT) or Otologist. 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. Physician does not include a Hearing Aid Dispenser.

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

Policyholder means the entity to whom the Policy is issued as shown in the Policy.

ELIGIBILITY AND EFFECTIVE DATE

Eligibility. All Members {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. 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 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 the Insured and the Insured's spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.}

{Newborn Children. A Dependent child born while the Insured's coverage is in force will be covered from the moment of birth for 31 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 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 31 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.}

BENEFIT PROVISIONS

{Hearing Exam Benefit. The Company will pay the benefit shown in the Schedule of Benefits for a Hearing Exam performed by a Physician or Audiologist to detect and diagnose Hearing Loss. Services must be received while the Insured Person's coverage is in force.}

{Hearing Aid Benefit. The Company will pay the benefit shown in the Schedule of Benefits for a Hearing Aid prescribed by a Physician or Audiologist. The Hearing Aid must be ordered and received while the Insured Person's coverage is in force.}

EXCLUSIONS

No benefits will be paid for services or materials:

1. provided free of charge in the absence of insurance;
2. payable under any Workers' Compensation law or similar statutory authority;
3. payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid);
4. for the medical and/or surgical treatment of the internal or external structures of the ear(s);
5. provided by a Hearing Aid Dispenser;
6. required by an employer as a condition of employment;
7. not prescribed by a Physician or Audiologist;
8. {for any {Hearing Exam} {Hearing Aid};
9. {for Hearing Aid batteries, cleaning supplies or accessories;}
10. {for ear protection devices or plugs;}
11. {for Assistive Listening Devices;} or
12. {for replacement due to loss, theft of or damage to the Hearing Aid.}

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 ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made; or
3. the date the Insured is no longer eligible for insurance.

{Termination of Dependent's Coverage under the Policy. A Dependent's insurance will cease {on the earlier of}:

1. the date the Insured's coverage ends;
2. the date in which the Dependent ceases to be an eligible Dependent; or
3. the end of the last period for which any required premium contribution has been made. }

Termination of the insurance of any Insured Person will be without prejudice to any covered service incurred before the date of termination.

{Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or injury.

Such coverage may continue to the earlier of:

1. six months after the Insured's last day of full-time work; or
2. the end of the period for which the Insured's premium is paid. }

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company by the Policyholder. 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 {60-120} 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 {31-90}-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 Person'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 claim payment.

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 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. Proof of loss for the Hearing Aid benefit will include a statement signed by the Insured Person and the Insured Person's Physician or Audiologist that the Hearing Aid has been accepted and retained by the Insured Person.

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 benefits payable on or after the Insured's death will be paid to the Insured's estate. 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, to any relative by blood or marriage, who is deemed by the Company to be entitled to the benefit. 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.

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. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to Insured Persons. 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 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, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured'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, 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.

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”)

GROUP HEARING INDEMNITY INSURANCE CERTIFICATE

THIS IS A LIMITED BENEFIT CERTIFICATE

Please read the Certificate carefully.

This Certificate describes the insurance that is provided for the Insured Person by Fidelity Security Life Insurance Company under the Policy. The benefits are subject to all provisions, limitations and exclusions 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.

Policyholder: {“ABC” Union} {“ABC” Union Welfare Benefit {Trust} {Plan}}

Insured Person: {All Eligible Members} {John Doe}
{All Eligible Dependents}

Policy Number: { }

SCHEDULE OF BENEFITS

{Hearing Exam Benefit

per Insured {and Dependent Spouse}: {\$10-\$150} per {12} {24} consecutive month period following the date of the last covered Hearing Exam

{per Dependent Child(ren): {\$10-\$150} per 12 consecutive month period following the date of the last covered Hearing Exam}}

{Hearing Aid Benefit (per ear)

per Insured {and Dependent Spouse}: {\$100-\$2,000} per {24} {36} {60} consecutive month period following the date last fitted for the covered Hearing Aid

{per Dependent Child(ren): {\$100-\$2,000} per 24 consecutive month period following the date last fitted for the covered Hearing Aid}}

DEFINITIONS

Assistive Listening Devices (ALDs) means non-Hearing Aid devices used by a hearing impaired individual to improve communication and the performance of activities in specific environments. ALDs include devices such as infrared and FM personal amplifiers, amplification systems, alerting devices and closed captioning equipment.

