

State: Arkansas **Filing Company:** Fidelity Security Life Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group
Product Name: Group Supplemental Medical Expense Insurance
Project Name/Number: Group Supplemental Medical Expense Insurance/M-9134

Filing at a Glance

Company: Fidelity Security Life Insurance Company
Product Name: Group Supplemental Medical Expense Insurance
State: Arkansas
TOI: H15G Group Health - Hospital/Surgical/Medical Expense
Sub-TOI: H15G.001 Any Size Group
Filing Type: Form
Date Submitted: 11/14/2012
SERFF Tr Num: FDLT-128766417
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: M-9134
Implementation: On Approval
Date Requested:
Author(s): Jennifer Glaser, Kelly Humiston, Teresa Saling, Danielle Menzel
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/15/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

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General Information

Project Name: Group Supplemental Medical Expense Insurance

Status of Filing in Domicile: Pending

Project Number: M-9134

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filing submitted to our domicile state of Missouri on 10/26/2012.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 11/15/2012

State Status Changed: 11/15/2012

Deemer Date:

Created By: Jennifer Glaser

Submitted By: Danielle Menzel

Corresponding Filing Tracking Number: FDLT-128766419

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Supplemental Medical Expense Insurance

Policyholder: Employer Groups

M-9134AR - Policy

C-9134AR - Certificate

S-9134 - Schedule of Benefits

R-02997 - Outpatient Benefit Rider

R-02998 - Outpatient Physician Office Visit Benefit Rider

A-01149 - Group Application

A-01150 - Enrollment Form

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

This is a supplemental medical expense product that provides benefits to supplement the insured’s existing major medical or comprehensive health insurance plans to cover out-of-pocket expenses for deductibles, copayments and coinsurance if the person becomes hospital confined. Coverage will be made available to eligible employees and their families on a guaranteed issue basis. This product also includes optional outpatient benefits that the group may elect.

This product is not intended to be a group health plan for purposes of renewability and portability under the Health Insurance Portability and Accountability Act (HIPAA).

The forms will be solicited via agent one-on-one solicitations and/or internet based sales to Employer groups. The Group Application and Enrollment Form may be completed and submitted electronically.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices

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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 1143) or e-mail me at jglaser@fslins.com.

Company and Contact

Filing Contact Information

Jennifer Glaser, Sr. Contract Analyst jglaser@fslins.com
 3130 Broadway 800-648-8624 [Phone] 1143 [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	

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation: \$50 per form times 7 forms.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Fidelity Security Life Insurance Company	\$350.00	11/14/2012	64890232

SERFF Tracking #: FDLT-128766417

State Tracking #:

Company Tracking #: M-9134

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/15/2012	11/15/2012

State: Arkansas **Filing Company:** Fidelity Security Life Insurance Company
TOI/Sub-TOI: H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group
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Disposition

Disposition Date: 11/15/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Statement of Variables	Approved-Closed	Yes
Form	Group Supplemental Medical Expense Insurance Policy	Approved-Closed	Yes
Form	Group Supplemental Medical Expense Insurance Certificate	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Enrollment/Change Form	Approved-Closed	Yes
Form	Oupatient Benefit Rider	Approved-Closed	Yes
Form	Oupatient Physician Office Visit Benefit Rider	Approved-Closed	Yes

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Form Schedule

Lead Form Number: M-9134AR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/15/2012	Group Supplemental Medical Expense Insurance Policy	M-9134AR	POL	Initial		61.300	M-9134AR.pdf
2	Approved-Closed 11/15/2012	Group Supplemental Medical Expense Insurance Certificate	C-9134AR	CER	Initial		61.300	C-9134AR.pdf
3	Approved-Closed 11/15/2012	Schedule of Benefits	S-9134	SCH	Initial		61.300	S-9134.pdf
4	Approved-Closed 11/15/2012	Application	A-01149	AEF	Initial		61.300	A-01149.pdf
5	Approved-Closed 11/15/2012	Enrollment/Change Form	A-01150	AEF	Initial		61.300	A-01150.pdf
6	Approved-Closed 11/15/2012	Oupatient Benefit Rider	R-02997	POLA	Initial		61.300	R-02997.pdf
7	Approved-Closed 11/15/2012	Oupatient Physician Office Visit Benefit Rider	R-02998	POLA	Initial		61.300	R-02998.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)

SERFF Tracking #:

FDLT-128766417

State Tracking #:**Company Tracking #:**

M-9134

State:

Arkansas

Filing Company:

Fidelity Security Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group

Product Name:

Group Supplemental Medical Expense Insurance

Project Name/Number:

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MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



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: {Policy Number}
POLICYHOLDER: {"ABC" Employer}
STATE OF ISSUE: Arkansas
POLICY EFFECTIVE DATE: {Month Day, Year}
POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}

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

The Policy is issued by acceptance 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 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 {30-90} days prior to termination. The Policyholder may terminate the Policy on any date on or after the date the Company receives the Policyholder's written request for termination.

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 SUPPLEMENTAL MEDICAL EXPENSE INSURANCE POLICY
FOR HOSPITAL CONFINEMENT
THIS IS A LIMITED BENEFIT POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
*Please read the Policy carefully.***

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DEFINITIONS

Accident means an event occurring by chance or unintentionally after the Insured Person's Effective Date of coverage. An Accident must be independent of any Sickness.

Benefit Period means the period of time when benefits are payable. Unless stated otherwise in the Schedule of Benefits, a Benefit Period is a Calendar Year.

Benefit Period Deductible means the amount of expenses incurred each Benefit Period for Covered Charges that an Insured Person must pay before benefits will be payable under the Policy. The Benefit Period Deductible is shown in the Schedule of Benefits.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

Coinsurance/Copayment means that dollar amount of covered expenses, other than the Deductible, not payable under the Insured Person's Medical Plan.

Company means Fidelity Security Life Insurance Company.

Complications of Pregnancy means:

1. Hospital Confinement required to treat conditions, such as the following, in a pregnant female: 1) acute nephritis; 2) nephrosis; 3) cardiac decompensation; 4) HELLP syndrome; 5) uterine rupture; 6) amniotic fluid embolism; 7) chorioamnionitis; 8) fatty liver in pregnancy; 9) septic abortion; 10) placenta accreta; 11) gestational hypertension; 12) puerperal sepsis; 13) peripartum cardiomyopathy; 14) cholestasis in pregnancy; 15) thrombocytopenia in pregnancy; 16) placenta previa; 17) placental abruption; 18) acute cholecystitis and pancreatitis in pregnancy; 19) postpartum hemorrhage; 20) septic pelvic thrombophlebitis; 21) retained placenta; 22) venous air embolus associated with pregnancy; 23) miscarriage; or 24) an emergency cesarean section required because of: a) fetal or maternal distress during labor, or b) severe pre-eclampsia, or c) arrest of descent or dilation; d) obstruction of the birth canal by fibroids or ovarian tumors, or e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. For purposes of this paragraph, a cesarean section delivery is not considered to be an emergency cesarean section if it is merely for the convenience of the patient and/or doctor or solely due to a previous cesarean section.
2. Treatment, diagnosis or care for conditions, including the following, in a pregnant female when the condition was caused by, necessary because of, or aggravated by the pregnancy: 1) hyperthyroidism; 2) hepatitis B or C; 3) HIV; 4) Human papilloma virus; 5) abnormal PAP; 6) syphilis; 7) chlamydia; 8) herpes; 9) urinary tract infections; 10) thromboembolism; 11) appendicitis; 12) hypothyroidism; 13) pulmonary embolism; 14) sickle-cell disease; 15) tuberculosis; 16) migraine headaches; 17) depression; 18) acute myocarditis; 19) asthma; 20) maternal cytomegalovirus; 21) utrolithiasis; 22) DVT prophylaxis; 23) ovarian dermoid tumors; 24) biliary atresia and/or cirrhosis; 25) first trimester adnexal mass; 26) hydatidiform mole; or 27) ectopic pregnancy.

Confined/Confinement means the Insured Person is a bed patient or under Observation Care in a Hospital for a minimum of {15 – 23} consecutive hours.

Covered Charges means Expenses Incurred that are payable under both the Policy and the Insured Person's Medical Plan. Expenses that are excluded under either the Policy or the Insured Person's Medical Plan are not Covered Charges. Covered Charges are limited to the Deductible, Copayment and Coinsurance amount that the Insured Person is required to pay under the Insured Person's Medical Plan.

