

TEST BUSINESS NAME

123 Main

OAK BROOK, IL 60523-2109





Established 1896

Innovation Is Our Policy<sup>SM</sup>

Fidelity Life Association  
8700 W. Bryn Mawr Ave., Ste. 900S  
Chicago, IL 60631  
Tel: 800.369.3990 Fax: 866.375.8175

December 14, 2015

Policy # 0900004672

Dear POLICY SAMPLE2,

We are pleased that you have chosen Fidelity Life to play a role in providing financial security to your loved ones. Since 1896, Fidelity Life Association has offered innovative products and services to our policyholders across the country. You have just purchased an innovative life insurance product that we believe will change the way America buys life insurance.

With our new Rapid Decision Life policy, you promptly receive a high face amount of valuable coverage. Gone are the days of waiting weeks or months that other companies use to process your application before you get a policy. As your agent explained, your policy was initially a blend of level term life insurance that pays death benefits for all causes of death other than those excluded under specific provisions of the policy coupled with added benefits for accidental death. The accidental portion of your blended coverage pays only in the event of accidental death. In other words, this blended policy gives you a total benefit amount that is comprised partly of coverage that pays a benefit due to all causes of death and partly of coverage that pays a benefit only due to accidental death. Please consult your policy wording for details. In most cases this blend will change after you undergo a medical exam, which you may do within 6 months of policy issue.

Your policy's present face amount is \$500,000. This face amount is comprised of \$150,000 for all causes of death except those specifically excluded by the policy, and \$350,000 for accidental death.

Unlike other companies' medically underwritten life insurance products, Fidelity's Rapid Decision Life allows you up to six months after policy issuance to undergo a medical exam with a paramedic at your convenience. Alternatively, you may keep the policy as issued if you choose not to undergo our medical exam.

If you undergo our medical exam and it is then discovered that your health is worse than you knew it to be when you completed our application, you will at least have the benefits provided in this policy as issued. If your health is as good as or better than you reported on your application, the medical exam verification may allow you to eliminate or reduce the limitation on a portion of coverage that pays only in the event of your accidental death.

A representative will be in touch with you shortly to schedule a medical exam if one has not already been scheduled. This will allow you to maximize the "all cause" portion of your coverage for no additional cost. If you have any questions about scheduling your medical exam, please contact us at **1-877-704-6279**.

The chart on the next page will show you the different possible outcomes that could result once you complete the medical underwriting process and are approved for an increase in your policy's "all cause" death benefit. Each of these different outcomes requires no increase in premium.

Over

Remember, unlike the process associated with conventional products, you are not required to undergo medical underwriting – once your initial blended policy is in-force no additional requirements other than paying premiums when due are needed to keep it in-force. However, if you choose to maximize your “all cause” portion of your coverage, you must complete the medical underwriting process. In either case, simply continue to pay your premiums as they are due, and you can enjoy the peace of mind that comes from knowing that you have coverage from a company that will be there when you need us.

We hope that you remain a Fidelity Life policyholder for many years to come. We look forward to serving you. If you have any questions about your coverage, please do not hesitate to contact your agent or our Customer Service department at 1-888-440-1540.

Sincerely,



Jim Harkensee  
President and Chief Operating Officer

	All Cause Death Benefit	Accidental Death Benefit
Current Policy	\$150,000	\$350,000
<i><u>Potential outcomes after medical underwriting</u></i>		
Preferred Non-Tobacco	\$500,000	\$0

\* Please note, if you do not qualify for Preferred Non-Tobacco based on your medical underwriting results, you can still keep your current policy in-force with no increase in premium.

## POLICY TRANSMITTAL

ISSUE DATE: December 14, 2015                      POLICY: 0900004672  
GA: TEST Business Name                              AGENT: TEST Business Name  
INSURED: POLICY SAMPLE2                          OWNER:  
FACE AMOUNT: \$500,000                              POLICY DATE: December 14, 2015  
PLAN & CLASS: Preferred Non-Med Non-Nicotine  
DELIVERY DEADLINE: **January 28, 2016**

Premium Summary:

Mode:	Monthly EFT
Modal Premium Due	\$29.58
Amount Already Paid	\$0.00
Amount Due on Delivery	\$0.00
Next Billing Date will be	December 14, 2015

**The following items must be received prior to the Delivery Deadline :**

NO REQUIREMENTS DUE FOR THIS POLICY



**STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY NUMBER 0900004672**

Insured:	POLICY SAMPLE2	Agent:	TEST BUSINESS NAME
Insurance Age:	35		123 Main
Premium Class:	Female, Preferred Non-Med Non-Nicotine for 20 years		
Face Amount:	\$150,000		OAK BROOK IL 60523-2109
Policy Date:	December 14, 2015		Agent Number: FLAORPHANW
Date Prepared:	December 14, 2015		

**LEVEL DEATH BENEFIT TERM LIFE INSURANCE TO AGE 95**

<b>Policy Year</b>	<b>Base Plan Annual Premiums and Benefits Annual Premium</b>	<b>Death Benefit</b>	<b>Cash Dividend</b>
1	\$340.00	\$150,000.00	\$0.00
2	\$340.00	\$150,000.00	\$0.00
3	\$340.00	\$150,000.00	\$0.00
4	\$340.00	\$150,000.00	\$0.00
5	\$340.00	\$150,000.00	\$0.00
6	\$340.00	\$150,000.00	\$0.00
7	\$340.00	\$150,000.00	\$0.00
8	\$340.00	\$150,000.00	\$0.00
9	\$340.00	\$150,000.00	\$0.00
10	\$340.00	\$150,000.00	\$0.00
11	\$340.00	\$150,000.00	\$0.00
12	\$340.00	\$150,000.00	\$0.00
13	\$340.00	\$150,000.00	\$0.00
14	\$340.00	\$150,000.00	\$0.00
15	\$340.00	\$150,000.00	\$0.00
16	\$340.00	\$150,000.00	\$0.00
17	\$340.00	\$150,000.00	\$0.00
18	\$340.00	\$150,000.00	\$0.00
19	\$340.00	\$150,000.00	\$0.00
20	\$340.00	\$150,000.00	\$0.00
21	\$1,820.00	\$150,000.00	\$0.00
22	\$2,007.50	\$150,000.00	\$0.00
23	\$2,202.50	\$150,000.00	\$0.00
24	\$2,412.50	\$150,000.00	\$0.00
25	\$2,622.50	\$150,000.00	\$0.00
26	\$2,840.00	\$150,000.00	\$0.00
27	\$3,077.00	\$150,000.00	\$0.00
28	\$3,335.00	\$150,000.00	\$0.00
29	\$3,602.00	\$150,000.00	\$0.00
30	\$3,890.00	\$150,000.00	\$0.00
31	\$4,209.50	\$150,000.00	\$0.00
32	\$4,562.00	\$150,000.00	\$0.00
33	\$4,947.50	\$150,000.00	\$0.00
34	\$5,379.50	\$150,000.00	\$0.00
35	\$5,852.00	\$150,000.00	\$0.00
36	\$6,372.50	\$150,000.00	\$0.00
37	\$6,972.50	\$150,000.00	\$0.00
38	\$7,644.50	\$150,000.00	\$0.00
39	\$8,372.00	\$150,000.00	\$0.00
40	\$9,170.00	\$150,000.00	\$0.00
41	\$10,055.00	\$150,000.00	\$0.00

**STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY NUMBER 0900004672**

Insured:	POLICY SAMPLE2	Agent:	TEST BUSINESS NAME
Insurance Age:	35		123 Main
Premium Class:	Female, Preferred Non-Med Non-Nicotine for 20 years		
Face Amount:	\$150,000		OAK BROOK IL 60523-2109
Policy Date:	December 14, 2015		Agent Number: FLAORPHANW
Date Prepared:	December 14, 2015		

**LEVEL DEATH BENEFIT TERM LIFE INSURANCE TO AGE 95**

Policy Year	Base Plan Annual Premiums and Benefits		Cash Dividend
	Annual Premium	Death Benefit	
42	\$11,027.00	\$150,000.00	\$0.00
43	\$12,095.00	\$150,000.00	\$0.00
44	\$13,277.00	\$150,000.00	\$0.00
45	\$14,552.00	\$150,000.00	\$0.00
46	\$15,977.00	\$150,000.00	\$0.00
47	\$17,912.00	\$150,000.00	\$0.00
48	\$20,094.50	\$150,000.00	\$0.00
49	\$22,269.50	\$150,000.00	\$0.00
50	\$24,672.50	\$150,000.00	\$0.00
51	\$27,380.00	\$150,000.00	\$0.00
52	\$29,837.00	\$150,000.00	\$0.00
53	\$33,534.50	\$150,000.00	\$0.00
54	\$37,397.00	\$150,000.00	\$0.00
55	\$41,514.50	\$150,000.00	\$0.00
56	\$45,309.50	\$150,000.00	\$0.00
57	\$47,229.50	\$150,000.00	\$0.00
58	\$51,005.00	\$150,000.00	\$0.00
59	\$56,607.50	\$150,000.00	\$0.00
60	\$63,680.00	\$150,000.00	\$0.00

No cash values or dividends are payable.

