

*Impaired Risk*  
**Disability**  
INSURANCE PLANS

Choose from Three  
Outstanding Individual Disability Plans  
That Provide Real World Solutions.



**“Executive Platinum”**

Graded Benefit for Impaired Risks



**“Executive Silver”**

Graded Benefit for Impaired Risks



**“Executive Blue”**

Non-Graded for Standard Blue-Collar Risks

Underwritten and Administered by:  
**Fidelity Security Life Insurance Company**  
Kansas City, Missouri 64111

Marketed by:

**Risk** *insurance and reinsurance solutions*

1208 W. Newport Center Drive, Deerfield Beach, FL 33442  
Phone (954) 421-4076 • (800) 747-4464 • FAX (954) 421-4185

Policy Number: SD-16, SD-17, SD-18, SD-19 Policy Form Nos. M-4012 & M-4013

## ***The Executive Platinum and Executive Silver offer these standard benefits!***

### **Survivor Benefits:**

Two times the amount of the last monthly benefit paid to the insured is provided to the surviving spouse. The insured must have been disabled for 180 days and receiving benefits.

### **Hospital Indemnity Benefits.**

\$30 per day for up to 90 days after the elimination period if the insured was hospital-confined for the entire elimination period.

### **Accidental Death & Dismemberment Benefits.**

Up to \$5,000 benefit paid should death or dismemberment occur within 90 days of covered accidental injury.

## ***Plus... you may choose to add any of these optional benefits!***

**Options are available for an additional charge only at the time of application for the disability plan. Full details, exclusions and limitations are disclosed in the policy.**

### **Partial Disability Rider (A)**

Provides up to 50% of selected monthly benefit for partial disability up to six months upon completion of the elimination period or immediately following a period of total disability. Rates shown are per \$100 monthly benefit base policy.

### **Hospital Indemnity Rider (B)**

Provides benefits should the insured be hospital-confined - from \$25 to \$100 per day for up to 365 days. Rates shown are per \$25/day (\$100/day maximum).

### **Own Occupation Extension Rider (C)**

Amends the definition of total disability to increase the time period insured is covered at own occupation from two to five years. Otherwise Total disability is defined as when an insured, because of injury, sickness or nervous or mental disorder, during the first 24 months of disability, cannot perform the material and substantial duties of his or her regular occupation. After 24 months, the insured must be completely unable to perform the material and substantial duties of any occupation for which he or she is reasonably fitted by education and training. Rates shown are per \$100 monthly benefit base policy. (Available on "Executive Platinum" only.)

### **Home Health Care Benefit Rider (D)**

Pays \$50 to \$100 per day for home health care services for up to two years after insured has been hospital-confined for three or more days. Rates shown are per \$50/day (\$100/day maximum).

### **Accidental Death & Dismemberment Rider (E)**

Adds from \$25,000 to \$500,000 in benefits if death or dismemberment occurs within 90 days of a covered accidental injury. Rates shown are per \$1,000 principal sum (maximum benefit of three times earned income or \$500,000).

### ***Executive Platinum Annual Premiums for Optional Benefits***

Issue Age	Optional Benefit				
	A	B	C	D	E
18 - 29	\$15.00	\$25.00	\$5.00	\$30.00	\$1.80
30 - 39	17.50	34.00	5.50	49.00	1.80
40 - 49	21.00	56.00	8.00	70.00	1.80
50 - 59	27.50	100.00	13.00	105.00	1.80
60 - 63	37.00	137.00	15.00	140.00	1.80

Optional benefits terminate with the disability coverage.

### ***Executive Silver Annual Premiums for Optional Benefits***

Issue Age	Optional Benefit				
	A	B	C	D	E
18 - 29	\$20.00	\$25.00	n/a	\$30.00	\$1.80
30 - 39	25.00	34.00	n/a	49.00	1.80
40 - 49	35.00	56.00	n/a	70.00	1.80
50 - 59	47.50	100.00	n/a	105.00	1.80
60 - 63	55.00	137.00	n/a	140.00	1.80

Optional benefits terminate with the disability coverage.

# The Executive Platinum and Silver Plans are disability plans for impaired or substandard risk applicants. And are graded as shown below:

## EXECUTIVE PLATINUM

Applicants must meet these eligibility requirements: They must be professionals or executives with earned income in excess of \$40,000 who are between the ages of 18 and 63.

### Here's how the plan works:

- 90-day elimination period – accident, sickness, or mental or nervous disorder
- 5-year maximum benefit period – accident or sickness
- Monthly benefits from \$2,000 minimum to \$11,000 maximum, up to 60% of annual earned income
- Waiver of Premium Benefit included Prior to age 65

### Look at these attractive rates:

Issue Age (Last Birthday)	Annual Premium Per \$100 Benefit
18 - 29	\$ 70
30 - 39	\$ 80
40 - 49	\$ 87
50 - 59	\$ 137
60 - 63	\$ 182

\$50 Annual Policy Fee

Modal Factors: Semiannually .52; Quarterly .265; Monthly .091

Benefit period reduces by 50% at age 65 and terminates at age 70.

### Elimination Period Discount Factors:

#### EXECUTIVE PLATINUM

60 Days = 1.45  
 90 Days = 1.00  
 120 Days = 0.94  
 180 Days = 0.86  
 365 Days = 0.75

## EXECUTIVE SILVER

Applicants must meet these eligibility requirements: They must be professionals or executives with earned income in excess of \$20,000 who are between the ages of 18 and 63.

