



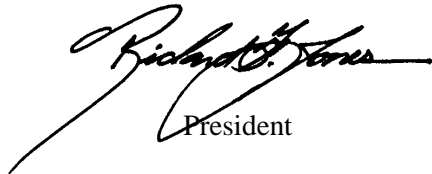
FIDELITY SECURITY LIFE INSURANCE COMPANY

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 C. Jones
President



Bradford R. Jones
Secretary

**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.

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CERTIFICATE SCHEDULE

INSURED PERSON(S): Refer to I.D. Card

Policy No. MG-108 G91134

PLAN I:

MAXIMUM INDEMNITY BENEFIT
per Insured Person up to \$2,500 per Calendar Year

OUTPATIENT BENEFIT II
per family, per Calendar Year Maximum up to \$2,500
per Insured Person, per Calendar Year Maximum 50% of per family, per Calendar Year Maximum

PHYSICIAN BENEFIT Not Covered

WELLNESS BENEFIT Not Covered

PLAN II:

MAXIMUM INDEMNITY BENEFIT
per Insured Person up to \$4,000 per Calendar Year

OUTPATIENT BENEFIT II
per family, per Calendar Year Maximum up to \$4,000
per Insured Person, per Calendar Year Maximum 50% of per family, per Calendar Year Maximum

PHYSICIAN BENEFIT Not Covered

WELLNESS BENEFIT Not Covered

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

DEFINITIONS

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

Coinsurance 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. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder's application.

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

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, chiropodists, 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, if any, 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 Calendar 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 31 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, if any, 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 Florida Residents Only

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

1. The following is added to the face page:

If you have a question or complaint about this insurance, please write to us at the following address or call us Toll-free: 3130 Broadway, Kansas City, Missouri 64111-2406. (800) 648-8624.

2. 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 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 dependent child or children of an Insured or of an Insured's spouse who are under 19 years of age; 25* if a full or part-time student, the child is dependent on the Insured for support and the child is living in the household of the Insured; 30*, if unmarried and the dependent child does not have a dependent of his or her own, is a resident of this state or is a full or part-time student and whose coverage under the Policy has become effective and has not terminated. Dependent children include stepchildren, legally adopted and foster children.

*(until the end of the calendar year in which the child reaches age 25 or age 30 as noted above)

3. The second paragraph of the **ELIGIBILITY AND EFFECTIVE DATE** section is deleted in its entirety and replaced with the following:

Newborn children, adopted children or children placed for adoption will be covered on his or her 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 of the adoption, birth or placement, the Company will not charge an additional premium for coverage during this 31-day period. If notification is not received within the first 60 days after birth, adoption or placement for adoption the Company will charge the applicable additional premium for the coverage of such child for this 31-day period and evidence of insurability will be required and the Pre-Existing Condition Limitation, if any, will apply. If notice is given within 60 days of the adoption, birth or placement of the child, the Company will not deny coverage for the child due to the Insured's failure to timely notify the Company of the adoption, birth or placement of the child.

4. The exclusion that reads "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;" in the **EXCLUSIONS** section is deleted in its entirety and replaced with the following:

any Hospital Confinement or other covered treatment of Injury or Sickness for which compensation has been paid under any Workers' Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;

5. The following is added to the **TERMINATION OF COVERAGE** section as follows:

EXTENSION OF BENEFITS

The Extension of Benefits applies to an Insured Person who is receiving Benefits under the Policy for a covered Hospital Confinement on the date the Policy terminates. Termination of the Policy will not affect the benefits payable for the covered Hospital Confinement as long as that Confinement remains continuous and uninterrupted. However, benefits will not exceed a continuous 90-day period.

If the Policy terminates and an Insured Person is Totally Disabled, the Insured Person's coverage will continue for a period of 90 days. This extension will end when the first of these events takes place: 1) the Insured Person is no longer Totally Disabled due to the same Injury or Sickness; or 2) the applicable period stated above expired.

For purposes of this provision, "Totally Disabled" means:

1. for an Insured, an Injury or Sickness that prevents the Insured from performing the main duties of the Insured's normal occupation for wage or profit; or
 2. for an Insured Dependent, an Injury or Sickness which prevents the performance of all normal activities of a person of the same age and sex.
6. The **RIGHT TO CHANGE PREMIUM** in the **PREMIUMS** section is deleted in its entirety and replaced with the following:

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 45 days in advance of the date premium is to be changed.

7. The **RENEWAL/TERMINATION** section is deleted in its entirety and replaced with the following:

RENEWAL/TERMINATION

The Policy is a renewable plan and may be renewed at the option of the Company. The Company may terminate the Policy on any date on or after the first Policy Anniversary Date by giving at least 45 days written notice to the Policyholder. The Policyholder may terminate the Policy on any date.

