



**FIDELITY SECURITY LIFE INSURANCE COMPANY**

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Phone: (800) 648-8624

A STOCK COMPANY (herein Called "the Company")

**OUTLINE OF COVERAGE  
INDIVIDUAL DISABILITY INCOME INSURANCE  
Policy Form M-4022**

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

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

**BENEFITS:**

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

The Monthly Benefit Amount for a period of Total Disability that commences: a) during the first year of coverage is 40% of the Monthly Benefit Amount; b) during the second year of coverage is 75% of the Monthly Benefit Amount; and c) during all other years is 100% of the Monthly Benefit Amount.

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

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

If the Maximum Monthly Benefit Amount exceeds the underwriting requirements for the amount of the Insured's Monthly Earned Income, as shown in the Schedule, at the time Total Disability commences or the average of the Insured's Monthly Earned Income for the period of 2 years immediately preceding the Total Disability, whichever is greater, the Insured's Maximum Monthly Benefit Amount will be adjusted to a new amount which does not exceed 60% of the Insured's new Monthly Earned Income, or 2-year average of the Insured's Monthly Earned Income, whichever is greater. The premiums will be adjusted to reflect the new Maximum Monthly Benefit Amount. If the adjustment results in a lower premium, all excess premiums will be returned to the Insured on a pro-rata basis for a period of 2 years prior to the recalculation. However, the Monthly Earned Income will not be reduced below \$200.

It is the Insured's responsibility to notify Us in writing upon a change in the Insured's employment or Monthly Earned Income.

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

**ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT.** If the Insured, due to a covered Injury, sustains, directly and independently of all other causes within 90 days from the accident date, any loss described below, We will pay:

For Loss Of:

Benefit Payable

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

Benefits will be payable to the named Beneficiary for Loss of life. Benefits for any other covered Loss will be payable to the Insured.

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

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

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

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

#### **Recurrent Confinements**

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

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

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

## EXCLUSIONS, LIMITATIONS, AND REDUCTIONS:

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

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

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

3. caused by normal pregnancy, including childbirth or elective abortion, except when loss results from Complications of Pregnancy, as defined in this Policy;
4. the Insured intentionally inflicts on himself or herself while sane or insane (in Colorado or Missouri, while sane);
5. caused by the Insured engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations;
6. caused by poison, gas, or fumes voluntarily taken, absorbed, or inhaled, except for the involuntary or unintentional ingestion of poison or inhalation of poisonous gases or fumes;
7. caused by an accident that occurs while an insured has been determined to be intoxicated
  - (a) by judicial or administrative judgment or order;
  - (b) by evidence of an alcohol concentration in the insured's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or
  - (c) by other evidence demonstrating the insured was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage;and the use of such substance was a proximate cause of the accidental bodily Injury; or
8. for which compensation is payable under any Worker's Compensation Law, Occupational Diseases Law, the 4800 Time Benefit Plan or similar legislation.

### **TOTAL DISABILITY BENEFIT LIMITATIONS:**

***Pre-Existing Condition*** means a Sickness, Injury, Nervous or Mental Disorder, or physical condition for which an Insured has consulted a Physician or received any medical advice, treatment, medical supplies, prescription medication, or services within the 12 months immediately before the Effective Date of insurance, or for which symptoms of a condition have occurred that would have led a prudent person to seek diagnosis, care, or treatment during the 12 months immediately before the Effective Date of insurance.

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

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

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

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

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

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

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

**BENEFIT REDUCTION FOR OTHER COVERAGE WITH OTHER INSURERS:** If the Insured has any Other Disability Income Coverage in effect at the time Total Disability begins, the benefit provided by the Policy will be reduced to the extent this coverage, plus all other coverage, together exceed 100% of the Insured's Monthly Earned Income. However, in no event will this Policy's Monthly Benefit Amount ever reduce below the greater of:

- a. 15% of the amount shown in the Schedule; or
- b. \$50.00.

***Other Disability Income Coverage*** means benefits similar to this Policy, provided by individual, group or blanket-type insurance, labor-management trustee plans, union welfare plans, employer or employee benefit organization plans, government agencies or organizations, salary continuance or pension programs, and any other arrangement of benefits for individuals, including benefits under any state law or federal Social Security.

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

## **RENEWABILITY:**

**GUARANTEED RENEWABLE TO AGE 65:** The Insured's insurance under the Policy is guaranteed renewable to Age 65, as long as the Insured pays the required premiums, subject to the Grace Period. We reserve the right to change premiums for a class as allowed in the Premiums section. The Insured may request cancellation of the Policy. This request must be made to Us in writing by the Insured. The effective date of the cancellation will be the next premium due date following the date the Insured requests cancellation of the Policy. No portion of modal premiums already paid for premiums which were due prior to the request for cancellation will be refunded.

**CONDITIONALLY RENEWABLE TO AGE 70:** The Insured's insurance under the Policy is conditionally renewable beginning with the anniversary date following the Insured's attainment of Age 65 to the Insured's attainment of Age 70. This means that the Insured may renew his or her coverage under this Policy each year to age 70, provided that:

1. the Insured pays the required premiums, subject to the Grace Period;
2. the Insured continues to be Actively at Work.

Premiums will increase each year on the anniversary date of the Insured's coverage under the Policy beginning with the anniversary date following the Insured's attainment of age 65.

The Insured may request cancellation of coverage. This request must be made to Us in writing by the Insured. The effective date of the cancellation will be the next premium due date following the date the Insured requests cancellation of coverage. No portion of modal premiums already paid for premiums which were due prior to the request for cancellation will be refunded.

Coverage will terminate upon the Insured's attainment of Age 70.

## **PREMIUMS:**

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

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