Deductible means the dollar amount of Deductible that applies to all the covered expenses under the Insured Person's Medical Plan.

{Dependent} means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{(21-27) years of age if a full-time student}}; } and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least 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. The term "spouse", wherever used, will include a Domestic Partner. }

Durable Medical Equipment means medical equipment used in the course of treatment or home care, including, but not limited to crutches, braces, trusses, renal dialysis equipment, wheelchairs, walkers, hospital beds, traction equipment and prostheses. Durable Medical Equipment must be Medically Necessary and prescribed by a Physician.

Durable Medical Equipment does not include adjustments to vehicles, air conditioners, dehumidifiers, humidifiers, elevators, stair gliders, exercise equipment, handrails, improvements made to a residence or place of business, ramps, telephones, whirlpool baths and other equipment which has both a non-therapeutic and therapeutic use.

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Insured's Certificate. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

{Employee} means a person employed by the Policyholder {and meeting the minimum hourly requirements shown in the Policyholder's application.} If the Employer is a proprietorship or partnership, the individual proprietor or each of the partners is an Employee only if engaged in the regular business of the Employer for the minimum hourly requirement shown in the Policyholder's application. No director of a corporate Employer is an Employee solely because of such directorship. {Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application. }

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

Expenses Incurred means the charge made for a service or supply that is given to an Insured Person due to an Injury or Sickness. The Expense Incurred must be Medically Necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Hospital means an institution that meets all the following requirements:

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

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

Immediate Family means an Insured Person or an Insured Person's spouse, {Domestic Partner,} parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Injury means bodily Injury sustained by an Insured Person that occurs while the Policy is in force. All Injuries sustained by an Insured Person in any one Accident are considered a single Injury.

Inpatient means the Insured Person is Confined in a Hospital.

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

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

Medicaid means the health insurance programs under Title XIX of the Social Security Act Amendments of 1965 as then constituted or later amended, or a successor government sponsored program.

Medical Plan means any major medical plan or comprehensive medical plan that requires the Insured Person to pay a Deductible, Copayment and/or portion of Coinsurance. Medical Plan includes, but is not limited to, group or blanket insurance plans; group Blue Cross, Blue Shield, or other group prepayment coverage plans; coverage under labor-management trusteed plans, union welfare plans, employer organizational plans, employee benefit organizational plans, self-funded plans, or other arrangements of benefits for persons of a group. Medical Plan does not include limited medical plans, Medicare, Medicaid, CHAMPUS or TRICARE.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. it is part of a plan of treatment that is experimental, unproven or related to a research protocol.

The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Medicare means the health insurance programs under Title XVIII of the Social Security Act Amendments of 1965 as then constituted or later amended, or a successor government sponsored program.

Observation Care means the evaluation and short-term treatment provided to patients in a Hospital for assessment and reassessments to determine if Hospital admittance or discharge is appropriate.

Outpatient means the Insured Person is not Confined in a Hospital.

Policyholder means the Employer in whose name the Policy is issued, as shown in the Schedule of Benefits.

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

Pregnancy means a Pregnancy which is terminated by childbirth, other than an elective cesarean section or an elective abortion.

Schedule of Benefits means the page which gives basic information about the Certificate. It includes such important items as the Policy Number, Effective Date and the Insured Persons.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expenses insured under the Policy or otherwise resulting in a claim for benefits while the Policy is in force with respect to the Insured Person for whom the claim is made. Sickness includes Pregnancy and Complications of Pregnancy.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. To be eligible, the Insured must be covered under a Medical Plan. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Schedule of Benefits} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form and payment of the first premium.

{Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application and is covered under a Medical Plan. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Schedule of Benefits} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child will be effective from the moment of birth and will continue until the next premium due date or 90 days, whichever is later. Coverage under the Policy for an adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60 days, whichever is later. After the premium due date, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for a Hospital Confinement due to Injury, Sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date. }

{Late Enrollees. If the Insured does not apply for coverage on the Insured's initial eligibility date, the Insured may not apply for coverage for the Insured {and/or any of the Insured's Dependents} until the next Policy Anniversary Date, as shown in the Schedule of Benefits. }

INPATIENT BENEFITS

The following benefits are payable if the Insured Person is covered by a Medical Plan when the Covered Charges are incurred. Each benefit is subject to the terms, conditions, limitations, exclusions, Benefit Period Deductible, if applicable and benefit maximums as described herein.

Hospital Confinement. Benefits are payable for Covered Charges if the Insured Person is Hospital Confined due to an Injury or Sickness, the Insured Person is under the regular care and attendance of a Physician and the expenses are covered by the Insured Person's Medical Plan. Hospital Confinement is payable for Covered Charges for the Insured Person's newborn children from the moment of birth until discharged from the Hospital if the expenses are covered by the Insured Person's Medical Plan. Covered Charges are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits. Hospital Confinement must begin after the Insured Person's Effective Date.

Emergency Room. Benefits are payable for Covered Charges for treatment in a Hospital emergency room if the Insured Person is Hospital Confined within 24 hours of the Hospital emergency room treatment. Covered Charges for Emergency Room treatment are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits.

Durable Medical Equipment. Benefits are payable for Covered Charges for Durable Medical Equipment received by the Insured Person while Hospital Confined. Covered Charges for Durable Medical Equipment are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits.

Ambulance. Benefits are payable for Covered Charges if an Insured Person requires ambulance transportation to a Hospital for an Injury or Sickness, and the Insured Person is Hospital Confined within 24 hours of being transported to the Hospital. Covered Charges for ambulance transportation are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits.

LIMITATIONS AND EXCLUSIONS

Limitations

Medical Plan. If an Insured Person did not have a Medical Plan on the Insured Person's Effective Date under the Policy, the Company's sole obligation will then be to refund all premiums paid for that Insured Person.

Exclusions

The Policy does not provide any benefits for the following:

1. any Expenses Incurred during any period the Insured Person does not have coverage under a Medical Plan;
2. any expenses which are not Medically Necessary;
3. war, declared or undeclared;
4. suicide or any attempt thereat, while sane or insane;
5. any intentionally self-inflicted Injury or Sickness, while sane or insane;
6. any loss while the Insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person pro rata any premium paid, less any benefits paid, for any period during which the Insured Person is in such service;
7. any expense for which there is no legal obligation to pay, no charge is made or in the absence of coverage, no charge would be made;
8. drugs or medicines, except medicines prescribed and taken while Hospital Confined;
9. dental or vision services unless:
 - a. resulting from an Injury occurring while the Insured Person's coverage under the Policy is in force; or
 - b. due to congenital disease or anomaly of a Dependent newborn child;
10. mental illness or functional or organic nervous disorders, regardless of the cause;

11. treatment of alcoholism, drug addiction or complications thereof;
12. any Injury that occurs while an Insured Person has been determined to be intoxicated:
 - a. by judicial or administrative judgment or order;
 - b. by evidence of an alcohol concentration in the Insured Person's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or
 - c. by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage;

and the use of such substance was a proximate cause of the Injury;
13. any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including, but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during the course of a routine physical examination or checkup;
14. Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law or similar legislation, or if the Policyholder opts out of such requirements, any similar coverage purchased or self-funded by the Policyholder to cover work-related Injuries or Sicknesses;
15. any loss for which the Insured Person is not required to pay a Deductible, Copayment and/or Coinsurance under the Insured Person's Medical Plan;
16. any expense for which benefits are excluded under the Insured Person's Medical Plan; or
17. an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination;
2. any date on or after the date the Company receives the Policyholder's written request for termination;
3. the next premium due date following the date the Policyholder's number of covered employees falls below the Company's guidelines; or
4. the date the Medical Plan is modified, changed or terminated.

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

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim;
4. {the first day of the month following} the date the Insured is no longer an Employee of the Policyholder;
5. {for retirees, the date the Insured attains age 65;} or
6. the date the Insured's Medical Plan terminates.

