

Impaired Risk
Disability
INSURANCE PLANS

Choose from Three
Outstanding Group 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

Policyholder:

United Associations of America Group Insurance Trust

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: DI-139C, DI-139D, DI-141A Policy Form No. M-4004

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. (Not available in California) 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 group 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 Certificate Schedule.

The Executive Blue Plan ... a Non-Graded Group 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 date the policy terminates, the premium due date when required premium is not paid, the premium 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 Certificate 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
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Kansas City, Missouri 64111

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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:*

EXECUTIVE PLATINUM	EXECUTIVE SILVER	EXECUTIVE BLUE
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

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

Premium Calculation Worksheet

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

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

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

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

SELECT A PLAN

18. Plan of Insurance:

<input type="checkbox"/> Executive Platinum Plan (SD-16 Graded Benefit Plan)	Elimination Period: <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 180 <input type="checkbox"/> 365 Day Accident/Sickness Benefit Period: 5-Year Accident/5-Year Sickness
<input type="checkbox"/> Executive Silver Plan (SD-17 Graded Benefit Plan)	Elimination Period: <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 180 Day Accident/Sickness Benefit Period: 2-Year Accident/2-Year Sickness
<input type="checkbox"/> Executive Blue Plan (Non-Graded Benefit Plan) (SD-18 Classes AAA/AA) (SD-19 Classes A/B)	Elimination Period: <input type="checkbox"/> 30 <input type="checkbox"/> 60 Day Accident/Sickness Benefit Period: 2-Year Accident/2-Year Sickness Occupational Class _____

SELECT OPTIONS DESIRED (FOR GRADED BENEFIT PLANS 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 Graded Benefit Plan with 5-Year Benefit 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: \$ _____
 Premium Mode: Monthly Quarterly Semi-Annually Annually

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, heart or liver disease or disorder, 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. If additional space is needed, please use a separate sheet of paper which is signed and dated.

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 Non-graded Plan of Insurance applied for cannot be issued within the Underwriting Guidelines, please issue the Graded Benefit Disability Income Plan of Insurance with the 2 Year Benefit Period..... Yes No

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) the ____ day of any period of disability for accident; (b) 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, 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, its authorized agent, 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	
Tel # ()	Fax # ()

How well and how long have you known the Proposed Insured?

 Agent Signature **X** _____
 Agent No. _____

**Conditional Receipt --- 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.

_____, 20__ 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. 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; phone 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. Medical information will be disclosed to you only through
the medical professional you designate. (California residents only,
medical information will be disclosed directly to you or the medical
professional you designate.) 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:*

<u>EXECUTIVE PLATINUM</u>	<u>EXECUTIVE SILVER</u>	<u>EXECUTIVE BLUE</u>
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

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

Premium Calculation Worksheet

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

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



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway ☒ Kansas City, Missouri 64111-2406

Phone: (800) 648-8624

A STOCK COMPANY (herein Called "the Company")

OUTLINE OF COVERAGE INDIVIDUAL DISABILITY INCOME INSURANCE Policy Form M-4013OR

READ YOUR POLICY CAREFULLY. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

DISABILITY INCOME PROTECTION COVERAGE. Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical surgical, or major medical expenses.

BENEFITS:

TOTAL DISABILITY BENEFIT FOR INJURY OR SICKNESS. If Total Disability due to Injury or Sickness begins before the Insured reaches Age 70, We agree to pay the Maximum Monthly Benefit Amount up to the Maximum Benefit Period. Benefits will begin after satisfaction of the Elimination Period.

We will pay the Maximum Monthly Benefit Amount for each full month the Insured remains Totally Disabled due to Injury or Sickness after the Elimination Period, until the Maximum Benefit Period ends. If the Insured recovers after part of a month, We will pay for the part of the month at a daily rate equal to 1/30 of the Maximum Monthly Benefit Amount.

The amount of benefit payable by this Policy will be to a maximum of 60% of the Insured's Monthly Earned Income on the date the Insured becomes Totally Disabled due to Injury or Sickness, not to exceed the Maximum Monthly Benefit Amount.

