

SERFF Tracking Number: FDLT-126373656 State: Arkansas  
Filing Company: Fidelity Security Life Insurance Company State Tracking Number: 44004  
Company Tracking Number: Z-6005AR(11/09)  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Group Medical Indemnity  
Project Name/Number: Group Medical Indemnity/Z-6005AR(11/09)

## Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Medical Indemnity

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: FDLT-126373656 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44004

Co Tr Num: Z-6005AR(11/09)

Authors: Jennifer Glaser, Kelly  
Humiston, Teresa Saling, Tara  
Wilson

Date Submitted: 11/06/2009

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 11/10/2009

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: Group Medical Indemnity

Project Number: Z-6005AR(11/09)

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/10/2009

Deemer Date:

Submitted By: Tara Wilson

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Medical Indemnity Insurance

Policyholder: "ABC" Employer

Z-6005AR(11/09) Amendment Rider for Arkansas residents

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Form is Arkansas  
specific and not required in our domicile state of  
Missouri.

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Explanation for Other Group Market Type:

State Status Changed: 11/10/2009

Created By: Teresa Saling

Corresponding Filing Tracking Number:

SERFF Tracking Number: FDLT-126373656 State: Arkansas  
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We respectfully submit the above referenced form for your review and approval. This form has been revised to comply with §23-79-1303. Form Z-6005AR(11/09) will replace form Z-6005AR previously approved by your Department on July 11, 2003. A red-line version of the form is attached to the Supporting Documents tab that outlines the revisions to the form for your ease in review.

The information in brackets { } is intended to be variable. The variables noted in the forms will be in, out or as shown. However, the variables will not be adjusted to be less favorable than your state allows.

If you have any questions or require additional information, please feel free to telephone me at (800) 648-8624, extension 1276, or e-mail me at tsaling@fslins.com.

## Company and Contact

### Filing Contact Information

Teresa Saling, Supervisor tsaling@fslins.com  
 3130 Broadway 800-648-8624 [Phone] 1276 [Ext]  
 Kansas City, MO 64111-2406 816-751-6026 [FAX]

### Filing Company Information

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

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

| COMPANY                                  | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|--|---------|----------------|---------------|
| Fidelity Security Life Insurance Company | \$20.00 | 11/06/2009     | 31849744      |

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## Correspondence Summary

### Dispositions

| Status          | Created By     | Created On | Date Submitted |
|-----------------|----------------|------------|----------------|
| Approved-Closed | Rosalind Minor | 11/10/2009 | 11/10/2009     |

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*Project Name/Number:* Group Medical Indemnity/Z-6005AR(11/09)

## **Disposition**

Disposition Date: 11/10/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:* FDLT-126373656      *State:* Arkansas  
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*Project Name/Number:* Group Medical Indemnity/Z-6005AR(11/09)

| <b>Schedule</b>            | <b>Schedule Item</b>                   | <b>Schedule Item Status</b> | <b>Public Access</b> |
|----------------------------|--|-----------------------------|----------------------|
| <b>Supporting Document</b> | Flesch Certification                   | Filed                       | Yes                  |
| <b>Supporting Document</b> | Application                            | Filed                       | Yes                  |
| <b>Supporting Document</b> | Health - Actuarial Justification       | Filed                       | Yes                  |
| <b>Supporting Document</b> | Outline of Coverage                    | Filed                       | Yes                  |
| <b>Supporting Document</b> | Red-line version of Form               | Filed                       | Yes                  |
| <b>Form</b>                | Amendment Rider for Arkansas Residents | Filed                       | Yes                  |

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## Form Schedule

### Lead Form Number: Z-6005AR(11/09)

| Schedule Item       | Form Number     | Form Type Form Name  | Action | Action Specific Data | Readability | Attachment          |
|---------------------|-----------------|--|--------|----------------------|-------------|---------------------|
| Filed<br>11/10/2009 | Z-6005AR(11/09) | Policy/Cont Amendment Rider for Initial<br>ract/Fratern Arkansas Residents<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider |        |                      | 40.000      | Z-6005AR(11-09).pdf |



# 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/Certificate is amended by the following:

1. The title of the Policy on the face page of the Policy is revised to read as follows:

**THIS IS A LIMITED BENEFIT MASTER POLICY PROVIDING MEDICAL INDEMNITY BENEFITS.**

2. The following is added to the **SCHEDULE OF BENEFITS** section:

|   |                              |
|---|------------------------------|
| <b>Prostate Cancer Screening Benefit</b><br>Maximum of 1 test per year per person | 100% of the Wellness Benefit |
|---|------------------------------|

3. The definition of **Accident** in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

**Accident** means an event occurring by chance or unintentionally after the effective date of coverage.

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

**Newborn and Adopted Children.** Benefits are payable for a newborn child, adopted child or child who is in the charge, care and control of the Insured and for whom the Insured has filed a petition to adopt from the moment of birth, adoption or filing of the petition. If the filing of the petition to adopt and the application for coverage under the Policy is made within 60 days of the birth of the child, Benefits are payable from the moment of birth. Benefits for a child for whom the Insured has filed a petition to adopt will terminate upon the dismissal or denial of the petition for adoption.