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

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;

5. {the date the Insured's spouse attains age 65;}
6. the date the Dependent's coverage under the Medical Plan terminates; or
7. the date the Policy is modified to exclude Dependent coverage.}

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

{Dependent Continuation of Coverage. In the event of an Insured's death {or attainment of age 65}, all rights and privileges as an Insured under the Policy will transfer to the Insured's Dependent spouse who will become the Insured. Premiums for the insurance which continues will be adjusted to the attained age and gender of the Dependent spouse. }

Extension of Benefits. This provision applies if an Insured Person is Hospital Confined or Totally Disabled on the termination date of the Policy, unless termination is due to nonpayment of premiums. The Company will pay the same benefits for the duration of any Hospital Confinement, Total Disability or 90 days thereafter, whichever occurs first, if: 1) the Insured Person has incurred Covered Charges before the termination date; and 2) any Hospital Confinement or Total Disability begins before the termination date. No further premium payment is required to qualify for this extension of benefits.

This provision will not apply if coverage under the Insured Person's Medical Plan terminates and the Medical Plan does not have a similar extension of benefits provision.

For purposes of this provision, "Total Disability/Totally Disabled" means that because of Injury or Sickness: 1) for a working Insured Person, he or she cannot actively perform all the duties of his or her regular occupation; and 2) for a non-working Insured Person, he or she cannot regularly perform the normal activities of a person of like age and good health. The loss of a professional or occupational license for any reason does not, in itself, constitute Total Disability.

PREMIUMS

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

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed. If a change in the Medical Plan's Deductible, Coinsurance or Copayment changes the Company's risk under the Policy, premium rates may be changed as of the date the Company's risk changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid for Covered Charges during the grace period, any premium due and unpaid for the Insured Person will 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 includes a copy of the Medical Plan's explanation of benefits.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately 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 Beneficiary.

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

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

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

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

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

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

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

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

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 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 the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

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 or, if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured or, if the Insured designates, 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 and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

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

Misstatement of Age. If the age of an Insured Person has been misstated, the Company will make an equitable adjustment of premiums. The Company will refund to the Insured any excess premium paid over the amount due for the correct benefit amount. The Company will request payment for any overdue premium for the correct benefit amount. If the misstatement is discovered after a benefit is due and payable, the Company will reduce or increase the benefit amount payable by the amount of excess or overdue premium due to the misstatement. If an Insured Person is not eligible for coverage because of age, the Company will refund all premiums paid on and/or after the date the Insured Person was no longer eligible.

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



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

{POLICY NUMBER:} {Policy Number}}
{POLICYHOLDER:} {"ABC" Employer}}
{POLICY EFFECTIVE DATE:} {Month Day, Year}}
{POLICY ANNIVERSARY DATE:} {Month Day, Year and each Month Day thereafter}}

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

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

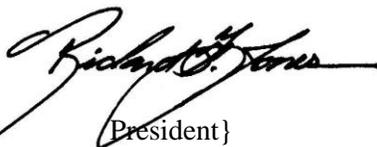
All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

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

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

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

FIDELITY SECURITY LIFE INSURANCE COMPANY

{

President}

{

Secretary}

**GROUP SUPPLEMENTAL MEDICAL EXPENSE INSURANCE CERTIFICATE
FOR HOSPITAL CONFINEMENT
THIS IS A LIMITED BENEFIT CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
*Please read the Certificate carefully.***

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DEFINITIONS

Accident means an event occurring by chance or unintentionally after the Insured Person's Effective Date of coverage. An Accident must be independent of any Sickness.

Benefit Period means the period of time when benefits are payable. Unless stated otherwise in the Schedule of Benefits, a Benefit Period is a Calendar Year.

Benefit Period Deductible means the amount of expenses incurred each Benefit Period for Covered Charges that an Insured Person must pay before benefits will be payable under the Policy. The Benefit Period Deductible is shown in the Schedule of Benefits.

Calendar Year means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.

Coinsurance/Copayment means that dollar amount of covered expenses, other than the Deductible, not payable under the Insured Person's Medical Plan.

Company means Fidelity Security Life Insurance Company.

Complications of Pregnancy means:

1. Hospital Confinement required to treat conditions, such as the following, in a pregnant female: 1) acute nephritis; 2) nephrosis; 3) cardiac decompensation; 4) HELLP syndrome; 5) uterine rupture; 6) amniotic fluid embolism; 7) chorioamnionitis; 8) fatty liver in pregnancy; 9) septic abortion; 10) placenta accreta; 11) gestational hypertension; 12) puerperal sepsis; 13) peripartum cardiomyopathy; 14) cholestasis in pregnancy; 15) thrombocytopenia in pregnancy; 16) placenta previa; 17) placental abruption; 18) acute cholecystitis and pancreatitis in pregnancy; 19) postpartum hemorrhage; 20) septic pelvic thrombophlebitis; 21) retained placenta; 22) venous air embolus associated with pregnancy; 23) miscarriage; or 24) an emergency cesarean section required because of: a) fetal or maternal distress during labor, or b) severe pre-eclampsia, or c) arrest of descent or dilation; d) obstruction of the birth canal by fibroids or ovarian tumors, or e) necessary because of the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that, in the absence of immediate medical attention, will result in placing the life of the mother or fetus in jeopardy. For purposes of this paragraph, a cesarean section delivery is not considered to be an emergency cesarean section if it is merely for the convenience of the patient and/or doctor or solely due to a previous cesarean section.
2. Treatment, diagnosis or care for conditions, including the following, in a pregnant female when the condition was caused by, necessary because of, or aggravated by the pregnancy: 1) hyperthyroidism; 2) hepatitis B or C; 3) HIV; 4) Human papilloma virus; 5) abnormal PAP; 6) syphilis; 7) chlamydia; 8) herpes; 9) urinary tract infections; 10) thromboembolism; 11) appendicitis; 12) hypothyroidism; 13) pulmonary embolism; 14) sickle-cell disease; 15) tuberculosis; 16) migraine headaches; 17) depression; 18) acute myocarditis; 19) asthma; 20) maternal cytomegalovirus; 21) utrolithiasis; 22) DVT prophylaxis; 23) ovarian dermoid tumors; 24) biliary atresia and/or cirrhosis; 25) first trimester adnexal mass; 26) hydatidiform mole; or 27) ectopic pregnancy.

Confined/Confinement means the Insured Person is a bed patient or under Observation Care in a Hospital for a minimum of {15 – 23} consecutive hours.

Covered Charges means Expenses Incurred that are payable under both the Policy and the Insured Person's Medical Plan. Expenses that are excluded under either the Policy or the Insured Person's Medical Plan are not Covered Charges. Covered Charges are limited to the Deductible, Copayment and Coinsurance amount that the Insured Person is required to pay under the Insured Person's Medical Plan.

Deductible means the dollar amount of Deductible that applies to all the covered expenses under the Insured Person's Medical Plan.

{Dependent} means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student)}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least 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. The term "spouse", wherever used, will include a Domestic Partner. }

Durable Medical Equipment means medical equipment used in the course of treatment or home care, including, but not limited to crutches, braces, trusses, renal dialysis equipment, wheelchairs, walkers, hospital beds, traction equipment and prostheses. Durable Medical Equipment must be Medically Necessary and prescribed by a Physician.

Durable Medical Equipment does not include adjustments to vehicles, air conditioners, dehumidifiers, humidifiers, elevators, stair gliders, exercise equipment, handrails, improvements made to a residence or place of business, ramps, telephones, whirlpool baths and other equipment which has both a non-therapeutic and therapeutic use.

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Insured's Certificate. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

{Employee} means a person employed by the Policyholder {and meeting the minimum hourly requirements shown in the Policyholder's application.} If the Employer is a proprietorship or partnership, the individual proprietor or each of the partners is an Employee only if engaged in the regular business of the Employer for the minimum hourly requirement shown in the Policyholder's application. No director of a corporate Employer is an Employee solely because of such directorship. {Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.}

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

Expenses Incurred means the charge made for a service or supply that is given to an Insured Person due to an Injury or Sickness. The Expense Incurred must be Medically Necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service or supply that causes the expense or charge is given or obtained.

Home Office means the Company's office located at {3130 Broadway, Kansas City, Missouri, 64111-2406}.

Hospital means an institution that meets all the following requirements:

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

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

Immediate Family means an Insured Person or an Insured Person's spouse, {Domestic Partner,} parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

Injury means bodily Injury sustained by an Insured Person that occurs while the Policy is in force. All Injuries sustained by an Insured Person in any one Accident are considered a single Injury.

Inpatient means the Insured Person is Confined in a Hospital.

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

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

Medicaid means the health insurance programs under Title XIX of the Social Security Act Amendments of 1965 as then constituted or later amended, or a successor government sponsored program.