Audiologist means a healthcare professional who has earned a Master’s Degree (M.S., M.A. or M.E.d.) or Doctorate Degree (Au.D. or Ph.D.) in audiology or a related field of study, specializes in identifying, diagnosing, rehabilitating and monitoring disorders of the auditory and vestibular system portions of the ear, carries national board certification and is licensed under applicable state law to perform such services. He or she may not be the Insured Person or a member of the Insured Person’s Immediate Family. Audiologist does not include a Hearing Aid Dispenser.

{Dependent} means any of the following whose coverage under the Policy has become effective and has not ended: 1) the Insured’s lawful spouse; {2) the Insured’s Domestic Partner;} 3) 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 27 regardless of student status; or 4) each handicapped child of the Insured or Insured’s spouse who has attained age 27 and over, provided such child was an Insured Person on the day immediately prior to attaining age 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. }

{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. }

Hearing Aid means a device, which is an electroacoustic apparatus, which fits in or behind the wearer's ear and is designed to amplify and modulate sounds for the wearer.

Hearing Aid Dispenser means a hearing instrument specialist who dispenses Hearing Aids but does not have the training or licensing required of a Physician or Audiologist.

Hearing Exam means an exam that is performed by a Physician or Audiologist to detect and diagnose Hearing Loss. It includes advanced hearing tests and Hearing Aid recommendations.

Hearing Loss means the total or partial inability to hear sound in one or both ears.

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.

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

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

Member means a person who meets the eligibility requirements shown in the Policyholder’s application.

Otolaryngologist means an Ear, Nose and Throat (ENT) Doctor of Medicine (MD).

Otologist means an Otolaryngologist who specializes in the evaluation and treatment of the ear.

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts, including, but not limited to, an Otolaryngologist (ENT) or Otologist. 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. Physician does not include a Hearing Aid Dispenser.

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

Policyholder means the entity to whom the Policy is issued as shown in the Policy.

BENEFIT PROVISIONS

{Hearing Exam Benefit. The Company will pay the benefit shown in the Schedule of Benefits for a Hearing Exam performed by a Physician or Audiologist to detect and diagnose Hearing Loss. Services must be received while the Insured Person’s coverage is in force. }

{Hearing Aid Benefit. The Company will pay the benefit shown in the Schedule of Benefits for a Hearing Aid prescribed by a Physician or Audiologist. The Hearing Aid must be ordered and received while the Insured Person’s coverage is in force. }

EXCLUSIONS

No benefits will be paid for services or materials: 1) provided free of charge in the absence of insurance; 2) payable under any Workers' Compensation law or similar statutory authority; 3) payable under any governmental plan or program whether Federal, state or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid); 4) for the medical and/or surgical treatment of the internal or external structures of the ear(s); 5) provided by a Hearing Aid Dispenser; 6) required by an employer as a condition of employment; 7) not prescribed by a Physician or Audiologist; 8) {for any {Hearing Exam} {Hearing Aid}; 9) {for Hearing Aid batteries, cleaning supplies or accessories;} 10) {for ear protection devices or plugs;} 11) {for Assistive Listening Devices;} or 12) {for replacement due to loss, theft of or damage to the Hearing Aid.}

TERMINATION OF INSURANCE

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 ends; 2) the end of the last period for which any required premium contribution agreed to in writing has been made; or 3) the date the Insured is no longer eligible for insurance.

{Termination of Dependent's Coverage under the Policy. A Dependent's insurance will cease {on the earlier of}: 1) the date the Insured's coverage ends; 2) the date in which the Dependent ceases to be an eligible Dependent; or 3) the end of the last period for which any required premium contribution has been made.}

Termination of the insurance of any Insured Person will be without prejudice to any covered service incurred before the date of termination.

{Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is: 1) on approved leave of absence; 2) on temporary layoff; 3) on temporary part-time work basis; or 4) off work due to sickness or injury.