**Base Plan Life Insurance-Adjusted Indexes (Calculated at 5 Percent)**

	Net Payment Cost Index	Net Surrender Cost Index	Equivalent Level Dividend
YEAR 10	2.27	2.27	0.00
YEAR 20	2.27	2.27	0.00

An explanation of the intended use of the life insurance cost indexes and the equivalent level dividend is included in the Life Insurance Buyer's Guide.

The abbreviation n/a is used when the appropriate value is not applicable.



# Fidelity Life Association

A Legal Reserve Life Insurance Company

8700 W. Bryn Mawr Ave., Ste. 900S  
Chicago, IL 60631  
(800) 369-3990

## STATEMENT OF POLICY COST AND BENEFIT INFORMATION FOR POLICY NUMBER 0900004672

Insured:	POLICY SAMPLE2	Agent:	TEST BUSINESS NAME
Insurance Age:	35		123 Main
Premium Class:	Female, Preferred Non-Med Non-Nicotine for 20 years		
Face Amount:	\$350,000		OAK BROOK IL 60523-2109
Policy Date:	December 14, 2015		Agent Number: FLAORPHANW
Date Prepared:	December 14, 2015		

### ACCIDENTAL DEATH BENEFIT FOR INITIAL TERM PERIOD ONLY TO AGE 55

Policy Year	Rider Plan Annual Premiums and Benefits		
	Annual Premium	Death Benefit	Cash Dividend
1	\$0.00	\$350,000.00	\$0.00
2	\$0.00	\$350,000.00	\$0.00
3	\$0.00	\$350,000.00	\$0.00
4	\$0.00	\$350,000.00	\$0.00
5	\$0.00	\$350,000.00	\$0.00
6	\$0.00	\$350,000.00	\$0.00
7	\$0.00	\$350,000.00	\$0.00
8	\$0.00	\$350,000.00	\$0.00
9	\$0.00	\$350,000.00	\$0.00
10	\$0.00	\$350,000.00	\$0.00
11	\$0.00	\$350,000.00	\$0.00
12	\$0.00	\$350,000.00	\$0.00
13	\$0.00	\$350,000.00	\$0.00
14	\$0.00	\$350,000.00	\$0.00
15	\$0.00	\$350,000.00	\$0.00
16	\$0.00	\$350,000.00	\$0.00
17	\$0.00	\$350,000.00	\$0.00
18	\$0.00	\$350,000.00	\$0.00
19	\$0.00	\$350,000.00	\$0.00
20	\$0.00	\$350,000.00	\$0.00

No cash values or dividends are payable.

### Rider Plan Life Insurance-Adjusted Indexes (Calculated at 5 Percent)

	Net Payment Cost Index	Net Surrender Cost Index	Equivalent Level Dividend
YEAR 10	N/A	N/A	0.00
YEAR 20	N/A	N/A	0.00

An explanation of the intended use of the life insurance cost indexes and the equivalent level dividend is included in the Life Insurance Buyer's Guide.

The abbreviation n/a is used when the appropriate value is not applicable.



# Our Privacy Statement

No Action Required.

Our Consumer Privacy Policy is provided to help you understand how we protect your financial privacy. We care about your privacy. We believe you have a right to know what we do with the information we gather about you in connection with the products you seek or have from us. We also want to assure you that we are safeguarding this important information. Our privacy policy is based on the laws governing privacy and on our own high standards of protecting privacy.

## Brief Summary

- We protect your non-public personal financial information and your non public health information (together called "NPI").
- We do not sell your NPI.
- We do not share your NPI with companies that would use the information to market their own products or services to you.
- We do not offer an opportunity for you to "opt-out of" information sharing since we only share personal information with others as allowed by law.

## Detailed Summary

We need NPI about you so that we can determine your insurability and offer products to meet your specific needs at a fair price.

We collect NPI about you from different sources including:

- Applications or other forms you complete;
- Written, electronic, telephone and other communications from you;
- Third parties that provide NPI to us with your authorization;
- Your business dealings with us and others; and
- Consumer reporting agencies; governmental agencies; health care providers; and others.

We will share your NPI only with authorized employees, representatives and trusted third parties whose services are required to assure the highest level of service to you and to make our products available to you. Examples of third parties include medical exam providers, third party administrative

staff, reinsurers, agents and brokers which market on our behalf, financial institutions, securities broker-dealers, and insurance producers, but only to make our products and services available to you. We will not disclose NPI about you or about other customers or former customers, except as authorized by law, as described in this privacy statement or as otherwise communicated to you.

Examples of the types of NPI we collect which may be disclosed for the foregoing purposes include:

- NPI from your application or other forms, such as: your name; address; social security number; assets; income; and beneficiaries;
- NPI about your transactions with us or others, such as: your policy coverage; premiums; and payment history;
- Health information; and
- Information from consumer reporting agencies, such as your creditworthiness and credit history.

*Important Note: Your NPI will not be shared with third parties that would use the information to market their own products or services or those of unaffiliated third parties.*

Disclosures of NPI are also permitted without your authorization for some purposes. These include:

- To insurance companies, agents, support organizations, and others to: perform marketing or services on our behalf; or to detect or prevent criminal activity, fraud, or material non-disclosure in connection with insurance transactions;
- To an insurance regulatory agency;
- To a law enforcement or other governmental agency pursuant to law;
- As otherwise permitted or required by law;
- In response to a facially valid administrative or judicial order, including a subpoena;
- As part of a proposed or consummated sale, transfer, merger, or consolidation of all or part of our business;
- To a customer or policyowner; or
- To an assignee of a policy under the terms of the assignment

# Our Privacy Statement *continued*

When state law is more protective of individuals than federal privacy laws, we will protect your NPI in accordance with state law, consistent with the requirements of federal preemption.

You have the right to view and correct any NPI we may collect about you. If you believe any of the information we have collected about you is wrong, we would welcome your help in making corrections. Please contact us as shown below if you wish to view or correct this information.

Please be aware that information obtained from a report prepared by an insurance support organization may be retained by the insurance support organization and disclosed to other persons.

We will protect your NPI. Information security is one of our highest priorities and is taken into account in the contracts and agreements that we sign with unaffiliated third parties. We will restrict access to your NPI by maintaining physical, electronic, and procedural safeguards. The only employees who are authorized to access your NPI are those who need to have it to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to protect personal information and we regularly review our security standards and procedures to protect against unauthorized access to personal information.

This policy statement may be changed at any time. We will notify you if we make any changes in this policy statement which broaden when we may share your NPI.

Above all, we value your trust and your confidence in our ability to manage and protect your NPI. You have our word that we will protect your NPI as if it were our own.

If we provide more than one financial product or service to you, you may receive more than one privacy statement from us. We do this in order to ensure that you receive a notice of our privacy practices.

We will continue to limit disclosure of your NPI even if your relationship with us ends. This will be done in accordance with our privacy policy.

If you have questions or concerns about our privacy policy or would like a more detailed explanation of our privacy practices, please contact us through any of the ways listed below. Please include your name and policy number when contacting us.



Established 1896

Fidelity Life Association

8700 W. Bryn Mawr Ave., Ste. 900S

Chicago, IL 60631

Tel 800.369.3990

Fax 866.375.8175

## ILLINOIS LIFE INSURANCE BUYER'S GUIDE

This guide can show you how to save money when you shop for life insurance. It helps you to:

- Decide how much life insurance you should buy.
- Decide what kind of life insurance policy you need, and
- Compare the relative cost of similar life insurance policies.

