



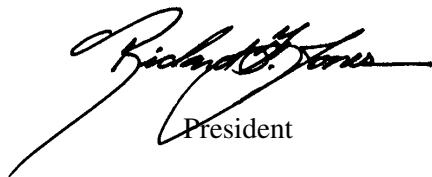
FIDELITY SECURITY LIFE INSURANCE COMPANY

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

NOTE: See the Certificate Schedule on Page 3 for certain details of Your Insurance.

HEREBY CERTIFIES that the person whom this Certificate is issued (herein called the Insured) named on this Certificate Schedule, is insured under and subject to all the provisions, definitions, limitations and conditions of the Policy from and after 12:01 A.M., Standard Time, on the Effective Date shown on Your Certificate Schedule provided the applicable first premium has been paid. The insurance of the Insured reflected by this Certificate is further subject to any modification of the Policy entered into by mutual agreement between the Company and the Policyholder as of the Effective Date of such modification.

FIDELITY SECURITY LIFE INSURANCE COMPANY



Richard E. Jones
President



Bradford R. Jones
Secretary

Workers' Compensation. THE INSURANCE POLICY UNDER WHICH THE CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.

**GROUP HOSPITAL CONFINEMENT INDEMNITY CERTIFICATE
THIS IS A LIMITED BENEFIT PLAN
RENEWABLE AT THE OPTION OF THE COMPANY
NON-PARTICIPATING**

THIS PLAN IS NOT MEDICARE SUPPLEMENT. If you are eligible for Medicare, please review "Choosing a Medigap Policy: A Guide to Health Insurance for People With Medicare," available from the Company.

IMPORTANT NOTICE

To obtain information or make a complaint:

You may contact Special Insurance Services, Inc. at:

1-800-767-6811

You may call Fidelity Security Life Insurance Company's toll-free number for information or to make a complaint at:

1-800-648-8624

You may also write to Fidelity Security Life Insurance Company at:

Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, MO 64111-2406

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance at:

P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771

Web: <http://www.tdi.texas.gov>

E-mail: consumerprotection@tdi.texas.gov

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim, you should contact Fidelity Security Life Insurance Company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become part or condition of the attached document.

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Puede comunicarse Special Insurance Services, Inc. al:

1-800-767-6811

Usted puede llamar al numero de telefono gratis de Fidelity Security Life Insurance Company para informacion o para someter una queja al:

1-800-648-8624

Usted tambien puede escribir a Fidelity Security Life Insurance Company al:

Fidelity Security Life Insurance Company
3130 Broadway
Kansas City, MO 64111-2406

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos, o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
FAX # (512) 475-1771

Web: <http://www.tdi.texas.gov>

E-mail: consumerprotection@tdi.texas.gov

DISPUTAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

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CERTIFICATE SCHEDULE

INSURED PERSON(S):	Refer to I.D. Card	Policy No. MG-109 OP1 19930
BENEFIT YEAR		September 1 to August 31
MAXIMUM INDEMNITY BENEFIT per Insured Person		up to \$3,000 per Benefit Year
OUTPATIENT BENEFIT per Sickness or Injury Benefit Year Maximum	four (4) Outpatient occurrences per family, per	up to \$2,000 Benefit Year
PHYSICIAN BENEFIT		Not Covered
WELLNESS BENEFIT		Not Covered

All benefits listed above are subject to Exclusions and Limitations as outlined in the Policy/Certificate.

DEFINITIONS

Coinsurance means that dollar amount of covered Hospital medical expenses, after Deductible, not payable under the Insured Person's Major Medical/Comprehensive Policy.

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

Deductible means the dollar amount of Deductible that applies to all the covered Hospital medical expenses under the Insured Person's Major Medical/Comprehensive Policy.

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

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

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

Hospital means a legally authorized and operated institution for the care and treatment of sick and injured persons. It must have graduate registered nurses (R.N.) on 24-hour call and organized facilities for diagnosis and surgery either on its premises or in facilities available to it on a contractual prearranged basis.

The following do not qualify as a Hospital: an institution, or part of it, which is used mainly as a facility for rest, nursing care, convalescent care, care of the aged, or for remedial education or training.

Hospital Confined/Hospital Confinement means the Insured Person is admitted to the facility as an overnight bed patient for a minimum of 15 consecutive hours.