In the event the Insured's status of employment changes, resulting in a reduction of the Insured's Monthly Earned Income below the underwriting requirements for the amount of the Insureds' coverage or resulting in a lower-rated occupation, the Insured's Maximum Monthly Benefit will be adjusted to a new amount which does not exceed 60% of the Insured's new Monthly Earned Income. The premiums will be adjusted to reflect the new amount. If the adjustment results in a lower premium, all excess premiums will be returned to the Insured on a pro rata basis from the date of notification, or from the last Policy Anniversary Date, whichever is later. In the event the Insured's employment changes, resulting in a higher-rated occupation, the Insured's Maximum Monthly Benefit will be adjusted to the amount that the premiums would have purchased at the higher-rated occupation, not to exceed 60% of the Insured's Monthly Earned Income. It is the Insured's responsibility to notify Us in writing upon a change in the Insured's employment or Monthly Earned Income.

TOTAL DISABILITY BENEFIT FOR NERVOUS OR MENTAL DISORDERS. We agree to pay the Insured 50% of the Maximum Monthly Benefit Amount to a maximum of 6 months for Nervous or Mental Disorders. Benefits will begin after satisfaction of the Elimination Period. Payments will not be made at the same time for Total Disability due to Injury or Sickness and Nervous or Mental Disorders.

EXCLUSIONS, LIMITATIONS, AND REDUCTIONS:

Exclusions:

Benefits will not be paid under this Policy and attached Riders, if any, for any Injury, Sickness, or Nervous or Mental Disorder:

1. caused by riot, insurrection, war, declared or undeclared, or acts of war;
2. while the Insured is in the military, naval or air force of any country or international organization. Any unearned premium paid by the Insured for a period not covered because of this Exclusion will be returned on a pro-rata basis if he or she notifies Us.

If the Insured is released from active duty within 5 years from the date he or she entered active military service, he or she may restore their coverage under this Policy by making written application and paying the required premium within 90 days of his or her release from active duty. No proof of insurability is needed. Premiums will be based on the Insured's attained age as of the date of the new Application. The restored policy will cover only Injuries that occur after the restoration date and Sickness which makes itself known more than 10 days after the restoration date;

3. caused by normal pregnancy, including childbirth or elective abortion, except when loss results from Complications of Pregnancy, as defined;
4. the Insured intentionally inflicts on himself or herself while sane or insane (in Colorado and Missouri while sane);
5. caused by engaging in an illegal act, or in resisting or fleeing arrest;
6. caused by poison, gas, or fumes voluntarily taken, absorbed, or inhaled, except for the involuntary or unintentional ingestion of poison or inhalation of poisonous gases or fumes;
7. caused from any accident where the blood alcohol content of the Insured exceeds the legal limit of the state in which the accident took place;
8. caused by the Insured being under the influence of any narcotic, barbiturate or hallucinatory drug unless administered under the advice of a Physician and taken in accordance with the prescribed dosage; or
9. for which compensation is payable under any Worker's Compensation Law, Occupational Diseases Law, the 4800 Time Benefit Plan or similar legislation.

Limitations:

Pre-Existing Condition means a Sickness, Injury, Nervous or Mental Disorder, disease, or physical condition for which an Insured has consulted a Physician or received any medical advice, treatment, medical supplies, prescription medication, or services within the 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.

We will not pay for a Total Disability caused by or due to a Pre-existing Condition until after the Insured has been covered under this Policy for 24 months.

If a condition is listed on the Application and is accepted by Us without an exclusion rider, then this condition will be covered and is not subject to the Pre-existing Condition Limitation.

BENEFIT REDUCTION FOR INSUREDS AGE 65 AND OLDER: The Maximum Benefit Periods will be reduced by 50% for a period of Total Disability which begins after the Insured attains age 65.

BENEFIT REDUCTION FOR OTHER COVERAGE WITH OTHER INSURERS: If the Insured is receiving disability benefits under any Other Disability Income Coverage while receiving benefits under this Policy for Total Disability, the benefit provided by this Policy will be reduced to the extent this coverage, plus all other coverage, together exceed 100% of the Insured's Monthly Earned Income. However, in no event will this Policy's Monthly Benefit Amount ever reduce below the lesser of: a) 15% of the Monthly Benefit Amount; or b) \$50.00.

