

YOUR FINANCIAL SECURITY DEPENDS ON A WELL-STRUCTURED PLAN



**Term life insurance** is the purest, most simple and economical kind of life insurance you can buy. Why? Because you purchase it for one simple reason ... to provide a benefit to help the loved ones you leave behind.






And the best part is term life insurance is affordable. Your premium dollars go toward one crucial thing you need – protection against the unexpected.

The **ASEA Group Term Life Insurance Plan** gives you:

- (1) **flexibility** – multiple plan options to fit your lifestyle;
- (2) **affordability** – low group rates; and
- (3) **convenience** – quick and easy application process.

Thanks to your valuable membership in ASEA, you can take advantage of this Group Term Life Insurance Plan with its unique combination of features and competitive group rates. We invite you to compare these outstanding features to other term life insurance plans.

**Quick and easy 5-step application**

- 1 Select the plan that best suits your needs. 
- 2 Complete the enclosed application. 
- 3 Sign and date the form in the space provided. 
- 4 Send no money! Just mail your application in the enclosed postage-paid envelope. 
- 5 The effective date will be the 1st payroll deduction date following approval of your application during your lifetime. 

**Pre-Notice**

Although your application is our main source of information, we at Fidelity Security Life Insurance Company (FSL) may also collect or verify information pertaining to age, occupation, physical condition, health history and avocations by contacting various individuals or organizations by correspondence, telephone or personal contact. It may be necessary for us to share information we obtain with an individual or organization related to the medical or insurance industry or with an individual performing a function for us without your express written authorization.

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

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 666-692-6902. If you question the accuracy of information in MIB's files, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is 50 Brimtree Hill Park, Suite 400, Braintree, MA 02164-8734.

FSL or its reinsurers may also release information from its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

**Fair Credit Reporting Act Notice**

With regard to your application, we may request a consumer report or an investigative consumer report. These reports contain information about your character, general reputation, mode of living and health. No adverse underwriting decision will be made based on your sexual orientation. The information may have been obtained through interviews with you, your neighbors, friends and others who know you. Upon request, we will give you the name and address of the consumer reporting agency so that you may request a copy of the report.

**Questions?**

Call your ASEA insurance agent toll-free (877) 777-4301



**Countryman & Smithman, Inc.**  
943 East Main Street  
Prattville, Alabama 36066  
(877) 777-4301

*Countryman and Smithman, Inc. has a contract with PEBCO, Inc. to provide ASEA Members access to various insurance products.*



**Underwritten and Administered by:**  
**Fidelity Security Life Insurance Company®**  
Kansas City, Missouri 64111-2406

Policy No. TL-447/LI-46A  
Master Policy Form No. M-1004

188-3172 #8675-201



# GROUP TERM LIFE INSURANCE PLAN

PROTECTION AGAINST THE UNEXPECTED



## Features

**24-hour, worldwide coverage:** You're covered no matter where you are or what you're doing, including illness or accident.

### Underwriting requirements

**Simplified underwriting** with only 3 health questions to answer.

**Full underwriting** with six health questions to answer.

**Coverage for your children:** All your children may be insured for one affordable rate. Age 14 days to 6 months receive \$250 in coverage, age 6 months to 23 years receive \$10,000 in benefits.

**Spouse coverage:** Because both spouses have equal financial importance to a family, most of the plans are available to you and your spouse (under age 65). You are free to decide which plan is best for each of you.

**Accelerated Death Benefit:** Receive up to 50 percent of your benefit if you have been diagnosed as terminally ill with less than six months to live. Any scheduled reductions in the following six months will apply. The money received from this benefit may be taxable. Consult your tax advisor.

**Waiver of Premium:** If you become totally and continuously disabled (as defined in the group policy) for six consecutive months before age 60, your insurance protection will continue without interruption — provided the proof of disability is given — and you won't need to pay another dollar for it until you are no longer disabled or age 70, whichever is earlier.

### Discounted rates for non-smokers

**Benefit Builder:** The benefit amount automatically increases as your need for increased protection grows. For insureds age 44 and under, your coverage amount may be automatically increased by \$2,500 per year for up to 10 years. No application or approval process is necessary to have this extra protection added yearly. It is guaranteed to you with no further questions or action on your part. Of course, your premium amount will increase proportionally.

**Eligibility requirements:** ASEA Members under age 65.

**Renewability:** You'll have the right to continue this group life insurance to age 75, as long as you are an ASEA member; the premium is paid when due, and the group master policy remains in effect.