Such coverage may continue to the earlier of: 1) six months after the Insured's last day of full-time work; or 2) the end of the period for which the Insured's premium is paid.}

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 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. Proof of loss for the Hearing Aid benefit will include a statement signed by the Insured Person and the Insured Person's Physician or Audiologist that the Hearing Aid has been accepted and retained by the Insured Person.

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 benefits payable on or after the Insured's death will be paid to the Insured's estate. 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, to any relative by blood or marriage, who is deemed by the Company to be entitled to the benefit. 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.

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

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.

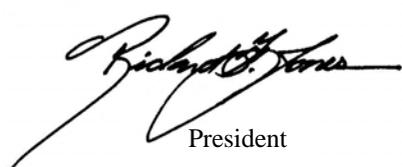
Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

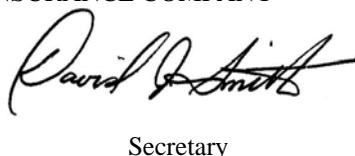
Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the 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, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured'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, 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.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

AMENDMENT RIDER For Arkansas Residents Only

By attachment of this Rider, the Policy is amended by the following:

1. {The **Newborn Children** provision in the **ELIGIBILITY AND EFFECTIVE DATE** section is deleted in its entirety and replaced with the following:

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.}

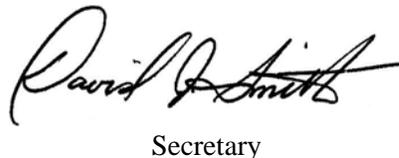
2. {The **Adopted Children** provision in the **ELIGIBILITY AND EFFECTIVE DATE** section is deleted in its entirety and replaced with the following:

Adopted Children. If a Dependent child is adopted 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.}

This Rider takes effect on the {later of the} effective date {of the Policy to which it is attached} {or {Month Day, Year}}.
This Rider terminates concurrently with the Policy to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

{Marketing Name}

Application for Group Hearing 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

Email Address

Routine billing contact

Title

Phone

Fax

II. PLAN SELECTION

Coverage Type:

Member/Employee Only Coverage { Member/Employee & Dependent Coverage }

Benefit Package:

{ Hearing Exam Benefit { { \$10 - \$150 } per exam {(in \$10 increments)}
per { } { 12 } { } { 24 } consecutive month period
{ (12 consecutive months per Dependent Child(ren)) }

{ Hearing Aid Benefit { { \$100 - \$2,000 } per device {(in \$100 increments)}
per { } { 24 } { } { 36 } { } { 60 } consecutive month period
{ (24 consecutive months per Dependent Child(ren)) }

III. ELIGIBLE CLASSES

All Members/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 Members/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. PARTICIPATION REQUIREMENT

The Group is required to maintain the following minimum participation requirement(s):

Minimum Member/Employee Enrollment {250 – 3,000}

100% of the eligible Members/Employees {and Dependents} must be covered.

VI. PREMIUMS

Group's Premium Contribution: Members/Employees: _____ % {Dependents: _____ %}

Premium received with application: \$ _____

Premiums will be payable {in advance} {arrears} at the rates billed.

VII. 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.
-

VIII. AGREEMENT

The Group hereby makes application to Fidelity Security Life Insurance Company ("the Company") for Hearing 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 Members/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 may be 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.}
{Nebraska}	{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.

SERFF Tracking Number: *FDLT-125629846* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:* *38916*
Company Tracking Number: *M-9089*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Hearing Aid*
Project Name/Number: *Hearing Aid/M-9089*

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>FDLT-125629846</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38916</i>
<i>Company Tracking Number:</i>	<i>M-9089</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Hearing Aid</i>		
<i>Project Name/Number:</i>	<i>Hearing Aid/M-9089</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	05/13/2008
Comments:	Please see the attached.			
Attachment:	Readability.pdf			

Bypassed -Name:	Application	Review Status:	Approved-Closed	05/13/2008
Bypass Reason:	Not applicable, application is on the form schedule tab.			
Comments:				

Bypassed -Name:	Health - Actuarial Justification	Review Status:	Approved-Closed	05/13/2008
Bypass Reason:	Not applicable			
Comments:				

Bypassed -Name:	Outline of Coverage	Review Status:	Approved-Closed	05/13/2008
Bypass Reason:	Not applicable			
Comments:				