Medical Plan means any major medical plan or comprehensive medical plan that requires the Insured Person to pay a Deductible, Copayment and/or portion of Coinsurance. Medical Plan includes, but is not limited to, group or blanket insurance plans; group Blue Cross, Blue Shield, or other group prepayment coverage plans; coverage under labor-management trusteed plans, union welfare plans, employer organizational plans, employee benefit organizational plans, self-funded plans, or other arrangements of benefits for persons of a group. Medical Plan does not include limited medical plans, Medicare, Medicaid, CHAMPUS or TRICARE.

Medically Necessary means that a service or supply is necessary and appropriate for the diagnosis or treatment of a Sickness or Injury based on generally accepted current medical practice. A service or supply will not be considered Medically Necessary if:

1. it is provided only as a convenience to the Insured Person or provider;
2. it is not appropriate treatment for the Insured Person's diagnosis or symptoms;
3. it exceeds (in scope, duration or intensity) that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment; or
4. it is part of a plan of treatment that is experimental, unproven or related to a research protocol.

The fact that a Physician may prescribe, order, recommend or approve a service or supply does not, of itself, make the service or supply Medically Necessary.

Medicare means the health insurance programs under Title XVIII of the Social Security Act Amendments of 1965 as then constituted or later amended, or a successor government sponsored program.

Observation Care means the evaluation and short-term treatment provided to patients in a Hospital for assessment and reassessments to determine if Hospital admittance or discharge is appropriate.

Outpatient means the Insured Person is not Confined in a Hospital.

Policyholder means the Employer in whose name the Policy is issued, as shown in the Schedule of Benefits.

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

Pregnancy means a Pregnancy which is terminated by childbirth, other than an elective cesarean section or an elective abortion.

Schedule of Benefits means the page which gives basic information about the Certificate. It includes such important items as the Policy Number, Effective Date and the Insured Persons.

Sickness means a disease or illness, or more than one disease or illness, resulting from the same or related causes or conditions, including all complications thereof and all related conditions and recurrences resulting in medical expenses insured under the Policy or otherwise resulting in a claim for benefits while the Policy is in force with respect to the Insured Person for whom the claim is made. Sickness includes Pregnancy and Complications of Pregnancy.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. To be eligible, the Insured must be covered under a Medical Plan. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Schedule of Benefits} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form}, subject to approval of the Insured's individual enrollment form and payment of the first premium.

{Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application and is covered under a Medical Plan. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Schedule of Benefits} {first day of the month} {15th of the month} {date of receipt of the Dependent's individual enrollment form}, subject to approval of the Dependent's individual enrollment form and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child will be effective from the moment of birth and will continue until the next premium due date or 90 days, whichever is later. Coverage under the Policy for an adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60 days, whichever is later. After the premium due date, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for a Hospital Confinement due to Injury, Sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date. }

{Late Enrollees. If the Insured does not apply for coverage on the Insured's initial eligibility date, the Insured may not apply for coverage for the Insured {and/or any of the Insured's Dependents} until the next Policy Anniversary Date, as shown in the Schedule of Benefits. }

INPATIENT BENEFITS

The following benefits are payable if the Insured Person is covered by a Medical Plan when the Covered Charges are incurred. Each benefit is subject to the terms, conditions, limitations, exclusions, Benefit Period Deductible, if applicable and benefit maximums as described herein.

Hospital Confinement. Benefits are payable for Covered Charges if the Insured Person is Hospital Confined due to an Injury or Sickness, the Insured Person is under the regular care and attendance of a Physician and the expenses are covered by the Insured Person's Medical Plan. Hospital Confinement is payable for Covered Charges for the Insured Person's newborn children from the moment of birth until discharged from the Hospital if the expenses are covered by the Insured Person's Medical Plan. Covered Charges are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits. Hospital Confinement must begin after the Insured Person's Effective Date.

Emergency Room. Benefits are payable for Covered Charges for treatment in a Hospital emergency room if the Insured Person is Hospital Confined within 24 hours of the Hospital emergency room treatment. Covered Charges for Emergency Room treatment are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits.

Durable Medical Equipment. Benefits are payable for Covered Charges for Durable Medical Equipment received by the Insured Person while Hospital Confined. Covered Charges for Durable Medical Equipment are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits.

Ambulance. Benefits are payable for Covered Charges if an Insured Person requires ambulance transportation to a Hospital for an Injury or Sickness, and the Insured Person is Hospital Confined within 24 hours of being transported to the Hospital. Covered Charges for ambulance transportation are subject to the In-Hospital Maximum Benefit shown in the Schedule of Benefits.

LIMITATIONS AND EXCLUSIONS

Limitations

Medical Plan. If an Insured Person did not have a Medical Plan on the Insured Person's Effective Date under the Policy, the Company's sole obligation will then be to refund all premiums paid for that Insured Person.

Exclusions

The Policy does not provide any benefits for the following:

1. any Expenses Incurred during any period the Insured Person does not have coverage under a Medical Plan;
2. any expenses which are not Medically Necessary;
3. war, declared or undeclared;
4. suicide or any attempt thereat, while sane or insane;
5. any intentionally self-inflicted Injury or Sickness, while sane or insane;
6. any loss while the Insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person pro rata any premium paid, less any benefits paid, for any period during which the Insured Person is in such service;
7. any expense for which there is no legal obligation to pay, no charge is made or in the absence of coverage, no charge would be made;
8. drugs or medicines, except medicines prescribed and taken while Hospital Confined;
9. dental or vision services unless:
 - a. resulting from an Injury occurring while the Insured Person's coverage under the Policy is in force; or
 - b. due to congenital disease or anomaly of a Dependent newborn child;
10. mental illness or functional or organic nervous disorders, regardless of the cause;

11. treatment of alcoholism, drug addiction or complications thereof;
12. any Injury that occurs while an Insured Person has been determined to be intoxicated:
 - a. by judicial or administrative judgment or order;
 - b. by evidence of an alcohol concentration in the Insured Person's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or
 - c. by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage;

and the use of such substance was a proximate cause of the Injury;
13. any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including, but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during the course of a routine physical examination or checkup;
14. Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law or similar legislation, or if the Policyholder opts out of such requirements, any similar coverage purchased or self-funded by the Policyholder to cover work-related Injuries or Sicknesses;
15. any loss for which the Insured Person is not required to pay a Deductible, Copayment and/or Coinsurance under the Insured Person's Medical Plan;
16. any expense for which benefits are excluded under the Insured Person's Medical Plan; or
17. an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination;
2. any date on or after the date the Company receives the Policyholder's written request for termination;
3. the next premium due date following the date the Policyholder's number of covered employees falls below the Company's guidelines; or
4. the date the Medical Plan is modified, changed or terminated.

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

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim;
4. {the first day of the month following} the date the Insured is no longer an Employee of the Policyholder;
5. {for retirees, the date the Insured attains age 65;} or
6. the date the Insured's Medical Plan terminates.

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

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;

5. {the date the Insured's spouse attains age 65;}
6. the date the Dependent's coverage under the Medical Plan terminates; or
7. the date the Policy is modified to exclude Dependent coverage.}

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

{Dependent Continuation of Coverage. In the event of an Insured's death {or attainment of age 65}, all rights and privileges as an Insured under the Policy will transfer to the Insured's Dependent spouse who will become the Insured. Premiums for the insurance which continues will be adjusted to the attained age and gender of the Dependent spouse. }

Extension of Benefits. This provision applies if an Insured Person is Hospital Confined or Totally Disabled on the termination date of the Policy, unless termination is due to nonpayment of premiums. The Company will pay the same benefits for the duration of any Hospital Confinement, Total Disability or 90 days thereafter, whichever occurs first, if: 1) the Insured Person has incurred Covered Charges before the termination date; and 2) any Hospital Confinement or Total Disability begins before the termination date. No further premium payment is required to qualify for this extension of benefits.

This provision will not apply if coverage under the Insured Person's Medical Plan terminates and the Medical Plan does not have a similar extension of benefits provision.

For purposes of this provision, "Total Disability/Totally Disabled" means that because of Injury or Sickness: 1) for a working Insured Person, he or she cannot actively perform all the duties of his or her regular occupation; and 2) for a non-working Insured Person, he or she cannot regularly perform the normal activities of a person of like age and good health. The loss of a professional or occupational license for any reason does not, in itself, constitute Total Disability.

