

Young Adult Whole Life

Coverage Description	Young Adult Life gives parents and grandparents the opportunity to establish a plan of lifetime protection for their children and/or grandchildren. This whole life insurance plan offers valuable life insurance along with cash value accumulations that may be used to save for education or other needs as the insured grows older. In addition, this plan features the added benefit of future purchase options.
Plan Benefits	<ul style="list-style-type: none"> • 5,000, \$10,000, \$15,000, or \$20,000 benefit amounts per child. • Cash value accumulations, beginning five years after date of issue. • Future purchase options beginning at insured's age 25. • Waiver of Premium protection on applicant owner for total disability occurring before age 60. • Waiver of Premium protection and ownership provisions that automatically transfer to the insured child when she/he reaches age 21. • Waiver of Premium to insured's age 21, in the event of owner/payer's death.
Eligibility	<ul style="list-style-type: none"> • Children and grandchildren of the applicant. • Ages six months to 21 years at time of application.
Underwriting	<ul style="list-style-type: none"> • Simplified issue (accept/reject) with one health question.
Premium	<ul style="list-style-type: none"> • Premiums increase annually through age 20. • Premiums are level beginning at age 21 and are payable for lifetime thereafter.

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Senior Whole Life

Coverage Description	<p>Senior Whole Life provides level premium, permanent whole life insurance with rates based on the insured's age at issue. Coverage may be continued for the insured's lifetime with the added assurance that the premium amounts do not increase and the face amount does not reduce because of age.</p> <p>Other important plan features include:</p> <ul style="list-style-type: none"> • Additional benefits for death resulting from accidental injury; • Waiver of Premium protection; and • Cash value accumulations, beginning at the end of the second policy year.
Plan Benefits	<ul style="list-style-type: none"> • Face amounts from \$2,000 to \$20,000. • Two times the face amount if death results from accidental injury. • Death from natural causes: <ul style="list-style-type: none"> • During first policy year: 125% of annual premium. • During second policy year: 250% of annual premium. • Full face amount during third policy year and thereafter.
Eligibility	<ul style="list-style-type: none"> • Issue ages 45 through 75. • Spouse is also eligible.
Underwriting	All applicants are guaranteed acceptance.

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Cancer

<p>Coverage Description</p>	<p>Provides benefits to help cover expenses incurred or associated with cancer treatment, both in and out of the hospital. This plan pays in addition to other medical and/or disability insurance. The Cancer Insurance Plan allows a great deal of flexibility to the sponsoring organization and may be customized to meet the unique needs of members/employees.</p>														
<p>Plan Benefits</p>	<ul style="list-style-type: none"> • Choice of basic Hospital Confinement benefits ranging from \$75 to \$300 per day. • A broad choice of optional benefits and benefit amounts. • Options include: <table border="1" data-bbox="613 632 1442 1119"> <tr> <td>Miscellaneous In-Hospital Expense Benefit</td> <td>Ambulance Benefit</td> </tr> <tr> <td>Physician Hospital Benefit</td> <td>Anesthesia Benefit</td> </tr> <tr> <td>Surgical Benefit</td> <td>Prosthesis Benefit</td> </tr> <tr> <td>Chemotherapy Benefit</td> <td>Home Health Care Benefit</td> </tr> <tr> <td>Blood and Plasma Benefit</td> <td>Hospice Care Benefit</td> </tr> <tr> <td>Private Duty Nursing Benefit</td> <td>Transportation Benefit</td> </tr> <tr> <td>First Diagnosis Benefit for Internal Cancer</td> <td>Family Lodging Benefit</td> </tr> </table> • Family coverage available to include spouse and/or dependent children. 	Miscellaneous In-Hospital Expense Benefit	Ambulance Benefit	Physician Hospital Benefit	Anesthesia Benefit	Surgical Benefit	Prosthesis Benefit	Chemotherapy Benefit	Home Health Care Benefit	Blood and Plasma Benefit	Hospice Care Benefit	Private Duty Nursing Benefit	Transportation Benefit	First Diagnosis Benefit for Internal Cancer	Family Lodging Benefit
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<p>Underwriting</p>	<p>Acceptance is guaranteed, if cancer-free for the last 10 years.</p>														

