

SERFF Tracking Number: FDLT-125710396 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 39457
Company Tracking Number: M-9093
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Preferred Provider Vision Insurance
Project Name/Number: Group Preferred Provider Vision Insurance/M-9093

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Preferred Provider Vision SERFF Tr Num: FDLT-125710396 State: ArkansasLH
Insurance

TOI: H20G Group Health - Vision

SERFF Status: Closed

State Tr Num: 39457

Sub-TOI: H20G.000 Health - Vision

Co Tr Num: M-9093

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Jennifer Glaser, Kelly
Humiston, Debbie Oestreich,
Teresa Saling

Disposition Date: 07/02/2008

Date Submitted: 06/27/2008

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Preferred Provider Vision Insurance

Status of Filing in Domicile: Pending

Project Number: M-9093

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: 07/02/2008

State Status Changed: 07/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Preferred Provider Vision Insurance

Policyholder: Union/Association Groups

M-9093 Policy

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C-9093 Certificate

S-9093 Schedule of Benefits

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-9083 et. al. being submitted simultaneously by us under SERFF # FDLT-125710371, with the exception of the type of group. This filing is for coverage sold via one-on-one direct agent sales to Union and Association Groups. The application form A-01053 that will be used is being submitted with M-9083. The Group will provide the Company with an eligibility file. There will be no enrollment form used with this product.

This product provides vision exams and/or vision materials benefits. The benefits are variable, but at least one benefit will always be included. The in-network copay may be \$0. If there is an in-network benefit, there will always be an out-of-network benefit. 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. The variables will not be adjusted to be less favorable than your state allows.

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

Company and Contact

Filing Contact Information

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
3130 Broadway
Kansas City, MO 64111-2406

CoCode: 71870
Group Code: 451
Group Name:

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

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(800) 648-8624 ext. [Phone]

FEIN Number: 43-0949844

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Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$50.00	06/27/2008	21126998

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/02/2008	07/02/2008

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Disposition

Disposition Date: 07/02/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Schedule	Approved-Closed	Yes

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Form Schedule

Lead Form Number: M-9093

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	M-9093	Policy/Contract/Fraternal Certificate	Policy	Initial		0	M-9093.pdf
Approved-Closed	C-9093AR	Certificate	Certificate	Initial		0	C-9093AR.pdf
Approved-Closed	S-9093	Schedule Pages	Schedule	Initial		0	S-9093.pdf

PREMIUMS

{Premiums are payable {in advance} {in arrears} by the Policyholder. {The first premium is due on the effective date of the Policy.} {For new Insureds, the first premium is due in advance of the new Insured's effective date.} Subsequent premiums are due on the {first} {15th} {30th} day of each {calendar} {fiscal} month thereafter.} {The first and subsequent premiums are due on the {first} {15th} {30th} day of each {calendar} {fiscal} month.}

The required premium due on each premium due date is the sum of the premiums for all Insureds {and their Dependents} covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

1. {if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective{, unless otherwise mutually agreed};}
2. {if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred{, unless otherwise mutually agreed};}
3. {if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred{, unless otherwise mutually agreed};}or
4. {if the number of eligible employees increases or decreases by {more than} {10% - 25% } premium will be adjusted at the end of the calendar month in which the increase or decrease occurred{, unless otherwise mutually agreed}.}

If premiums are due the Company, or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of {{one – six} months} {the current month plus {one – six} months}.

Premium Rate Change. The Company has the right to change the premium rate {on any premium due date} {on or after the {first-sixth} Policy Anniversary Date}. The Company will provide written notice at least {31-240} days before the date of change.