PREMIUMS

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

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed. If a change in the Medical Plan's Deductible, Coinsurance or Copayment changes the Company's risk under the Policy, premium rates may be changed as of the date the Company's risk changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid for Covered Charges during the grace period, any premium due and unpaid for the Insured Person will 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 includes a copy of the Medical Plan's explanation of benefits.

Time Payment of Claims. Any benefit payable under the Policy will be paid immediately 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 Beneficiary.

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

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

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

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

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

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

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

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders of the Policy, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

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 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 the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

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 or, if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured or, if the Insured designates, 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 and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

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

Misstatement of Age. If the age of an Insured Person has been misstated, the Company will make an equitable adjustment of premiums. The Company will refund to the Insured any excess premium paid over the amount due for the correct benefit amount. The Company will request payment for any overdue premium for the correct benefit amount. If the misstatement is discovered after a benefit is due and payable, the Company will reduce or increase the benefit amount payable by the amount of excess or overdue premium due to the misstatement. If an Insured Person is not eligible for coverage because of age, the Company will refund all premiums paid on and/or after the date the Insured Person was no longer eligible.

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

Policy Number: {Policy Number}

Policyholder: {"ABC" Employer}

Policy Effective Date: {Month Day, Year}

Policy Anniversary Date: {Month Day, Year} and each {Month Day} thereafter

{Benefit Period: {Month Day – Month Day}}

{Insured: {John Doe}}

{Effective Date: {MM/DD/YYYY}}

{Dependents: {Spouse, Jane Doe}}

{Insured Person: {All Employees in an eligible class}
{All eligible Dependents, if elected}

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

Benefit Period Deductible:

Applies **Does Not Apply**

{Benefit Period Deductible (Traditional)}

per Insured Person
{per family*

{\$100 - \$5,000}
{2 -3} times the per Insured Person Benefit Period
Deductible

* The “per family” Benefit Period Deductible may be satisfied by one or more Insured Persons. Benefits for an Insured Person will be payable after the Insured Person has met the “per Insured Person Benefit Period Deductible or after the “per family” Benefit Period Deductible has been met, whichever occurs first. }

Benefit Period Deductible applies to: Inpatient and Outpatient Benefits Outpatient Benefits Only

Benefit Period Deductible is waived for Accidents: Yes No }

{Benefit Period Deductible (High Deductible –Non- HSA Compatible) *

Employee Only
family

{\$1,000 - \$5,000}
{\$2,000 - \$10,000}

* If more than one person is covered under the Employee’s Certificate, the “family” Benefit Period Deductible must be satisfied before any benefits are payable for an Insured Person. The “family” Benefit Period Deductible may be satisfied by one or more Insured Persons.

Benefit Period Deductible applies to: Inpatient and Outpatient Benefits Outpatient Benefits Only

Benefit Period Deductible is waived for Accidents: Yes No }

{Benefit Period Deductible (High Deductible – HSA Compatible) *

Employee Only
family

{\$1,000 - \$5,000}
{\$2,000 - \$10,000}

* If more than one person is covered under the Employee’s Certificate, the “family” Benefit Period Deductible must be satisfied before any benefits are payable for an Insured Person. The “family” Benefit Period Deductible may be satisfied by one or more Insured Persons.

Benefit Period Deductible applies to: Inpatient and Outpatient Benefits }

Benefit

Benefit Amount

In-Hospital Maximum Benefit

per Insured Person, per Benefit Period

up to {\$500 – \$15,000}

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

Benefit

{Outpatient Maximum Benefit

per Insured Person, per Benefit Period
per family, per Benefit Period

{Outpatient Physician Office Visit Maximum Benefit

per family, per Benefit Period

Benefit Amount

{ Applies Does Not Apply}

up to {20% - 70%} of the In-Hospital Maximum Benefit
{2 - 3} times the per Insured Person Outpatient Maximum
Benefit}

{ Applies Does Not Apply}

up to {\$10 - \$150} per Physician office visit up to a
maximum of {8 - 12} Physician office visits

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

Application For Group Supplemental Medical Expense Insurance {Marketing Name}

Underwritten by Fidelity Security Life Insurance Company (FSL), 3130 Broadway, Kansas City, Missouri 64111 Policy No. { }

1 GROUP INFORMATION:

Group Name: _____ Tax ID #: _____
DBA Name (if other than above): _____
Business Address: _____ City: _____ State: _____ ZIP: _____
Mailing Address: _____ City: _____ State: _____ ZIP: _____
{Correspondent}{Primary Contact}: _____ Title: _____
Phone Number: (____) _____ Fax Number: (____) _____
E-Mail Address: _____
Type of Business: Proprietorship Corporation Union Other (Specify): _____
Will this plan replace any existing supplemental medical expense coverage? Yes No
If "Yes", name of existing insurer: _____

2 CONTRIBUTIONS

Insurance shall be:
Employee/Member Only Cost: _____ % Employer Contribution _____ % Employee Contribution
Dependent Cost: _____ % Employer Contribution _____ % Employee Contribution

3 BILLING METHOD

Monthly List Bill (minimum 3 Employees/Members)
 Monthly Credit Card
 Monthly Electronic Funds Transfer
{Direct Bill: Quarterly Semi-annual Annual (1-2 Employees/Members)}
{(First Modal Premium is due at time of application.)}

Billing Information:

Mailing/Billing Address: _____

Are multiple billings required? Yes No If "Yes," attach a list of each location and their physical address. (NOTE: Agent must be licensed and appointed in each state.)

Mail Premium Notice to: Group Third Party Payor*

Third Party Payor:*

Mailing Address: _____

Contact Person/Title: _____

**Third Party Payor is acting on behalf of the Group and not FSL. Premiums paid by the Group to a Third Party Payor will be deemed to constitute payment to FSL to the extent that such payment is actually received by FSL.*

Copy Agent in on all correspondence? Yes No If "No," all correspondence will be handled directly with the Group.

4 ELIGIBILITY:

Total number of Employees/Members: _____

{Are retirees to be covered? Yes No

Include retirees who retire before Age 65? Yes No

If "Yes" to either, number of retirees eligible for this plan: _____ }

Number of Employees/Members eligible for this plan: _____

Number of Employees/Members participating: _____

{Eligible Employees includes owners, partners, and executive officers {and retirees who retire prior to age 65} {eligible Members includes all Members}

{Number of Employees/Members and Dependents on COBRA or State Continuation: _____ }

Are Dependents covered under this Plan? Yes No

Are Domestic Partners covered under this Plan? Yes No

{Number of Dependents to be covered: _____

Dependent Children covered to age*: { 19 } { 23 } 26** Other _____

Dependent Children covered if a full-time student? Yes No

If "Yes," Dependent full-time students covered to age*: { 23 } { 25 } 26** 27 Other _____

**Unless state law has different requirements.*

***Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.*

5 PLAN INFORMATION

{Plan I: \$ _____} {Plan II: \$ _____}

Benefit Period _____ through _____
Month Day Month Day

Benefit Period Deductible Applies: Yes No

Traditional Deductible Option (per Benefit Period):

Per Person*, { \$100 } { \$250 } { \$500 } { \$1,000 } { \$1,500 } { \$2,000 }
{ \$2,500 } { \$3,000 } { \$3,500 } { \$4,000 } { \$4,500 } { \$100 - \$5,000 }

*Family Benefit Period Deductible applies: Yes No

If "Yes" { 2 } { 3 } times the per person Benefit Period Deductible

Benefit Period Deductible: Applies to: Inpatient and Outpatient Benefits Outpatient Benefits Only
Is waived for Accidents: Yes No

High Deductible Compatible (Non-HSA Compatible) Option (per Benefit Period):

Employee/Member Only* { \$1,000 } { \$1,250 } { \$1,500 } { \$2,000 } { \$2,500 } { \$3,000 } { \$3,500 }
{ \$4,000 } { \$4,500 } { \$1,000 - \$5,000 }

Family Coverage* 2 times the Employee/Member Benefit Period Deductible Other _____

Benefit Period Deductible: Applies to: Inpatient and Outpatient Benefits Outpatient Benefits Only
Is waived for Accidents: Yes No

High Deductible Compatible (HSA Compatible) Option (per Benefit Period):