Benefits will not be reduced when Social Security has a general level increase in its benefits. Social Security benefits payable to or on behalf of the Insured's dependents are not included in this reduction.

RENEWABILITY:

We may decline to renew this Policy for all members of a class on any Policy Anniversary date by providing 30 days advance written notice to the Insured at his or her last known address on file with Us; or We may terminate the Insured's insurance on the earliest of any of the following:

1. The premium due date the Insured fails to pay the required premium, except as provided in the Grace Period;
2. On the first premium due date after the Insured retires or ceases to actively perform the material and substantial duties of his or her regular occupation other than for reasons of Total Disability;
3. On the first premium due date after the Insured's 70th birthday;
4. On the next premium due date following the date the Insured requests cancellation of coverage. This request must be made to Us in writing by the Insured. No portion of modal premiums already paid for premiums which were due prior to the request for cancellation will be refunded; or
5. On the premium due date after the Insured has a change in employment to an ineligible occupational classification under this Policy.

Termination of the Insured's insurance will not prejudice any claim originating before such termination; provided the Insured continues to meet the definition of Total Disability, subject to the Maximum Benefit Period.

PREMIUMS:

We have the right to change the table of premium rates for all members of the Insured's class on any premium due date on or after the First Policy Anniversary Date, but not more than once in any 6 month period. We will provide written notice at least 31 days before the date of change. The premium rates also may be changed at any time the terms of this Policy are changed, such as Maximum Monthly Benefit Amount, Elimination Period, or Benefit Period.

Premiums may be paid monthly, quarterly, semi-annually, or annually. The premium mode may be changed by sending Us a written request. Upon Our approval, the change will be made.



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway ☒ Kansas City, Missouri 64111-2406

Phone: (800) 648-8624

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DISABILITY INCOME PROTECTION COVERAGE. Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical surgical, or major medical expenses.

BENEFITS:

TOTAL DISABILITY BENEFIT FOR INJURY OR SICKNESS. If Total Disability due to Injury or Sickness begins before the Insured reaches Age 70, We agree to pay the Maximum Monthly Benefit Amount up to the Maximum Benefit Period. Benefits will begin after satisfaction of the Elimination Period.

We will pay the Maximum Monthly Benefit Amount for each full month the Insured remains Totally Disabled due to Injury or Sickness after the Elimination Period, until the Maximum Benefit Period ends. If the Insured recovers after part of a month, We will pay for the part of the month at a daily rate equal to 1/30 of the Maximum Monthly Benefit Amount.

The amount of benefit payable by this Policy will be to a maximum of 50% of the Insured's Monthly Earned Income on the date the Insured becomes Totally Disabled due to Injury or Sickness, not to exceed the Maximum Monthly Benefit Amount.

In the event the Insured's status of employment changes, resulting in a reduction of the Insured's Monthly Earned Income below the underwriting requirements for the amount of the Insureds' coverage or resulting in a lower-rated occupation, the Insured's Maximum Monthly Benefit will be adjusted to a new amount which does not exceed 50% of the Insured's new Monthly Earned Income. The premiums will be adjusted to reflect the new amount. If the adjustment results in a lower premium, all excess premiums will be returned to the Insured on a pro rata basis from the date of notification, or from the last Policy Anniversary Date, whichever is later. In the event the Insured's employment changes, resulting in a higher-rated occupation, the Insured's Maximum Monthly Benefit will be adjusted to the amount that the premiums would have purchased at the higher-rated occupation, not to exceed 50% of the Insured's Monthly Earned Income. It is the Insured's responsibility to notify Us in writing upon a change in the Insured's employment or Monthly Earned Income.