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

Injury means bodily Injury sustained by an Insured Person caused by an accident, directly and independently of all other causes, that occurs while the Policy is in force. All Injuries sustained by an Insured Person in any one accident are considered a single Injury.

Insured Person means either an Insured or an Insured Dependent. An **Insured** is an Employee of the Policyholder whose coverage under the Policy has become effective and has not been terminated. **Insured Dependent** means any of the following:

- (a) the spouse of an Insured whose coverage under the Policy has become effective and has not terminated; and
- (b) the unmarried dependent child or children of an Insured or of an Insured's spouse who are under 19 years of age (24 if a full-time student) and whose coverage under the Policy has become effective and has not terminated. Dependent children include stepchildren, legally adopted and foster children.

Major Medical/Comprehensive Policy means any one of the following types of policies or plans which provide benefits for Hospital Confinement for an Insured Person on his or her effective date of coverage, and such policy or plan requires the Insured Person to pay a Deductible and/or portion of Coinsurance: group or blanket insurance plans; group Blue Cross, Blue Shield, or other group prepayment coverage plans; coverage under labor-management trustee plans, union welfare plans, employer organizational plans, employee benefit organizational plans, or other arrangements of benefits for persons of a group. "Major Medical/Comprehensive Policy" does not include Medicare or Medicaid.

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

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

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

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

Physician means a qualified licensed Physician other than an Insured Person or a member of his or her Immediate Family. Physician includes all providers of medical care and treatment to the extent that they are licensed to perform services provided in the Policy. This includes, but is not limited to, medical doctors, chiropractors, chiropractors, dentists, optometrists, osteopaths, podiatrists and psychologists.

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

Complications of Pregnancy means:

- (a) a condition which, while affected by Pregnancy, is still classed by accepted medical standards as a Sickness, disease or Injury apart from the normal bodily changes that accompany Pregnancy;
- (b) a non-elective cesarean section;
- (c) an extrauterine or ectopic Pregnancy; or
- (d) a spontaneous termination of Pregnancy during a period of gestation in which a viable birth is not possible.

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

We means Fidelity Security Life Insurance Company. **Us, Our, Ours** and the **Company** also refers to Fidelity Security Life Insurance Company.

You, Your and **Yours** means the Insured.

ELIGIBILITY AND EFFECTIVE DATE

An Employee's coverage will be effective as of the first of the month following approval of an eligible person's, as defined in the Policyholder's Application, individual application and payment of the first premium. In no event will coverage for any person become effective prior to the Effective Date of the Policy.

Newborn children, adopted children or children placed for adoption will be covered on their date of birth, adoption or placement for adoption for a period of 31 days. If, during this 31 days, the Insured notifies the Company in writing and pays any premium that may be due, coverage will continue. If notification and premium payment is not received within the first 31 days after birth, adoption or placement for adoption, evidence of insurability will be required and the Pre-Existing Condition Limitation, if any, will apply.

A congenital defect or birth abnormality of a newborn child which requires Hospital Confinement will be considered a Sickness.

LATE ENROLLEES

If You do not apply for coverage on Your initial eligibility date, You may not apply for coverage for Yourself and/or any dependents until the next Policy Anniversary Date.

BENEFITS

If, as a result of an Injury or Sickness an Insured Person is Hospital Confined, under the regular care and attendance of a Physician and the expenses are covered by the Insured Person's Major Medical/Comprehensive Policy, the Company will pay up to the Maximum Indemnity Benefit per Benefit Year stated in the Certificate Schedule. Hospital Confinement must begin after the Effective Date.

Such benefits are limited to:

- (a) the Deductible the Insured Person is required to pay under his or her Major Medical/Comprehensive Policy.
- (b) the Coinsurance amount the Insured Person is required to pay under his or her Major Medical/Comprehensive Policy.

Benefits also will be payable for Hospital emergency room treatment as follows:

- (a) Injury – up to the Maximum Indemnity Benefit, subject to the Exclusions and Limitations sections.
- (b) Sickness – up to the Maximum Indemnity Benefit, subject to the Exclusions and Limitations sections, if the Sickness results in Hospital Confinement within 24 hours of the Hospital emergency room treatment.