Employee/Member Only* { \$1,000 } { \$1,250 } { \$1,500 } { \$2,000 } { \$2,500 } { \$3,000 } { \$3,500 }
{ \$4,000 } { \$4,500 } { \$1,000 - \$5,000 }

Family Coverage* 2 times the Employee/Member Benefit Period Deductible Other _____

Benefit Period Deductible: Applies to: Inpatient and Outpatient Benefits

* If more than one person is covered under the Insured's Certificate, the Family Benefit Period Deductible must be satisfied. }

In-Hospital Maximum Benefit Amount (per person):

{ \$500 } { \$750 } { \$1,000 } { \$1,250 } { \$1,500 } { \$1,750 } { \$2,000 } { \$2,500 }
{ \$3,000 } { \$3,500 } { \$4,000 } { \$4,500 } { \$5,000 } { \$5,500 } { \$6,000 } { \$6,500 }
{ \$7,000 } { \$7,500 } { \$8,000 } { \$8,500 } { \$9,000 } { \$9,500 } { \$10,000 } { \$10,500 }
{ \$11,000 } { \$11,500 } { \$12,000 } { \$12,500 } { \$13,000 } { \$13,500 } { \$14,000 } { \$14,500 }
{ \$15,000 } { \$500 - \$15,000 }

{Outpatient Maximum Benefit Amount:

Outpatient Benefit Rider (percentage of the In-Hospital Benefit Amount)

Per Person Maximum { 20% } { 30% } { 40% } { 50% } { 60% } { 70% }

Per Family Maximum 2 times or 3 times Per Person Maximum.

Outpatient Physician Office Visit Maximum Benefit (per family)

\$10-\$150 per visit up to a maximum of {8-12} visits per Benefit Period

\$10-\$150 per visit up to a maximum of {8-12} visits per Benefit Period }

{Requested effective date for Group: _____}

{New Employees/Members are eligible the first of the month following employment/membership.}

{I understand that requests submitted to FSL for individual Employee/Member cancellation of coverage and return of premium, if any, must be signed by the Employee/Member.}

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

Signature of Group _____ Title _____ Date _____

Contact Person _____ Daytime Telephone No. _____

PRODUCER INFORMATION:

Writing Producer Name _____

Producer Address _____

{E-Mail Address _____}

Tax ID No. (If none, Social Security No.) _____

Commission Paid To _____

Are you appointed with Fidelity Security Life Insurance Company? Yes No
If "No," contact Fidelity Security Life Insurance Company immediately regarding appointment.

{FRAUD WARNING NOTICE

{For residents of all states (except the following:)}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.}
{Alabama}	{Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.}
{Arkansas} {Louisiana} {Rhode Island} {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.}
{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 of 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.}
{Maine}	{It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
{Maryland}	{Any person who knowingly {and} {or} willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly {and} {or} willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Nebraska}	{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 materially false or deceptive statement is 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.}
{North Carolina}	{Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.}
{Oklahoma}	{WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.}
{Oregon} {Texas} {Vermont}	{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.}
{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.}
{Tennessee} {Virginia} {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 include imprisonment, fines and denial of insurance benefits.}

{FRAUD WARNING NOTICE

{For residents of all states (except the following:)}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.}
{Alabama}	{Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.}
{Arkansas} {Louisiana} {Rhode Island} {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.}
{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 of 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.}
{Maine}	{It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
{Maryland}	{Any person who knowingly {and} {or} willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly {and} {or} willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Nebraska}	{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 materially false or deceptive statement is 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.}
{North Carolina}	{Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.}
{Oklahoma}	{WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.}
{Oregon} {Texas} {Vermont}	{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.}
{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.}
{Tennessee} {Virginia} {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 include imprisonment, fines and denial of insurance benefits.}



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

OUTPATIENT BENEFIT RIDER

By attachment of this Rider, the {Policy}{/}{Certificate} is amended by the following:

OUTPATIENT BENEFITS

Outpatient. Benefits are payable for Covered Charges for Outpatient treatment due to an Injury or Sickness. Covered Charges are subject to the Outpatient Maximum Benefit shown in the Schedule of Benefits. Covered Charges must begin after the Insured Person's Effective Date.

This benefit does not include any expenses incurred for an examination of an Insured Person by a Physician in the Physician's office or Urgent Care Facility.

For this Benefit, "Urgent Care Facility" means a facility that provides ambulatory medical treatment for walk-in patients for Sickness and Injury, and includes on-site diagnostic services, including x-rays and phlebotomy services. It does not include a Hospital emergency room.

Emergency Room. Benefits are payable for Covered Charges for treatment in a Hospital emergency room if the Insured Person is not Hospital Confined within 24 hours of the Hospital emergency room treatment. Covered Charges for Emergency Room treatment are subject to the Outpatient Maximum Benefit shown in the Schedule of Benefits.

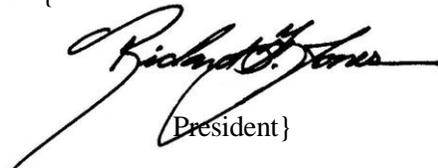
Durable Medical Equipment. Benefits are payable for Covered Charges for Outpatient Durable Medical Equipment received by the Insured Person. Covered Charges for Durable Medical Equipment are subject to the Outpatient Maximum Benefit shown in the Schedule of Benefits.

Ambulance. Benefits are payable for Covered Charges if an Insured Person requires ambulance transportation to a Hospital for an Injury or Sickness, and the Insured Person is not Hospital Confined within 24 hours of being transported to the Hospital. Covered Charges for ambulance transportation are subject to the Outpatient Maximum Benefit shown in the Schedule of Benefits.

The Outpatient benefits are in lieu of any Inpatient benefit in the {Policy}{/}{Certificate}.

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}



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

OUTPATIENT PHYSICIAN OFFICE VISIT BENEFIT RIDER

By attachment of this Rider, the {Policy}{/}{Certificate} is amended by the following:

Outpatient Physician Office Visit. Benefits are payable for Covered Charges for an Injury or Sickness for an examination of the Insured Person by a Physician in the Physician's office or Urgent Care Facility. Covered Charges are subject to the Outpatient Physician Office Visit Maximum Benefit shown in the Schedule of Benefits. Benefits are not payable for any other service or supply provided in the Physician's Office or Urgent Care Facility, including, but not limited to, charges for x-rays and laboratory services.

The Outpatient Physician Office Visit benefit is not subject to the Benefit Period Deductible.

For this Benefit, "Urgent Care Facility" means a facility that provides ambulatory medical treatment for walk-in patients for Sickness and Injury, and includes on-site diagnostic services, including x-rays and phlebotomy services. It does not include a Hospital emergency room.

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}

SERFF Tracking #:

FDLT-128766417

State Tracking #:**Company Tracking #:**

M-9134

State:

Arkansas

Filing Company:

Fidelity Security Life Insurance Company

TOI/Sub-TOI:

H15G Group Health - Hospital/Surgical/Medical Expense/H15G.001 Any Size Group

Product Name:

Group Supplemental Medical Expense Insurance

Project Name/Number:

Group Supplemental Medical Expense Insurance/M-9134

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/15/2012
Comments:	See attached.		
Attachment(s):			
M-9134AR Readability Certification.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	11/15/2012
Comments:	The Application and Enrollment form are attached to the Form Schedule tab.		

		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	11/15/2012
Bypass Reason:	Not Applicable.		

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variables	Approved-Closed	11/15/2012
Comments:	See attached.		
Attachment(s):			
M-9134AR Statement of Variables.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.