TOTAL DISABILITY BENEFIT FOR NERVOUS OR MENTAL DISORDERS. We agree to pay the Insured 50% of the Maximum Monthly Benefit Amount to a maximum of 6 months for Nervous or Mental Disorders. Benefits will begin after satisfaction of the Elimination Period. Payments will not be made at the same time for Total Disability due to Injury or Sickness and Nervous or Mental Disorders.

EXCLUSIONS, LIMITATIONS, AND REDUCTIONS:

Exclusions:

Benefits will not be paid under this Policy and attached Riders, if any, for any Injury, Sickness, or Nervous or Mental Disorder:

1. caused by riot, insurrection, war, declared or undeclared, or acts of war;
2. while the Insured is in the military, naval or air force of any country or international organization. Any unearned premium paid by the Insured for a period not covered because of this Exclusion will be returned on a pro-rata basis if he or she notifies Us.

If the Insured is released from active duty within 5 years from the date he or she entered active military service, he or she may restore their coverage under this Policy by making written application and paying the required premium within 90 days of his or her release from active duty. No proof of insurability is needed. Premiums will be based on the Insured's attained age as of the date of the new Application. The restored policy will cover only Injuries that occur after the restoration date and Sickness which makes itself known more than 10 days after the restoration date;

3. caused by normal pregnancy, including childbirth or elective abortion, except when loss results from Complications of Pregnancy, as defined;
4. the Insured intentionally inflicts on himself or herself while sane or insane (in Colorado and Missouri while sane);
5. caused by engaging in an illegal act, or in resisting or fleeing arrest;
6. caused by poison, gas, or fumes voluntarily taken, absorbed, or inhaled, except for the involuntary or unintentional ingestion of poison or inhalation of poisonous gases or fumes;
7. caused from any accident where the blood alcohol content of the Insured exceeds the legal limit of the state in which the accident took place;
8. caused by the Insured being under the influence of any narcotic, barbiturate or hallucinatory drug unless administered under the advice of a Physician and taken in accordance with the prescribed dosage; or
9. for which compensation is payable under any Worker's Compensation Law, Occupational Diseases Law, the 4800 Time Benefit Plan or similar legislation.

Limitations:

Pre-Existing Condition means a Sickness, Injury, Nervous or Mental Disorder, disease, or physical condition for which an Insured has consulted a Physician or received any medical advice, treatment, medical supplies, prescription medication, or services within the 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.

We will not pay for a Total Disability caused by or due to a Pre-existing Condition until after the Insured has been covered under this Policy for 24 months.

If a condition is listed on the Application and is accepted by Us without an exclusion rider, then this condition will be covered and is not subject to the Pre-existing Condition Limitation.

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BENEFIT REDUCTION FOR OTHER COVERAGE WITH OTHER INSURERS: If the Insured is receiving disability benefits under any Other Disability Income Coverage while receiving benefits under this Policy for Total Disability, the benefit provided by this Policy will be reduced to the extent this coverage, plus all other coverage, together exceed 100% of the Insured's Monthly Earned Income. However, in no event will this Policy's Monthly Benefit Amount ever reduce below the lesser of: a) 15% of the Monthly Benefit Amount; or b) \$50.00.

Benefits will not be reduced when Social Security has a general level increase in its benefits. Social Security benefits payable to or on behalf of the Insured's dependents are not included in this reduction.

RENEWABILITY:

We may decline to renew this Policy for all members of a class on any Policy Anniversary date by providing 30 days advance written notice to the Insured at his or her last known address on file with Us; or We may terminate the Insured's insurance on the earliest of any of the following:

1. The premium due date the Insured fails to pay the required premium, except as provided in the Grace Period;
2. On the first premium due date after the Insured retires or ceases to actively perform the material and substantial duties of his or her regular occupation other than for reasons of Total Disability;
3. On the first premium due date after the Insured's 70th birthday;
4. On the next premium due date following the date the Insured requests cancellation of coverage. This request must be made to Us in writing by the Insured. No portion of modal premiums already paid for premiums which were due prior to the request for cancellation will be refunded; or
5. On the premium due date after the Insured has a change in employment to an ineligible occupational classification under this Policy.