M7000

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Limited Medical Indemnity

Coverage Description	The Limited Medical Indemnity plan offers a low cost alternative to comprehensive/major medical coverage. It is designed to allow employers the flexibility needed to customize an affordable basic hospital plan for their employees who have no other medical insurance.
Plan Benefits	<ul style="list-style-type: none"> • \$100,000 calendar year maximum per person. • A choice of standard benefit packages. • Hospital confinement indemnity benefits ranging from \$100 to \$1500 per day. • A choice of scheduled benefits for both inpatient and outpatient surgeries and anesthesiology. • Coverage for outpatient testing and diagnostic procedures, outpatient physician’s office visits and wellness visits as well as discounts for generic and brand drugs.
Optional Benefits	<ul style="list-style-type: none"> • Term Life and AD&D • Outpatient Prescription Drugs • Dental • Vision
Eligibility	<ul style="list-style-type: none"> • Eligibility for employer/employee groups is determined by the industry, group size, percentage of group participation and employer contribution. • This plan is not available for individual sales.
Underwriting	<ul style="list-style-type: none"> • Guaranteed issue for eligible employees, their spouse and dependent children. • Simplified issue (accept/reject) for late entrants.

M1004

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Out-of-Pocket Expense (Gap) Coverage

Coverage Description	<p>This is a group hospital confinement benefit policy with optional riders designed to cover the out-of-pocket expenses that employees must pay under their Comprehensive Major Medical Insurance Plan. It is an attractive product for employers wishing to reduce total premium expenditures without significantly reducing employee benefits. Employer contribution is optional.</p>
Plan Benefits	<p>Benefits are paid for deductibles, co-payments and coinsurance amounts insured employees are required to pay for covered services under their Comprehensive Major Medical Insurance.</p> <p>Employers may select from a broad range of options and maximum benefit amounts in tailoring a plan uniquely suited to the employees' needs.</p> <p>The basic plan covers hospital confinement, emergency room treatment for injury and/or sickness (if the insured is hospital confined within 24 hours of that treatment).</p> <p>In addition, a number of optional riders are available to help pay out-of-pocket costs for outpatient care, physician's services and wellness visits.</p>
Eligibility	<ul style="list-style-type: none">• Employer/employee group eligibility is determined by the industry, group size, percentage of group participation and employer contribution.• This plan is not available for individual sales.
Underwriting	<ul style="list-style-type: none">• Guaranteed issue for eligible employees, their spouses and dependent children.• Coverage for late entrants is guaranteed issue at next annual open enrollment period.

M9054

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Hospital Indemnity

Coverage Description	<p>Provides a daily indemnity benefit for hospital confinement resulting from accident, sickness or specified vehicle/travel accident. In addition, a broad range of optional benefits are available, making it possible to customize this product offering to meet the unique needs of the client group.</p> <p>Benefits are paid <i>in addition</i> to all other accident or health insurance benefits to which the insured may be entitled.</p>	
Plan Benefits	<p>Type of Coverage</p> <ul style="list-style-type: none"> • Hospital Confinement for Sickness • Hospital Confinement for Accidents • Hospital Confinement for Travel-related Accidents • Daily Benefits payable up to 365 or 730 days, as chosen by the policyholder. 	<p>Daily Benefit Options</p> <ul style="list-style-type: none"> \$10-\$200 per day 2x Sickness Benefit 4x Sickness Benefit
Optional Benefits	<p>The following optional benefits are available:</p> <p>Intensive Care/Cardiac Care, Cancer, Skilled Nursing Facility, Accidental Emergency Room, Survivor Benefit, Nurse-At-Home, Post-Hospital Convalescence, Common Accident, Increased Accident, Outpatient Surgical, Inpatient Surgical, Surgical Expense and Accidental Indemnity, Cancer and ICU, Emergency and Outpatient Expense and Extended Hospital Confinement for insureds over age 65.</p>	
Family Members	<p>Coverage is available for spouse and/or dependent children.</p>	
Underwriting	<p>All applicants are guaranteed acceptance.</p>	

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Self-Funded Excess Loss Medical

Coverage Description	The Excess Loss Medical plan offers Specific and Aggregate self-funded medical coverage for most self-insured employer groups nationwide. It is designed to give employers looking to self-fund their health benefit plans insurance protection from catastrophic claims above their self-insured retention. This is an effective approach employers have used to significantly reduce costs while maintaining control of their benefit plans. It also provides employers with the flexibility to design their health benefit plans to meet the needs of their own employees.
Marketing	Our Excess Loss Medical contract is available for marketing by experienced full-service Managing General Agents who specialize in providing tailored programs for Employers.
Plan Benefits	<ul style="list-style-type: none"> • Standard Specific and Aggregate maximum benefit limits: \$1,000,000; with options of \$2,000,000 to \$5,000,000 available. • Flexible Medical Excess Loss Contract • Wide range of Contract Claim Basis: 12/12, 12/15, 12/18, 12/24, 18/12, 15/12, and Paid. Other options available provided contract period does not exceed 12 months. • Excess Loss Coverage tailored for nearly any group of 10 lives and up.
Optional Benefits	<ul style="list-style-type: none"> • Monthly Aggregate Accommodation • Aggregate Terminal Liability • Simultaneous Reimbursements • Aggregate Specific Reimbursements