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- (a) declared or undeclared war or any act thereof;
- (b) suicide or intentionally self-inflicted Injury or any attempt thereat, while sane or insane (while sane, in Colorado and Missouri);
- (c) any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purpose of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such service;
- (d) confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- (e) confinement or other covered treatment for Injury or Sickness which is not Medically Necessary;
- (f) confinement or other covered treatment for dental or vision care not related to an accidental Injury;
- (g) mental or nervous disorders;
- (h) alcoholism, drug addiction or complications thereof;
- (i) any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;

- (j) any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- (k) any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's Major Medical/Comprehensive Policy;
- (l) any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Major Medical/Comprehensive Policy, the Company's sole obligation will then be to refund all premiums paid for that Insured Person; and
- (m) an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.

LIMITATIONS

Pregnancy, Termination of Pregnancy and Complications of Pregnancy. Hospital Confinements due to Pregnancy, termination of Pregnancy and Complications of Pregnancy are payable if the Pregnancy is payable under the Insured Person's Major Medical/Comprehensive Policy.

Benefits for Pregnancy and termination of Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse.

TERMINATION OF COVERAGE

Coverage will terminate on the earliest date any of the following events occur:

- (1) As to any Insured Person:
 - (a) on the date the Policy is terminated;
 - (b) as of the premium due date when the required premium remains unpaid, subject to the grace period;
 - (c) on the premium due date following the date the Insured ceases to be an Employee of the Policyholder; or
 - (d) on the premium due date following the date the Insured Person's coverage under a Major Medical/Comprehensive Policy is no longer in effect.
- (2) As to an Insured Dependent spouse on the premium due date following the date the spouse ceases to be an eligible spouse.
- (3) As to Insured Dependent children on the premium due date following the date the child ceases to be an eligible child.

If a mental or physical handicap prevents an unmarried dependent child from self-support when he or she reaches the termination age, he or she may remain as an Insured Person under the Policy. Proof of such incapacity and dependency must be furnished to the Company within 31 days of the child's attainment of the termination age and not more frequently than annually thereafter. Coverage will continue as long as coverage remains in force and the dependent child is incapable of self-support.

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

PREMIUMS

Premiums must be paid on time to keep the Policy in force. This section explains how and when premiums are to be paid.

PAYMENTS

Premiums are payable at the Company's Home Office or to any of the Company's authorized agents. The first premium is due on the Effective Date. Each subsequent premium is due on the first day following the interval for which the preceding premium was paid.

RIGHT TO CHANGE PREMIUM

The Company reserves the right to change all premiums applicable to the Policy on any premium due date by giving written notice to the Insured and Policyholder at least 60 days in advance of the date premium is to be changed.

RENEWAL/TERMINATION

The Policy is a renewable plan and may be renewed at the option of the Company. The Policyholder or the Company may terminate the Policy on any date on or after the first Policy Anniversary Date by giving at least 30 days written notice to the other party.

CLAIM PROVISIONS

NOTICE OF CLAIM

Written notice of claim must be given within 30 days after a covered loss starts or as soon as reasonably possible. Notice must be given by or on behalf of the claimant to the Company at 3130 Broadway, Kansas City, Missouri 64111-2406 or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy number and nature of the loss.

CLAIM FORM

When the Company receives the notice of claim, forms will be sent to the Insured Person for filing proof of loss. If these forms are not provided within 15 days, the Insured Person will meet the proof of loss requirements by giving the Company a signed written statement of the nature and extent of the loss within the limit stated in the proof of loss provision.

PROOF OF LOSS

Written proof of loss must be given to the Company within 90 days after the date of such loss. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year from the time specified unless the Insured Person is legally incapacitated.

TIME OF PAYMENT OF CLAIMS

Any benefit payable under the Policy will be paid not more than 60 days after the Company receives proper written proof of such loss.

PAYMENT OF CLAIMS

All benefits will be payable to the Insured, unless the Company receives written assignment of benefits to a provider of covered services. Any accrued benefits unpaid at the Insured's death will be paid to the estate of the Insured.

FACILITY OF PAYMENT

If any benefit is payable to an Insured's estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to an amount not exceeding \$1,000, to any relative by blood or by marriage who the Company considered to be entitled to the benefit. Any payment made by the Company in good faith pursuant to this provision will fully discharge the Company to the extent of such payment.