Grace Period. A grace period of {31-90} days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the {31-90}-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

Return of Premium. The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

{If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the Policyholder.} {If, on the date coverage is rescinded, claims have been paid under the Policy for Insured Persons, the Company reserves the right to deduct an amount equal to the amount of claims paid from the premiums attributed to the misrepresentation or fraud of those Insured Persons for whom claims were paid before the remaining premium is returned to the Policyholder.}

TERMINATION OF POLICY

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

1. on {any premium due date} {the first day of any month} {any date} on or after the {first – sixth} anniversary date of the Policy's Effective Date. Written notice must be provided to the other party at least {31-90} days prior to termination;
2. {the date the number or percentage of persons covered under the Policy does not meet the minimum participation requirements of {2-100} {shown in the Policyholder's application};} {or}
3. the date the required premium has not been paid, except as provided in the Grace Period provision; {or}
4. {the date 100% of the eligible Members are not covered when a contribution is not required by the Member.}

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

CERTIFICATES

The Company will furnish a Certificate {for each Insured} to the Policyholder which will set forth the essential features of the insurance coverage.

ADDITIONAL INSUREDS

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

INCORPORATION PROVISION

The provisions of the attached Certificate and all Rider(s) issued to amend the Policy after the Policy Effective Date are made a part of the Policy.



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:} {VC-###} }

{POLICYHOLDER:} {"ABC" Association} {"ABC" Union Welfare Benefit (Trust) {Plan}}

{POLICY EFFECTIVE DATE:} {Month Day, Year} }

{POLICY ANNIVERSARY DATE:} {Month Day, Year, and each Month Day thereafter} }

Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

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

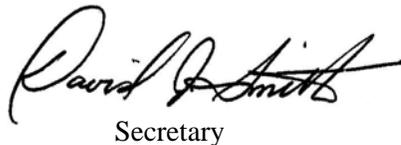
The Certificate explains the plan of insurance. {An individual identification card will be issued to the Insured {containing the {name of the Policyholder,} {policy number,} {group name,} {group number,} {Insured's effective date,} {and} {whether Dependents are covered}.} The Certificate replaces all certificates previously issued to the Insured under the Policy.

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

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 VISION INSURANCE CERTIFICATE
THIS IS A LIMITED BENEFIT CERTIFICATE
Please read the Certificate carefully.

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DEFINITIONS

{Benefit Frequency} means the period of time in which a benefit is payable.

The Benefit Frequency begins on {the {plan year Effective Date} {Policy Effective Date} {later of the Insured Person's effective date or last date services were provided to the Insured Person} {Month Day}}. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.}

{Co-payment} means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for {a} covered {Vision Examination} {and} {or} {Vision Materials} per Benefit Frequency.}

{Computer Display} means a personal computer monitor, personal laptop or mainframe terminal. It does not include any handheld electronic devices.}

{Computer Vision Syndrome (CVS)} means a condition resulting from focusing the eyes on a Computer Display for protracted, uninterrupted periods of time and is characterized by symptoms that include, but are not limited to, blurred vision, eyestrain, headaches, dry eyes and difficulty refocusing.

{Computer Vision Syndrome (CVS) Examination} means a refractive examination defined as a diagnostic evaluation beyond the comprehensive eye examination/standard refraction and includes a history of functional tasks in the work environment that involves such components as position and distance of the Computer Display, position and distance of reference documents, lighting and glare sources. Preliminary tests may include assessment of specific occupational needs such as, near focus on a Gaussian target, specific near prescription for working distances for the Computer Display, reference documents and condition of the ocular surface.}

{Dependent} means any of the following persons whose coverage under the Policy is in force and has not ended}:

1. {the Insured's lawful spouse {or Domestic Partner}};
2. {each unmarried child from birth to age {19-27} {who is primarily dependent upon the Insured for support and maintenance}};
3. {each unmarried child at least {19-27} years of age to {23-27} years of age who is primarily dependent upon the Insured for support and maintenance {and who is a {full-time} student}}; or
4. each unmarried child {at least {19-27} years of age}: who is primarily dependent upon the Insured for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap{; who was so incapacitated and is an Insured Person under the Policy on his or her {19th - 27th} birthday; and who has been continuously so incapacitated since his or her {19th - 27th} birthday}.

Child includes {stepchild,} {foster child,} {grandchild,} legally adopted child, child legally placed in the Insured's home for adoption and child under the Insured's legal guardianship. {A full-time student is one who is enrolled at least {{12 semester hours for credit} in the case of an accredited junior college, college or university; and, in the case of a trade school, is enrolled in a course requiring attendance of {15-20} or more hours weekly for six or more months} {the minimum number of hours of class a week the school considers as full-time status}.}

{Domestic Partner} means an adult who is in a committed relationship with the Insured, and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. To qualify as a Domestic Partner or Dependent under the Policy, all of the following conditions must be met:

1. the Domestic Partner and the Insured are over the age of 18 and are mentally competent to enter into contracts;
2. the Domestic Partner and the Insured reside in the same household;
3. the Domestic Partner and the Insured have a committed relationship with each other {for no less than six months}; intend to continue the relationship indefinitely and have no such relationship with any other person;
4. the Domestic Partner and the Insured are not related by blood;

5. the Domestic Partner and the Insured are not married to any third party;
6. {the Domestic Partner and the Insured are of the {same sex} {or} {opposite sex};} and
7. {the Domestic Partner and the Insured are not claiming Dependent status for the primary purpose of gaining insurance coverage under the Policy.}

The term “spouse”, wherever used, will include a Domestic Partner.

{[Elite] In-Network Provider} means a predetermined group of In-Network Providers who has signed a Preferred Provider Agreement with the PPO.}

{First Service Co-payment} means the designated amount, if any, shown in the Schedule of Benefits an Insured Person must pay to a Provider before benefits are payable.}

{Formulary} means a list, provided by the Company, of {Vision Materials} {Contact Lenses} {covered under the Policy} {that are preferred for use}.

{Fundus Photography Examination} means the recording of a portion(s) or complete retina surface and structures.

Insured means a Member of the Policyholder {who meets the eligibility requirements as shown in the Policyholder’s application, and} whose coverage under the Policy is in force and has not ended.

Insured Person means the Insured. {Insured Person will also include the Insured’s Dependents, {if shown on the Insured’s identification card} {if enrolled}.}

{In-Network Provider} means a Provider who has signed a Preferred Provider Agreement with the PPO. }

{Low Vision} means a severe visual problem that is not correctable with standard lenses and:

1. when the best-corrected acuity is 20/200 or less in the better eye with best conventional spectacle or contact lens prescription; or
2. when there can be a demonstrated constriction of the peripheral fields in the better eye to 10 degrees or less from the fixation point or the widest diameter subtends an angle less than 20 degrees in the better eye.}

{Low Vision Aids} are classified as follows:

1. *Spectacle-mounted magnifiers* - A magnifying lens is mounted in spectacles (this type of system is called a microscope) or on a special headband. This allows use of both hands to complete the close-up task, such as reading;
2. *Handheld or spectacle-mounted telescopes* - These miniature telescopes are useful for seeing longer distances, such as across the room to watch television, and can also be modified for near (reading) tasks;
3. *Hand-held and stand magnifiers* - These can serve as supplements to other specialized systems, and are convenient for short-term reading of such things as price tags, labels and instrument dials. Both types can be equipped with lights; or
4. *Video magnification* - Table-top (closed-circuit television) or head-mounted systems enlarge reading material on a video display. Some systems can be used for distance viewing tasks. These are portable systems and can be used with a computer or Computer Display. Image brightness, image size, contrast, foreground/background color and illumination can be customized.}

{Low Vision Supplemental Testing} means diagnostic evaluation beyond the comprehensive eye examination, and includes a history of functional difficulties that involves such things as reading, activities in the kitchen, glare problems, travel vision, the workplace, television viewing, school requirements, hobbies and interests. Preliminary tests may include assessment of ocular functions such as color vision and contrast sensitivity. Measurements will be taken of the Insured Person’s visual acuity using special low vision test charts, which include a larger range of letters or numbers to more accurately determine a starting point for assessing the level of impairment. Visual fields may also be evaluated. A specialized refraction must be performed with each eye thoroughly examined. The eyecare professional may prescribe various treatment options, including Low Vision Aids, as well as assist the Insured Person with identifying other resources for vision and lifestyle rehabilitation.}

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

Medically Necessary Contact Lenses means:

1. Keratoconus where the Insured Person is not correctable to 20/30 in either or both eyes using standard spectacle lenses, or the Provider attests to the specified level of visual improvement;
2. High Ametropia exceeding -10D or +10D in spherical equivalent in either eye;
3. Anisometropia of 3D in spherical equivalent or more; or
4. vision for an Insured Person can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle.