The Insured must enroll the newborn child and pay any required premium within 90 days after the birth. The Insured must enroll the adopted child or child for whom the Insured has a filed a petition to adopt and pay any required premium within 60 days after the date of adoption or filing of the petition. If premium is not furnished within the required period, coverage as to such child will terminate at the end of the period.

Benefits for such child will consist of coverage for Injury or Sickness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities, the Medically Necessary transportation costs from the place of birth to the nearest specialized treatment center, premature birth, tests for hypothyroidism, phenylketonuria and galactosemia, and in the case of non-Caucasian newborn infants, test for sickle-cell anemia.

Coverage also includes routine nursery care and pediatric charges for a well newborn child for up to five full days in a Hospital nursery or until the mother is discharged from the Hospital following the birth of the child, whichever is the lesser period of time.

5. {The following language is added to the **BENEFITS** section:

The Company will not restrict Benefits for any Hospital Confinement in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or to less than 96 hours following a cesarean section. This time requirement will not apply if the decision to discharge the mother or her newborn child prior to the expiration of the minimum stay is made by the attending Physician in consultation with the mother.}

6. {The following is added to the **BENEFITS** section:

**In Vitro Fertilization Services.** Charges for in vitro fertilization services are considered covered, provided that:

1. such charges are only for the Insured and the Insured's legal spouse;
2. the patient's oocytes must be fertilized with the sperm of the patient's spouse;
3. the patient and the patient's spouse must have a history of unexplained infertility of at least two years duration or of infertility associated with one or more of the following medical conditions:
  - a. endometriosis;
  - b. exposure in utero to Diethylstilbestrol commonly known as DES;
  - c. blockage of or removal of one or both fallopian tubes (lateral or bilateral salpingectomy) which is not a result of voluntary sterilization; or
  - d. abnormal male factors contributing to the infertility;
4. cryopreservation, the procedure whereby embryos are frozen for later implantation, is considered as an in vitro fertilization procedure for the purpose of this provision; and
5. benefits paid for in vitro fertilization are subject to a lifetime maximum of \$15,000.}

7. The following is added to the **BENEFITS** section:

**Prostate Cancer Screening Benefit.** Benefits are payable for a man age 40 or older for a prostate cancer screening test performed by a Physician.

8. The **Wellness Benefit** provision in the **BENEFITS** section is deleted in its entirety and replaced with the following:

**Wellness Benefit.** Benefits are payable for routine physical exams, routine pap smears and related laboratory charges and well-child care including immunizations for children up to age six.

Benefits for Children's Preventive Health Care Services are covered.

"Children's Preventive Health Care Services" means Physician-delivered or Physician-supervised services for eligible Insured Dependents from birth through age 18, with Periodic Preventive Care Visits, including medical history, physical examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests, in keeping with prevailing medical standards.

"Periodic Preventive Care Visits" means routine tests and procedures used for the detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical standards.

This Benefit includes 20 visits at the following age intervals: birth; 2 weeks; 2 months; 4 months; 6 months; 9 months; 12 months; 15 months; 18 months; 2 years; 3 years; 4 years; 5 years; 6 years; 8 years; 10 years; 12 years; 14 years; 16 years; and 18 years. Benefits are limited to one visit payable to one provider for all the services provided at each age interval.

Benefits for recommended vaccine and immunization services shall be exempt from any copayment, coinsurance, deductible or dollar limits. However, all other Children's Preventive Health Care Services are subject to copayment, coinsurance, deductible or dollar limit provisions the same as any covered condition according to the Policy.

9. The third paragraph in the **INDIVIDUAL TERMINATION OF INSURANCE** section is deleted in its entirety and replaced with the following:

If a mental handicap or physical incapability prevents an unmarried dependent child from self-support when he or she reaches the termination age, he or she may remain an Insured Person under the Policy. Proof of such incapacity and dependency must be furnished to the Company. Coverage will continue as long as coverage remains in force and the dependent child is incapable of self-support.