### Here's how the plan works:

- 30-day elimination period – accident, sickness, or mental or nervous disorder
- 2-year maximum benefit period – accident or sickness
- Monthly benefits from \$500 minimum to \$11,000 maximum, up to 60% of annual earned income
- Waiver of Premium Benefit included Prior to age 65

### Look at these attractive rates:

Issue Age (Last Birthday)	Annual Premium Per \$100 Benefit
18 - 29	\$ 58
30 - 39	\$ 66
40 - 49	\$ 72
50 - 59	\$ 114
60 - 63	\$ 152

- **33%** of stated monthly benefit\* if disability occurs during first year of coverage.

- **66%** of stated monthly benefit\* if disability occurs during second year of coverage.

- **100%** of stated monthly benefit\* if disability occurs after second year of coverage.

- Benefits of up to 60% of gross monthly earned income!

- Most occupations accepted!

- No medical exams or blood work required!

- Pre-existing conditions may be covered immediately when listed on the application, approved by the company and coverage is issued!

- Own occupation definition of total disability for the first two years!

- Waiver of premium included.

\*The stated monthly benefit is shown in the Policy Schedule.

# The Executive Blue Plan ... a Non-Graded Individual Disability Plan!

## EXECUTIVE BLUE

The Executive Blue Plan is a non-graded disability coverage for applicants with substandard occupations. Applicants between the ages of 18 and 63 who have earned income of \$20,000 or more are eligible to apply.

### Here's how the plan works:

- 30-day elimination period
- Two-year maximum benefit period
- Monthly benefits from \$500 minimum up to \$3,000 maximum depending on occupational Class
- \$50 Annual Policy Fee
- Waiver of Premium Benefit included Prior to age 65

Benefit period reduces by 50% at age 65 and terminates at age 70.

## Maximum monthly benefits:

\$3,000	Class – AAA 60% of Earned Income
\$2,500	Class – AA 60% of Earned Income
\$2,000	Class – A 50% of Earned Income
\$1,500	Class – B 50% of Earned Income

## Elimination Period Discount Factors:

### EXECUTIVE BLUE

30 Days = 1.00  
60 Days = 0.75

## Look at these attractive rates:

Issue Age (Last Birthday)	Annual Premium Per \$100 Benefit	
	AAA-AA Class	A-B Class
18 - 24	\$ 31.50	\$ 45.50
25 - 29	39.00	54.00
30 - 34	45.00	61.50
35 - 39	52.50	74.00
40 - 44	61.00	89.50
45 - 49	75.00	107.00
50 - 54	93.50	131.50
55 - 59	120.00	154.00
60 - 63	136.00	182.50

Modal Factors: Semiannually .52;  
Quarterly .265; Monthly .091  
Note: Annual premium of \$300 or less must be paid annually.

## Limitations, Exclusions and Individual Termination for Disability Coverage\*

Benefits are not paid for any injury, sickness, or nervous or mental disorder caused:

- By war, declared or undeclared.
- While in the military, naval or air force of any country.
- By normal pregnancy, including child-birth or elective abortion.
- By intentional infliction while sane or insane (in Colorado or Missouri, while sane).
- By an illegal act, or resisting or fleeing arrest.
- By voluntary taking of poison or inhaling of gas.
- From any accident where blood alcohol content exceeds legal state limit.
- While under the influence of any narcotic, barbiturate or hallucinatory drug, unless under advice of a physician.
- Which is payable under Workers' Compensation, Occupational Law or similar legislation.
- By pre-existing conditions: a pre-existing condition means a sickness or injury for which the insured has consulted a physician or received any medical advice, treatment, medical supplies, prescription medication or services within 12 months immediately before the effective date of insurance, or for which symptoms of a condition have occurred that would have led a prudent person to seek diagnosis, care or treatment during

- the 12 months immediately before the effective date of insurance, or until the insured has been covered for 24 months. A condition listed on the application and not excluded by a rider is covered.
- Nervous or mental disorder benefit is one-half the maximum monthly benefit to a maximum benefit period of six months.
- If the insured has other disability income coverage in effect at the time of total disability, the benefit will be reduced so the total benefit does not exceed 100% of the insured's gross monthly income.
- The insured's coverage terminates on the earliest of: the premium due date when required premium is not paid, the premium due date after the insured retires or ceases to actively perform the material and substantial duties of regular occupation, the premium due date following attainment of age 70, the next premium due date upon request for cancellation, or the premium due date after the insured has a change in employment to an ineligible occupation.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

## Additional Exclusions For Executive Platinum and Silver Plans Only

### AD&D Benefit

- Bodily infirmity or disease in any form, or medical or surgical treatment.
- Bacterial infection, except infections from an accidental injury or unintentional ingestion of an infectious organism.
- Participating in a riot or insurrection.
- Travel or flight in any kind of aircraft, except on a regularly scheduled commercial flight as a fare-paying passenger.
- Suicide, or any attempt, while sane or insane (in Colorado or Missouri, while sane).

### Hospital Indemnity Benefit

- Confinement, treatment or care performed outside the U.S., not recommended or prescribed by a physician, or is not medically necessary.