{Out-of-Area Provider means a Provider that is utilized by the Insured Person when there is no In-Network Provider within {5-75} miles of the Insured Person's residence. }

{Out-of-Network Provider means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO. }

Policy means the Policy issued to the Policyholder. {The Policy number is shown on the Insured's identification card. }

Policyholder means the group named as the Policyholder in the face page of the Policy {and in the Insured's identification card. }

{PPO Service Area means the geographical area where the PPO is located. }

{Preferred Provider Agreement means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider. }

{Preferred Provider Organization ("PPO") means a network of Providers {and retail chain stores} within the PPO Service Area that has signed a Preferred Provider Agreement. }

Provider means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

{Vision Examination means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs. }

{Vision Materials means those materials shown in the Schedule of Benefits. }

EFFECTIVE DATES

Effective Date of Insured's Insurance. The Insured's insurance will be effective {on the first day of the month following the end of a month in which deductions occurred.} {as defined{, in writing,} by the Policyholder.} {as follows:

1. if the Policyholder does not require the Insured to contribute towards the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible;
2. if the Policyholder requires the Insured to contribute toward the premium for this coverage, the Insured's insurance will be effective on the date the Insured became eligible, provided:
 - a. the Insured has given the Company the Insured's enrollment form (if required) on, prior to, or within 30 days of the date the Insured became eligible; and
 - b. the Insured has agreed{, in writing,} to pay the required premium contributions; and
3. if the Insured fails to meet the requirements of 2 a) and 2 b) within 30 days after becoming eligible, the Insured's coverage will not become effective until the Company has verified that the Insured has met these requirements. The Insured will then be advised of the Insured's effective date.}

{Effective Date of Dependents' Insurance. Coverage for Dependents becomes effective {as defined {, in writing,} by the Policyholder.} {on the later of:

1. the date Dependent coverage is first included in the Insured's coverage; or
2. the premium due date on or after the date the person first qualifies as the Insured's Dependent. If an enrollment form is required, the Insured must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.}

{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 90 days {or greater{, if elected {in writing}, by the Policyholder}}. 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 placed with the Insured for adoption while the Insured's coverage is in force, this child will be covered from the date of placement for 60 days {or greater{, if elected {in writing}, by the Policyholder}}. 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.}

BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

{CVS Examination. An {Insured} {Insured Person} is eligible for one CVS Examination as shown in the Schedule of Benefits. {This benefit is in addition to any other Vision Examination benefit provided under the Policy.}}

{CVS Vision Materials. If the CVS Examination covered by the Policy results in an {Insured} {Insured Person} needing corrective Vision Materials related to computer use for the {Insured's} {Insured Person's} visual health and welfare, those Vision Materials prescribed by Providers will be supplied, as shown in the Schedule of Benefits. {This benefit will be paid in addition to any other Vision Materials benefits provided under the Policy.} Benefits are payable, as shown below, per Benefit Frequency.

- *Lenses* provided {one time} {two times} in each Benefit Frequency.
- *Frame(s)* provided {one time} {two times} in each Benefit Frequency.}

In-Network Provider {or {Elite} In-Network Provider} Benefits. The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

{Low Vision. An Insured Person is eligible for Low Vision Supplemental Testing and Low Vision Aids if the Insured Person has severe visual problems that are not correctable with standard lenses. Benefits are payable as shown in the Schedule of Benefits. {Low Vision Aids are limited to once per lifetime per Insured Person.}}

{No Disruption. The Insured Person has the option to use the Insured Person's previous Provider, if not currently an {Elite or} In-Network Provider. After {12-60} months from the Policy Effective Date, the Insured Person must seek care from an {Elite} In-Network Provider that participates in the PPO. The Insured Person must pay the full cost at the time the covered service is provided and file a claim with the Company. The Insured Person must pay any {Elite or} In-Network Co-payment or any cost above the {Elite or} In-Network allowance shown in the Schedule of Benefits.

{Out-of-Area. An Insured Person who does not have access to an In-Network Provider {within {5-75}} miles of the Insured Person's residence may receive services from an Out-of-Area Provider. The Insured Person must pay the full cost at the time the covered service is provided and file a claim with the Company. The Insured Person must pay any {Elite or} In-Network Co-payment or any cost above the {Elite or} In-Network allowance shown in the Schedule of Benefits.

Out-of-Network Provider Benefits. The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

{Vision Examination. An Insured Person is eligible for one Vision Examination in each Benefit Frequency.}

{Vision Materials. If {the Vision Examination covered by the Policy} {a Vision Examination} results in an Insured Person needing corrective Vision Materials for the Insured Person's visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- *Lenses* provided {one time} {two times} in each Benefit Frequency.
- *Frame(s)* provided {one time} {two times} in each Benefit Frequency.
- *Contact Lenses* provided {one time} {two times} in each Benefit Frequency} {in lieu of lenses} {and/or frame(s)} {and/or glasses allowance}, Contact Lenses Fit and Follow-Up benefits apply only for covered Contact Lenses.

LIMITATIONS

{{Vision Examination} {and/or} {Vision Materials}. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.}

{Benefits are not covered for {30 – 180} days from the Insured Person's effective date.}

{Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.} {For Contact Lenses,} {any remaining balance may be used within the same Benefit Frequency.} {Where the Insured Person previously utilized an In-Network Provider, the remaining balance must be used with the same or any other In-Network Provider. Where the Insured

Person previously utilized an Out-of-Network Provider, the remaining balance must be used with the same or any other Out-of-Network Provider.}}

EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from:

1. {orthoptic or vision training, subnormal vision aids and any associated supplemental testing; {Aniseikonic lenses;}}
2. {{medical} {and/or} {surgical} treatment of the eye, eyes or supporting structures;}
3. {any {Vision Examination} {Vision Materials};}
4. {{any eye or Vision Examination, or any} corrective eyewear required by an employer as a condition of employment{; safety eyewear};}
5. {services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;}
6. {Plano (non-prescription) lenses {and/or contact lenses};}
7. {{non-prescription} sunglasses;}
8. {two pair of glasses in lieu of bifocals;}
9. {services or materials provided by any other group benefit plan providing vision care;}
10. {certain name brand Vision Materials for which the manufacturer maintains a no-discount practice;}
11. {services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; } or
12. {lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.}

TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

For All Insureds. The Insureds' 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;} {or}
4. {the date the Insured's employment with the Policyholder ends.} {the last day of the month in which the Insured's employment with the Policyholder ends.} {The Policyholder may, at the Policyholder's option, continue insurance for individuals whose employment has ended, if the Policyholder:
 - a. does so without individual selection between Insureds; and
 - b. continues to pay any premium contribution for those individuals.}}

{For Dependents. A Dependent's insurance will cease {on the earlier of}:

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

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to mental incapacity or physical handicap that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

The Company may ask for proof of the eligible Dependent child's incapacity and dependency prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. {on the end of the last period for which any required premium contribution for the Dependent child has been made;} or
4. {60 days following the date the Company requests proof and such proof is not provided to the Company.}

CLAIMS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

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 provide the forms within that time, the Insured Person may send written proof of the occurrence, character and extent of loss for which the claim is made within the time stated in the Policy for filing proof of loss.