Termination of the Insured's insurance will not prejudice any claim originating before such termination; provided the Insured continues to meet the definition of Total Disability, subject to the Maximum Benefit Period.

PREMIUMS:

We have the right to change the table of premium rates for all members of the Insured's class on any premium due date on or after the First Policy Anniversary Date, but not more than once in any 6 month period. We will provide written notice at least 31 days before the date of change. The premium rates also may be changed at any time the terms of this Policy are changed, such as Maximum Monthly Benefit Amount, Elimination Period, or Benefit Period.

Premiums may be paid monthly, quarterly, semi-annually, or annually. The premium mode may be changed by sending Us a written request. Upon Our approval, the change will be made.



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway ☐ Kansas City, Missouri 64111-2406

Phone: (800) 648-8624

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OUTLINE OF COVERAGE INDIVIDUAL DISABILITY INCOME INSURANCE Policy Form M-4012OR

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DISABILITY INCOME PROTECTION COVERAGE. Policies of this category are designed to provide, to persons insured, coverage for disabilities resulting from a covered accident or sickness, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical surgical, or major medical expenses.

BENEFITS:

TOTAL DISABILITY BENEFIT FOR INJURY OR SICKNESS. If Total Disability due to Injury or Sickness begins before the Insured reaches Age 70, We agree to pay the Maximum Monthly Benefit Amount up to the Maximum Benefit Period. Benefits will begin after satisfaction of the Elimination Period. The Maximum Monthly Benefit Amount for a Total Disability that commences in the first year is 33% of the Maximum Monthly Benefit Amount and for a Total Disability that commences in the second year is 66% of the Maximum Monthly Benefit Amount. For a Total Disability that commences in the third or subsequent years is 100% of the Maximum Monthly Benefit Amount.

We will pay the Maximum Monthly Benefit Amount for each full month the Insured remains Totally Disabled due to Injury or Sickness after the Elimination Period, until the Maximum Benefit Period ends. If the Insured recovers after part of a month, We will pay for the part of the month at a daily rate equal to 1/30 of the Maximum Monthly Benefit Amount.

The amount of benefit payable by this Policy will be to a maximum of 60% of the Insured's Monthly Earned Income on the date the Insured becomes Totally Disabled due to Injury or Sickness, not to exceed the Maximum Monthly Benefit Amount.

In the event the Insured's status of employment changes, resulting in a reduction of the Insured's Monthly Earned Income below the underwriting requirements for the amount of the Insureds' coverage or resulting in a lower-rated occupation, the Insured's Maximum Monthly Benefit will be adjusted to a new amount which does not exceed 60% of the Insured's new Monthly Earned Income. The premiums will be adjusted to reflect the new amount. If the adjustment results in a lower premium, all excess premiums will be returned to the Insured on a pro rata basis from the date of notification, or from the last Policy Anniversary Date, whichever is later. In the event the Insured's employment changes, resulting in a higher-rated occupation, the Insured's Maximum Monthly Benefit will be adjusted to the amount that the premiums would have purchased at the higher-rated occupation, not to exceed 60% of the Insured's Monthly Earned Income. It is the Insured's responsibility to notify Us in writing upon a change in the Insured's employment or Monthly Earned Income.

TOTAL DISABILITY BENEFIT FOR NERVOUS OR MENTAL DISORDERS. We agree to pay the Insured 50% of the Maximum Monthly Benefit Amount to a maximum of 6 months for Nervous or Mental Disorders. Benefits will begin after satisfaction of the Elimination Period. Payments will not be made at the same time for Total Disability due to Injury or Sickness and Nervous or Mental Disorders.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT. If the Insured, due to a covered Injury, sustains, directly and independently of all other causes within 180 days from the accident date, any loss described below, We will pay:

For Loss Of:	Benefit Payable
Life	Principal Sum
Both hands or both feet or sight of both eyes	Principal Sum
One hand and one foot.....	Principal Sum
One hand or one foot and sight of one eye.....	Principal Sum
One hand or one foot or sight of one eye.....	One-Half Principal Sum
Speech and hearing.....	Principal Sum
Speech or hearing	One-Half Principal Sum
Thumb and index finger of same hand	One-Quarter Principal Sum

Benefits will be payable to the named Beneficiary if the Insured dies due to a covered Injury within 180 days of the accident. Benefits will be payable to the Insured for any other covered Loss which occurs within 180 days of the accident.