### Home Health Care Benefit

- Benefits are not payable for custodial care, for services provided by a person resides in the insured's home or who is a member of the immediate family, or for services provided to an insured who is eligible for Medicare.

\* Please refer to the Policy for full details of limitations and exclusions contained in this coverage.

## **Underwriting Guide For Executive Series Disability Plans**

Applicants for disability income coverage are to be actively working a minimum of 30 hours per week at their regular occupations for the past year. The proposed insured's occupation and duties should always be described in as much detail as possible on the application. Job titles are not always indicative of the skills training or education necessary - or of the job's physical requirements - which is why the duties should be recorded specifically. Use phrases such as "supervisory duties only" or "office duties only" when appropriate.

When listing medical history, be as complete as possible. Include any pertinent information regarding applicant's health history as well as names and addresses of physicians and hospitals consulted.

Since we underwrite all applicants on a non-medical basis, it is imperative we have as much medical information regarding the insured as is possible. Please forward to us all information you may have, i.e., medical reports, test results or physician's letters.

Basically, what we are looking for is the hard-working, diligent person who may be uninsurable, but who is able to work full-time without losing time from his/her profession or job and is not chronically ill. Do not solicit applications from any applicant

who is currently disabled, unemployed due to health reasons, hospitalized, or whom you have reason to believe is suffering from chronic or terminal illness.

We are well aware we may have a high claim ratio on this type of business. However, it is our feeling that by carefully underwriting the applications and utilizing graded benefits and rated premiums, we can insure many of your sub-standard or high-risk cases. We will order attending physician's reports on all applicants we feel require them.

The Graded Benefit Plans are designed primarily for the person who is uninsurable due to a medical or occupational problem. These plans may also apply to the person who has a ridered policy and desires coverage with no conditions excluded (if disclosed on the application and approved by the Company).

All applicants who are self employed and using their residence as their primary place of business should be written on the graded plans only. Please submit earned income verification on all self-employed applicants.

Occupational classifications should be used for applicants on "Executive Blue" plan only. If you are unsure of a particular classification, contact the manager of the plans.

### **Ineligible Occupations**

Car Washers  
Domestics  
Explosive Handlers  
Fireworks Manufacturing  
Furnace Personnel  
High Window Cleaners  
Judo & Karate Instructors

Kitchen Help  
Migratory Workers  
Oil & Natural Gas Workers  
Powerline Splicers  
Racing Drivers  
Rodeo Riders  
Steeple Jacks

Street Vendors  
Structural Iron Riggers  
Taverns - (Non-Mgmt. Personnel)  
Test Pilots  
Tree Toppers  
Tower Erectors  
Underground Coal Miners

*Executive Series*

*Impaired Risk*  
**Disability**  
INSURANCE PLANS

Underwritten and Administered by:  
**Fidelity Security Life Insurance Company**  
Kansas City, Missouri 64111

Marketed by:

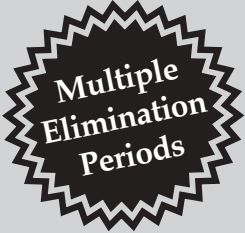
**Risk** *insurance and reinsurance solutions*  
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## Occupational Classifications For Executive Blue Plan