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

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

{**Assignment.** Benefits under the Policy may not be assigned.}

Right of Recovery. If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

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 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 resides, 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 Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. 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 shall be used in defense to 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 any premium. The Policy and the Certificate may be amended at any time 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 and ages of all individuals initially insured. The names of persons who later become eligible (whether or not the person becomes 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 the books and records relate to this insurance. The Company may authorize someone else to perform this 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.

SCHEDULE OF BENEFITS

{Policyholder: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust} {Plan}}

Insured Persons have the right to obtain vision care from the Provider of his or her choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

Benefit	{Elite} In-Network	In-Network	Out-of-Network	Benefit Frequency
{First Service Co-payment	{ \$0 - \$100 }	{ \$0 - \$100 }	{N/A}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{VISION EXAMINATION*	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{FUNDUS PHOTOGRAPHY EXAMINATION	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{and} {or}				
{CONTACT LENSES FIT AND FOLLOW-UP				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Standard	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	
{Premium	{{ \$0-\$100 } Co-payment { up to } { \$0-\$70 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$70 } allowance}	up to { \$0-\$70 }	
{COMPUTER VISION SYNDROME (CVS) EXAMINATION	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{LOW VISION SUPPLEMENTAL TESTING	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to {{ \$0-\$250 } allowance}	{{Insured} {12-36} months} {Dependent {Spouse} {12-36} months} {Dependent Children {12-36} months} {under {18-27} years of age}}
{Other Benefits that may be added by Rider}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$70 } allowance}	{{ \$0-\$100 } Co-payment { up to } { \$0-\$70 } allowance}	up to { \$0-\$100 }	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Other Exams (as developed)	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}

Benefit	{Elite} In-Network	In-Network	Out-of-Network	Benefit Frequency
{VISION MATERIALS}				
{Vision Materials Combined Co-payment}	{\$0- \$100}	{\$0- \$100}	{\$0- \$100}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
<i>{Standard Plastic Lenses}</i>				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Single Vision}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {\$0-\$42}	
{Bifocal}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {\$0-\$49}	
{Trifocal}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {\$0-\$74}	
{Lenticular}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {\$0-\$74}	
{Other Lenses (as developed)}	{{ \$0-\$100} Co-payment}	{{ \$0-\$100} Co-payment}	up to {\$0- \$74}	
{Frames}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300}{retail} {wholesale} allowance}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300}{retail} {wholesale} allowance}	up to {\$0-\$240}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Standard}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100} Co-payment}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100} Co-payment}	up to {\$0-\$240}	
{Premium}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100} Co-payment}	{Paid in full from the Covered Frame Selection} {{ \$0-\$100} Co-payment}	up to {\$0-\$240}	
{Contact Lenses (only one option available per Benefit Frequency)}				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Formulary Contact Lenses}	{Paid as shown in the Formulary list}	{Paid as shown in the Formulary list}	up to {\$0-\$300}	
{Conventional}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance}	up to {\$0-\$300}	
{Disposable}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance}	up to {\$0-\$300}	
{Medically Necessary}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance} {Paid in full}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance} {Paid in full}	up to {\$0-\$300}	
{Other Contact Lenses (as developed)}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance}	{{ \$0-\$100} Co-payment {up to} {\$0-\$300} allowance}	up to {\$0-\$300}	
{Lens Options}				{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Standard Polycarbonate}	{{ \$0-\$100} {Co-payment} allowance}	{{ \$0-\$100} {Co-payment} allowance}	up to {\$0-\$50}	
{Standard Polycarbonate (For covered Dependent children under {18-27} years of age.)}	{{ \$0-\$100} {Co-payment} allowance}	{{ \$0-\$100} {Co-payment} allowance}	up to {\$0-\$50}	