* M-9134AR
C-9134AR
S-9134
R-02997
R-02998
A-01149
A-01150

Combined = 61.30



Martha E. Madden
Vice President and General Counsel

November 12, 2012

Date

Explanation of Variables
Forms M-9134AR, C-9134AR, S-9134, R-02997, R-02998, A-01149, A-01150

POLICY – M-9134AR

Cover Page:	
Policy Number	Number assigned to the Policy by the Company.
Policyholder	Policyholder's Name.
Policy Effective Date	Effective Date of the Policy.
Policy Anniversary Date	Anniversary Date of the Policy.
any premium due date the first day of any month any date	One option as elected by the Company and/or the Policyholder.
30-90	Number of days for termination notice within the range shown.
President Secretary	Signature of the President and Secretary at the time of issue.
DEFINITIONS	
Confined/Confinement	
15 – 23	The number of hours will be within the range shown.
Dependent or Domestic Partner 2. the child or children of the Insured or the Insured's spouse who are under 26 years of age 3. the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under 19-27 years of age (21-27 years of age if a full-time student) grandchild, Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.	The definition will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Domestic Partners may or may not be covered as elected by the Policyholder. Either item 2 or item 3 will be included for Dependent Children depending upon whether or not the Policyholder elects to cover Dependent Children to age 26 without restrictions or elects to cover Dependent Children to a certain age and may or may not elect to cover Dependent Children who are students. If Dependent Children who are students are covered, the definition of Full-time will be included. The ages for Dependent Children are within the range shown.
Domestic Partner	The definition will be in or out depending upon whether or not the Policyholder elects to cover Domestic Partners.
Employee and meeting the minimum hourly requirements shown in the Policyholder's application. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.	The minimum hourly requirement and retirees are in or out depending upon the eligibility requirements of the Policyholder. Retirees may be in or out as elected by the Policyholder and/or the Company.
Employer and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application	Divisions, subsidiary and affiliate companies may or may not be included in the definition as elected by the Company. In or out as elected by the Company
Home Office 3130 Broadway, Kansas City, Missouri, 64111-2406	The address may be changed if the Company moves its office.
Immediate Family Domestic Partner,	In or out depending upon whether the Policyholder elects to cover Domestic Partners
Insured Person either or Dependent	In or out depending upon whether or not Dependent coverage is elected by the Policyholder.

ELIGIBILITY AND EFFECTIVE DATE	
Insured Eligibility and Effective Date first day of the month following the Insured's date of hire date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Insured's individual enrollment form	Only one option will be used as elected by the Policyholder and/or the Company.
Dependent Eligibility and Effective Date/Newborn and Adopted Children Eligibility and Effective Date first day of the month following the date the Dependent first became eligible date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Dependent's individual enrollment form	The provision will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Only one option will be used as elected by the Policyholder and/or the Company.
Late Enrollees and/or any of the Insured's Dependents	The provision will be in or out depending upon the eligibility requirements of the Policyholder and/or the Company. Reference to Dependents will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder.
TERMINATION OF INSURANCE	
Termination of the Policy any premium due date the first day of any month any date 30-90	For item 1, only one option will be used when the Policy will terminate as elected by the Policyholder and/or the Company. The time frame for notifying the Policyholder is within the range shown as elected by the Policyholder and/or the Company.
Termination of Insured's Coverage under the Policy the first day of the month following for retirees, the date the Insured attains age 65	Item 4 is in or out to allow coverage to continue through the end of the month if elected by the Policyholder and/or the Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements include coverage for retirees to age 65.
Termination of Dependent's Coverage under the Policy the date the Insured's spouse attains age 65 of any Insured Person	This provision is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements includes coverage for a spouse to age 65. This statement is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or Company.
Dependent Continuation of Coverage or attainment of age 65	This provision is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or the Company. In or out depending upon whether or not the Policyholder's eligibility requirements include coverage for a spouse to age 65.
PREMIUMS	
The initial premium rates are shown in the Policyholder's application.	In or out as elected by the Company
Premium Changes on or after the first Policy Anniversary Date 31 – 120	The phrase is in or out as elected by the Company. The number of days within the range shown that notice of a premium change will be provided to the Policyholder.
CLAIM PROVISIONS	
Notice of Claim at 3130 Broadway, Kansas City, Missouri 64111	The address may be changed if the Company moves its office.
Payment of Claims , unless assigned	In or out depending upon whether or not benefits can be assigned
Assignment not	In or out depending upon whether or not benefits can be assigned.

CERTIFICATE – C-9134AR

Cover Page:	
Policy Number	Number assigned to the Policy by the Company.
Policyholder	Policyholder's Name.
Policy Effective Date	Effective Date of the Policy.
Policy Anniversary Date	Anniversary Date of the Policy.
above	In or out dependent on whether the information is listed above or in the Schedule Page
President Secretary	Signature of the President and Secretary at the time of issue.
Policy Number	In or out dependent on whether the Policy Number is listed above.
DEFINITIONS	
Confined/Confinement	
15 – 23	The number of hours will be within the range shown.
Dependent or Domestic Partner 2. the child or children of the Insured or the Insured's spouse who are under 26 years of age 3. the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under 19-27 years of age (21-27 years of age if a full-time student) grandchild, Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.	The definition will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Domestic Partners may or may not be covered as elected by the Policyholder. Either item 2 or item 3 will be included for Dependent Children depending upon whether or not the Policyholder elects to cover Dependent Children to age 26 without restrictions or elects to cover Dependent Children to a certain age and may or may not elect to cover Dependent Children who are students. If Dependent Children who are students are covered, the definition of Full-time will be included. The ages for Dependent Children are within the range shown.
Domestic Partner	The definition will be in or out depending upon whether or not the Policyholder elects to cover Domestic Partners.
Employee and meeting the minimum hourly requirements shown in the Policyholder's application. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.	The minimum hourly requirement and retirees are in or out depending upon the eligibility requirements of the Policyholder. Retirees may be in or out as elected by the Policyholder and/or the Company.
Employer and includes any division, subsidiary or affiliated company wholly owned by the Policyholder and named in the Policyholder's application	Divisions, subsidiary and affiliate companies may or may not be included in the definition as elected by the Company. In or out as elected by the Company
Home Office 3130 Broadway, Kansas City, Missouri, 64111-2406	The address may be changed if the Company moves its office.
Immediate Family Domestic Partner,	In or out depending upon whether the Policyholder elects to cover Domestic Partners
Insured Person either or Dependent	In or out depending upon whether or not Dependent coverage is elected by the Policyholder.

ELIGIBILITY AND EFFECTIVE DATE	
Insured Eligibility and Effective Date first day of the month following the Insured's date of hire date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Insured's individual enrollment form	Only one option will be used as elected by the Policyholder and/or the Company.
Dependent Eligibility and Effective Date/Newborn and Adopted Children Eligibility and Effective Date first day of the month following the date the Dependent first became eligible date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Dependent's individual enrollment form	The provision will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Only one option will be used as elected by the Policyholder and/or the Company.
Late Enrollees and/or any of the Insured's Dependents	The provision will be in or out depending upon the eligibility requirements of the Policyholder and/or the Company. Reference to Dependents will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder.
TERMINATION OF INSURANCE	
Termination of the Policy any premium due date the first day of any month any date 30-90	For item 1, only one option will be used when the Policy will terminate as elected by the Policyholder and/or the Company. The time frame for notifying the Policyholder is within the range shown as elected by the Policyholder and/or the Company.
Termination of Insured's Coverage under the Policy the first day of the month following for retirees, the date the Insured attains age 65	Item 4 is in or out to allow coverage to continue through the end of the month if elected by the Policyholder and/or the Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements include coverage for retirees to age 65.
Termination of Dependent's Coverage under the Policy the date the Insured's spouse attains age 65 of any Insured Person	This provision is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements includes coverage for a spouse to age 65. This statement is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or Company.
Termination of Dependent's Coverage under the Policy the date the Insured's spouse attains age 65	This provision is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements includes coverage for a spouse to age 65.
Dependent Continuation of Coverage or attainment of age 65	This provision is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or the Company. In or out depending upon whether or not the Policyholder's eligibility requirements include coverage for a spouse to age 65.
PREMIUMS	
The initial premium rates are shown in the Policyholder's application.	In or out as elected by the Company
Premium Changes on or after the first Policy Anniversary Date 31 – 120	The phrase is in or out as elected by the Company. The number of days within the range shown that notice of a premium change will be provided to the Policyholder.
CLAIM PROVISIONS	
Notice of Claim at 3130 Broadway, Kansas City, Missouri 64111	The address may be changed if the Company moves its office.

Payment of Claims , unless assigned	In or out depending upon whether or not benefits can be assigned
Assignment not	In or out depending upon whether or not benefits can be assigned.