**Conversion Privilege:** If you cease to be an eligible member of ASEA, you may convert your existing term life insurance to an individual policy form customarily used by the Company.

You may convert the full face amount of term life, less the amount of life insurance for which you are eligible under any other group policy within 31 days of termination. If the master policy terminates and you have been insured for at least 5 years prior to the termination date, you may

convert your term life coverage as described above, but in an amount not to exceed the lesser of: (1) the terminated amount, less the amount of any insurance you are eligible for under any group policy, or (2) \$10,000.

**Limitation:** If the insured commits suicide within two years from the effective date of coverage, the only benefit payable is the return of premiums paid.

**Limitation (\$10,000 Guaranteed Issue Plan ONLY):** In addition to the above limitation, if the insured dies from natural causes within two years from the effective date of coverage, no benefit is payable. The insurance company will only refund the premiums paid.

## \$10,000 Guaranteed Issue Plan

Attained Age	Male		Female	
	Under 30	Under 30	Under 30	Under 30
Under 30	\$1.60	\$0.80	\$1.60	\$0.80
30-34	1.80	1.00	1.80	1.00
35-39	2.20	1.50	2.20	1.50
40-44	3.60	2.60	3.60	2.60
45-49	5.90	4.20	5.90	4.20
50-54	9.80	6.50	9.80	6.50
55-59	15.00	9.70	15.00	9.70
60-64	21.40	14.20	21.40	14.20
65-69*	15.65	10.50	15.65	10.50
70-74*	12.15	7.70	12.15	7.70

## \$25,000 Plan

Attained Age	Male		Female	
	Under 25	Under 25	Under 25	Under 25
Under 25	\$2.81	\$2.27	\$2.81	\$2.27
25-29	4.08	2.37	4.08	2.37
30-34	4.81	2.94	4.81	2.94
35-39	5.54	4.00	5.54	4.00
40-44	8.73	6.60	8.73	6.60
45-49	15.12	10.37	15.12	10.37
50-54	31.42	17.68	31.42	17.68
55-59	51.02	33.79	51.02	33.79
60-64	74.67	53.29	74.67	53.29
65-69*	60.75	39.87	60.75	39.87
70-74*	37.87	23.83	37.87	23.83

## \$50,000 Plan

Attained Age	Smoker		Non-smoker	
	Male	Female	Male	Female
Under 25	\$6.50	\$4.50	\$5.24	\$3.12
25-29	5.50	4.74	5.24	3.12
30-34	7.90	5.84	5.24	3.70
35-39	11.04	8.00	5.90	5.54
40-44	17.44	13.20	9.70	9.50
45-49	30.21	20.74	16.16	15.37
50-54	62.80	35.34	27.86	24.80
55-59	102.00	67.50	47.12	39.00
60-64	149.00	106.50	74.54	61.08
65-69*	121.54	79.75	58.70	47.33
70-74*	75.71	47.66	47.83	35.75

## \$75,000 Plan

Attained Age	Smoker		Non-smoker	
	Male	Female	Male	Female
Under 25	\$8.13	\$6.44	\$7.50	\$4.44
25-29	8.13	6.75	7.50	4.44
30-34	11.57	8.38	7.50	5.32
35-39	15.88	11.32	8.44	7.88
40-44	24.94	18.82	13.82	13.57
45-49	43.13	29.57	23.00	21.94
50-54	89.57	50.44	39.69	35.38
55-59	145.44	96.32	67.13	55.57
60-64	212.75	151.94	106.19	87.07
65-69*	173.19	113.63	61.38	52.25
70-74*	107.81	67.94	46.38	41.81

## \$100,000 Plan

Attained Age	Smoker		Non-smoker	
	Male	Female	Male	Female
Under 25	\$10.83	\$8.58	\$10.00	\$5.92
25-29	10.83	9.00	10.00	5.92
30-34	15.42	11.17	10.00	7.08
35-39	21.17	15.08	11.21	10.50
40-44	33.25	25.08	18.43	18.08
45-49	57.50	39.42	30.88	29.25
50-54	119.42	67.25	52.93	47.17
55-59	193.92	128.42	89.52	74.08
60-64	283.67	202.58	141.59	116.08
65-69*	230.92	151.50	81.83	69.67
70-74*	143.75	90.58	61.83	55.75

**\$125,000 Plan:** Multiply the \$100,000 Plan rates by 1.25.

**\$150,000 Plan:** Multiply the \$100,000 Plan rates by 1.5.

**\$200,000 Plan:** Multiply the \$100,000 Plan rates by 2.

**\$250,000 Plan:** Multiply the \$100,000 Plan rates by 2.5

Note: All term life coverages underwritten by the Company may not exceed a combined maximum of \$260,000 for each insured person.