GENERAL PROVISIONS

ENTIRE CONTRACT

The Policy, the Policyholder's Application, along with the Insured's individual application, if any, and any endorsements and/or riders, is the entire contract between the Policyholder and the Company. All statements made by the Insured or the Policyholder, in the absence of fraud, will be deemed representations and not warranties. No such statement will void the insurance or reduce the benefits under the Policy or be used in defense of a claim unless it is contained in a written application and a copy is provided to the Insured Person or beneficiary. No change in the Policy will be valid until approved by one of the Company's officers. This approval must be endorsed on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first premium payment. The Policy is in force during this period.

TIME LIMIT ON CERTAIN DEFENSES

Misstatements in the application. After two years from the date the Insured Person becomes covered under the Policy, no misstatements, except fraudulent misstatements made by the Insured in the Insured's application, will be used to void coverage or to deny a claim for a loss that begins after the two-year period.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy that is in conflict with the laws of the state where the Policyholder is located on its effective date is amended to conform to minimum requirements.

INDIVIDUAL CERTIFICATES

The Company will issue a Certificate for each Insured which will describe:

1. the benefits to which an Insured Person is entitled under the Policy;
2. to whom such benefits are payable;
3. the limitations and requirements of the Policy; and
4. where the Policy may be inspected.

Nothing in the Certificate will change, modify or invalidate any of the terms and conditions of the Policy.

POLICY INSPECTION

The Policy may be inspected by any Insured Person any time during the regular business hours of the Policyholder.

POLICY AMENDMENTS

Subject to the laws of the state in which the Policy is issued, it may be changed at any time by written amendment agreed to by the Company and the Policyholder. Premium rates may be changed according to the Premiums provision. Any amendments to the Policy will be binding on all Insured Persons whether insured prior to or after the effective date of the amendment.

LEGAL ACTIONS

No legal action may be brought to recover on the Policy within 60 days after written proof of loss has been given as required by the Policy. No such action may be brought after three years from the time written proof of loss is required.

MISSTATEMENT OF AGE

If relevant facts about the Insured Person were not accurate:

- a. an adjustment of premium will be made; and
- b. the true facts will decide in what amount insurance is valid under the Policy.

CLERICAL ERROR

Clerical errors or delays in keeping records for the Policy:

- a. will not deny insurance which would otherwise have been granted;
- b. will not continue insurance which otherwise would have ceased; and
- c. will call for an adjustment of premium benefits to correct the error.

WORKERS' COMPENSATION & WORKMEN'S COMPENSATION NOT AFFECTED

The Policy is not in lieu of and does not affect any requirement for coverage by Workers' Compensation Insurance or Workmen's Compensation Insurance.

PHYSICAL EXAMINATION AND AUTOPSY

The Company, at the Company's own expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim. The Company, at the Company's own expense, will have the right to make an autopsy in case of death, unless it is forbidden by law.

ADDING INSUREDS

Additional Insureds may be added to the original group under the Policy from time to time, according to the terms of the Policy.



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AMENDMENT RIDER For Texas Residents Only

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

1. The definition of **Insured Person** in the **DEFINITIONS** section is deleted in its entirety and replaced with the following:

Insured Person means either an Insured or an Insured Dependent. An **Insured** is a Member of the Policyholder whose coverage under the Policy has become effective and has not been terminated. **Insured Dependent** means any of the following:

- (a) the lawful spouse of an Insured whose coverage under the Policy has become effective and has not terminated; and
- (b) the unmarried dependent child or children of an Insured or of an Insured's spouse (which includes stepchildren, legally adopted children, grandchildren, and foster children) who are under 25 years of age, or such higher ages as approved in writing by the Company. A child is considered adopted if the Insured is a party in a suit in which the adoption of the child by the Insured is sought. A grandchild is only eligible if the grandchild is dependent on the Insured for federal income tax purposes at the time application for coverage of the child is made. Coverage for any grandchild may not be terminated solely because the covered child is no longer a dependent for federal income tax purposes.

2. The **LIMITATIONS** section is deleted in its entirety and replaced with the following:

Pregnancy. Hospital Confinements due to Pregnancy, are payable if the Pregnancy is payable under the Insured Person's Major Medical/Comprehensive Policy.