With respect to hands and feet, “Loss” means actual severance at or above the wrist or ankle joints; with respect to sight, entire and irrecoverable loss; with respect to thumb and index finger, actual severance through or above metacarpophalangeal joints; and with respect to speech or hearing, entire and irrecoverable loss.

If the Insured sustains more than one of the above losses due to the same accident, the total amount payable on account of such losses shall be limited to the amount of the Principal Sum.

TOTAL DISABILITY HOSPITAL INDEMNITY BENEFIT: If, as a result of a covered Injury, Sickness, or Nervous or Mental Disorder for which the Insured is receiving disability benefits under the terms and conditions of this Policy, the Insured is Hospital confined for a minimum of 24 hours, We agree to pay the Daily Benefit for the Maximum Benefit Period for one continuous Hospital confinement. Payments will commence after the Elimination Period if:

1. The Insured is confined to a Hospital during the entire Elimination Period; and
2. The Insured is still confined to a Hospital after the Elimination Period has been met.

Recurrent Confinements: Successive periods of Hospital confinement, due to the same or related causes will be considered one Injury, Sickness, or Nervous or Mental Disorder unless separated by at least 6 consecutive months of no Hospital confinement as the result of such Injury, Sickness, or Nervous or Mental Disorder.

SURVIVING SPOUSE BENEFIT: If the Insured dies as a result of a covered Injury, Sickness, or Nervous or Mental Disorder, for which the Insured had been receiving disability benefits under the terms and conditions of this Policy, We agree to pay to the surviving spouse of the Insured a one-time benefit amount equal to 2 times the last Monthly Benefit Amount paid to the Insured if:

1. The Insured had been Totally Disabled for at least 180 days on the date that death occurred; and
2. The Insured was receiving benefits under the terms and conditions of this Policy on the date death occurred.

EXCLUSIONS, LIMITATIONS, AND REDUCTIONS:

TOTAL DISABILITY BENEFIT EXCLUSIONS: Benefits will not be paid under this Policy and attached Riders, if any, for any Injury, Sickness, or Nervous or Mental Disorder:

1. caused by riot, insurrection, war, declared or undeclared, or acts of war;
2. while the Insured is in the military, naval or air force of any country or international organization. Any unearned premium paid by the Insured for a period not covered because of this Exclusion will be returned on a pro-rata basis if he or she notifies Us.

If the Insured is released from active duty within 5 years from the date he or she entered active military service, he or she may restore their coverage under this Policy by making written application and paying the required premium within 90 days of his or her release from active duty. No proof of insurability is needed. Premiums will be based on the Insured's attained age as of the date of the new Application. The restored policy will cover only Injuries that occur after the restoration date and Sickness which makes itself known more than 10 days after the restoration date;

3. caused by normal pregnancy, including childbirth or elective abortion, except when loss results from Complications of Pregnancy, as defined;
4. the Insured intentionally inflicts on himself or herself while sane or insane (in Colorado and Missouri while sane);
5. caused by engaging in an illegal act, or in resisting or fleeing arrest;
6. caused by poison, gas, or fumes voluntarily taken, absorbed, or inhaled, except for the involuntary or unintentional ingestion of poison or inhalation of poisonous gases or fumes;
7. caused from any accident where the blood alcohol content of the Insured exceeds the legal limit of the state in which the accident took place;
8. caused by the Insured being under the influence of any narcotic, barbiturate or hallucinatory drug unless administered under the advice of a Physician and taken in accordance with the prescribed dosage; or
9. for which compensation is payable under any Worker's Compensation Law, Occupational Diseases Law, the 4800 Time Benefit Plan or similar legislation.

TOTAL DISABILITY BENEFIT LIMITATIONS:

Pre-Existing Condition means a Sickness, Injury, Nervous or Mental Disorder, disease, or physical condition for which an Insured has consulted a Physician or received any medical advice, treatment, medical supplies, prescription medication, or services within the 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.