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Vision Care (PPO)

Coverage Description	<p>Vision coverage provides In- and Out-of-Network benefits for eye examinations, glasses, and contact lenses to sponsoring employer groups or associations. Usually, the plan is sponsored by an employer who may contribute some or all of the premium payment and collects the remainder through payroll deduction. Coverage is also available on a voluntary basis.</p>
Plan Benefits	<ul style="list-style-type: none"> • Vision examinations only. • Eyewear only (frames, lenses and contact lenses). • Vision examination and eyewear (frames, lenses and contact lenses). <p>The plan sponsor may select from a wide range of benefits.</p> <p>A co-payment may be required for both the exam and eyewear by the insured.</p> <p>The plan sponsor selects co-payment and benefit amounts. Additional discounts are available if the member utilizes a participating provider in the vision PPO network.</p>
Benefit Period	<p>The plan is designed to cover one eye exam and eyewear purchase once every 12 or 24 months, as selected by the plan sponsor. Once the employee has used a benefit, she/he may not use that benefit again for another 12- or 24-month period. Vision exam and eyewear benefit periods are separate. The employee is not required to purchase both at the same time.</p>
Eligibility	<p>The plan sponsor may determine, on a non-discriminatory basis, what classes of their employees are eligible to participate. Eligible dependent spouse and unmarried dependent children under age 19 (25 if a full-time student) also are eligible to participate (dependent children age restrictions vary by state).</p>
Underwriting	<p>Each plan sponsor must complete a group application form.</p>

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Vision Care (Indemnity)

Coverage Description	Vision coverage provides indemnity benefits for eye examinations, glasses, and contact lenses to employees/members of sponsoring employer groups or associations. Usually, the plan is sponsored by an employer who may contribute some or all of the premium payment and collects the remainder through payroll deduction. Coverage is also available on a voluntary basis.
Plan Benefits	<ul style="list-style-type: none"> • Vision examinations • Eyewear (frames, lenses and contact lenses) • The plan sponsor may select benefits from \$20 to \$50 for exams, and \$50 to \$150 for eyewear. <p>A co-payment may be required of the insured for both the exam and eyewear.</p> <p>The plan sponsor selects co-payments and benefit amounts.</p>
Benefit Period	<p>The plan is designed to cover one eye exam and eyewear purchase every 12 or 24 months, as selected by the plan sponsor. After the effective date of coverage, employees are free to determine when to use the plan for the first time.</p> <p>Once the employee has used a benefit she/he may not use that benefit again for another 12- or 24-month period. Vision exam and eyewear benefit periods are separate. The employee is not required to purchase both at the same time.</p>
Eligibility	<p>The plan sponsor may determine, on a non-discriminatory basis, what classes of their employees are eligible to participate. Eligible dependent spouse and unmarried dependent children also are eligible to participate. Dependent age restrictions may vary by state.</p>
Underwriting	<p>Each plan sponsor must complete an application.</p>

Dental

Coverage Description	<p>Dental coverage is available to employer groups of two-plus lives. Both employer-paid and voluntary coverage is available.</p> <p>Coverage is also available on an individual basis.</p>
Plan Benefits	<p>Employer group coverage is available under a PPO, on an indemnity basis, fee schedule or any combination thereof.</p> <p>Individual coverage is available on an indemnity basis and provides good value benefits not readily available to individuals.</p> <p>Custom plan designs are available for groups of 100-plus lives.</p> <p>Typical plan designs available:</p> <ul style="list-style-type: none"> • 100% of preventive services. • 80% of basic care. • 50% of major services. • Optional Orthodontia coverage. • Plan maximums ranging from \$750 to \$1,500. <p>Deductibles and waiting periods apply.</p>
Eligibility	<p>Employer groups: All active employees and their dependents.</p> <p>Individual: Those up to the age of 65 and their dependents.</p>
Underwriting	<p>Underwriting criteria is based on group size, prior dental experience and industry factors.</p>