SCHEDULE OF BENEFITS – S-9134

Policy Number	Number assigned to the Policy by the Company. The Policy Number will either appear at the top on the face page of the Certificate or in the Schedule of Benefits.
Policyholder	Policyholder's Name. The Policyholder's name will either appear on the face page of the Certificate or in the Schedule of Benefits.
Policy Effective Date	Effective Date of the Policy. The Policy Effective Date will either appear on the face page of the Certificate or in the Schedule of Benefits.
Policy Anniversary Date	Anniversary Date of the Policy. The Policy Anniversary Date will either appear on the face page of the Certificate or in the Schedule of Benefits.
Benefit Period	The 12-month period for which benefits are payable.
Insured, Dependents, Insured Person All Employees in an eligible class All eligible Dependents, if elected	Either the Insured's and Dependent's names (if Dependent coverage is elected) or the class of Insured Persons will be listed.
Effective Date	In or out depending upon whether or not the Insured's name or class of Insured Persons are listed.
Benefit Period Deductible (Traditional) per family* \$100 - \$5,000 2 -3	In or out depending upon whether the Policyholder elects a Traditional Benefit Period Deductible In or out dependent upon whether Dependent coverage is elected. The benefit amount will be within the range shown. In or out and within the range shown depending upon whether Dependent coverage is elected.
Benefit Period Deductible (High Deductible –Non- HSA Compatible) * \$1,000 - \$5,000 \$2,000 - \$10,000	In or out depending upon whether the Policyholder or the Company elects a High Deductible –Non-HSA Benefit Period Deductible. The benefit amount will be within the range shown. In or out and within the range shown depending upon whether Dependent coverage is elected.
Benefit Period Deductible (High Deductible – HSA Compatible) * \$1,000 - \$5,000 \$2,000 - \$10,000	In or out depending upon whether the Policyholder or the Company elects a High Deductible –HSA Compatible Benefit Period Deductible. The benefit amount will be within the range shown. In or out and within the range shown depending upon whether Dependent coverage is elected.
Benefit	
In-Hospital Maximum Benefit \$500 – \$15,000	The benefit amount will be within the range shown.
Outpatient Maximum Benefit <input type="checkbox"/> Applies <input type="checkbox"/> Does Not Apply 20% - 70% 2 – 3	In or out depending upon whether the Policyholder and the Company elects to include an Outpatient Maximum Benefit. If included in the Schedule of Benefits the applicable will be checked. The benefit amount will be within the range shown. In or out and within the range shown depending upon whether Dependent coverage is elected.

Outpatient Physician Office Visit Maximum Benefit <input type="checkbox"/> Applies <input type="checkbox"/> Does Not Apply \$10 - \$150 8 – 12	In or out depending upon whether the Policyholder and the Company elects to include an Outpatient Maximum Benefit. If included in the Schedule of Benefits the applicable will be checked. The benefit amount will be within the range shown. The number of Physician office visits will be within the range shown.
Date Prepared DD/MM/YYYY	In or out as elected by the Company or the Administrator. The date the Schedule is created for issue.

Outpatient Benefit Rider – R-02997

Policy/Certificate	One or both, depending on whether the Rider is added to the Policy only, the Certificate only, or both.
Later of the	In or Out depending on whether an effective date is used in addition to the Policy/Certificate effective date.
of the Policy/Certificate to which it is attached. shown in the Certificate Schedule	Either option is selected.
or Month Day, Year	In or Out depending on whether the Rider is added to an existing Policy/Certificate and has a later effective date.
President Secretary	Signature of the President and Secretary at the time of issue.
Policy Number	Policy Number assigned by the Company.

Outpatient Physician Office Visit Benefit Rider – R-02998

Policy/Certificate	One or both, depending on whether the Rider is added to the Policy only, the Certificate only, or both.
Later of the	In or Out depending on whether an effective date is used in addition to the Policy/Certificate effective date.
of the Policy/Certificate to which it is attached. shown in the Certificate Schedule	Either option is selected.
or Month Day, Year	In or Out depending on whether the Rider is added to an existing Policy/Certificate and has a later effective date.
President Secretary	Signature of the President and Secretary at the time of issue.
Policy Number	Policy Number assigned by the Company.

Application – A-01149

Marketing Name	This will be the program name selected by the marketer soliciting the coverage.
Policy No.	The Policy Number series assigned to the product by Fidelity Security Life Insurance Company.
Correspondent Primary Contact	Either option as elected by the Company and/or the Marketer.
BILLING METHOD <input type="checkbox"/> Monthly List Bill (minimum 3 Employees/Members) <input type="checkbox"/> Monthly Credit Card <input type="checkbox"/> Monthly Electronic Funds Transfer	One of the options shown as elected by the Company.
Direct Bill: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual (1-2 Employees/Members) (First Modal Premium is due at time of application.)	One of the options shown as elected by the Company. In or out as elected by the Company.
ELIGIBILITY: Are retirees to be covered? <input type="checkbox"/> Yes <input type="checkbox"/> No Include retirees who retire before Age 65? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" to either, number of retirees eligible for this plan:	In or out depending upon the type of group to whom this product is marketed.
<i>Eligible Employees includes owners, partners, and executive officers and retirees who retire prior to age 65 eligible Members includes all Members</i>	In or out depending on the type of Policyholder
Number of Employees/Members and Dependents on COBRA or State Continuation:	In or out depending on the type of Policyholder
Number of Dependents to be covered: Dependent Children covered to age*: <input type="checkbox"/> 19 <input type="checkbox"/> 23 <input type="checkbox"/> 26** Other Dependent Children covered if a full-time student?* <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," Dependent full-time students covered to age*: <input type="checkbox"/> 23 <input type="checkbox"/> 25 <input type="checkbox"/> 26** <input type="checkbox"/> 27 Other *Unless state law has different requirements. **Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.	Dependent information is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or the Company. The Dependent Children age options may all be included or only certain options as elected by the Company.
M-9134, M-9135, M-9136	The Policy Form Number of the policies with which this application may be used.
PLAN INFORMATION	This section will either reference the proposal page or will show benefit election options either as a plan or to allow the Policyholder to elect each benefit and benefit amount separately.
Requested effective date for Group:	In or out as elected by the Policyholder and/or the Company
New Employees/Members are eligible the first of the month following employment/membership.	In or out depending on the type of Policyholder
I understand that requests submitted to FSL for individual Employee/Member cancellation of coverage and return of premium, if any, must be signed by the Employee/Member.	In or out as elected by the Policyholder and/or the Company

I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for the Group's state of domicile. Place Fraud Statement here.	Either the sentence and fraud page is used or the state-specific fraud statement is placed above the signature as elected by the marketer and/or the Company.
PRODUCER INFORMATION	
E-Mail Address	In or out as elected by the Company.
FRAUD WARNING NOTICE	This page is in or out depending upon whether or not the marketer and/or the Company places the state-specific fraud statement above the signature or uses the fraud page.

Application – A-01150

Marketing Name	This will be the program name selected by the marketer soliciting the coverage.
Policy No.	The Policy Number series assigned to the product by Fidelity Security Life Insurance Company.
APPLICANT INFORMATION:	
Date of Hire	In or out as elected by the Company
Employee Member Employee Member & Spouse Employee Member & Child(ren) +1 Employee Member & Family	One of the options shown depending on the type of group and as elected by the Company. Dependent information is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or the Company.
Monthly Premium:	In or out as elected by the Company.
Requested Effective Date of Coverage/Change:	In or out as elected by the Company.
PLAN INFORMATION:	
As selected by the Group Plan I Plan Description Plan II Plan Description	One of the options shown.
I authorize my Employer to deduct my contributions, if any, from my salary or wages, and to remit that amount to Fidelity Security Life Insurance Company. I request that this authorization remain in effect until such time as I withdraw it by giving written notice prior to the next premium due date.	In or out as elected by the Administrator and/or the Company.
That I and any of my dependents to be insured, are either currently covered under a Medical Plan with this Group or have enrolled for Medical Plan with this Group.	Dependent information is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or the Company. Declination may include waiting until the next open enrollment as elected by the Group and/or the Company. All employees/members of the same Group will be treated the same. In or out depending on the type of group.
“ABC” Employer, “ABC” Union	One of the options shown depending on the type of group.
I hereby represent that I have reviewed the fraud warning notice (if applicable) on the reverse side of this application for the Group's state of domicile. Place Fraud Statement here.	Either the sentence and fraud page is used or the state-specific fraud statement is placed above the signature as elected by the marketer and/or the Company.
M-9134 M-9135 M-9136	The Policy Form Number of the policies with which this application may be used.
FRAUD WARNING NOTICE	This page is in or out depending upon whether or not the marketer and/or the Company places the state-specific fraud statement above the signature or uses the fraud page.