Actors/Actresses	GB	Detectives	B	Oil Burner - Repair	A
Acupuncturists - Certified	3A	Dieticians	3A	Oil Delivery	B
Advertising Sales	3A	Dispatchers	2A	Opticians (Shop Work)	2A
Agriculture		Dressmakers	A	Painters	B
Owners & Managers	A	Drill Press Operators	A	Paper Hangers	B
Amusements & Sports:		Drivers (light delivery)	A	Photo Engravers	2A
Business Agents	3A	Dry Cleaners: Owners, Managers	2A	Photographers (Studio)	3A
Cashiers	A	Employees	A	Pipe Fitters	A
Ticket Sales	A	Electricians	A	Physical Therapists	2A
Announcers	3A	Engineers: Superintending & Safety	2A	Plumbers	A
Antique Dealers:		Stationary	A	Policemen/State Troopers	B
Proprietors & Managers	2A	Engravers	2A	Printing & Publishing	
Repair & Service	A	Exterminators	B	Compositors	2A
Artists:		Factory Workers	A	Electrotypers	2A
Comm. - not self employed	3A	Firemen	B	Linotypers	2A
Comm. - self employed	A	Fishermen	GB	Pressmen	A
Other	1C	Floor Finishers	2A	Pressfeeders	A
Authors, Journalists, Writers	1C	Florists	2A	Printers	A
Automotive:		Forest Rangers	B	Proofreaders	3A
Body Repair	A	Freight Handlers	B	Typesetters	2A
Mechanic	A	Funeral Directors	3A	Prison Guards	GB
Sales: New Car	3A	Assistants & Embalmers	A	Probation Officers	3A
Sales: Used Car	2A	Furniture Movers	B	Process Servers	2A
Garage:		Game Wardens	A	Professional Athletes	IC
Proprietors & Managers,		Glaziers	A	Proprietors: Small Business	3A
Foreman, Stock Clerks	2A	Government Employees	IC	Purchasing Agents	3A
Painters, Tire Retreaders	B	Granite Workers - Shop	A	Railroad Employees	B
Aviation:		Granite Workers - Pit	GB	Receptionists	3A
Mechanics	B	Grocery Store Employees	2A	Restaurants:	
Commercial Pilots, Stewardesses	GB	Guides	A	Owners & Management	3A
Crop Dusters, Air Traffic		Heavy Equipment Operators	B	Chefs/Cooks	A
Controllers	GB	Insulation Installers	A	Countermen	A
Bakery - All Employees	A	Interior Decorators	3A	Waiters/Waitresses	A
Banks:		Janitors & Custodians	B	Roofers	GB
Tellers, Bookkeepers	3A	Junk Dealers		Salesmen (Solicit only)	3A
Attendants, Guards (unarmed)	A	Proprietor & Manager	A	Secretaries	3A
Attendants, Guards (Armed)	B	All Others	GB	Security Guards - Watchmen	B
Armored Car Drivers	B	Landscape Gardeners	A	Sewage Treatment Employees	B
Barbers	A	Lab Technicians	3A	Sheet Rockers	B
Beauticians	A	Laborers	B	Shoe Repair	A
Blacksmiths	B	Land Surveyors	2A	Social Workers (investigation)	2A
Bookkeepers	3A	Linemen	B	Statisticians	3A
Breeders	A	Lithographers	2A	Store Owners (Waiting on Trade)	2A
Bricklayers	B	Loggers	GB	Supervisory (exposed to factory	
Bus Drivers	B	Lumber Yard Employees	B	hazards)	2A
Business Machines:		Machinists	A	Surveyor:	
Dealers, Salesmen	3A	Masons	A	Office Only	3A
Repair & Service	2A	Medical Secretaries	3A	Others	2A
Butchers	B	Messengers	A	Tailors	A
Cabinet Makers	A	Meter Inspectors & Readers	2A	Teachers	3A
Carpenters	A	Milk Delivery	A	Coaches	2A
Carpet Installers	A	Motel Proprietors	2A	Telephone Operators	3A
Cashiers	2A	Musicians: Studio/Contracted	2A	Tree Surgeons, Trimmers, Sprayers	B
Chimney Sweeps	GB	Other	GB	Truck Drivers	B
Chiropractors	3A	Newspaper, Magazines:		Upholsterers	2A
Clerks (Office)	3A	Publishers, Editors	3A	Veterinarians	3A
Clerks (Other)	2A	Reporting, Photographers	2A	Welders	B
Clock & Watch Repair	2A	Nurses: RN	3A	Well Drillers	B
Contractors	A	LPN	2A	X-Ray Technicians	2A
Craftsmen (not in home)	A	Aides	A		
Craftsmen (in own home)	GB	Nurserymen, Superintendents	2A		
Dental Asst., Technicians	3A	Others	A		
Dental Hygienists	3A	Office Supervisors & Personnel	3A		

*GB: Graded Benefit Only  
IC: Individual Consideration  
(Contact Home Office)*

# Impaired Risk Disability “Executive Series Supplement”



**Executive Platinum, Silver & Blue  
New Elimination Period Options  
Now Available!!!**



**EXECUTIVE PLATINUM:**

60, 120, 180 and 365 Day Elimination Periods Now Available; in addition to the current 90-Day.

**EXECUTIVE SILVER:**

60, 90, 180-Day Elimination Period Now Available; in addition to the current 30-Day.

**EXECUTIVE BLUE:**

60 Day Elimination Period Now Available; in addition to the current 30-Day.

**ELIMINATION PERIOD DISCOUNT FACTORS:\***

<b>EXECUTIVE PLATINUM</b>	<b>EXECUTIVE SILVER</b>	<b>EXECUTIVE BLUE</b>
60 Days = 1.45	60 Days = 0.75	60 Days = 0.75
120 Days = 0.94	90 Days = 0.50	
180 Days = 0.86	180 Days = 0.42	
365 Days = 0.75		

\*Note: These Discount factors do not apply to the following Optional Benefits:

- Hospital Indemnity
- Own Occupation Extension
- AD&D

*Executive Series*

*Impaired Risk*  
**Disability**  
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# Impaired Risk Disability Premium Calculation Worksheet

## Sample Premium Calculation

**SAMPLE ASSUMPTIONS:**

**Product:** Executive Platinum      **Age:** 46      **Monthly Benefit:** \$2,100      **Elimination Period:** 120 Days

**Optional Riders:**

(A) Partial DI \$1,050/Mo. Benefit,      (B) Hospital Indemnity \$75.00/Day Benefit,      (C) Own Occupation Extension  
(D) Home Health Care \$100/Day Benefit,      (E) AD&D \$77,000 Face Amount