This guide has been prepared by the Illinois Department of Insurance, in part using materials developed by the National Association of Insurance Commissioners.

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this guide in making a life insurance purchase.

**This Guide Does Not Endorse Any Company Or Policy.**

## BUYING LIFE INSURANCE

When you buy life insurance, you want a policy which fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes which are described in this guide. A good life insurance agent or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand which kinds are available. If one kind does not seem to fit your needs, ask about the other kinds which are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance agent or company or books on life insurance in your public library. Life insurance can be bought either on an individual basis or on a group basis. Group insurance may be inexpensive when compared to individual insurance. It is important to remember that insurance purchased on this basis is usually term insurance, and hence will not develop cash values, and is dependent on your continued membership in the group or employment. Also, the amount of insurance that is available for purchase is usually limited.

### Choosing the Amount

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. Life insurance can provide cash for last expenses, and income for your family's future living expenses.

Your insurance should come as close as you can afford to making up the difference between 1. what your dependents would have if you were to die now, and 2. what they would actually need at some time in the future when needs change.

### Choosing the Right Kind

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole Life insurance
3. Endowment insurance

The kind of life insurance you purchase is dependent on the need you are trying to satisfy. Some needs are temporary, i.e., do not exist throughout your life, while other needs are permanent. As an example, the need to finance your children's education is a temporary need. The need to meet mortgage payments is also a temporary need, since it exists only while the mortgage exists. On the other hand, the financial needs of your family after your death is a permanent need.

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the agent or company if it combines more than one kind of life insurance.

The following is a brief description of the three basic kinds:

**Term Insurance** is death protection for a "term" of one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provide the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also "convertible". This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Whole Life Insurance** gives death protection for as long as you live. The most common type is called "straight life" or "ordinary life" insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums to begin with, for whole life insurance than for term insurance, whole life insurance policies develop "cash values" which you may have if you stop paying premiums. You can generally either take the cash, or use to buy some continuing insurance protection. Technically speaking, these values are called "nonforfeiture benefits". This refers to benefits you do not lose (or "forfeit") when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money which you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

**Endowment Insurance.** An endowment insurance policy pays a sum or income to you - the policyholder - if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than for the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

In all cases if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

### **Finding A Low Cost Policy**

After you have decided which kind of life insurance fits your needs, look for a better buy. YOUR CHANCES OF FINDING A GOOD BUY ARE BETTER IF YOU USE TWO TYPES OF INDEX NUMBERS THAT HAVE BEEN DEVELOPED TO AID IN SHOPPING FOR LIFE INSURANCE. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index". It will be worth your time to try to understand how these indexes are used, but in any event, use them ONLY for comparing the relative costs of similar policies. LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.

### **What is Cost?**

"Cost" is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the protection is the premium. If you pay a premium and get something back later on, such as cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called "participating" policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some companies do not pay dividends. These are called "guaranteed cost" or "nonparticipating" policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

### **What are Cost Indexes.**

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash Values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance agents and companies.

1. Life insurance Surrender Cost Index. This index is useful if you consider the level of the cash value to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.

2. Life Insurance Net Payment Cost Index. This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Annual Dividend to its cost index allows you to compare total costs of similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a nonparticipating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the nonparticipating policy will not change.

**How do I Use Cost Indexes?** The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

1. Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.
2. Compare the index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for the actual policy, age and amount which you intend to buy. Just because a "Shopper's Guide" tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.
3. Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
4. In any event, you will need other information on which to base your purchase decision. **BE SURE YOU CAN AFFORD THE PREMIUMS, AND THAT YOU UNDERSTAND ITS CASH VALUES, DIVIDENDS AND DEATH BENEFITS.** You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.
5. These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned awhile, in favor of a new one. If such replacement is suggested, you should ask for information from the company which issued the old policy before you take action.
6. An important fact to note is the difference in premium payments paid during one year's time based on an annual premium versus the annualized periodic premium. For example, if you choose to pay premiums on a monthly basis, the annualized periodic premium would be twelve (12) times the monthly premium. There may be a significant difference between the annualized periodic premium and the annual premium and it should be considered when deciding on a payment schedule.

### **Important Things to Remember - A Summary**

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums most closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar policies, your chances of finding a relatively good buy will be better than if you do not shop. **REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS.** A good life insurance agent can help you choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you can make cost comparisons of similar policies.

**DON'T BUY LIFE INSURANCE UNLESS YOU INTEND TO STICK WITH IT.** A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the agent or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.



# **Fidelity Life Association, A Legal Reserve Life Insurance Company**

Administrative Office:

8700 W. Bryn Mawr Ave., Ste. 900S, Chicago, IL 60631

## **NOTICE TO POLICYHOLDERS**

We Want Our Service To Be The Best !

We believe that you have made a sound decision in purchasing life insurance/annuity protection from Fidelity Life Association. We want the excellent service you received before the sales transaction to continue for as long as you own your policy. If you have any questions or problems along the way, the agent who sold you your coverage can generally help you.

There may be times, however, when you need to contact our company. Since your satisfaction is important to us, we are committed to providing accurate information and quick answers. Our Customer Service representatives may be reached Monday through Friday from 8:00 AM to 5:00 PM central time at (800) 369-3990.

Should you want to contact our company or the Illinois Department of Insurance in writing, you can reach them at these addresses:

Illinois Department of Insurance  
Consumer Services Section  
Springfield, Illinois 62767

Fidelity Life Association  
Customer Service Department  
P.O. Box 5030  
Des Plaines, IL 60017

SECTION 143c and d OF THE ILLINOIS INSURANCE CODE requires this notification.



## **ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

### **NOTICE CONCERNING COVERAGE LIMITATIONS AND EXCLUSIONS UNDER THE ILLINOIS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of Illinois who purchase health insurance, life insurance and annuities should know that the insurance companies licensed in Illinois to write these types of insurance are members of the Illinois Life and Health Guaranty Association. The purpose of this Guaranty Association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policyholders that live in Illinois (and their payees, beneficiaries and assignees) and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however, as noted below.

#### **DISCLAIMER**

**The Illinois Life and Health Guaranty Association provides coverage of claims under some types of policies if the insurer becomes Insolvent. COVERAGE MAY NOT BE AVAILABLE FOR YOUR POLICY. Even if coverage is provided, there are substantial limitations and exclusions. Coverage is generally conditioned on continued residence in Illinois. Other conditions may also preclude coverage.**

**You should NOT rely on availability of coverage under the Life and Health Insurance Guaranty Association Law when selecting an insurer. Your insurer and agent are prohibited by law from using the existence of the Association or its coverages to sell you an insurance policy.**

**The Illinois Life and Health Insurance Guaranty Association or the Illinois Department of Insurance will respond to any question you may have which are not answered by this document. Policyholders with additional questions may contact:**

**Illinois Life and Health Guaranty Association  
8420 West Bryn Mawr Avenue  
Chicago, Illinois 60631  
(312) 714-8050**

#### **Summary of General Purposes And Current Limitations of Coverage**

The Illinois law that provides for this safety-net coverage is called the Life and Health Insurance Guaranty Association law ("Law") (215 ILCS 5/Art. XXXIII 1/2). The following contains a brief summary of the Law's coverages, exclusions and limits. This summary does not cover all provisions, nor does it in any way change anyone's rights or obligations under the Law or the rights or obligations of the Guaranty Association. If you have obtained this document from an agent in connection with the purchase of a policy, you should be aware that its delivery to you does not guarantee that your policy is covered by the Guaranty Association.

(please turn to back of page)

## **COVERAGE**

The Illinois Life and Health Insurance Guaranty Association provides coverage to policyholders that reside in Illinois for insurance issued by members of the Guaranty Association, including:

- life insurance, health insurance and annuity contracts;
- life, health or annuity certificates under direct group policies or contracts;
- unallocated annuity contracts; and
- contracts to furnish health care services and subscription certificates for medical or health care services issued by certain licensed entities. The beneficiaries, payees or assignees of such persons are also protected, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

The Guaranty Association does not provide coverage for:

- any policy or portion of a policy for which the individual has assumed the risk;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate guarantees which exceed certain statutory limitations;
- certain unallocated annuity contracts issued to an employee benefit plan protected under the Pension Benefit Guaranty Corporation and any portion of a contract which is not issued to or in connection with a specific employee, union or association of natural persons benefit plan or a government lottery; or
- any portion of a variable life insurance or variable annuity contract not guaranteed by an insurer.