Benefits for Pregnancy under this provision are limited to an Insured or an Insured Dependent spouse.

3. The exclusion that reads "alcoholism, drug addiction or complications thereof" in the **EXCLUSIONS** section is deleted in its entirety.
4. Number (3) in the **TERMINATION OF COVERAGE** section is deleted in its entirety and replaced with the following:
 - (3) As to Insured Dependent children on the premium due date following the date the child ceases to be an eligible child.

If a mental or physical handicap prevents an unmarried Insured Dependent child from self-support when he or she reaches the termination age, he or she may remain as an Insured Person under the Policy. Proof of such incapacity and dependency must be furnished to the Company within 31 days of the child's attainment of the termination age. Proof may be required by the Company, but not more frequently than annually after the two-year period following the child's attainment of the limiting age. Coverage will continue as long as coverage remains in force and the Insured Dependent child is incapable of self-support.

5. The last sentence of the **TERMINATION OF COVERAGE** section is deleted in its entirety and replaced with the following:

Termination of the insurance of any Insured Person will be without prejudice to any Hospital Confinement or other covered treatment for Injury or Sickness that begins before the date of termination.

6. The **RIGHT TO CHANGE PREMIUM** provision in the **GENERAL PROVISIONS** section is deleted in its entirety and replaced with the following:

RIGHT TO CHANGE PREMIUM

The Company reserves the right to change all premiums applicable to the Policy on any premium due date by giving written notice to the Insured and Policyholder at least 60 days in advance of the date premium is to be changed.

7. The following provisions are added to the **CLAIM PROVISIONS** section:

PAYMENT TO THE TEXAS DEPARTMENT OF HUMAN SERVICES

In the event that the Texas Department of Human Services is paying benefits on behalf of an Insured Person under Chapters 31 or 32 of the Human Resources Code, i.e., financial and medical assistance service program administered pursuant to the Human Resources Code, and the Company is notified through an attachment to the claim when first submitted to the Company which states that all benefits payable are to be paid directly to the Department of Human Services, the Company will pay all benefits under the Policy for the Insured Person to the Texas Department of Human Services.

PAYMENT TO THE TEXAS DEPARTMENT OF HUMAN RESOURCES

In the event that the Texas Department of Human Resources is paying benefits on behalf of an Insured Person, the Company will pay benefits under the Policy for the Insured Person to the Texas Department of Human Resources.

PAYMENT TO MANAGING CONSERVATOR OF AN INSURED DEPENDENT CHILD

For a minor child who otherwise qualifies as a dependent of an Insured Person, benefits may be paid on behalf of the Insured Dependent child to a person who is not the Insured Person if an order issued by a court of competent jurisdiction in this or any other state appoints such person the possessory or managing conservator of the child.

To be entitled to receive benefits, a possessory or managing conservator of an Insured Dependent child must submit to the Company, with the claim application, written notice that such person is the possessory or managing conservator of the Insured Dependent child on whose behalf the claim is made, and submit a certified copy of a court order establishing the person as a possessory or managing conservator or other evidence designated by rule of the Texas State Board of Insurance that the person qualifies to be paid the benefits. Such requirements shall not apply in the case of any unpaid medical bill for which a valid assignment of benefits has been exercised or to claims submitted by the Insured Person where the Insured Person has paid any portion of a medical bill that would be covered under the terms of the Policy.

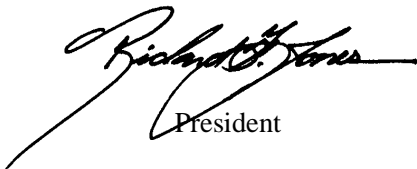
8. The **MISSTATEMENT OF AGE** provision in the **GENERAL PROVISIONS** section is deleted in its entirety and replaced with the following:

MISSTATEMENT OF AGE

If Your age has been understated, the Company will make any equitable adjustment of premiums or benefits or both for Your correct age.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

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President


Secretary



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OPTIONAL OUTPATIENT BENEFIT RIDER

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

OUTPATIENT BENEFIT

Benefits are payable for outpatient treatment for Injury or Sickness as shown in the Certificate Schedule. The benefits are limited to the difference between the benefits paid by Your Major Medical/Comprehensive Policy and the actual outpatient Expenses Incurred, which includes any out-of-pocket expenses such as Deductible and Coinsurance. Same or related conditions will apply to the same Sickness or Injury, unless separated by a period of 90 consecutive days treatment free. Outpatient benefits include treatment under the regular care and attendance of a Physician at a Hospital, an outpatient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide outpatient treatment.