**Payment Mode:** Quarterly

1. <b>Base Plan:</b> = \$ <u>87.00</u> (Annual Rate Per \$100/Mo. Benefit) x <u>21</u> (Number of \$100 units)	\$ <u>1,827.00</u>
2. <b>Optional Benefit A:</b> \$ <u>21.00</u> (Annual Rate Per \$100/Mo. Benefit) x <u>21*</u> (\$100 units)	+ \$ <u>441.00</u>
3. <b>Optional Benefit D:</b> \$ <u>70.00</u> (Annual Rate Per \$50/Day Benefit) x <u>2</u> (\$50 units / 2 unit max)	+ \$ <u>140.00</u>
4. <b>Subtotal:</b> (Add Lines 1, 2 and 3)	= \$ <u>2408.00</u>
5. <b>Elimination Period Discount Factor:</b> (Refer To Schedule On Reverse Side)	x <u>0.94</u>
6. <b>Subtotal:</b> (Multiply Line 4 x Line 5)	= \$ <u>2,263.52</u>
7. <b>Optional Benefit B:</b> \$ <u>56.00</u> (Annual Rate Per \$25/Day Benefit) x <u>3</u> (\$25 units / 4 unit max)	+ \$ <u>168.00</u>
8. <b>Optional Benefit C:</b> \$ <u>8.00</u> (Annual Rate Per \$100/Mo. Benefit) x <u>21*</u> (\$100 units)	+ \$ <u>168.00</u>
9. <b>Optional Benefit E:</b> \$ <u>1.80</u> (Annual Rate Per \$1000/Principal Sum) x <u>77</u> (units)	+ \$ <u>138.60</u>
10. <b>Subtotal:</b> (Add Lines 6, 7, 8, and 9)	= \$ <u>2,738.12</u>
11. <b>Annual Policy Fee:</b>	+ \$ <u>50.00</u>
12. <b>Total Annual Premium Due:</b> (Add Line 10 + Line 11)	= \$ <u>2,788.12</u>
13. <b>Modal Factor:</b> (Semiannually 0.52 / Quarterly .265 / Monthly .091)	x <u>0.265</u>
14. <b>Total Modal Premium:</b>	= \$ <u>\$738.85</u>

## Premium Calculation Worksheet

1. <b>Base Plan:</b> = \$ _____ (Annual Rate Per \$100/Mo. Benefit) x _____ (Number of \$100 units)	\$ _____
2. <b>Optional Benefit A:</b> \$ _____ (Annual Rate Per \$100/Mo. Benefit) x _____* (\$100 units)	+ \$ _____
3. <b>Optional Benefit D:</b> \$ _____ (Annual Rate Per \$50/Day Benefit) x _____ (\$50 units / 2 unit max)	+ \$ _____
4. <b>Subtotal:</b> (Add Lines 1, 2 and 3)	= \$ _____
5. <b>Elimination Period Discount Factor:</b> (Refer To Schedule On Reverse Side)	x _____
6. <b>Subtotal:</b> (Multiply Line 4 x Line 5)	= \$ _____
7. <b>Optional Benefit B:</b> \$ _____ (Annual Rate Per \$25/Day Benefit) x _____ (\$25 units / 4 unit max)	+ \$ _____
8. <b>Optional Benefit C:</b> \$ _____ (Annual Rate Per \$100/Mo. Benefit) x _____* (\$100 units)	+ \$ _____
9. <b>Optional Benefit E:</b> \$ _____ (Annual Rate Per \$1000/Principal Sum) x _____ (units)	+ \$ _____
10. <b>Subtotal:</b> (Add Lines 6, 7, 8, and 9)	= \$ _____
11. <b>Annual Policy Fee:</b>	+ \$ <u>50.00</u>
12. <b>Total Annual Premium Due:</b> (Add Line 10 + Line 11)	= \$ _____
13. <b>Modal Factor:</b> (Semiannually 0.52 / Quarterly .265 / Monthly .091)	x _____
14. <b>Total Modal Premium:</b>	= \$ _____

\*Must be the same number of units as the base plan.

**FIDELITY SECURITY LIFE INSURANCE COMPANY  
APPLICATION FOR GROUP DISABILITY INSURANCE**

<b>1. Full Name of Proposed Insured</b>				
<b>2. Home Telephone No.</b> (      )			<b>3. Social Security No.</b> \      \	
<b>4. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>5. Marital Status</b>	<b>6. Height</b> _____ ft. _____ in.	<b>7. Weight</b> _____ lbs.	<b>8. Date of Birth</b>
<b>9. Birthplace</b>	<b>10. Age</b>	<b>11. Send Notice to:</b> <input type="checkbox"/> Residence <input type="checkbox"/> Business		
<b>12. Residence Address</b>				
City/State/Zip			Phone No. (      )	
<b>13. Business Address</b>				
City/State/Zip			Phone No. (      )	
<b>14. Name of Employer</b>			<b>15. Occupation (Job Title)</b>	
<b>16. Duties</b>			<b>17. Earned Annual Income</b> _____	
<b>17a. Beneficiary name (For Executive Platinum and Silver Only)</b>			<b>Relationship to Insured</b>	

**SELECT A PLAN**

**18. Plan of Insurance:**

**Executive Platinum** (Graded Benefit Plan - Benefit Period: 5-Year Accident/Sickness)  
Elimination Period (Select One): 60   90   120   180   365 Days Accident/Sickness

**Executive Silver** (Graded Benefit Plan - Benefit Period: 2-Year Accident/ Sickness)  
Elimination Period (Select One): 30   60   90   180 Days Accident/Sickness

**Executive Blue** (Occupational Class \_\_\_\_\_ - Benefit Period: 2-Year Accident/Sickness)  
Elimination Period (Select One): 30   60 Days Accident/Sickness

**SELECT OPTIONS DESIRED FOR ("EXECUTIVE PLATINUM" AND "EXECUTIVE SILVER" ONLY)**

**19. Optional Riders**

"A" - Partial Disability Rider: 50% of Basic Monthly Benefit, Up to 6 Months

"B" - Hospital Indemnity Rider: First Day Hospital, Up to 365 Days. Daily Benefit: \$25   \$50   \$75   \$100