Lasik

Coverage Description	An indemnity benefit is paid regardless of where lasik surgery is performed for LASIK, LASEK or PRK, including Custom and Intra Lase.
Plan Benefits	<ul style="list-style-type: none"> • Provides a one-time benefit up to \$600 for a covered Lasik Procedure (as selected by the Policholder). • Freedom of choice – may be utilized with any Lasik provider.
Eligibility	Coverage available to employer groups, union members, HMO members, and insureds of other insurance companies.
Underwriting	<p>Coverage must be:</p> <ol style="list-style-type: none"> 1) 100% paid by Policyholder; or 2) Bundled with either vision plans or with another core health product. <p>Coverage may not be offered as a stand-alone voluntary option to employees or members.</p>

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Hearing

Coverage Description	Provides benefits for Hearing Loss Exams and/or Hearing Aids.
Plan Benefits	<ul style="list-style-type: none"> • Hearing Exam: Up to \$150 every 24 months (12 months for children) • Hearing Aid Device: Up to \$1000 every 5 years (2 years for children)
Eligibility	Employers and unions are eligible to offer coverage to their active employees/members (retirees are not eligible).
Underwriting	<p>Coverage must be 100% employer-paid or bundled with another health product.</p> <p>Minimum Group Size: Employer Paid: 300 Bundled: 100</p> <p>Coverage is guaranteed issue.</p> <p>Custom quotes may be provided to groups over 3,000 lives.</p>

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Retail Prescription Drug

Coverage Description	Provides benefits for Outpatient Prescription Drugs
Plan Benefits	<ul style="list-style-type: none"> • Designed to customize the plan benefits • Covers brand plus generics or generics only • In most instances, access to over 55,000 pharmacies nationwide
Plan Design	<ul style="list-style-type: none"> • Flexibility to meet clients' needs • Ability to private label Rx for other carriers and TPA's • Streamlined Implementation
Eligibility	<ul style="list-style-type: none"> • Affinity Groups and Employers • Underwriting requirements are determined by plan selection
Premium	<ul style="list-style-type: none"> • Quotes may be given for groups from 5-50,000 lives.

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Critical Period Mortgage Life

<p>Coverage Description</p>	<p>Provides benefits during the “critical period” following a mortgage holder’s death, giving surviving family members time to defer important financial decisions until they are better prepared emotionally.</p> <p>Individual and Joint First-to-Die plans are offered. These plans provide monthly benefits, with a choice of benefit periods, for death resulting from natural causes and a lump sum benefit for death resulting from accident.</p>
<p>Plan Benefits</p>	<p>Ages 18 to 65:</p> <ul style="list-style-type: none"> • Up to \$2,000 per month for 12 or 24 months for death resulting from natural causes. • Up to \$100,000 for death resulting from accident. <p>Ages 65 to 70:</p> <ul style="list-style-type: none"> • Up to \$2,000 per month for six months for death resulting from natural causes. • Up to \$50,000 for death resulting from accident. <p>Joint Coverage:</p> <ul style="list-style-type: none"> • Benefits are paid for the first to die. • If both die from a common accident full benefits are paid for each insured. <p>Coverage terminates at age 70.</p>
<p>Eligibility</p>	<ul style="list-style-type: none"> • Persons between ages 18 and 69. • Indebted to a participating lender for a mortgage loan on a dwelling or mobile home. • Loan must be repayable for a period longer than 10, but not more than 40, years.
<p>Underwriting</p>	<ul style="list-style-type: none"> • Simplified issue (accept/reject) with three health questions.
<p>Premium</p>	<ul style="list-style-type: none"> • Based on a percentage of the monthly mortgage payment; • Calculated by the participating lender; and • Collected with the insured’s mortgage payment.

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Co-Branding

Description	<p>FSL underwrites a variety of low premium specialty benefit products that complement and add value to a group's existing benefit programs provided through other insurance carriers.</p> <p>As an experienced underwriter of such products, FSL is pleased to work with other insurance carriers in bundling these products with their existing health plans. This allows other carriers to increase the value of their offerings and supplement their revenue stream without incurring additional product development time and cost. It is cost effective, easy to implement and will help differentiate their programs from those of their competitors.</p>
Sample Products	<ul style="list-style-type: none"> • Outpatient Prescription Drug • Vision (Indemnity) • Dental (Indemnity) • Hearing Benefit • Lasik Benefit
Impaired Risk Disability Income	<p>FSL also offers an Impaired Risk Disability Income product that gives disability income carriers a second chance to provide clients with disability coverage when they cannot pass underwriting. FSL will work with the carrier to provide a seamless administrative process for underwriting, billing and collection of premium, and policy issue. Carriers may use this program to salvage revenue normally lost as the result of standard product declination.</p>