In addition, persons are not protected by the Guaranty Association if:

- the Illinois Director of Insurance determines that, in the case of an insurer which is not domiciled in Illinois, the insurer's home state provides substantially similar protection to Illinois residents which will be provided in a timely manner; or
- their policy was issued by a burial society, a fraternal benefit society, a mutual benefit association, a health maintenance organization, a health services plan corporation, a vision service plan corporation, a dental service plan corporation, or a pharmaceutical service plan corporation.

## **LIMITS ON AMOUNT OF COVERAGE**

The Law also limits the amount the Illinois Life and Health Guaranty Association is obligated to pay. The Guaranty Association's liability is limited to the lesser of either:

- the contractual obligation for which the insurer is liable or for which the insurer would have been liable if it were not an impaired or insolvent insurer; or
- with respect to any one life, regardless of the number of policies, contracts or certificates:
  - i) in the case of life insurance, \$300,000 in death benefits but not more than \$100,000 in net cash surrender or withdrawal values;
  - ii) in the case of health insurance, \$300,000 in health insurance benefits, including net cash surrender or withdrawal values; and
  - iii) with respect to annuities, \$100,000 in the present value of annuity benefits, including net cash surrender or withdrawal values; and \$100,000 in the present value of annuity benefits for individuals participating in certain government retirement plans covered by an unallocated annuity contract. The limit for coverage of unallocated annuity contracts other than those issued to certain governmental retirement plans is \$5,000,000 in benefits per contract holder, regardless of the number of contracts.
- However, in no event is the Guaranty Association liable for more than \$300,000 with respect to any one individual.

# NOTICE OF INSURANCE INFORMATION PRACTICES

Fidelity Life Association, A Legal Reserve Life Insurance Company



Established 1896

We appreciate your application and thank you for choosing **Fidelity Life Association** for your life insurance needs. In order for us to continue to provide cost effective coverage to our clients, we need to evaluate each application fully. To complete our underwriting evaluation, we may need to obtain medical and other personal information about you. When you sign the Declaration, Agreement and Authorization to Release Information section of the application, you give us permission to obtain that information and give permission to others who have that information to send it to us.

We recognize our obligation to protect your privacy and the confidentiality of underwriting information we obtain about you. For that reason, we have procedures for obtaining information and controlling access to our files that we want you to know about it. In addition, Federal and State regulators require that certain information about the underwriting process be given to you. This information is included in the following paragraphs.

**Insurance Information Practices.** To evaluate your application, we will need some personal information about you. It may be necessary to obtain some of that information from sources other than yourself. For your protection, you have a qualified right to learn what information we obtain about you. You also have the right to request correction of any erroneous information. Although the information we obtain about you is confidential, in some cases we may disclose information to others without your specific authorization. We will furnish a more detailed summary of our information practices upon request.

**Fair Credit Reporting.** As part of our evaluation of your application, an investigative consumer report may be prepared, whereby information is obtained through personal interviews with agencies, friends, neighbors or others with whom you are acquainted or who may have information about you. This report, among other things, may include information as to your character, general reputation, personal characteristics, health and mode of living. Upon your written request and within a reasonable period of time, you have the right to receive additional information about the nature and the scope of the investigation and to receive a copy of the report at your expense.

**MIB, Inc.** Information regarding your insurability will be treated as confidential. Fidelity Life Association, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member for Life or Health insurance, or a claim for benefits is submitted to such a company MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866.692.6901. If you question the accuracy of any information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is Suite 400, 50 Braintree Hill Park, Braintree, Massachusetts 01284-8734.

Fidelity Life Association, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

**THIS NOTICE IS TO BE LEFT WITH THE APPLICANT**





Established 1896

# LEVEL DEATH BENEFIT RENEWABLE TERM LIFE INSURANCE POLICY

**This is a Non-Participating Policy**

The Total Face Amount of this Policy consists of an All Cause Death Benefit plus an Accidental Death Benefit. Fidelity Life Association will pay the All Cause Death Benefit of this Policy if the Insured dies while the Policy is in force. Fidelity Life Association will pay the Accidental Death Benefit of this Policy if the Insured dies due to a qualifying accident as defined in the Policy while the Accidental Death Benefit and the Policy is in force. The Death Benefits will be paid to the Beneficiary when due proof of the Insured's death is received at Our Home Office. We have issued this Policy in consideration of the application and the payment of premium. The Insured has qualified for this coverage by submission of an application in accordance with the Company's underwriting rules.

This Policy's All Cause Death Benefit may be increased subject to the presentation of the results of an authorized medical examination of the Insured completed within six (6) months of the Issue Date of this Policy and the subsequent completion of Our Medical Underwriting. The availability of an increase in the All Cause Death Benefit Amount is not guaranteed but is subject to the condition that the Insured completes Our Medical Underwriting requirements and a determination by the Company that the results are acceptable. An increase in the All Cause Death Benefit, if any, as a result of Medical Underwriting will be offered without an increase in the premium payable for the remainder of the level premium period. Such increase shall be retroactive to the date of presentation to the Company of the results of an authorized medical examination of the Insured. The Company will at the same time decrease the Accidental Death Benefit Amount by an amount equal to the increase in the All Cause Death Benefit Amount in order to maintain the Total Face Amount of this Policy. All benefits are subject to the terms and conditions of this Policy.

**RIGHT TO EXAMINE POLICY: We want You to be satisfied with Your Policy. The Policyowner may, within 30 days after it is delivered, return the Policy to Our Home Office or to the agent who sold the Policy and will receive a full refund of any premiums and fees that have been paid to Us. Once returned, the Policy will be void from its beginning.**

**READ THIS POLICY CAREFULLY.** This Policy is a legal contract between the Policyowner and Us. The entire contract consists of this Policy, and any attached Riders or Endorsements, schedules, the attached application, and any attached supplemental applications.

Issued and signed by Fidelity Life Association at its Home Office.

  
*Secretary*  
*President*

## LEVEL DEATH BENEFIT TERM LIFE INSURANCE THE BASE POLICY PROVIDES:

**A level Total Face Amount which consists of an All Cause Death Benefit plus an Accidental Death Benefit. The level Total Face Amount, All Cause Death Benefit Amount and Accidental Death Benefit Amount and level premiums payable during the Initial Term Period are shown on page 3. We will issue an amended page 3 if the All Cause Death Benefit and Accidental Death Benefit are modified subsequent to completion of Our Medical Underwriting requirements as provided in this Policy. An increase in the All Cause Death Benefit, if any, is not guaranteed and depends on Our Medical Underwriting of the Insured.**

**After the Initial Term Period, premiums increase annually and the All Cause Death Benefit remains level until the Expiry Date shown on page 3. The Accidental Death Benefit terminates at the end of the Initial Term Period as shown in the Policy Schedule.**

Fidelity Life Association, A Legal Reserve Life Insurance Company  
8700 W. Bryn Mawr Ave., Ste. 900S  
Chicago, IL 60631  
Tel 800.369.3990 or Fax 866.375.8175

To file a claim or to ask a question You may contact the agent who sold You this Policy or You may contact Our Policyowner Service department at the address or numbers given above or on the web at [www.fidelitylife.com](http://www.fidelitylife.com).

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## POLICY SCHEDULE

<b>Policy Number:</b> 0900004672	<b>Total Face Amount:</b> \$500,000
<b>Insured:</b> POLICY SAMPLE2	<b>Gender and Age:</b> Female 35
<b>Policyowner:</b> POLICY SAMPLE2	<b>Policy Date:</b> December 14, 2015
<b>Issue Date:</b> December 14, 2015	<b>Expiry Date:</b> December 14, 2075

**Policy Description:** Level Death Benefit Term Life Insurance

**Beneficiary:** As stated in the application or as subsequently changed.

**Total Initial Annual Premium:** \$340.00\*

**Initial Term Period:** 20 years

**Premium Class:** Preferred Non-Med Non-Nicotine

### Annual Policy Premiums

\* The Total Initial Annual Premium shown above includes the \$65.00 annual Policy Fee and the premium for any riders, which may be attached to this Policy.