"C" - Own Occupation Rider: Extends Definition to 5 Years (For Executive Platinum Only)

"D" - Home Health Care Rider: Maximum Benefit Up to 2 Years. \$50/Day   \$100/Day

"E" - Accidental Death & Dismemberment: Maximum of 3 Times Earnings, Up to \$500,000. Benefit Amount \$ \_\_\_\_\_  
Beneficiary Name \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

**BENEFIT AMOUNT AND PREMIUM**

**20. Disability Income:** \$ \_\_\_\_\_ Monthly Benefit \_\_\_\_\_ Annual Premium \$ \_\_\_\_\_

**21. Optional Riders:**

"A"	Annual Premium \$ _____
"B" \$ _____ Per Day	Annual Premium \$ _____
"C"	Annual Premium \$ _____
"D" \$ _____ Per Day	Annual Premium \$ _____
"E" \$ _____ Principal Sum	Annual Premium \$ _____

**22. Premiums:**  
Total Annual Premium: \$ \_\_\_\_\_ Total Mode Premium: \$ \_\_\_\_\_ Amount Paid with Application: \$ \_\_\_\_\_  
Mode  Annual    Semiannual (.52)    Quarterly (.265)    Monthly (.091)    List Bill

**HEALTH HISTORY**

- 23. Are you gainfully employed outside the home for a minimum of 30 hours per week and have been so for the past year? If no, please explain \_\_\_\_\_ Yes  No
  - 24. Have you received medical advice or been confined to a hospital, nursing home or similar establishment or been disabled within the last 12 months? ..... Yes  No
  - 25. Have you ever been treated for or ever had any known indication of (a) high blood pressure, diabetes, cancer, arthritis, asthma, emphysema, or emotional, nervous or mental disorder, or disease or disorder of the eyes, ears or speech? ..... Yes  No
  - 26. Have you ever been diagnosed by, or received treatment from, a licensed physician for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other immune disorder? ..... Yes  No
  - 27. Have you ever used barbiturates, narcotics, excitants or hallucinogens, or ever sought help or treatment for their use or alcohol use? ..... Yes  No
  - 28. Other than above, have you, within the past five years, had medical or surgical advice or treatment, had a physical examination, or been under observation for any disease or disorder? ..... Yes  No
  - 29. Have you ever made an application for disability, health or life insurance which has been declined, modified or rated up? (If yes, give names of organization, kinds of insurance, dates and reason.) ..... Yes  No
  - 30. Do you have a physical impairment or deformity? ..... Yes  No
  - 31. Have you ever made claim or received benefits for disability from any source? ..... Yes  No
  - 32. Are you presently taking any prescribed medication? ..... Yes  No
  - 33. Have you used any tobacco products in the past 12 months? ..... Yes  No
- Give details of "Yes" answers to 23-33. Include diagnoses, dates, physicians and addresses.

Disability income insurance in force: (if none, so state). Is replacement intended? ..... Yes  No   
 If yes please explain:

Company Name	Mo. Benefit	Benefit Period	To Be Replaced or Changed?	Policy Number
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If the Executive Blue Plan of Insurance applied for cannot be issued within the Underwriting Guidelines, please issue the Executive Silver Graded Benefit Disability Income Plan of Insurance. .... Yes  No

I understand and acknowledge the following: by applying for this insurance, I am also being accepted as a member of the United Associations of America Group Insurance Trust. The Master Policy for this insurance is issued to the Trust. I will receive a certificate as evidence of my insurance under the Trust Policy. The Trust is not the Insurance Company. The Trust has no responsibility for this insurance except to hold the Policy.

I understand and agree that, under the terms of the insurance applied for, any indemnity for loss of time will not commence until after (a) with the \_\_\_\_\_ day of any period of disability for accident; (b) with the \_\_\_\_\_ day of any period of disability for sickness, and not before.

I have read the foregoing answers and state that they are full, complete and true as of the date I signed this application, and may be relied upon as the basis for any contract which may be issued on account of this application. These statements are to be considered representations and not warranties. I understand any material misstatements or omissions made by me in this form may be used as a basis for rescinding my coverage. This means all claims will be denied and the Insurance Company's liability will be limited to a full refund of premiums less any claims previously paid.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company or the Medical Information Bureau, Inc. that has any records or knowledge of me or my health, or that of my family, to give to Fidelity Security Life Insurance Company, Risk Insurance and Reinsurance Solutions, Inc. and/or its Reinsurers, any such information for their use to determine eligibility for insurance or benefits under an existing policy. A photographic copy of this authorization shall be as valid as the original. I agree this authorization shall be valid for two years from the date below.

I have read and received a copy of the Pre-Notice which described how information is obtained and used by Fidelity Security Life Insurance Company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 Witnessed by **X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Licensed Agent or Witness Signature of Proposed Insured

Agent's Name (please print)	I.D. No.
Address	
City/State/Zip	
Telephone No. ( )	Fax No. ( )

How well and how long have you known the Proposed Insured?  
 \_\_\_\_\_  
 Agent Signature **X** \_\_\_\_\_  
 Agent No. \_\_\_\_\_

**Receipt For Premiums Paid --- Do Not Detach Unless Full First  
Premium Is Paid With Application**

Received from \_\_\_\_\_  
the sum of \$ \_\_\_\_\_  
for the full first premium specified in the application for insurance in the Fidelity Security Life Insurance Company which bears the same date as this receipt. The insurance under the Policy for which application is made will be effective on the date approved by the Company. If the Proposed Insured is not insurable and acceptable, the Company will refund all premiums paid to date by the Proposed Insured. This receipt will be void if given for check or draft which is not honored on presentation.