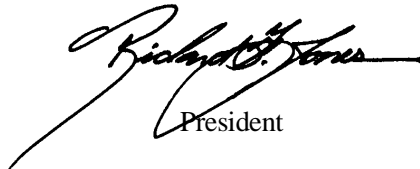
DEFINITIONS

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

This Rider is in lieu of any Hospital emergency room benefit in the Policy/Certificate.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

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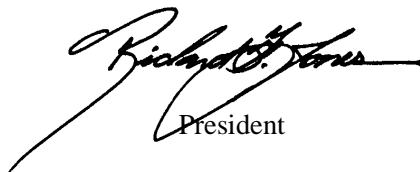
AMENDMENT RIDER

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

Any provision of the Policy/Certificate that provides coverage for a dependent child up to a certain age is amended to cover such child to age 26, regardless of financial dependency, residency, student status, or marital status.

This Rider takes effect on the effective date of the Policy/Certificate to which it is attached. This Rider terminates concurrently with the Policy/Certificate to which it is attached. It is subject to all the definitions, limitations, exclusions and conditions of the Policy/Certificate except as stated.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary



FIDELITY SECURITY LIFE INSURANCE COMPANY

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

IMPORTANT INFORMATION ABOUT COVERAGE UNDER THE TEXAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION (For insurers declared insolvent or impaired on or after September 1, 2011)

Texas law establishes a system to protect Texas policyholders if their life or health insurance company fails. Only the policyholders of insurance companies that are members of the Association are eligible for this protection which is subject to the terms, limitations, and conditions of the Association law. (The law is found in the *Texas Insurance Code*, Chapter 463.)

It is possible that the Association may not protect all or part of your policy because of statutory limitations.

Eligibility for Protection by the Association

When a member insurance company is found to be insolvent and placed under an order of liquidation by a court or designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- Residents of Texas (**regardless of where the policyholder lived when the policy was issued**)
- Residents of other states, **ONLY** if the following conditions are met:
 1. The policyholder has a policy with a company domiciled in Texas;
 2. The policyholder's state of residence has a similar guaranty association; and
 3. The policyholder is *not eligible* for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- For each individual covered under one or more policies: up to a total of \$500,000 for basic hospital, medical-surgical, and major medical insurance, \$300,000 for disability or long term care insurance, or \$200,000 for other types of health insurance.

Life Insurance:

- Net cash surrender value or net cash withdrawal value up to a total of \$100,000 under one or more policies on a single life; or
- Death benefits up to a total of \$300,000 under one or more policies on a single life; or
- Total benefits up to a total of \$5,000,000 to any owner of multiple non-group life policies.

Individual Annuities:

- Present value of benefits up to a total of \$250,000 under one or more contracts on any one life.

Group Annuities:

- Present value of allocated benefits up to a total of \$250,000 on any one life; or
- Present value of unallocated benefits up to a total of \$5,000,000 for one contractholder regardless of the number of contracts.

Aggregate Limit:

- \$300,000 on any one life with the exception of the \$500,000 health insurance limit, the \$5,000,000 multiple owner life insurance limit, and the \$5,000,000 unallocated group annuity limit.

These limits are applied for each insolvent insurance company.

Insurance companies and agents are prohibited by law from using the existence of the Association for the purpose of sales, solicitation, or inducement to purchase any form of insurance. When you are selecting an insurance company, you should not rely on Association coverage. For additional questions on Association protection or general information about an insurance company, please use the following contact information.