### Benefits and Premiums

	Initial Annual Premium**	Years Payable*
Base Policy, including the Policy Fee	\$340.00	60
All Cause Death Benefit to Expiry Date	Included	
Accidental Death Benefit for Initial Term Period only	Included	
<b>Total Initial Annual Premium</b>	<b>\$340.00</b>	

Printed as of December 14, 2015

\*\* After the Initial Premium Period premiums increase annually to age 95. See page 3a for the total annual renewal premiums following the Initial Premium Period.

Death Benefit	All Cause Death	Accidental Death
Policy Years 1 - 20	\$150,000	\$350,000
Policy Years 21 and after	\$150,000	-

### Premium Payment Options

You have selected a payment mode of monthly. Monthly premiums equal Your annual premium multiplied by a guaranteed modal factor of 0.087. Changes to Your current payment mode must be requested in writing to Us. Changes in mode, other than to annual mode, will be subject to modal factors and availability as determined by Company rules at the time of the request. Premiums are due and payable on each due date or You risk voluntary termination or reduced benefits in accordance with the Grace Period.



## SCHEDULE OF PREMIUMS

**Policy Number:** 0900004672

**Policy Date:** December 14, 2015

**Insured:** POLICY SAMPLE2

**Expiry Date:** December 14, 2075

Policy Year	Attained Age	Annual Premium (Includes Riders)	Policy Year	Attained Age	Annual Premium (Includes Riders)
1	35	\$340.00	43	77	\$12,095.00
2	36	\$340.00	44	78	\$13,277.00
3	37	\$340.00	45	79	\$14,552.00
4	38	\$340.00	46	80	\$15,977.00
5	39	\$340.00	47	81	\$17,912.00
6	40	\$340.00	48	82	\$20,094.50
7	41	\$340.00	49	83	\$22,269.50
8	42	\$340.00	50	84	\$24,672.50
9	43	\$340.00	51	85	\$27,380.00
10	44	\$340.00	52	86	\$29,837.00
11	45	\$340.00	53	87	\$33,534.50
12	46	\$340.00	54	88	\$37,397.00
13	47	\$340.00	55	89	\$41,514.50
14	48	\$340.00	56	90	\$45,309.50
15	49	\$340.00	57	91	\$47,229.50
16	50	\$340.00	58	92	\$51,005.00
17	51	\$340.00	59	93	\$56,607.50
18	52	\$340.00	60	94	\$63,680.00
19	53	\$340.00			
20	54	\$340.00			
21	55	\$1,820.00			
22	56	\$2,007.50			
23	57	\$2,202.50			
24	58	\$2,412.50			
25	59	\$2,622.50			
26	60	\$2,840.00			
27	61	\$3,077.00			
28	62	\$3,335.00			
29	63	\$3,602.00			
30	64	\$3,890.00			
31	65	\$4,209.50			
32	66	\$4,562.00			
33	67	\$4,947.50			
34	68	\$5,379.50			
35	69	\$5,852.00			
36	70	\$6,372.50			
37	71	\$6,972.50			
38	72	\$7,644.50			
39	73	\$8,372.00			
40	74	\$9,170.00			
41	75	\$10,055.00			
42	76	\$11,027.00			

**Reinstatement Interest Rate**      **6%**



## DEFINITIONS

**We, Our, the Company or Us** refer to Fidelity Life Association, a Legal Reserve Life Insurance Company.

**You or Your** refer to the Policyowner of this Policy. The Policyowner may be someone other than the Insured.

**Insured** is the person whose life is insured under this Policy. The Insured is shown in the Policy Schedule.

**Beneficiary** is the person, persons or entity designated to receive the death benefit of this Policy.

Any Beneficiary may be named an Irrevocable Beneficiary. An Irrevocable Beneficiary is one whose consent is needed to change that Beneficiary. Also, an Irrevocable Beneficiary must consent to the exercise of certain rights under the Policy. See Policyowner's Rights for exceptions.

**Policy Date** is the date which this Policy begins. This is the date from which Policy anniversaries, Policy years, Policy months and premium due dates are determined. The Policy Date is shown in the Policy Schedule.

**Policy Year** is the period from the Policy Date to the first Policy anniversary or from one Policy anniversary to the next. A Policy Year does not include the Policy anniversary at the end of the Policy year.

**Expiry Date** means the Policy anniversary when this Policy ends. The Expiry Date is shown in the Policy Schedule.

**Initial Term Period** means the initial Policy years during which the base Policy premium remains level.

**All Cause Death Benefit** is the amount payable for any cause of death except as described in the Suicide and Contestability provisions of this Policy. Death Benefit calculations are explained in the Death Benefit section of this Policy.

**Accidental Death Benefit**, if any, is an additional amount payable in the event of accidental death. This benefit and its exclusions and limitations are explained in the Accidental Death Benefit section of this Policy. Death Benefit calculations are explained in the Death Benefit section of this Policy.

**Total Face Amount** is the amount of insurance on which premium calculations are made and the Death Benefits are determined. The Total Face Amount is the sum of the All Cause Death Benefit plus the Accidental Death Benefit, if any, shown in the Policy Schedule.

**Policyowner** is the person who owns this Policy, as shown in Our records. The Policyowner may be someone other than the Insured.

**Issue Date** is the date the Company issues the Policy to the Policyowner and is used to determine the start of the Contestability period. The Issue Date is shown in the Policy Schedule.

**Lapse** means the Policy is not in force because a premium was not paid when due.

**Age** means the Insured's age on their nearest birthday as of a Policy anniversary.

**Issue Age** means the age of the Insured on their nearest birthday as of the Policy Date.

**Attained Age** means the age of the Insured on their nearest birthday as of the most recently attained Policy anniversary.

**Medical Underwriting** means the review of health and medical information about the Insured that is requested or obtained by the Company including but not limited to, a medical examination by a licensed physician or paramedical examiner approved by Us, all of which information may be used by Us in determining whether to issue a revised Policy Schedule increasing this Policy's All Cause Death Benefit and eliminating or decreasing, by like amount, the Accidental Death Benefit. In order to be considered for an increase in All Cause Death Benefit, it is the obligation of the Insured to submit to a medical examination authorized by the Company and to authorize the submission of the results of the examination and other health information to the Company in order to enable the Company to complete its Medical Underwriting. The Company's Medical Underwriting review will be conducted in accordance with its underwriting guidelines in effect on the Issue Date of this Policy. Such guidelines and the underwriting decisions made by the Company are matters of discretion and underwriting judgment is reserved exclusively to the Company.

## POLICY PROVISIONS

### **Entire Contract**

This Policy is a legal contract between the Policyowner and Us. The entire contract consists of this Policy, and any attached Riders, schedules, the attached application, applications for modifications of the Policy and any attached supplemental applications. We have issued this Policy in return for the application(s) and the payment of premiums. All statements made by or for the Insured in any application are, in the absence of fraud, considered to be representations and not warranties. We can contest the validity of this Policy for any material misrepresentation of a fact. To do so, however, the misrepresentation must have been made in an application and a copy of the application must have been provided with this Policy, substitute Policy Schedule or Rider when issued. Any change or waiver of Policy terms must be in writing and signed by Our President, Vice President, Secretary or an Assistant Secretary and endorsed on this Policy to be effective.

### **All Cause Death Benefit Increase Upon Medical Underwriting Qualification**

Subject to completion of the Company's Medical Underwriting requirements, including presentation of the results of an authorized medical examination of the Insured completed within six (6) months of the Issue Date of this Policy and acceptance by the Company, this Policy's All Cause Death Benefit may be increased without any change in the premium amount shown in the Policy Schedule. Upon such increase, the Accidental Death Benefit will be eliminated or decreased by like amount. The new All Cause Death Benefit and Accidental Death Benefit, if any, shall be based on the premium rate classification for which the Insured qualifies under Our rates in effect as of the Issue Date of this Policy. Such change in Death Benefits, if any, shall be retroactive to the date of presentation to the Company of the results of an authorized medical examination of the Insured.

If the Insured does not submit to a medical examination authorized by Us and does not direct the results to be submitted to Us within six (6) months of the Issue Date of this Policy, the Company will not consider increasing Your All Cause Death Benefit Amount.

### **Contestability**

Except for failure to pay premiums, We will not contest the validity of this Policy after it has been in force during the Insured's lifetime for two years:

- a. From the Issue Date; or
- b. From the effective date of the last reinstatement, if any, and will only be based on the questions included on the application used for reinstatement.

### **Misstatement of Age or Gender**

If the age or gender of the Insured has been misstated, the amount payable will be the amount that the premium paid would have purchased at the correct age and gender. If the misstatement of age results in an issue age which was not within the range for this policy, We will calculate a premium and benefit.

### **Suicide Exclusion**

If the Insured dies as a result of suicide, while sane or insane, within two years from the Policy Date (or within one year of the Policy Date in Colorado, Missouri or North Dakota) and while this Policy is in force, We will refund in one sum to the Beneficiary, the amount of premiums paid for this Policy and no other benefit will be payable. We will pay interest on the proceeds at a rate which is not less than required by law, from the date due proof of death is received to the date when the proceeds are paid.

### **Policyowner's Rights**

While the Insured is living, the Policyowner may exercise all rights given by this Policy or allowed by Us. These rights include assigning this Policy, changing Beneficiaries, changing ownership, enjoying all Policy benefits and exercising all Policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any Policy right except the right to:

- a. Change the frequency of premium payments, or;
- b. Reinstatement this Policy after lapse.

**Assignment**

You may assign this Policy. For any assignment to be binding on Us We must receive the original Assignment or a signed certified copy at Our Home Office and it must be recorded by Us. Once We receive the original Assignment, or a signed certified copy, the rights of the Policyowner and the interest of any Beneficiary or any other person will be subject to the assignment, unless the beneficiary was effectively designated as an irrevocable beneficiary prior to the assignment. The assignment will take effect on the date the notice of assignment is signed unless otherwise specified by the Policyowner. We will not be responsible for the validity of any assignment. We are not liable for any payment made by Us before We record the assignment.

**Change of Policyowner or Beneficiary**

While this Policy is in force, the Policyowner or any Beneficiary may be changed during the Insured's lifetime. While this Policy is in force, any Beneficiary may be changed during the Insured's lifetime, unless the Beneficiary has been designated as irrevocable. We do not limit the number of changes that may be made. To make a change, a written request, signed by the Policyowner, must be received at Our Home Office. The change will take effect as of the date the request is signed, unless otherwise specified by the owner, even if the Insured dies before We receive it. Each change will be subject to any payment We made or other action We took before receiving the request.

**Death of Beneficiary in Common Disaster**

If any Beneficiary dies with the Insured in a common disaster, death benefits will be paid as if the Beneficiary predeceased the Insured.

## PREMIUM PAYMENTS

**Payment of Premiums**

All premiums are payable annually in advance to the Expiry Date shown in the Policy Schedule. Other modes of payment are available at the discretion of the Company. The Policyowner may request a change to any other mode then available. The first premium is due on the Policy Date. Each premium after the first one is payable at Our Home Office. Upon request, We will provide You with a written receipt. Each subsequent premium is due when the period covered by the preceding premium ends. A premium paid is deemed fully earned on its due date. Once earned, a premium is non-refundable except as may be specifically stated in this Policy.

**Grace Period**

After the first premium has been paid, We allow a 31 day grace period to pay each subsequent premium. During this grace period the Policy remains in full force. If the Insured dies during the grace period, We will deduct the unpaid premium from the benefits of this Policy.

**Lapse**

If a premium is not paid by the end of its grace period, the Policy will lapse without value and no further premium payments may be made.

**Reinstatement**

This Policy may be reinstated, while the Insured is alive, at any time within three years (within five years in Missouri and North Carolina) after the date of lapse. However, the Policy cannot be reinstated on or after the Expiry Date.

If the premium due is paid within 60 days of the due date (within 29 days after the end of the Grace period) and during the lifetime of the Insured, the Policy will be reinstated without evidence of insurability.

If the premium due is not paid within 60 days of the due date (within 29 days after the end of the Grace Period) Reinstatement will be subject to evidence of insurability. If the evidence of insurability is acceptable to Us, We will offer reinstatement. All overdue premiums must be paid with interest from their due dates to the date of reinstatement in order for the reinstatement to become effective. Interest will be at the Policy Reinstatement Rate shown on page 3a, compounded annually to the date of reinstatement.

## THE DEATH BENEFIT

We will pay the death benefit within 30 days of when We receive due proof of death or a death certificate at Our Home Office that the Insured died while the Policy was in force.

### Death Benefit Calculations

In any Policy year, the amount of the Death Benefit will be:

- (a) the All Cause Death Benefit Amount in effect on the Insured's life; plus
- (b) the Accidental Death Benefit Amount, if any, if the Insured dies of an accidental death as defined in the Policy; plus
- (c) the premium paid beyond the date of death; plus
- (d) interest not less than required by law; minus
- (e) any indebtedness under the Policy; minus
- (f) any premium due and unpaid at the date of death.

### Payment of Proceeds

Settlement of the death benefit shall be made by payment in one sum. We may also offer the option to choose other methods of payment. The proceeds are subject to any adjustments provided in the Misstatement of Age or Gender, Contestability and Suicide provisions. The full payment of the policy proceeds to the Beneficiary discharges the Company from all claims.

### Death of Beneficiary

If any beneficiary predeceases the Insured, the portion of the proceeds that would have gone to that beneficiary shall be paid to the Estate of the Insured.

### Multiple Beneficiaries

If there is more than one beneficiary, proceeds shall be divided equally among the beneficiaries unless the beneficiary designation specifies the amount to be paid to each beneficiary.

## ACCIDENTAL DEATH BENEFIT

The Accidental Death Benefit is an additional death benefit for the accidental death of the insured while the Accidental Death Benefit is in force. We will pay this Accidental Death Benefit if all the conditions outlined below are met and none of the exclusions discussed below apply. Any amount due under this Accidental Death Benefit will be added to the All Cause Death Benefit provided by this Policy.

### Benefit Amount

The Accidental Death Benefit amount is shown on the Policy Schedule or in any successor Schedule issued by Us.

### Proof of Accidental Death

As a condition of Our obligation to pay an Accidental Death Benefit, We require due proof of the accidental death of the Insured to be given to Us at Our Home Office. This proof must show:

- a. The Insured's death occurred as a direct result of accidental bodily injury; and
- b. The Insured's death occurred within 180 days after the injury was received; and
- c. The accident causing the Insured's death occurred while this Policy and this Accidental Death Benefit were in full force.

The Accidental Death Benefit is payable to the Beneficiary.

Unless prohibited by law, We have the right to examine the body and have an autopsy done, at Our expense, at any time.



## Exclusions

There are some exclusions to the coverage provided under this Accidental Death Benefit. No Accidental Death Benefit will be payable if the Insured's death results directly from any of these causes:

- a. **Suicide:** Intentional self-inflicted injury while the Insured is sane or self-inflicted injury while the Insured is insane.
- b. **War:** War, declared or undeclared, or any act of war. War is defined as armed conflict between nations, or between factions in the same nation.
- c. **Military Service:** Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces or injuries sustained while in the service of any armed force engaged in conflict with another armed force. "War" includes undeclared war. "Country" includes any international organization or group of countries.
- d. **Aviation:** Travel in, or descent from an aircraft, if the Insured acted in a capacity other than as a fare-paying passenger on a commercial airplane.
- e. **Natural Causes:** Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.
- f. **Controlled Substances and Prescription Drugs:** The taking or injection of any drug, hypnotic or narcotic listed under the Federal Controlled Substances Act, as now or hereafter amended, unless taken in accordance with the prescribed instructions of a licensed physician.
- g. **Non-Prescription Drugs:** (1) The voluntary use of illegal drugs; (2) the intentional taking of over the counter medication not in accordance with recommended dosage and warning instructions; and (3) intentional misuse of prescription drugs.
- h. **Blood Alcohol:** Death caused by injuries sustained while the Insured is operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law. For purposes of this section, "motor vehicle" includes motorized watercraft, including but not limited to motorized boats and jet skis.
- i. **Felony:** Death caused by injury received while committing a felony.





**Application for Individual Life Insurance**  
**Rapid Decision Life Insurance**

Fidelity Life Association, A Legal Reserve Life Insurance Company

<b>PROPOSED INSURED</b>	Full Legal Name of the Proposed Insured: <u>Policy Sample2</u> Gender: <u>Female</u> Legal Residence Address: <u>745 Another Street, Hunt, IL 60606</u> Preferred Phone #: <u>(888) 555-1212</u> Alternate Phone #: <u>(888) 555-2121</u> Best Time to Call: <u>Any Day; Any Time: (CST)</u> Email Address: <u>scott.cassavoy@fidelitylife.com</u> Date of Birth: <u>12/01/1980</u> Place of Birth (Country): <u>United States of America / IL</u> Social Security Number: <u>121-21-2121</u> Drivers License Number: <u>S12345678901</u> State of Issue: <u>IL</u>
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<b>COVERAGE</b>	Product: <u>Hybrid Life</u> Face Amount: \$ <u>500,000</u> Term Period (years): <u>20</u>
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<b>OTHER COVERAGE</b>	Do you have any existing life insurance or annuity contracts in force or is any application for life insurance, or reinstatement, now pending with Fidelity Life or any other company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If this policy is issued, will any other existing life insurance or annuity with Fidelity Life or any other company be cancelled, terminated, lapsed or not renewed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>BENEFICIARY</b>	Beneficiary ( <i>Complex beneficiary designations should be dealt with within the context of a Will</i> )  <table> <tr> <td>Primary:</td> <td>% of Benefit:</td> <td>Relationship to Insured:</td> </tr> <tr> <td><u>Policy Sample2</u></td> <td><u>100</u></td> <td><u>Wife</u></td> </tr> </table>	Primary:	% of Benefit:	Relationship to Insured:	<u>Policy Sample2</u>	<u>100</u>	<u>Wife</u>
Primary:	% of Benefit:	Relationship to Insured:					
<u>Policy Sample2</u>	<u>100</u>	<u>Wife</u>					

<b>QUESTIONS TO THE PROPOSED INSURED</b>	1. Are you a legal U.S. resident and have you resided in the U.S. for more than 2 years?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. Are you currently employed?..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No • I am not self-employed. • My Annual Income is \$100,000. • My Employer or Business Name is Job. • My Primary Occupation is TEACHER. 3. Do you have a Primary Care Physician?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 4. Have you seen a Physician within the past 5 years?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 5. What is your Height (ft/in)? <u>5' 7"</u> 6. What is your Weight (lbs)? <u>140</u> 7. Has your weight changed in the past year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed by a member of the medical profession with or required follow-up for; Irregular Heart Beat (Arrhythmia), Blockage or Narrowing of the Arteries, Stroke, Congestive Heart Failure (CHF), Aneurysm, Malignant Neoplasm, Lymphoma, Melanoma or Leukemia, Pancreatitis, Memory Loss or Dysfunction or Multiple Sclerosis OR any disease or disorder of the Liver? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9. In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed by a member of the medical profession with or required follow-up for; Muscular Dystrophy, Parkinson's Disease, Amyotrophic Lateral Sclerosis (ALS, Lou Gehrig's Disease), Cerebral Palsy, Systemic Lupus Erythematosus (SLE), Lupus, Scleroderma, Cystic Fibrosis, Alzheimer's Disease, Schizophrenia, Dementia or Mental Retardation (including Down's Syndrome)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 10. Have you ever been diagnosed by a member of the medical profession as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or received a positive result from a test administered by a member of the medical profession for Human Immunodeficiency Virus (HIV)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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# Application for Individual Life Insurance Rapid Decision Life Insurance



Fidelity Life Association, A Legal Reserve Life Insurance Company

**NAME OF PROPOSED INSURED:** POLICY SAMPLE2

QUESTIONS TO THE PROPOSED INSURED (Continued)

- 11. In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed by a member of the medical profession with or required follow-up for; Coronary Artery Disease (CAD), Heart Attack (Myocardial Infarction) or Transient Ischemic Attack (TIA or Mini Stroke)? .....  Yes  No
- 12. In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed by a member of the medical profession with or required follow-up for; Chronic Obstructive Pulmonary Disease (COPD), Sleep Apnea or Asthma? .....  Yes  No
- 13. In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed by a member of the medical profession with or required follow-up for; major Depression or Anxiety that required psychiatric treatment or other Psychological (Emotional), Mental or Nervous Disorder? .....  Yes  No
- 14. In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed by a member of the medical profession with or required follow-up for; a Tumor or Cancer (excluding basal cell or squamous cell carcinoma of the skin)? .....  Yes  No
- 15. In the past 10 years, have you received any treatment, medical advice or consultation for; been diagnosed by a member of the medical profession with or required follow-up for; Diabetes, Elevated Blood Sugar, Sugar in the Urine, Elevated Cholesterol or Hypertension (High Blood Pressure)? .....  Yes  No
- 16. Have you, within the past 5 years, received medical treatment or counseling for or been advised by a physician to discontinue the use of alcohol or prescribed or non-prescribed drugs? .....  Yes  No
- 17. Have you, within the last 24 months, used any form of Tobacco, Nicotine or Nicotine Products of any kind?.....  Yes  No
- 18. Have you, within the past 5 years, used Controlled Substances such as Narcotics, Cocaine, Heroin, Amphetamines, Hallucinogens or Barbiturates not prescribed by a Physician or have you abused over the counter Medications? .....  Yes  No
- 19. Have you, within the past 5 years, used Marijuana?.....  Yes  No
- 20. Have you, within the past 5 years, been advised by a member of the medical profession to have any Diagnostic Tests (except HIV tests), Treatments, Hospitalizations, Surgical Operations or medical or mental evaluations or consultations with any Medical Professionals, which have yet to be completed, or are you waiting for a diagnosis? .....  Yes  No
- 21. Within the past 5 years, have you been prescribed any medication, suffered from any disease or received any Medical, Mental or Surgical health treatment for any condition that you have not previously disclosed? .....  Yes  No
- 22. Have you, within the past 5 years, been convicted of or pled guilty to a felony or misdemeanor or do you have any such charges pending against you? .....  Yes  No
- 23. Have you, within the past 5 years, had a Drivers License Denied, Suspended, Revoked or been convicted of more than three Moving Violations? .....  Yes  No
- 24. Have you, within the past 5 years, been convicted of or pled guilty to Reckless Driving or Driving while Under the Influence of Alcohol or Drugs or driving while intoxicated? .....  Yes  No
- 25. Have you within the past 5 years requested or received a worker's compensation or disability income payment for more than 90 consecutive days, excluding a pregnancy related payment, or have you been disabled for more than 30 days? ...  Yes  No
- 26. Have you, within the past 2 years, engaged in, or do you plan within the next 2 years to engage in, any Aviation Activity other than as a Fare-Paying Passenger on commercial airlines? .....  Yes  No
- 27. Have you, within the past 2 years, engaged in, or do you plan within the next 2 years to engage in, any form of, Scuba Diving, Hang-Gliding, Cave Exploration, Parachuting, Mountain, Rock or Ice Climbing, Rodeo, Bungee Jumping, Ballooning or Motor Racing? .....  Yes  No
- 28. To the best of your knowledge or belief has any Natural Parent or Sibling died of Diabetes, Cancer or Heart Disease prior to age 60? .....  Yes  No
- 29. Do you intend to Travel, Live or Work outside the United States or Canada within the next 2 years?.....  Yes  No



# Application for Individual Life Insurance Rapid Decision Life Insurance

Fidelity Life Association, A Legal Reserve Life Insurance Company

**NAME OF PROPOSED INSURED:** POLICY SAMPLE2

PREAUTHORIZED PAYMENT INFORMATION

As a convenience to me, I authorize Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) to make electronic debits or other forms of preauthorized withdrawals from my financial institution as indicated below. I understand that if a debit or withdrawal is not honored by the financial institution, Fidelity Life will consider the premium unpaid. Any debit or withdrawal returned due to insufficient funds may be re-deposited by Fidelity Life at its sole discretion. This authorization will remain in effect until written notice by the depositor/card holder is received by Fidelity Life. I further agree that if any such debit or withdrawal is not honored, whether with or without cause, Fidelity Life shall be under no liability whatsoever even though such dishonor results in the lapse of insurance, in accordance with the grace period.

Payor is Insured

Mode of Payment: Monthly    Payment Method: EFT

**PRE-AUTHORIZED CHECK**    *(This selection will apply to all payments)*

I request that my premium payments be debited from my bank account as shown.

Name of Bank: Bank    Transit Number: 021272626    Account Number: 8265464

Policy Sample2

Printed Name (As it appears on file with the financial institution)

DocuSigned by:

*Policy Sample2*

DB84BB3EE492406

AUTHORIZED SIGNATURE

DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I declare that each answer and statements given to the questions contained in this application is complete and true to the best of my knowledge and belief. I understand and agree that Fidelity Life Association, A Legal Reserve Life Insurance Company (Fidelity Life) will rely on these answers, and the answers and statements I may give in any other form, taken as a part of this application, as representations and not warranties and that no such statement shall void the policy unless it is contained in a written application and a copy of such application shall be endorsed upon or attached to the policy when issued. I also understand that Fidelity Life reserves the right to accept or deny this application after taking into account whatever information may be available to it, including availability as to coverage by its reinsurers.

I understand that the statements and answers in the application are the basis for any policy issued by Fidelity Life, and that no information will be considered to have been given to the company unless it is stated in the application;

I understand that a sales representative does not have the company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.

The coverage will be effective on its date of issue if the: (a) health; (b) avocations; (c) occupation; and (d) any other condition relating to the Proposed Insured are as described in the application. The effective date will be shown on page 3 of the Policy, provided one is issued.

I understand that Fidelity Life will have no liability until a policy is issued on this application and delivered to and accepted by the owner and the first premium is paid in full while the insured is alive.

I, the Proposed Insured, authorize any physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or other medical or medically related facility, insurance or reinsurance company, the MIB, Inc., consumer reporting agency or employer to give to Fidelity Life any information they might have regarding the diagnosis, treatment, prescription and prognosis of any physical or mental condition, my driving record, avocations, credit history, insurance history, occupation, character and hobbies, as applicable. To facilitate the rapid transmission of such information, I authorize all said sources, except the MIB, to give such records or knowledge to any agency employed by Fidelity Life to collect and transmit such information. I authorize Fidelity Life or its reinsurers to make a brief report of my protected health information to MIB, Inc.

In connection with this application for insurance, we may review your credit report or obtain or use a credit-based insurance score based on the information contained in that credit report. We may use a third party in connection with the development of your insurance score.



# Application for Individual Life Insurance Rapid Decision Life Insurance

Fidelity Life Association, A Legal Reserve Life Insurance Company

**NAME OF PROPOSED INSURED:** POLICY SAMPLE2

DECLARATION, AGREEMENT AND AUTHORIZATION TO RELEASE INFORMATION (Continued)	<p>I agree that this authorization shall remain in effect for the time limit permitted by applicable law in the state where the policy is delivered or issued for delivery (but no more than 24 months) and that a copy of it shall be as valid as the original. I understand that the information obtained with this authorization shall be used to evaluate my application for insurance. I also understand that I, or someone I authorize to act on my behalf, may obtain a copy of this authorization. I also understand that I have the right to revoke this authorization at any time.</p> <p>All or part of such information may be disclosed to a physician of my choosing, my insurance agent, the MIB, Inc., to other persons or organizations performing business or legal services in connection with this application, including reinsuring companies and as may be required by law.</p> <p><b>Fraud Warning:</b> Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.</p> <p>Signed at: <u>IL</u> Date: <u>12/14/2015</u></p> <p>DocuSigned by: <u>Policy Sample2</u> DB84BB3EE492406... Signature of Proposed Insured</p>
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AGENT	<p>To the best of your knowledge, will the coverage applied for replace any life or annuity coverage now in force on the life of any proposed insured? (If yes, complete appropriate state replacement forms) ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Does any Proposed Insured have existing Life Insurance or Annuity contracts in force?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Printed Name of Agent: <u>TEST BUSINESS NAME</u></p> <p>Agent ID: <u>Scottds</u> General Agent ID: <u>FLAORPHAN</u></p> <p>Email Address of Agent: <u>FLATest@FidelityLife.com</u> Telephone Number of Agent: <u>9999999999</u></p> <p>Electronically Signed By: <u>TEST BUSINESS NAME</u></p> <p>Signature of Licensed Agent</p>
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# HIPAA AUTHORIZATION

Fidelity Life Association, A Legal Reserve Life Insurance Company



Established 1896

## Authorization for the Release of personal Health Information

This authorization complies with the **HIPAA** Privacy Rules

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, health care provider, health plan, insurer, and/or any entity subject to the **Health Insurance Portability and Accountability Act** of 1996 (HIPAA) that has provided treatment, service, payment, or coverage to me or on my behalf to disclose my entire medical record and any other protected health information concerning me to Fidelity Life Association, its agents, employees, representatives, insurance support organizations, and reinsurers (collectively, "the Company"). This includes all information relating to my health (except psychotherapy notes) and my insurance policies and claims, including but not limited to, hospital records, treatment records/office notes, consultation reports, workers' compensation information, diagnosis, prescriptions, and test results. It also includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases, and information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco. I authorize Fidelity Life Association or its reinsurers to make a brief report of my protected health information to MIB, Inc.

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, laboratory, pharmacy, pharmacy benefit manager, medical facility, health care provider, health plan, insurer and/or any entity subject to HIPAA to release and disclose such information without restriction.

I understand that unless prohibited by state and/or Federal law, the protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the Company. I understand any information disclosed under this authorization may no longer be covered by Federal rules governing privacy and confidentiality of health information and may be subject to redisclosure.

This authorization shall remain in force for 26 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to the attention of the Underwriting Department of the Company. I understand that a revocation is not effective to the extent that the Company has already relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

I understand that if I refuse to sign this authorization, the Company may not be able to process my application for insurance. I understand that I am entitled to receive a copy of this authorization.

### Policy Sample2

12/01/1980

PRINTED NAME OF THE PROPOSED INSURED

DATE OF BIRTH

DocuSigned by:

Policy Sample2

DB84BB3EF492406...

12/14/2015

SIGNATURE OF THE PROPOSED INSURED

DATED

Or, if applicable, signature of the Personal Representative of the Proposed Insured

If applicable, description of Personal Representative's authority or relationship to Proposed Insured.

**THIS PAGE IS TO BE SIGNED AND SENT TO THE COMPANY**





**IMPORTANT NOTICE  
REGARDING YOUR APPLICATION FOR INSURANCE**

An application for insurance is a document that, if accepted by Us, will become part of a legal contract. Knowingly providing false information, or omitting information, could result in our rescission of your policy or denial of a claim. It may even be a criminal offense if it represents a willful attempt to defraud your insurance company.

It is important to read your application carefully. Please be sure that you have answered the questions fully and truthfully.

In most cases, we do not require you to submit to medical examinations, take blood or other fluid tests. However, with your consent on your application, WE DO ATTEMPT TO VERIFY the information provided. If you have any medical history that is not disclosed in your application or answered "No" to any of the questions that should have been answered as "Yes" it is HIGHLY LIKELY that we will discover it. In this event we will not issue you an insurance policy. In addition, we are required to report any adverse findings to the Medical Information Bureau. This may impact your ability to purchase insurance in the future.

**If you misrepresented yourself and it is found after a policy has already been issued, the policy may be rescinded as of its effective date. All premiums received will be refunded. The coverage will be void from its beginning.**

Be sure to answer all of the questions. If you have any questions please contact your agent.

Policy Sample2

PRINTED NAME OF THE PROPOSED INSURED

DocuSigned by:  
*Policy Sample2*

12/14/2015

SIGNATURE OF THE PROPOSED INSURED

DATED

Fidelity Life Association, A Legal Reserve Life Insurance Company  
8700 W. Bryn Mawr Ave., Ste. 900S, Chicago, IL 60631  
www.fidelitylife.com





**LEVEL DEATH BENEFIT RENEWABLE  
TERM LIFE  
INSURANCE POLICY**  
***This is a Non-Participating Policy***

Fidelity Life Association, A Legal Reserve Life Insurance Company  
8700 W. Bryn Mawr Ave., Ste. 900S  
Chicago, IL 60631  
Tel 800.369.3990 or Fax 866.375.8175