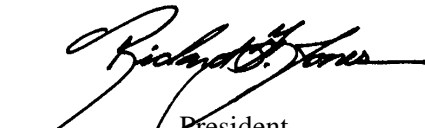
8. The **LEGAL ACTIONS** provision in the **GENERAL PROVISIONS** section is deleted in its entirety and replaced with the following:


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 the applicable statute of limitations from the time written proof of loss is required.

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


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AMENDMENT RIDER For Florida Residents Only

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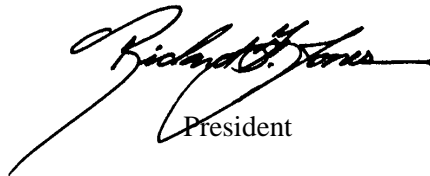
Any provision of the Policy/Certificate that provides coverage for a dependent child up to a certain age is amended to cover such child to age 26, regardless of financial dependency, residency, student status, or marital status.

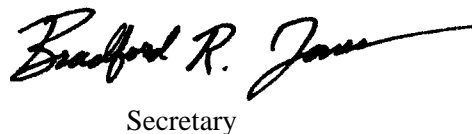
Coverage for an unmarried dependent child will continue until the end of the calendar year in which the child attains age 30, provided the child:

- a. does not have a dependent of his or her own;
- b. is a resident of Florida or a full-time or part-time student; and
- c. is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

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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OPTIONAL OUTPATIENT BENEFIT II 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. A per Insured Person, per Calendar Year Maximum equal to 50% of the family Calendar Year Maximum also applies. 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. 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.

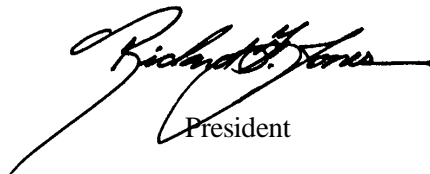
DEFINITIONS

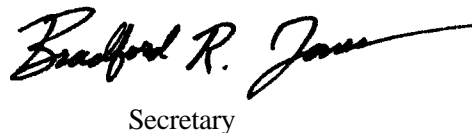
Expenses Incurred means the charge made for a service or supply that is covered by this Rider and given to an Insured Person due to an Injury or Sickness. The Expenses Incurred must be Medically Necessary for the condition being treated. An expense or charge is deemed to be incurred on the date the service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

This Rider is in addition to 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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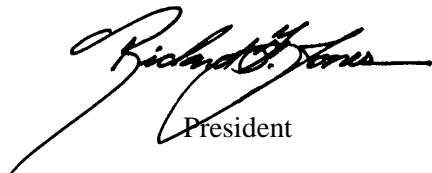
AMENDMENT RIDER

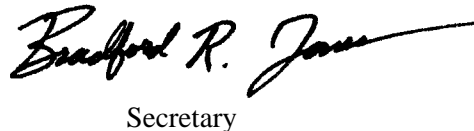
By attachment of this Rider, the Policy/Certificate is amended by adding the following definition:

Domestic Partner means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse", wherever used, will include a Domestic Partner.

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

FACTS

WHAT DOES Fidelity Security Life Insurance Company, Fidelity Security Life Insurance Company of New York (NY Only) and Affiliates DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
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What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ■ Social Security number and transaction history ■ medical information and insurance claim information ■ assets and checking account information <p>When you are no longer our customer, we continue to share your information as described in this notice.</p>
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How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Fidelity Security Life Insurance Company and Affiliates choose to share; and whether you can limit this sharing.
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Reasons we can share your personal information	Does Fidelity Security Life share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes – information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?	Call 800-648-8624 or go to www.fslins.com or www.ftj.com
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Who we are	
Who is providing this notice?	Fidelity Security Life Insurance Company and Affiliates including our Administrative, Insurance and Financial Service Providers.

What we do	
How does Fidelity Security Life Insurance Company and Affiliates protect my personal information?	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>These physical, electronic and procedural safeguards were created to protect your information. We also limit employee access as appropriate.</p>
How does Fidelity Security Life Insurance Company and Affiliates collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> ■ apply for insurance or pay insurance premiums ■ file an insurance claim or give us your contact information ■ show your driver's license <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> ■ sharing for affiliates' everyday business purposes – information about your creditworthiness ■ affiliates from using your information to market to you ■ sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing.</p>

Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Our affiliates include Fidelity Security Life Insurance Company of New York, Forrest T. Jones & Company, Inc., Forrest T. Jones Consulting Company and National Pension & Group Consultants, Inc.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> ■ <i>Fidelity Security Life Insurance Company does not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> ■ <i>Our joint marketing partners include insurance agencies, broker dealers and investment advisor firms.</i>

Other important information	