Do not make check payable to agent or leave payee blank.

\_\_\_\_\_, \_\_\_\_\_ Agent \_\_\_\_\_

**Pre-Notice**

Although your application is our main source of information, we at Fidelity Security Life Insurance Company may also collect or verify information pertaining to age, occupation, physical condition, health history and avocations by contacting various individuals or organizations by correspondence, telephone or personal contact. It may be necessary for us to share information we obtain with an individual or organization related to the medical or insurance industry or with an individual performing a function for us without your express written authorization.

Information regarding you or members of your family's insurability will be treated as confidential. We or our Reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. In California, you may choose to have medical information, except that relating to your mental health, disclosed to you directly or to a medical professional you designate. Mental health information will be given to you directly only with the approval of the professional responsible for treatment. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts, 02212; telephone number (617)426-3660.

We or our Reinsurer(s) may also release information in our file to other life insurance companies to whom you submit a claim. For a reasonable fee, we will provide you with information contained in your file. Should you wish to request a correction, amendment or deletion of any information in your file which you believe is inaccurate, please contact us and we will advise you of the necessary procedures.

# AUTHORIZATION TO COMPLY WITH HIPAA PRIVACY REQUIREMENTS

## In connection with an application for insurance, for underwriting and claim purposes, I authorize:

- Any medical practitioner or facility or related entity; any insurer; The Medical Information Bureau, Inc. (MIB); any employer; group policyholder; contract holder, or any benefit plan administrator to give Fidelity Security Life Insurance Company (the "Company"), or Risk Insurance and Reinsurance Solutions, Inc., who is acting on behalf of the Company in this regard:
  - Personal information and data about me;
  - Medical information, records and data about me, including information, records and data about drugs prescribed, medical test results and sexually transmitted diseases;
  - Information, records and data about me related to alcohol and drug abuse and treatment, including information and data records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR Part 2;
  - Information, records and data about me related to Acquired Immune Deficiency Syndrome (AIDS) or AIDS related conditions including, where permitted by applicable law, Human Immunodeficiency Virus (HIV) test results; and
  - Information, records and data about me related to mental illness, other than psychotherapy notes.
- The Company to redisclose information, records and data received pursuant to this Authorization about me as authorized by me in writing or as otherwise permitted by applicable law.
- The Company, or any third party acting on behalf of the Company in this regard, to request and obtain consumer, investigative consumer or motor vehicle reports about me.
- Any employer, business associate, financial institution, or government agency to give the Company, or any third party acting on behalf of the Company in this regard, any information or data that it may have about my occupation, avocations, driving record, finances, character, reputation and aviation activities.

## By signing below, I acknowledge my understanding that:

- All or part of the information, records and data that the Company receives pursuant to this Authorization may be disclosed to the MIB. Such information may also be disclosed to and used by any reinsurer, employee, affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company, or disclosed as otherwise required or permitted by applicable laws.
- Medical information, records and data that may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, setting forth standards for the use, maintenance and disclosure of such information by health care providers and health plans and records and data related to alcohol and drug abuse protected by Federal Regulations 42 CFR Part 2, once disclosed to the Company, may no longer be covered by those laws or regulations.
- Information obtained pursuant to this Authorization about me may be used, to the extent permitted by applicable law, to determine the insurability of other family members.
- I may be asked to be interviewed if an investigative consumer report is ordered. Please call me at ( ) \_\_\_\_\_, time: \_\_\_\_\_ if such a report is ordered.
- Information related to HIV test results will only be disclosed as permitted by applicable law.
- This Authorization will end 30 months from the date on this form or sooner if prescribed by law. I may revoke it at any time by writing to Fidelity Security Life Insurance Company, Attn: HIPAA Privacy Law Compliance Officer, 3130 Broadway, Kansas City, Missouri 64111 and advising the Company that I have revoked this Authorization. Revocation may result in rejection of the application or in denial of coverage or a claim for benefits. Any action taken before the Company has received my revocation will be valid.
- I acknowledge that I have received a signed copy of this form.

## A photocopy of this form is as valid as the original form.

Signature of Proposed Insured: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Proposed Insured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

# Impaired Risk Disability “Executive Series Supplement”



## Executive Platinum, Silver & Blue New Elimination Period Options Now Available!!!



### **EXECUTIVE PLATINUM:**

60, 120, 180 and 365 Day Elimination Periods Now Available; in addition to the current 90-Day.

### **EXECUTIVE SILVER:**

60, 90, 180-Day Elimination Period Now Available; in addition to the current 30-Day.