Texas Life and Health Insurance
Guaranty Association
515 Congress Avenue, Suite 1875
Austin, Texas 78701
800-982-6362 or www.txlifega.org

Texas Department of Insurance
P.O. Box 149104
Austin, Texas 78714-9104
800-252-3439 or www.tdi.texas.gov



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NOTICE OF ADMINISTRATOR'S CAPACITY

PLEASE READ: This notice advises insured persons of the identity and relationship among the administrator, the policyholder and the insurer:

1. Fidelity Security Life Insurance Company (FSL) has, by agreement, arranged for Special Insurance Services, Inc. to provide administrative services for your insurance plan. As administrator, Special Insurance Services, Inc., may be authorized to market, underwrite, bill and collect premiums, process claims payment, and perform other services, according to the terms of its agreement with the insurance company. Special Insurance Services, Inc. is not the insurance company or the policyholder.
2. The policyholder is the entity to whom the insurance policy has been issued. The policyholder is identified on either the face page or schedule page of the policy or certificate.
3. Fidelity Security Life Insurance Company is liable for the funds to pay your insurance claims.

If Special Insurance Services, Inc. is authorized to process claims for the insurance company, they will do so promptly. In the event there are delays in claims processing, you will have no greater rights to interest or other remedies against Special Insurance Services, Inc. than would otherwise be afforded to you by law.



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HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice describes how we protect personal health information we have about you which relates to our medical, dental, vision and prescription drug coverage. Protected Health Information ("PHI") is individually identifiable information about you. All of the following are examples of PHI: demographic information like your name, address and social security number; medical information that relates to your past, present or future physical or mental health that is collected, created or received from you, a health care provider, a health plan, employer or a health care clearinghouse; the providing of health care; or the past, present or future payment for providing health care to you.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your PHI. We are also required to give You this notice about our privacy practices, our legal duties, and your rights concerning your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect June 1, 2013 or the date coverage became effective for you, whichever is later, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all PHI that we maintain, including PHI we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our Insureds at the time of change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Your PHI

In conducting our business we will create records regarding you and the insurance services we provide you. The main reasons for which we may use and may disclose your PHI are to evaluate and process any requests for medical coverage and claims for benefits you may make. The following describe these and other uses and disclosures, together with some examples:

Treatment: We may use or disclose your PHI to facilitate medical treatment by providers. For example, your PHI may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to treat you. We may request the services of a business associate to assist us in these activities.

Payment: We may use and disclose your PHI to facilitate payment of benefits under your insurance coverage. For example, we might disclose your PHI to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, to obtain payments and to issue explanations of benefits. We also may use your PHI to obtain payment from third parties that may be responsible for your premium payments, such as family members.

Health Care Operations: We may use and disclose your PHI as necessary, and as permitted by law, to operate our business. Health care operations include: (i) rating our risk and determining our premiums for your insurance; (ii) conducting quality assessment and improvement activities; (iii) conducting or arranging for medical review, legal services, audit services, fraud and abuse detection and compliance programs; and (iv) business planning and development.

On Your Authorization: You may give us written authorization to use your PHI or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this notice. We would also need to obtain your prior written authorization if your PHI were to be used for marketing or sales purposes.

To Your Family and Friends: We may disclose your PHI to a family member, friend, or other person to the extent necessary to help with your health care or for payment of your health care. We may use or disclose your name, location and general condition or death to notify, or assist in the notification, of (including identifying or locating) a person involved in your care.

Before we disclose your PHI to a person involved with your health care or payment for your health care, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your PHI based on our professional judgment of whether the disclosure would be in your best interest.

Your Employer or Organization Sponsoring Your Health Plan: We may disclose your PHI and the PHI of others enrolled in your group insurance plan to the employer or other organization that sponsors your group insurance plan to permit the plan administrator to perform plan administration functions. We may also disclose summary information about the enrollees in your group insurance plan to the plan administrator to use to obtain premium bids for the health insurance coverage offered through your group insurance plan or to decide whether to modify, amend or terminate your group insurance plan. The summary information we may disclose will summarize claims history, claims expenses, or types of claims experienced by the enrollees in your group insurance plan. The summary information will be stripped of demographic information about the enrollees in the group insurance plan, but the plan administrator may still be able to identify you or other participants in your group health plan from the summary information. We may also disclose enrollment and disenrollment information to either the plan administrator or plan sponsor of your group insurance plan.

Underwriting: We may receive your PHI for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose your PHI for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us, or where we disclose such information to MIB, Inc., a non-profit membership organization of life and health insurance companies, which operates an information exchange on behalf of its members. In those cases, our use and disclosure of your PHI will only be as described in this notice. We are also prohibited from using genetic information for underwriting.

Public Benefit: We may use or disclose your PHI without your authorization when required or permitted by law for the following purposes deemed in the public interest or benefit:

- for public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- to report adult abuse, neglect, or domestic violence;
- to health oversight agencies;
- in response to court and administrative orders and other lawful processes;
- to law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- to coroners, medical examiners, and funeral directors;
- to organ procurement organizations;
- to avert a serious threat to health and safety;
- to the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- to correctional institutions regarding inmates; and
- as authorized by state worker's compensation laws.

Business Associates: Certain aspects and components of our business are preformed through contracts with outside persons or organizations. Examples of these outside persons and organizations include our duly appointed insurance agents, third party administrators, financial auditors, actuarial and underwriting services, reinsurers, legal services, enrollment and billing services, claim payment and medical management services and collection agencies. At times it may be necessary for us to provide your PHI to one or more of these outside persons or organizations who assist us with our payment or health care operations. In all cases, we disclose only the minimum information necessary for these business associates to perform their responsibilities, and we require them to appropriately safeguard the privacy of your information.

Individual Rights

Access: In most cases, you have the right to inspect and/or obtain an electronic or hard copy of the PHI that we maintain about you. You may also send a written request designating another individual to receive your PHI on your behalf. Written requests must be signed and dated by you or your personal representative using the "Contact Information" provided at the end of this Notice. The request must clearly identify the individual to receive your PHI. We may charge a fee for the costs of copying, mailing, labor and supplies associated with your request. However, certain types of PHI will not be made available for inspection and copying. This includes psychotherapy notes and PHI collected by us in connection with, or in reasonable anticipation of any claim or legal proceeding. In very limited circumstances we may deny your request to inspect and obtain a copy of your PHI. If we do, you may request that the denial be reviewed. The review will be conducted by an individual chosen by us who was not involved in the original decision to deny your request. We will comply with the outcome of that review.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your PHI for purposes other than for treatment, payment, health care operations or as otherwise authorized by you during the six years prior to the date the accounting is requested. For example, we would account for your PHI or demographic information we disclose during an audit by an insurance department or pursuant to a court order. You must make your request in writing using the "Contact Information" provided at the end of this Notice. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Restriction: You have the right to request a restriction or limitation on PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. While we will consider your request, we are not required to agree to it. If we do agree to it, we will comply with your request. To request a restriction, you must make your request in writing using the “Contact Information” provided at the end of this Notice. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (for example, disclosures to your spouse or parent). We will not agree to restrictions on PHI uses or disclosures that are legally required, or which are necessary to administer our business.

Unauthorized Access: You are entitled to receive notification of unauthorized access to your PHI. We maintain physical, electronic and procedural safeguards that are compliant with applicable federal and state privacy laws. However, if your PHI is ever compromised, we will notify you of the incident.

Confidential Communications: You have the right to request that we communicate with you about PHI in a certain way or at a certain location if you tell us that communication in another manner may endanger you. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing using the “Contact Information” provided at the end of this Notice and specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Amendment: If you believe that your PHI is incorrect or that an important part of it is missing, you have the right to ask us to amend your PHI while it is kept by or for us. You must provide your request and your reason for the request in writing using the “Contact Information” provided at the end of this Notice. We may deny your request if it is not in writing or does not include a reason that supports the request. In addition, we may deny your request if you ask us to amend PHI that: (i) is accurate and complete; (ii) was not created by us, unless the person or entity that created the PHI is no longer available to make the amendment; (iii) is not part of the PHI kept by or for us; or (iv) is not part of the PHI which you would be permitted to inspect and copy.

Right to File a Complaint: If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, submit your complaint using the “Contact Information” provided at the end of this Notice. All complaints must be submitted in writing. You will not be retaliated against for filing a complaint.

Contact Information: If you have questions regarding this Notice or need further assistance regarding this Notice, please contact us at:

Contact Office: Fidelity Security Life Insurance Company, HIPAA Customer Service

Telephone: 800-648-8624 Fax: 816-968-0660

Address: 3130 Broadway, Kansas City, MO 64111-2406