Benefit	{Elite} In-Network	{In-Network}	{Out-of-Network}	Benefit Frequency
{Premium Polycarbonate	{{ \$0-\$100 } Co-payment {allowance}}	{{ \$0-\$100 } Co-payment {allowance}}	up to { \$0-\$50 }	
{UV Treatment	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Tint {Solid} or} {Gradient}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Standard Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Premium Plastic Scratch Coating}	{{ \$0-\$30 } Co-payment}	{{ \$0-\$30 } Co-payment}	up to { \$0-\$30 }	
{Standard Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$200 } allowance}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$200 } allowance}	up to { \$0-\$150 }	
{Premium Progressive Lenses (add on to Bifocal) {"Brand Names"}}	{{ \$0-\$150 } Co-payment {{ up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Other Premium Progressive Lenses (as developed)}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$300 } allowance}	up to { \$0-\$150 }	
{Standard Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Premium Anti-Reflective Coating} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$100 }	
{Other available Premium Anti-Reflective Coating}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Photochromic Lenses} {"Brand Names"}	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$68 }	
{Other Lens Options (as developed)}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$300 } allowance}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$300 } allowance}	up to { \$0-\$100 }	
{Computer Vision Syndrome (CVS) Materials}				}
{Frames}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$300 } {wholesale} {retail} allowance}	{{ \$0-\$100 } Co-payment {{ up to } { \$0-\$300 } {wholesale} {retail} allowance}	up to { \$0-\$240 }	{{ Insured } {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Standard Plastic Lenses}				{{ Insured } {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
{Single Vision	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$42 }	
{Bifocal	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$49 }	
{Computer Progressive	{{ \$0-\$100 } Co-payment}	{{ \$0-\$100 } Co-payment}	up to { \$0-\$74 }	

Benefit	{Elite} In-Network	{In-Network}	{Out-of-Network}	Benefit Frequency
{Low Vision Aids	{{0%-50%} Co-payment {up to} {\$0-\$5,000} {lifetime} allowance}	{{0%-50%} Co-payment {up to} {\$0-\$5,000} {lifetime} allowance}	{{0%-50%} Co-payment {up to} {\$0-\$5,000} {lifetime} allowance}	{{Insured} {12-36} months} {Dependent {Spouse} {12-36} months} {Dependent Children {12-36} months} {under {18-27} years of age}}
<i>{Vision Exam/Vision Material Allowance**</i>	{\$0-\$500} allowance	{\$0-\$500} allowance	up to {\$0-\$500}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
<i>{Glasses Allowance**</i>	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}
<i>{Contact Lenses Allowance**</i>	{\$0-\$300} allowance	{\$0-\$300} allowance	up to {\$0-\$300}	{{Insured} {12-24} months} {Dependent {Spouse} {12-24} months} {Dependent Children {12-24} months} {under {18-27} years of age}}

{*Covered Dependent children are eligible for more than one exam {within 60 days of the initial exam} if prescription has changed {by 0.50 diopter sphere/cylinder >20 degrees axis, or visual acuity improvement by one line on standard chart}.

{**{Vision Examination/Vision Materials Allowance includes Examination, {wholesale} {retail} Frames {and/or Lenses {and/or any {Lens Options,}} {Contact Lenses} {fit and follow-up.}}} {Glasses Allowance includes Frames and/or Lenses {and/or any Lens Options.} {Contact Lenses Allowance includes {fit and follow-up} {and} Materials.}

SERFF Tracking Number: *FDLT-125710396* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:* *39457*
Company Tracking Number: *M-9093*
TOI: *H20G Group Health - Vision* *Sub-TOI:* *H20G.000 Health - Vision*
Product Name: *Group Preferred Provider Vision Insurance*
Project Name/Number: *Group Preferred Provider Vision Insurance/M-9093*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLT-125710396 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 39457
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TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Group Preferred Provider Vision Insurance
Project Name/Number: Group Preferred Provider Vision Insurance/M-9093

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 07/02/2008
Comments:
Attachment:
M-9093 Readability Certification.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 07/02/2008
Bypass Reason: The application form A-01053 will be used with this form and is being submitted with M-9083 under SERFF Filing # FDLT-125710371
Comments:

FIDELITY SECURITY LIFE INSURANCE COMPANY
Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) _____* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

* M-9093
C-9093AR
S-9093

Combined Score 50



Martha E. Madden
Vice President and General Counsel

June 27, 2008
Date