### **EXECUTIVE BLUE:**

60 Day Elimination Period Now Available; in addition to the current 30-Day.

### **ELIMINATION PERIOD DISCOUNT FACTORS:\***

<b><u>EXECUTIVE PLATINUM</u></b>	<b><u>EXECUTIVE SILVER</u></b>	<b><u>EXECUTIVE BLUE</u></b>
60 Days = 1.45	60 Days = 0.75	60 Days = 0.75
120 Days = 0.94	90 Days = 0.50	
180 Days = 0.86	180 Days = 0.42	
365 Days = 0.75		

\*Note: These Discount factors do not apply to the following Optional Benefits:

- Hospital Indemnity
- Own Occupation Extension
- AD&D

Underwritten & Administered by:



FIDELITY SECURITY  
LIFE INSURANCE COMPANY  
3130 Broadway / Kansas City, MO 64111

Marketed by:



INSURANCE MANAGEMENT  
INTERNATIONAL LIFE & HEALTH, INC.  
1208 W. Newport Center Dr., Suite 202  
Deerfield Beach, FL 33442 / Phone (800) 747-4464

# Impaired Risk Disability Premium Calculation Worksheet

## Sample Premium Calculation

**SAMPLE ASSUMPTIONS:**

**Product:** Executive Platinum    **Age:** 46    **Monthly Benefit:** \$2,100    **Elimination Period:** 120 Days

**Optional Riders:**

(A) Partial DI \$1,050/Mo. Benefit,    (B) Hospital Indemnity \$75.00/Day Benefit,    (C) Own Occupation Extension  
(D) Home Health Care \$100/Day Benefit,    (E) AD&D \$77,000 Face Amount

**Payment Mode:** Quarterly

<b>1. Base Plan:</b> = \$ <u>87.00</u> (Annual Rate Per \$100/Mo. Benefit) x <u>21</u> (Number of \$100 units)	\$ <u>1,827.00</u>
<b>2. Optional Benefit A:</b> \$ <u>21.00</u> (Annual Rate Per \$100/Mo. Benefit) x <u>21*</u> (\$100 units)	+ \$ <u>441.00</u>
<b>3. Optional Benefit D:</b> \$ <u>70.00</u> (Annual Rate Per \$50/Day Benefit) x <u>2</u> (\$50 units / 2 unit max)	+ \$ <u>140.00</u>
<b>4. Subtotal:</b> (Add Lines 1, 2 and 3)	= \$ <u>2408.00</u>
<b>5. Elimination Period Discount Factor:</b> (Refer To Schedule On Reverse Side)	x <u>0.94</u>
<b>6. Subtotal:</b> (Multiply Line 4 x Line 5)	= \$ <u>2,263.52</u>
<b>7. Optional Benefit B:</b> \$ <u>56.00</u> (Annual Rate Per \$25/Day Benefit) x <u>3</u> (\$25 units / 4 unit max)	+ \$ <u>168.00</u>
<b>8. Optional Benefit C:</b> \$ <u>8.00</u> (Annual Rate Per \$100/Mo. Benefit) x <u>21*</u> (\$100 units)	+ \$ <u>168.00</u>
<b>9. Optional Benefit E:</b> \$ <u>1.80</u> (Annual Rate Per \$1000/Principal Sum) x <u>77</u> (units)	+ \$ <u>138.60</u>
<b>10. Subtotal:</b> (Add Lines 6, 7, 8, and 9)	= \$ <u>2,738.12</u>
<b>11. Annual Policy Fee:</b>	+ \$ <u>50.00</u>
<b>12. Total Annual Premium Due:</b> (Add Line 10 + Line 11)	= \$ <u>2,788.12</u>
<b>13. Modal Factor:</b> (Semiannually 0.52 / Quarterly .265 / Monthly .091)	x <u>0.265</u>
<b>14. Total Modal Premium:</b>	= \$ <u>\$738.85</u>

## Premium Calculation Worksheet

<b>1. Base Plan:</b> = \$ _____ (Annual Rate Per \$100/Mo. Benefit) x _____ (Number of \$100 units)	\$ _____
<b>2. Optional Benefit A:</b> \$ _____ (Annual Rate Per \$100/Mo. Benefit) x _____* (\$100 units)	+ \$ _____
<b>3. Optional Benefit D:</b> \$ _____ (Annual Rate Per \$50/Day Benefit) x _____ (\$50 units / 2 unit max)	+ \$ _____
<b>4. Subtotal:</b> (Add Lines 1, 2 and 3)	= \$ _____
<b>5. Elimination Period Discount Factor:</b> (Refer To Schedule On Reverse Side)	x _____
<b>6. Subtotal:</b> (Multiply Line 4 x Line 5)	= \$ _____
<b>7. Optional Benefit B:</b> \$ _____ (Annual Rate Per \$25/Day Benefit) x _____ (\$25 units / 4 unit max)	+ \$ _____
<b>8. Optional Benefit C:</b> \$ _____ (Annual Rate Per \$100/Mo. Benefit) x _____* (\$100 units)	+ \$ _____
<b>9. Optional Benefit E:</b> \$ _____ (Annual Rate Per \$1000/Principal Sum) x _____ (units)	+ \$ _____
<b>10. Subtotal:</b> (Add Lines 6, 7, 8, and 9)	= \$ _____
<b>11. Annual Policy Fee:</b>	+ \$ <u>50.00</u>
<b>12. Total Annual Premium Due:</b> (Add Line 10 + Line 11)	= \$ _____
<b>13. Modal Factor:</b> (Semiannually 0.52 / Quarterly .265 / Monthly .091)	x _____
<b>14. Total Modal Premium:</b>	= \$ _____

\*Must be the same number of units as the base plan.