We will not pay for a Total Disability caused by or due to a Pre-existing Condition until after the Insured has been covered under this Policy for 24 months.

If a condition is listed on the Application and is accepted by Us without an exclusion rider, then this condition will be covered and is not subject to the Pre-existing Condition Limitation.

ACCIDENTAL DEATH AND DISMEMBERMENT EXCLUSIONS: In addition to the Limitations and Exclusions listed in the Policy, the Accidental Death and Dismemberment Benefit will not be paid for Loss directly or indirectly caused by one or more of the following:

1. Suicide, or any attempt thereat, while sane or insane (in Colorado and Missouri, while sane);
2. Bodily infirmity or disease in any form, or medical or surgical treatment therefore;
3. Bacterial infection, except infections which result from an accidental injury or bacterial infection which results from an accidental, involuntary or unintentional ingestion of an infectious organism;
4. Travel or flight in any kind of aircraft, except on a regularly scheduled commercial flight as a fare-paying passenger, including falling or otherwise descending from or with such aircraft in flight; or while the Insured is participating in aviation training in any kind of aircraft, or is a pilot, officer or other member of the crew of such aircraft.

TOTAL DISABILITY HOSPITAL INDEMNITY BENEFIT EXCLUSIONS: In addition to the Limitations and Exclusions listed in this Policy, the Hospital Indemnity Benefit will not be paid for:

1. Confinement, treatment or care performed outside of the United States;
2. Confinement, treatment or care not recommended or prescribed by a Physician; or
3. Any treatment, confinement or days of confinement which are not Medically Necessary.

BENEFIT REDUCTION FOR INSURED'S AGE 65 AND OLDER: The Maximum Benefit Periods will be reduced by 50% for a period of Total Disability which begins after the Insured attains age 65.

BENEFIT REDUCTION FOR OTHER COVERAGE WITH OTHER INSURERS: If the Insured is receiving disability benefits under any Other Disability Income Coverage while receiving benefits under this Policy for Total Disability, the benefit provided by this Policy will be reduced to the extent this coverage, plus all other coverage, together exceed 100% of the Insured's Monthly Earned Income. However, in no event will this Policy's Monthly Benefit Amount ever reduce below the lesser of: a) 15% of the Monthly Benefit Amount; or b) \$50.00.

Benefits will not be reduced when Social Security has a general level increase in its benefits. Social Security benefits payable to or on behalf of the Insured's dependents are not included in this reduction.

RENEWABILITY:

We may decline to renew this Policy for all members of a class on any Policy Anniversary date by providing 30 days advance written notice to the Insured at his or her last known address on file with Us; or We may terminate the Insured's insurance on the earliest of any of the following:

1. The premium due date the Insured fails to pay the required premium, except as provided in the Grace Period;
2. On the first premium due date after the Insured retires or ceases to actively perform the material and substantial duties of his or her regular occupation other than for reasons of Total Disability;
3. On the first premium due date after the Insured's 70th birthday;
4. On the next premium due date following the date the Insured requests cancellation of coverage. This request must be made to Us in writing by the Insured. No portion of modal premiums already paid for premiums which were due prior to the request for cancellation will be refunded; or
5. On the premium due date after the Insured has a change in employment to an ineligible occupational classification under this Policy.

Termination of the Insured's insurance will not prejudice any claim originating before such termination; provided the Insured continues to meet the definition of Total Disability, subject to the Maximum Benefit Period.

PREMIUMS:

We have the right to change the table of premium rates for all members of the Insured's class on any premium due date on or after the First Policy Anniversary Date, but not more than once in any 6 month period. We will provide written notice at least 31 days before the date of change. The premium rates also may be changed at any time the terms of this Policy are changed, such as Maximum Monthly Benefit Amount, Elimination Period, or Benefit Period.

Premiums may be paid monthly, quarterly, semi-annually, or annually. The premium mode may be changed by sending Us a written request. Upon Our approval, the change will be made.