10. The **EXTENSION OF BENEFITS** provision is deleted in its entirety and replaced with the following:

#### **EXTENSION OF BENEFITS**

The Extension of Benefits applies to an Insured Person who is receiving Benefits under the Policy for a covered Hospital Confinement on the date the Policy terminates. Termination of the Policy will not affect the Benefits payable for the covered Hospital Confinement as long as that Confinement remains continuous and uninterrupted. Benefits will continue until the Hospital Confinement ends or Benefits under the Policy are exhausted, whichever is earlier.

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

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary

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## Supporting Document Schedules

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Satisfied - Item:</b> Flesch Certification                       | Filed               | 11/10/2009              |
| <b>Comments:</b><br>Please see attached.                            |                     |                         |
| <b>Attachment:</b><br>Z-6005AR(11-09) Readability Certification.pdf |                     |                         |

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Bypassed - Item:</b> Application  | Filed               | 11/10/2009              |
| <b>Bypass Reason:</b> The application to be used with this product is A-01020 which was approved on July 11, 2003. |                     |                         |
| <b>Comments:</b>   |                     |                         |

|  | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|--|---------------------|-------------------------|
| <b>Bypassed - Item:</b> Health - Actuarial Justification | Filed               | 11/10/2009              |
| <b>Bypass Reason:</b> Not Applicable                     |                     |                         |
| <b>Comments:</b>   |                     |                         |

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Bypassed - Item:</b> Outline of Coverage | Filed               | 11/10/2009              |
| <b>Bypass Reason:</b> Not Applicable        |                     |                         |
| <b>Comments:</b>                            |                     |                         |

|   | <b>Item Status:</b> | <b>Status<br/>Date:</b> |
|---|---------------------|-------------------------|
| <b>Satisfied - Item:</b> Red-line version of Form | Filed               | 11/10/2009              |
| <b>Comments:</b><br>Please see attached.          |                     |                         |
| <b>Attachment:</b>                                |                     |                         |

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*Project Name/Number:* Group Medical Indemnity/Z-6005AR(11/09)  
Z-6005AR(11-09) Red-line 11-5-09.pdf

**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.

\* Z-6005AR(11/09)

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Martha E. Madden  
Vice President and General Counsel

November 5, 2009

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Date



# FIDELITY SECURITY LIFE INSURANCE COMPANY

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

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|   |                                     |
|---|-------------------------------------|
| <u>Prostate Cancer Screening Benefit</u><br>Maximum of 1 test per year per person | <u>100% of the Wellness Benefit</u> |
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- ~~3.~~ The definition of **Accident** in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

**Accident** means an event occurring by chance or unintentionally after the effective date of coverage.

- ~~3.4.~~ The **Newborn and Adopted Children** provision in the **ELIGIBILITY AND EFFECTIVE DATE** section is deleted in its entirety and replaced with the following:

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4.5. {The following language is added to the **BENEFITS** section:

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5.6. {The following is added to the **BENEFITS** section:

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3. the patient and the patient's spouse must have a history of unexplained infertility of at least two years duration or of infertility associated with one or more of the following medical conditions:
  - a. endometriosis;
  - b. exposure in utero to Diethylstilbestrol commonly known as DES;
  - c. blockage of or removal of one or both fallopian tubes (lateral or bilateral salpingectomy) which is not a result of voluntary sterilization; or
  - d. abnormal male factors contributing to the infertility;
4. cryopreservation, the procedure whereby embryos are frozen for later implantation, is considered as an in vitro fertilization procedure for the purpose of this provision; and
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~~6.8.~~ The following language is added to the **Wellness Benefit** provision in the **BENEFITS** section is deleted in its entirety and replaced with the following:

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| 7.9. The third paragraph in the **INDIVIDUAL TERMINATION OF INSURANCE** section is deleted in its entirety and replaced with the following:

If a mental handicap or physical incapability prevents an unmarried dependent child from self-support when he or she reaches the termination age, he or she may remain an Insured Person under the Policy. Proof of such incapacity and dependency must be furnished to the Company. Coverage will continue as long as coverage remains in force and the dependent child is incapable of self-support.

| 8.10. The **EXTENSION OF BENEFITS** provision is deleted in its entirety and replaced with the following:

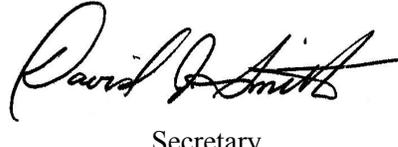
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FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary