



# FIDELITY SECURITY LIFE INSURANCE COMPANY

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

**POLICY NUMBER:** VC-19

**POLICYHOLDER:** San Bernardino Superior Court

**STATE OF ISSUE:** California

**POLICY EFFECTIVE DATE:** January 1, 2011

**POLICY ANNIVERSARY DATE:** January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company agrees to pay the benefits provided by the Policy in accordance with its terms and conditions.

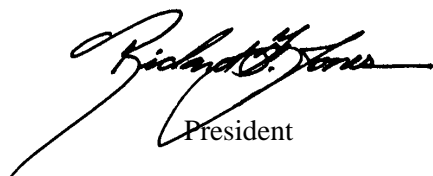
The Policy is issued in consideration of the Policyholder's application (a copy of which is attached) and receipt by the Company of the premiums.

All periods of time under the Policy begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy may be modified by mutual agreement between the Policyholder and the Company.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary

**This Policy is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage or essential pediatric vision coverage under the Federal Affordable Care Act.**

**GROUP VISION INSURANCE POLICY  
THIS IS A LIMITED BENEFIT POLICY**  
*Please read the Policy carefully.*

**THIRTY-DAY RIGHT TO EXAMINE:** If the Policyholder is not satisfied for any reason, the Policyholder may return the Policy within 30 days after receipt. The premium will then be refunded. When returned, the Policy will be void from the beginning. The Policy must be returned to the Company at the Company's home office or to the Company's authorized agent.

## PREMIUMS

Premiums are payable in advance by the Policyholder. The first premium is due on the effective date of the Policy. Subsequent premiums are due on the first day of each calendar month thereafter.

The required premium due on each premium due date is the sum of the premiums for all Insureds and their Dependents covered under the Policy. The premiums due will be determined by applying the premium rates then in effect for each plan provided by the Policy to the number of Insured Persons. All premiums are payable to the Company at the Company's home office or to any of the Company's authorized agents.

The premium due may be adjusted due to a change in insurance as requested by the Policyholder or as required by the Company as follows:

1. if an amount of insurance is added or increased during a calendar month, premiums will be increased as of the date the change becomes effective, unless otherwise mutually agreed;
2. if an amount of insurance is deleted or decreased during a calendar month, premium will cease or be decreased at the end of the calendar month in which the deletion or decrease occurred, unless otherwise mutually agreed;
3. if the Policyholder's contribution percentage is changed, premium will be adjusted at the end of the calendar month in which the change occurred, unless otherwise mutually agreed; or
4. if the number of eligible employees increases or decreases by more than 10% premium will be adjusted at the end of the calendar month in which the increase or decrease occurred, unless otherwise mutually agreed.

If premiums are due the Company, or premium refunds are due the Policyholder as a result of clerical error or delay in the reporting of dates and/or data to the Company, all premiums or refunds will be calculated at the current rate of premium payment and are limited to a maximum period of three months.

**Premium Rate Change.** The Company has the right to change the premium rate on or after the fourth Policy Anniversary Date. The Company will provide written notice at least 60 days before the date of change.

**Grace Period.** A grace period of 31 days will be allowed to the Policyholder for the payment of each premium due after the first premium. The Policy will remain in force during the grace period. If the required premium is not paid by the end of the 31-day period, the Policy will terminate. The Policyholder will be required to pay premium for the grace period.

**Return of Premium.** The Company reserves the right to rescind the coverage for one or all Insureds due to misrepresentation or fraud on the Policyholder's application or an Insured's enrollment form, if such misrepresentation materially affected the acceptance of the risk.

If, on the date coverage is rescinded, no claims have been paid under the Policy, the Company will return all premiums paid for such coverage to the Policyholder.

If, on the date coverage is rescinded, claims have been paid under the Policy, the Company reserves the right to deduct an amount equal to the amount of such claims paid from the premiums to be returned to the Policyholder.

## TERMINATION OF POLICY

The Policyholder or the Company may terminate or cancel the Policy on the earliest of the following:

1. on any date on or after the first Policy Anniversary Date. Written notice must be provided to the other party at least 60 days prior to termination;
2. the date the number or percentage of persons covered under the Policy does not meet the minimum participation requirements of 10;
3. the date the required premium has not been paid, except as provided in the Grace Period provision; or
4. the date 100% of the eligible employees are not covered when a contribution is not required by the employee.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

**CERTIFICATES**

The Company will furnish a Certificate to the Policyholder which will set forth the essential features of the insurance coverage.

**ADDITIONAL INSUREDS**

Insured Persons may be added at any time if they meet the eligibility requirements stated in the Policyholder's application, complete an enrollment form, if required, and pay any required premium.

**INCORPORATION PROVISION**

The provisions of the attached Certificate and all Rider(s) issued to amend the Policy after the Policy Effective Date are made a part of the Policy.



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## AMENDMENT TO THE APPLICATION FOR VISION CARE BENEFITS

### CURRENT GROUP INFORMATION (AS REFLECTED IN THE COMPANY'S RECORDS):

Group Name: San Bernardino Superior Court  
DBA, if applicable: \_\_\_\_\_  
Policy Number: VC-19 Group Number: 9785965/9785932/9800632/9799545

EFFECTIVE 1/1/16 THE APPLICATION FOR VISION CARE BENEFITS IS AMENDED AS NOTED BELOW:

NAME CHANGE (SAME TAX ID #):

New Group Name: \_\_\_\_\_  
DBA, if applicable: \_\_\_\_\_

CHANGE IN PRIMARY BUSINESS ADDRESS (SAME STATE):

New Street Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CHANGE TO COVERAGE FOR DOMESTIC PARTNERS\*:

Are Domestic Partners to be covered under this Plan?  Yes  No  
Same Sex\*?  Yes  No Opposite Sex\*?  Yes  No

\* Except as required by state law.

CHANGE TO DEPENDENT AGE COVERAGE\*\*:

Dependent Children to be covered to Age\*\*  19  21  25  26\*\*\*  Other \_\_\_\_\_  
Dependent Children to be covered if Full-Time Student\*\*  Yes  No  
If "Yes", Dependent Full-Time Student Covered to\*\*  21  25  27  Other \_\_\_\_\_

\*\*Unless state law has different requirements for Dependent Child status.

\*\*\* Regardless of financial dependency, residency, student status, or marital status.

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**NEW RATES, BENEFITS, NETWORK OR PLANS:**

- A. New Rates      Please refer to the attached proposal page.
- B. New Benefits    Please refer to the attached proposal page.
- C. New Network    Please refer to the attached proposal page.
- D. New Plan        Please refer to the attached proposal page.

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**CHANGE IN RENEWAL DATE:**

Original Renewal Date: \_\_\_\_\_  
New Renewal Date: \_\_\_\_\_

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**CHANGE IN GROUP SIZE (FLORIDA POLICYHOLDERS ONLY):**

Original Number of Full-time Employees: \_\_\_\_\_  
New Number of Full-time Employees: \_\_\_\_\_

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FIDELITY SECURITY LIFE INSURANCE COMPANY

  
President

  
Secretary



Underwritten by Fidelity Security Life Insurance Company  
Kansas City, Missouri

Policy No.

CA

Application for Vision Care Benefits

I. GROUP INFORMATION

Group Name: San Bernardino Superior Court

Tax ID #: 33 0939001

DBA Name (if other than above): \_\_\_\_\_

Business Address: 172 West Third Street, 2<sup>nd</sup> Floor

City: San Bernardino

State: CA

Zip: 92415-0112

Mailing Address (if other than above): \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Principal Contact: Sheri San Miguel

Title: Director of Human Resources

Phone: (909) 387-6240

Fax: (909) 382-3986

E-mail: ssanmiguel@sb-court.org

Type of Business:  Proprietorship  Corporation  Partnership  Other (Specify): Courts

PLEASE NOTE THE FOLLOWING TYPE BUSINESSES REQUIRE PRIOR CARRIER APPROVAL:

MEWA  PEO  Trust  Union

Service Area:  National (US, does not include Puerto Rico)  State Specific (list): CA

Number of Employees/Members with language preferences other than English for:

Spanish:

Oral  
 Written

Other: \_\_\_\_\_

Oral  
 Written

Other: \_\_\_\_\_

Oral  
 Written

Billing Contact Name: Sheri San Miguel

Phone: (909) 387-6240

Billing Address: 172 West Third Street, 2nd Floor

City: San Bernardino

State: CA

Zip: 92415-0112

If you have subsidiaries, affiliated companies, or divisions who use another name and will be covered by this plan, AND require separate billing invoices, please attach the following information on a separate sheet of paper:

-Name, Address, Billing Contact and Phone Number

If any subsidiary or affiliated companies are to be insured or any Employees/Members are working at a location other than the address above, please explain: We have 17 locations throughout the country.

Will this plan replace any existing coverage?  Yes  No

If "Yes," indicate name and address of existing insurer.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Effective date of existing coverage: \_\_\_\_\_

Termination date of existing coverage: \_\_\_\_\_

If "Yes," are any Employees/Members on COBRA continuation?  Yes  No How many? 6

A-0153CA

**II. PLAN SELECTION**

Please refer to the attached proposal page, signed by the client.  
 Services are provided by EyeMed Vision Care

**III. PREMIUMS**

Contribution towards premium  Yes  No

Group's Premium Contribution for: Employees/Members: 100% Dependents: 100%

Employee's/Member's Premium Contribution for: Employees/Members: 0 Dependents: 0

Are Employee/Member and Dependent premiums being paid through a Section 125 Plan?  Yes  No

Are Employee/Member and Dependent premiums being collected by payroll deduction?  Yes  No

Premiums shall be at the rates set forth in the Schedule of Premiums, included on the attached proposal page.

**IV. ELIGIBILITY INFORMATION**

Number of Employees/Members: 60 Number Applying: Auto Number Dependents: 56  
enrolled

Are Domestic Partners covered under this plan?  Yes  No

Same Sex\*?:  Yes  No Opposite Sex\*?:  Yes  No

Dependent Children Covered to Age\*\*  19  21  25  Other \_\_\_\_\_

Dependent Children Covered if Full-Time Student\*\*  Yes  No

If "Yes", Dependent Full-Time Student Covered to  21  25  27  Other 24

\*Except as required by state law.

\*\*Unless state law has different requirements for Dependent Child status.

Eligibility Reporting Contact (produces the eligibility file): Ronald Adkins

Address (if different from group): 2850 Gateway Oaks Drive, Suite 300

City: Sacramento State: CA Zip: 95833

Phone: 866.469.3239 Fax: \_\_\_\_\_ Email: ronaladkins@jud.ca.gov

Eligibility Authorization Contact (Benefits Administrator or Third Party Administrator responsible for verifying vision elections for members)

Name: Sheri San Miguel Phone: (909) 387- 6240

Days/Hours of Availability: Mon-Fri; 8am-5pm E-mail: ssanmiguel@sb-court. rg

**PROBATIONARY PERIOD**

For New Employees/Members:  30 days  60 days  90 days  80 days  Other None

Probationary Period is waived for present Employees/Members:  Yes  No

Number of Employees/Members who have not yet completed the probationary period: 0

**V. EFFECTIVE DATE**

1. This plan will become effective at 12:01 a.m. Local Time at the group's address herein, on August 1, 2010 provided that all of the following have been completed prior to this effective date:

A. This application has been received and accepted by the Company (must be submitted 30 days in advance of the effective date).

B. EyeMed has been furnished a working file of all eligible members, according to the membership layout guidelines. It is understood and agreed that EyeMed may rely on this information to provide services to individuals designated as eligible.

2. This plan will be effective through July 31, 2010 (12 months) and the premium is based on the information provided.

The Group hereby makes application to Fidelity Security Life Insurance Company for Vision Care Benefits. The Group agrees to maintain and furnish any records necessary to administer the plan, and to forward premiums monthly in advance.

The Group certifies that all the information shown on this application and any attachments are correct and complete as of the date this application is signed. The Group understands that the Insurance Company intends to rely on this information in determining whether or not the enrolling Employees/Members may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE INSURANCE COMPANY**; and that no field representative of the Insurance Company has the authority to modify any conditions of application, or policies, by making any promise or representation. It is understood that the insurance as to any Employee/Member will not become effective on the date insurance should otherwise become effective if he is not at work on such date performing all duties of his occupation and otherwise meets the requirements of the Insurance Company. Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statements may be guilty of insurance fraud.

Signed for the Group: Shen San Miguel

Title: Director of Human Resources

Date: 4-7-10

**VI MEMBER ID CARDS**

Group will be receiving EyeMed ID cards:  Yes  No

Plan Display Name: San Bernardino Superior Court

(Company Name as you want it to appear on all other correspondence).

Company Name as you want it to appear on the ID card. (Can only be 30 characters including punctuation, spacing & any code) same

All EyeMed ID cards are mailed directly to Employee's/Member's home address

ATTENTION: THE DEPARTMENT OF INSURANCE REQUIRES THAT ONLY THE BROKER AND/OR GENERAL AGENT WHO SOLD THE PRODUCT AND HOLD A VALID LIFE AND HEALTH LICENSE MAY COMPLETE THE CERTIFYING STATEMENT.

**WRITING BROKER'S CERTIFYING STATEMENT**

I certify that I have accurately recorded on this application the information supplied by the proposed policyholder(s).

Firm Name (print): NA

Tax ID Number: \_\_\_\_\_

Broker Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Broker Signature: \_\_\_\_\_



RFP 21-04 Vision Insurance Plans Exhibit D



San Bernadino Superior Courts  
 EyeMed Select Plan H, Fixed Fee  
 Employer pays 100% Employees and 0% Dependents  
 Option Union  
 EyeMed Vision Care in conjunction with Fidelity Security Life Insurance Company

Version 6

| Vision Care Services                                               | Member Cost                                                                                                                                                        | Out-of-Network Reimbursement |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Exam with Dilatation as Necessary                                  | \$0 Copay                                                                                                                                                          | \$48                         |
| Exam Options:                                                      |                                                                                                                                                                    |                              |
| Standard Contact Lens Fit and Follow-Up:                           | Up to \$40                                                                                                                                                         | N/A                          |
| Premium Contact Lens Fit and Follow-Up:                            | 10% off Retail Price                                                                                                                                               | N/A                          |
| Frames:                                                            |                                                                                                                                                                    |                              |
| Any available frame at provider location                           | \$0 Copay; \$120 Allowance, 20% off balance over \$120                                                                                                             | \$47                         |
| Standard Plastic Lenses                                            |                                                                                                                                                                    |                              |
| Single Vision                                                      | \$0 Copay                                                                                                                                                          | \$40                         |
| Bifocal                                                            | \$0 Copay                                                                                                                                                          | \$55                         |
| Trifocal                                                           | \$0 Copay                                                                                                                                                          | \$75                         |
| Lenticular                                                         | \$0 Copay                                                                                                                                                          | \$125                        |
| Standard Progressive Lens**                                        | \$65                                                                                                                                                               | \$70                         |
| Premium Progressive Lens**                                         | \$65, 80% of Charge less \$120 Allowance                                                                                                                           | \$70                         |
| Lens Options:                                                      |                                                                                                                                                                    |                              |
| UV Treatment                                                       | \$15                                                                                                                                                               | N/A                          |
| Tint (Solid and Gradient)                                          | \$15                                                                                                                                                               | N/A                          |
| Standard Plastic Scratch Coating                                   | \$15                                                                                                                                                               | N/A                          |
| Standard Polycarbonate - Adults                                    | \$20 Copay                                                                                                                                                         | \$14                         |
| Standard Polycarbonate - Kids under 19                             | \$20 Copay                                                                                                                                                         | \$14                         |
| Standard Anti-Reflective Coating                                   | \$45                                                                                                                                                               | N/A                          |
| Polarized                                                          | 20% off Retail Price                                                                                                                                               | N/A                          |
| Other Add-Ons                                                      | 20% off Retail Price                                                                                                                                               | N/A                          |
| Contact Lenses<br>(Contact lens allowance includes materials only) |                                                                                                                                                                    |                              |
| Conventional                                                       | \$0 Copay; \$120 allowance, 15% off balance over \$120                                                                                                             | \$85                         |
| Disposable                                                         | \$0 Copay; \$120 allowance, plus balance over \$120                                                                                                                | \$85                         |
| Medically Necessary                                                | \$0 Copay, Paid-in-Full                                                                                                                                            | \$250                        |
| Laser Vision Correction<br>Lasik or PRK from U.S. Laser Network    | 15% off Retail Price or 5% off promotional price                                                                                                                   | N/A                          |
| Additional Pairs Benefit:                                          | Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. | N/A                          |
| Frequency:                                                         |                                                                                                                                                                    |                              |
| Examination                                                        | Once every 12 months                                                                                                                                               |                              |
| Lenses or Contact Lenses                                           | Once every 12 months                                                                                                                                               |                              |
| Frame                                                              | Once every 12 months                                                                                                                                               |                              |
| Monthly Rate                                                       |                                                                                                                                                                    |                              |
| Subscriber                                                         | \$5.50                                                                                                                                                             |                              |
| Subscriber + Spouse                                                | \$11.00                                                                                                                                                            |                              |
| Subscriber + Child(ren)                                            | \$12.37                                                                                                                                                            |                              |
| Subscriber + Family                                                | \$20.35                                                                                                                                                            |                              |

All plans are based on a 12-month contract term and 48-month rate guarantee.  
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies

\*\* Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens

**Additional Discounts:**

Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.

Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

The contact lens benefit allowance is not applicable to this service.

Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.

Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

Rates are valid only when the quoted plan is the sole stand-alone vision plan offered by the group

Rates are valid for groups domiciled in the State of CASouth.

Fees quoted will be valid until the 1/1/2016 plan implementation date. Date quoted: 10/15/2015.

Rates assume Employer pays 100% Employees and 0% Dependents

Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York

Policy number VC-19/VC-20, form number M-9083

**Plan Exclusions:**

- 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures;
- 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear
- 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
- 8) Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care;
- 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

If San Bernadino Superior Courts has chosen this benefit design, attach this document to the group application and sign here:

*Christman*  
 Signature

10/22/15  
 Date

TCO

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

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?**

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and transaction history
- medical information and insurance claim information
- assets and checking account information

When you are no longer our customer, we continue to share your information as described in this notice.

**How?**

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Fidelity Security Life Insurance Company and Affiliates choose to share; and whether you can limit this sharing.

| Reasons we can share your personal information                                                                                                                                            | Does Fidelity Security Life share? | Can you limit this sharing? |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------|
| <b>For our everyday business purposes</b> – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus | Yes                                | No                          |
| <b>For our marketing purposes</b> – to offer our products and services to you                                                                                                             | Yes                                | No                          |
| <b>For joint marketing with other financial companies</b>                                                                                                                                 | Yes                                | No                          |
| <b>For our affiliates' everyday business purposes</b> – information about your transactions and experiences                                                                               | Yes                                | No                          |
| <b>For our affiliates' everyday business purposes</b> – information about your creditworthiness                                                                                           | No                                 | We don't share              |
| <b>For our affiliates to market to you</b>                                                                                                                                                | No                                 | We don't share              |
| <b>For nonaffiliates to market to you</b>                                                                                                                                                 | No                                 | We don't share              |

**Questions?**

Call 800-648-8624 or go to [www.fslins.com](http://www.fslins.com) or [www.ftj.com](http://www.ftj.com)

| Who we are                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who is providing this notice?                                                                     | Fidelity Security Life Insurance Company and Affiliates including our Administrative, Insurance and Financial Service Providers.                                                                                                                                                                                                                                                                             |
| What we do                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                              |
| How does Fidelity Security Life Insurance Company and Affiliates protect my personal information? | To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.<br><br>These physical, electronic and procedural safeguards were created to protect your information. We also limit employee access as appropriate.                                                |
| How does Fidelity Security Life Insurance Company and Affiliates collect my personal information? | We collect your personal information, for example, when you <ul style="list-style-type: none"> <li>■ apply for insurance or pay insurance premiums</li> <li>■ file an insurance claim or give us your contact information</li> <li>■ show your driver's license</li> </ul> We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.                    |
| Why can't I limit all sharing?                                                                    | Federal law gives you the right to limit only <ul style="list-style-type: none"> <li>■ sharing for affiliates' everyday business purposes – information about your creditworthiness</li> <li>■ affiliates from using your information to market to you</li> <li>■ sharing for nonaffiliates to market to you</li> </ul> State laws and individual companies may give you additional rights to limit sharing. |
| Definitions                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Affiliates                                                                                        | Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>■ <i>Our affiliates include Fidelity Security Life Insurance Company of New York, Forrest T. Jones &amp; Company, Inc., Forrest T. Jones Consulting Company and National Pension &amp; Group Consultants, Inc.</i></li> </ul>                                     |
| Nonaffiliates                                                                                     | Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> <li>■ <i>Fidelity Security Life Insurance Company does not share with nonaffiliates so they can market to you.</i></li> </ul>                                                                                                                                     |
| Joint marketing                                                                                   | A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> <li>■ <i>Our joint marketing partners include insurance agencies, broker dealers and investment advisor firms.</i></li> </ul>                                                                                                                    |
| Other important information                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                              |



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**POLICYHOLDER:** San Bernardino Superior Court  
**POLICY EFFECTIVE DATE:** January 1, 2011  
**POLICY ANNIVERSARY DATE:** January 1 of the following year and each January 1 thereafter

Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described on the following pages, subject to and in accordance with the terms and conditions of the Policy.

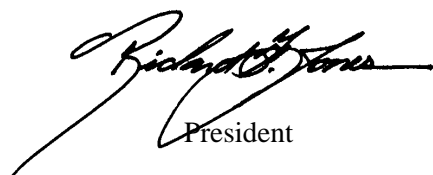

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Certificate explains the plan of insurance. An individual identification card will be issued to the Insured containing the group number and the Insured's effective date. The Certificate replaces all certificates previously issued to the Insured under the Policy.

All periods of time under the Policy will begin and end at 12:01 A.M. Local Time at the Policyholder's business address.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY

   
President Secretary

**This Certificate is not major medical insurance and is not a substitute for major medical insurance. It does not qualify as minimum essential health coverage or essential pediatric vision coverage under the Federal Affordable Care Act.**

**GROUP VISION INSURANCE CERTIFICATE  
THIS IS A LIMITED BENEFIT CERTIFICATE**  
*Please read the Certificate carefully.*

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

**THIRTY-DAY RIGHT TO EXAMINE:** If an Insured who is age 65 or older is not satisfied for any reason, the Insured may return the Insured's Certificate within 30 days after receipt. The premium will then be refunded. When so returned, the Certificate will be void from the beginning. The Certificate must be returned to the Company at the Company's home office or to the Company's authorized agent.

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GENERAL PROVISIONS ..... 7

SCHEDULE OF BENEFITS ..... Attached (1A)

## DEFINITIONS

**Benefit Frequency** means the period of time in which a benefit is payable as shown in the Schedule of Benefits.

The Benefit Frequency begins on the later of the Insured Person's effective date or last date services were provided to the Insured Person. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

**Co-payment** means the designated amount, if any, shown in the Schedule of Benefits each Insured Person must pay to a Provider before benefits are payable for a covered Vision Examination or Vision Materials per Benefit Frequency.

**Comprehensive Eye Examination** means a comprehensive ophthalmological service. Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.

**Dependent** means any of the following persons whose coverage under the Policy is in force and has not ended:

1. the Insured's lawful spouse or Domestic Partner;
2. each unmarried child from birth to age 19 who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance;
3. each unmarried child at least 19 years of age to 24 years of age who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance and who is a full-time student; or
4. each unmarried child at least 19 years of age: who is primarily dependent upon the Insured or the Insured's spouse for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap.

Child includes stepchild, foster child, legally adopted child, child legally placed in the Insured's home for adoption and child under the Insured's legal guardianship. A full-time student is one who is enrolled at least the minimum number of hours of class a week the school considers as full-time status.

**Domestic Partner** will have the same meaning as used in Section 297 of the Family Code. However, for individuals not meeting the definition of Domestic Partner as used in Section 297 of the Family Code, Domestic Partner means an adult who is in a committed relationship with the Insured, and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise.

The term "spouse", wherever used, will include a Domestic Partner.

**Insured** means an employee of the Policyholder who meets the eligibility requirements as shown in the Policyholder's application, and whose coverage under the Policy is in force and has not ended.

**Insured Person** means the Insured. Insured Person will also include the Insured's Dependents, if enrolled.

**In-Network Provider** means a Provider who has signed a Preferred Provider Agreement with the PPO.

**Medically Necessary Contact Lenses** means:

1. Keratoconus where the Insured Person is not correctable to 20/30 in either or both eyes using standard spectacle lenses, or the Provider attests to the specified level of visual improvement;
2. High Ametropia exceeding -10D or +10D in spherical equivalent in either eye;
3. Anisometropia of 3D in spherical equivalent or more; or
4. vision for an Insured Person can be corrected two lines of improvement on the visual acuity chart when compared to best corrected standard spectacle.

**Out-of-Network Provider** means a Provider, located within the PPO Service Area, who has not signed a Preferred Provider Agreement with the PPO.

**Policy** means the Policy issued to the Policyholder.

**Policyholder** means the Employer named as the Policyholder in the face page of the Policy.

**PPO Service Area** means the geographical area where the PPO is located.

**Preferred Provider Agreement** means an agreement between the PPO and a Provider that contains the rates and reimbursement methods for services and supplies provided by such Provider.

**Preferred Provider Organization (“PPO”)** means a network of Providers and retail chain stores within the PPO Service Area that has signed a Preferred Provider Agreement. A Preferred Provider directory is provided to the Policyholder and may be reviewed during normal business hours.

**Provider** means a licensed physician or optometrist who is operating within the scope of his or her license or a dispensing optician.

**Vision Examination** means any eye or visual examination covered under the Policy and shown in the Schedule of Benefits.

**Vision Materials** means those materials shown in the Schedule of Benefits.

## EFFECTIVE DATES

**Effective Date of Insured’s Insurance.** The Insured’s insurance will be effective as follows:

1. if the Policyholder does not require the Insured to contribute toward the premium for this coverage, the Insured’s insurance will be effective on the date the Insured became eligible;
2. if the Policyholder requires the Insured to contribute toward the premium for this coverage, the Insured’s insurance will be effective on the date the Insured became eligible, provided:
  - a. the Insured has given the Company the Insured’s enrollment form (if required) on, prior to, or within 30 days of the date the Insured became eligible; and
  - b. the Insured has agreed to pay the required premium contributions; and
3. if the Insured fails to meet the requirements of 2 a) and 2 b) within 30 days after becoming eligible, the Insured’s coverage will not become effective until the Company has verified that the Insured has met these requirements. The Insured will then be advised of the Insured’s effective date.

**Effective Date of Dependents’ Insurance.** Coverage for Dependents becomes effective on the later of:

1. the date Dependent coverage is first included in the Insured’s coverage; or
2. the premium due date on or after the date the person first qualifies as the Insured’s Dependent. If an enrollment form is required, the Insured must provide such form and agree to pay any premium contribution that may be required prior to coverage becoming effective.

If the Insured and the Insured’s spouse are both Insureds, one Insured may request to be a Dependent spouse of the other. A Dependent child may not be covered by more than one Insured.

**Newborn Children.** A Dependent child born while the Insured’s coverage is in force will be covered from the moment of birth for 31 days or greater, if elected, by the Policyholder. In order to continue coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period.

**Adopted Children.** If a Dependent child is placed with the Insured for adoption while the Insured’s coverage is in force, this child will be covered from the date of placement for 31 days or greater, if elected, by the Policyholder. In order to continue

coverage beyond this period, the Insured must provide notice to the Company and agree to pay any premium contribution that may be required within this period. If proper notice has been given, coverage will continue unless the placement is disrupted prior to legal adoption and the child is removed from placement.

## BENEFITS

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

**Comprehensive Eye Examination.** An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.

**In-Network Provider Benefits.** The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

**Out-of-Network Provider Benefits.** The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

**Vision Materials.** If a Vision Examination results in an Insured Person needing corrective Vision Materials for the Insured Person's visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- *Lenses* provided one time in each Benefit Frequency.
- *Frames* provided one time in each Benefit Frequency.
- *Contact Lenses* provided one time in each Benefit Frequency in lieu of lenses.

## LIMITATIONS

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

## EXCLUSIONS

No benefits will be paid for services or materials connected with or charges arising from:

1. orthoptic or vision training, subnormal vision aids and associated supplemental testing; Aniseikonic lenses;
2. medical and/or surgical treatment of the eye, eyes or supporting structures;
3. any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
4. services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5. plano (non-prescription) lenses;
6. non-prescription sunglasses;
7. two pair of glasses in lieu of bifocals;



8. services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or
9. lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

## TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

**For All Insureds.** The Insureds' insurance will cease on the earliest of the following dates:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made;
3. the date the Insured is no longer eligible for insurance; or
4. the date the Insured's employment with the Policyholder ends. The Policyholder may, at the Policyholder's option, continue insurance for individuals whose employment has ended, if the Policyholder:
  - a. does so without individual selection between Insureds; and
  - b. continues to pay any premium contribution for those individuals.

**For Dependents.** A Dependent's insurance will cease on the earlier of:

1. the date the Insured's coverage ends;
2. the date in which the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application; or
3. the end of the last period for which any required premium contribution has been made.

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to a physically or mentally disabling injury, illness or condition that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

The Company will notify the Insured that the Dependent child's coverage will terminate upon attainment of the limiting age at least 90 days prior to the termination. The Company may ask for proof of the eligible Dependent child's incapacity and dependency two months prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
4. 60 days following the date the Company requests proof and such proof is not provided to the Company.

## CLAIMS

**Notice of Claim.** Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of any loss covered by the Policy, or as soon as is reasonably possible. Notice given by or for the Insured Person to the Company at the Company's home office, to the Company's authorized administrator or to any of the Company's authorized agents with sufficient information to identify the Insured Person will be deemed as notice to the Company.

**Claim Forms.** The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not provide the forms within that time, the Insured Person may send written proof of the occurrence, character and extent of loss for which the claim is made within the time stated in the Policy for filing proof of loss.

**Proof of Loss.** Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

**Time Payment of Claims.** Any benefit payable under the Policy will be paid immediately upon receipt of due written proof of loss.

**Payment of Claims.** All claims will be paid to the Insured, unless assigned. Any benefits payable on or after the Insured's death will be paid to the Insured's estate.

**Right of Recovery.** If payment for claims exceeds the amount for which the Insured Person is eligible under any benefit provision or rider of the Policy, the Company has the right to recover the excess of such payment from the Provider or the Insured.

**Legal Actions.** No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person resides, the limit is extended to meet the minimum time allowed by such law.

## GENERAL PROVISIONS

**Clerical Error.** Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased, and call for a fair adjustment of premium and benefits to correct the error.

**Conformity to Law.** Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

**Entire Contract.** The Policy, including any endorsements and riders, the Certificate, the Policyholder's application, which is attached to the Policy when issued, the Insured's individual enrollment form, if any, and the eligibility file, if any, are the entire contract between the parties. A copy of the Policy may be examined at the Office of the Policyholder during normal business hours. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement shall be used in defense to a claim hereunder unless it is contained in a written instrument signed by the Policyholder, the Insured, the Insured's beneficiary or personal representative, a copy of which has been furnished to the Policyholder, the Insured, the Insured's beneficiary or personal representative.

**Amendments and Changes.** No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying any premium. The Policy and the Certificate may be amended at any time by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

**Incontestability.** After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

## RFP 21-04 Vision Insurance Plans Exhibit D

**Insurance Data.** The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not the person becomes insured), and the names of those who cease to be eligible must also be given. The eligibility dates must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as the books and records relate to this insurance. The Company may authorize someone else to perform this audit. Any such inspection may be done at any reasonable time.

**Workers' Compensation.** The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

**SCHEDULE OF BENEFITS**

Insured Persons have the right to obtain vision care from the Provider of his or her choice. However, payment of benefits varies depending on the type of Provider chosen. Benefits are payable as shown in the following Schedule of Benefits:

| <b><u>Benefit</u></b>                                                          | <b><u>In-Network Cost</u></b>                | <b><u>Out-of-Network Reimbursement</u></b> | <b><u>Benefit Frequency</u></b> |
|--------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------|---------------------------------|
| <b>VISION EXAMINATION</b>                                                      |                                              |                                            |                                 |
| <b>Comprehensive Eye Examination</b>                                           | \$0 Co-payment                               | up to \$48                                 | 12 months                       |
| <b>VISION MATERIALS</b>                                                        |                                              |                                            |                                 |
| <b>Standard Plastic Lenses</b>                                                 |                                              |                                            |                                 |
| Single Vision                                                                  | \$0 Co-payment                               | up to \$40                                 | 12 months                       |
| Bifocal                                                                        | \$0 Co-payment                               | up to \$55                                 |                                 |
| Trifocal                                                                       | \$0 Co-payment                               | up to \$75                                 |                                 |
| Lenticular                                                                     | \$0 Co-payment                               | up to \$125                                |                                 |
| <b>Frames</b>                                                                  | \$0 Co-payment, up to \$135 retail allowance | up to \$125                                | 12 months                       |
| <b>Contact Lenses (<i>only one option available per Benefit Frequency</i>)</b> |                                              |                                            | 12 months                       |
| Conventional                                                                   | \$0 Co-payment, up to \$135 allowance        | up to \$125                                |                                 |
| Disposable                                                                     | \$0 Co-payment, up to \$135 allowance        | up to \$125                                |                                 |
| Medically Necessary                                                            | Paid in full                                 | up to \$250                                |                                 |
| <b>Lens Options</b>                                                            |                                              |                                            |                                 |
| Standard Progressive Lenses (add on to Bifocal)                                | \$65 Co-payment                              | up to \$70                                 |                                 |
| Premium Progressive Lenses (add on to Bifocal)                                 | \$65 Co-payment, Less \$120 allowance        | up to \$70                                 |                                 |
| Standard Polycarbonate – Adults                                                | \$0 Co-payment                               | up to \$28                                 |                                 |
| Standard Polycarbonate – Kids Under 19                                         | \$0 Co-payment                               | up to \$28                                 |                                 |



**FIDELITY SECURITY LIFE INSURANCE COMPANY**

3130 Broadway Kansas City, Missouri 64111-2406

Phone: (800) 648-8624

A STOCK COMPANY (herein Called “the Company”)

**OUTLINE OF COVERAGE  
GROUP VISION PLAN  
THIS IS A LIMITED BENEFIT PLAN  
Policy Form M-9083CA**

Read Your Certificate Carefully—This Outline of Coverage provides a very brief description of the important features of your coverage. This is not the insurance Policy and only the actual Policy provisions will control. The Policy itself sets forth in detail, the rights and obligations of both you and the Company. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY!

**BENEFITS**

Benefits are payable for each Insured Person as shown in the Schedule of Benefits for expenses incurred while this insurance is in force.

**Comprehensive Eye Examination.** An Insured Person is eligible for one Comprehensive Eye Examination in each Benefit Frequency.

**In-Network Provider Benefits.** The Insured Person must pay any Co-payment or any cost above the allowance shown in the Schedule of Benefits at the time the covered service is provided. Benefits will be paid to the In-Network Provider who will file a claim with the Company.

**Out-of-Network Provider Benefits.** The Insured Person must pay the Out-of-Network Provider the full cost at the time the covered service is provided and file a claim with the Company. The Company will reimburse the Insured Person for the Out-of-Network Provider benefits up to the maximum dollar amount shown in the Schedule of Benefits.

**Vision Materials.** If a Vision Examination results in an Insured Person needing corrective Vision Materials for the Insured Person’s visual health and welfare, those Vision Materials prescribed by the Provider will be supplied, subject to certain limitations and exclusions of the Policy, as follows:

- *Lenses* provided one time in each Benefit Frequency.
- *Frames* provided one time in each Benefit Frequency.
- *Contact Lenses* provided one time in each Benefit Frequency in lieu of lenses.

**LIMITATIONS**

Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

**EXCLUSIONS**

No benefits will be paid for services or materials connected with or charges arising from:

1. orthoptic or vision training, subnormal vision aids and associated supplemental testing; Aniseikonic lenses;
2. medical and/or surgical treatment of the eye, eyes or supporting structures;
3. any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; safety eyewear;
4. services provided as a result of any Workers’ Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
5. plano (non-prescription) lenses;
6. non-prescription sunglasses;
7. two pair of glasses in lieu of bifocals;

## RFP 21-04 Vision Insurance Plans Exhibit D

8. services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or
9. lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

### TERMINATION OF INSURANCE

The Policyholder or the Company may terminate or cancel the Policy as shown in the Policy.

**For All Insureds.** The Insureds' insurance will cease on the earliest of the following dates:

1. the date the Policy ends;
2. the end of the last period for which any required premium contribution agreed to in writing has been made;
3. the date the Insured is no longer eligible for insurance; or
4. the date the Insured's employment with the Policyholder ends. The Policyholder may, at the Policyholder's option, continue insurance for individuals whose employment has ended, if the Policyholder:
  - a. does so without individual selection between Insureds; and
  - b. continues to pay any premium contribution for those individuals.

**For Dependents.** A Dependent's insurance will cease on the earlier of:

1. the date the Insured's coverage ends;
2. the date in which the Dependent ceases to be an eligible Dependent as defined in the Policyholder's application; or
3. the end of the last period for which any required premium contribution has been made.

A Dependent child will not cease to be a Dependent solely because of age if the child is:

1. not capable of self-sustaining employment due to a physically or mentally disabling injury, illness or condition that began before the age limit was reached; and
2. mainly dependent on the Insured for support.

The Company will notify the Insured that the Dependent child's coverage will terminate upon attainment of the limiting age at least 90 days prior to the termination. The Company may ask for proof of the eligible Dependent child's incapacity and dependency two months prior to the date the Dependent child would otherwise cease to be covered.

The Company may require the same proof again, but will not ask for it more than once a year after this coverage has been continued for two years. This continued coverage will end:

1. on the date the Policy ends;
2. on the date the incapacity or dependency ends;
3. on the end of the last period for which any required premium contribution for the Dependent child has been made; or
4. 60 days following the date the Company requests proof and such proof is not provided to the Company.

### PREMIUM RATE CHANGE

**Premium Rate Change.** The Company has the right to change the premium rate on or after the fourth Policy Anniversary Date. The Company will provide written notice at least 60 days before the date of change.



# FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway  
Kansas City, Missouri 64111-2406  
Phone 800-648-8624  
A STOCK COMPANY  
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## CONTINUATION OF COVERAGE (Cal-COBRA) AMENDMENT RIDER Employers with 20 or more Full-time Employees Only For California Residents Only

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

If an Insured Person has exhausted the Insured Person's continuation under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and such continuation for which the Insured Person was eligible was less the 36 months, the Insured Person is eligible to continue coverage under the Policy until the earlier of the following:

1. 36 months from the date the Insured Person's continuation coverage began under COBRA;
2. the end of the period for which the required premium has not been made;
3. the date the Insured Person is entitled to or becomes entitled to Medicare benefits;
4. the date the Insured Person is covered or becomes covered under another health insurance policy, other than a group conversion policy; or
5. the date the Policy is terminated.

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

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
Richard C. Jones  
President

  
Bradford R. Jones  
Secretary



# FIDELITY SECURITY LIFE INSURANCE COMPANY

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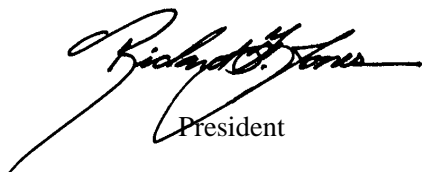
## AMENDMENT RIDER

By attachment of this Rider, the third paragraph of the **PREMIUMS** section in the Policy is amended to add the following:

5. if a government action, including fees, taxes and assessments, or change in law or regulation materially affects the Company's risk, premium may be adjusted and will be effective upon written notification from the Company at least 31 days before the date of change.

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

FIDELITY SECURITY LIFE INSURANCE COMPANY

  
Richard C. Jones  
President

  
Bradford R. Jones  
Secretary





# FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway  
Kansas City, Missouri 64111-2406  
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A STOCK COMPANY  
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## NOTICE

THIS NOTICE is to advise you that in the event a complaint should arise about this insurance, please contact our Customer Service Department at:

**Fidelity Security Life Insurance Company**  
**3130 Broadway**  
**Kansas City, MO 64111-2406**  
**800-648-8624, Extension 1100**

If we at Fidelity Security Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

**California Department of Insurance**  
**Consumer Services Division**  
**300 S. Spring Street, 14th Floor**  
**Los Angeles, CA 90013**  
**800-927-4357 (Inside California)**  
**213-897-8921 (Outside California and Area Codes 213, 310, and 818)**  
**TDD: 800-482-4TDD (4833)**



# FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway  
 Kansas City, Missouri 64111-2406  
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## NOTICE OF PROTECTION PROVIDED BY CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association ("the Association"). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers' care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone's rights or obligations or the rights or obligations of the Association.

### COVERAGE

- **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association and the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

- **Amounts of Coverage**

The basic coverage protections provided by the Association are as follows.

- **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

- **Life Insurance**

80% of death benefits but not to exceed \$300,000  
 80% of cash surrender or withdrawal values but not to exceed \$100,000

- **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

- **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is \$470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.

**COVERAGE LIMITATIONS AND EXCLUSIONS FROM COVERAGE**

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract.
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society.
- If the person is provided coverage by the guaranty association of another state.
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual.
- Employer and association plans, to the extent they are self-funded or uninsured.
- A policy or contract providing any health care benefits under Medicare Part C or Part D.
- An annuity issued by an organization that is only licensed to issue charitable gift annuities.
- Any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as certain investment elements of a variable life insurance policy or a variable annuity contract.
- Any policy of reinsurance unless an assumption certificate was issued.
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

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**NOTICES**

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at [www.califega.org](http://www.califega.org), or contact either of the following:

California Life and Health Insurance  
Guarantee Association  
P.O Box 16860  
Beverly Hills, CA 90209-3319  
(323) 782-0182

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street  
Los Angeles, CA 90013  
(800) 927-4357

**Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.**



# FIDELITY SECURITY LIFE INSURANCE COMPANY

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

## NOTICE OF ADMINISTRATOR'S CAPACITY

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

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

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

**FIDELITY SECURITY LIFE INSURANCE COMPANY**

**Notice of Availability of Language Assistance Services**

**XXX-XXX-XXXX = 1-877-226-1115**

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-877-226-1115. For more help call the CA Dept. of Insurance at 1-800-927-4357.

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-877-226-1115. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357.

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقرءاء الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم XXX-XXX-XXXX. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم Arabic. 1-800-927-4357

**Անվճար Լեզվակապ ծառայություններ:** Դուք կարող եք թարգման ձեր քերական և փաստաթղթերը ընթերցել սալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ XXX-XXX-XXXX համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

**免費語言服務。** 您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 XXX-XXX-XXXX 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。 Chinese

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis XXX-XXX-XXXX. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または XXX-XXX-XXXX までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。 Japanese

**សេវាកម្មភាសាពិតវិជ្ជា** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ XXX-XXX-XXXX ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

**무료 통역 서비스.** 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해 주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: XXX-XXX-XXXX 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357 번으로 연락해 주십시오. Korean

خدمات مجاني مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوشه مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره XXX-XXX-XXXX تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ XXX-XXX-XXXX 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или XXX-XXX-XXXX. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa XXX-XXX-XXXX. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc XXX-XXX-XXXX. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.