## All Children Rate: \$2.70

\$250 benefit — ages 14 days to 6 months

\$10,000 benefit — ages 6 months to 23 years

\* Benefits reduce 50% at age 65 and further reduce 50% at age 70. All benefits terminate at age 75. Premiums are based on individual age and increase when entering a new age bracket.



# Alabama State Employees Association Group Term Life Insurance Application

Underwritten by Fidelity Security Life Insurance Company®

Policy No. TL-44/TL-44A

## 1 Applicant Information: (Please type or print in ink.)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(Street, Apt. No.)

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Sex:  M  F Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Primary Beneficiary: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 2 Member only Guaranteed Issue Coverage:

Yes, please enroll me in ASEA's \$10,000 Group Term Life Plan of insurance. I understand that coverage is guaranteed issue — there are no health questions and no medical exam is required. (If not electing additional coverage, skip to Section 7.)

## 3 Please Choose Your Additional Coverage:

I wish to apply for:  \$25,000  \$50,000  \$75,000  
 \$100,000  \$125,000  \$150,000  \$200,000  \$250,000

Have you, or any proposed insured, used any tobacco products during the past 12 months? .....  Yes  No

If yes, which person(s)? \_\_\_\_\_

## 4 Please Complete for Spouse Coverage:

Yes, I wish to apply for spouse coverage. Coverage amount: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Sex:  M  F Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Occupation: \_\_\_\_\_ State of Birth: \_\_\_\_\_

You will be the beneficiary of your spouse's coverage unless you request otherwise.

## 5 Please Complete for Dependent Child(ren) Coverage:

First, Last Name	Relationship	Date of Birth	Age	Height	Weight

You will be the beneficiary of your child(ren)'s coverage unless you request otherwise.

## 6 Please Answer All Questions for All Who are Applying for Coverage:

1. Have you, or any proposed insured, ever been diagnosed or treated by a physician/medical professional for: heart or circulatory disorder, high blood pressure, nervous system or seizure disorder, nervous or mental disorder, kidney or liver disorder, respiratory or lung disorder, digestive system disorder, musculo-skeletal disorder, cancer or tumor, stroke, paralysis, diabetes, hemophilia or leukemia, alcohol or drug abuse, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or any other immune system disorder? .....  Yes  No

**Be sure to complete and sign reverse side**

2. Are you, or any proposed insured, now taking medication or receiving medical attention? . . . . .  Yes  No
3. In the past 24 months, have you, or any proposed insured, had: swollen glands, recurrent diarrhea, fever or infection, persistent cough, pneumonia or thrush? . . . . .  Yes  No
4. In the past 5 years have you, or any proposed insured, been treated or confined to any hospital, medical or psychiatric facility or been seen by a physician/medical professional for any reason other than stated above? . . . . .  Yes  No
5. Are you, or any proposed insured, now disabled or eligible for any disability benefits, Workers' Compensation benefits or waiver of premium for life or health insurance? . . . . .  Yes  No
6. In the past 12 months, have you, or any proposed insured, engaged in any scuba diving, sky diving, auto or boat racing, hang gliding or other hazardous activity? . . . . .  Yes  No
7. In the past 5 years have you, or any proposed insured, been convicted of or pled guilty to driving while under the influence of alcohol and/or drugs? . . . . .  Yes  No

If any answer is "Yes," give details below. (If additional space is needed, fill out separate sheet in ink. Sign, date and attach to this form.)

Question Number	Person	Condition	Dates	Treatment	Names & Addresses of Physicians, Hospitals, Clinics	Patient I.D.

**7 Authorization:**

I understand that the insurance applied for becomes effective on the date specified by Fidelity Security Life Insurance Company ("the Company") only if this application is accepted by the Company and the first premium is paid during my lifetime. I represent that as of the date I signed this application, all statements and answers recorded on this application are true and complete and are made to obtain the insurance applied for. These statements are to be considered representations and not warranties. I understand that any false statement or material misrepresentation in the application may result in claim denial or rescission of coverage, and that if coverage is rescinded the Company's only obligation will be to refund all premiums paid.

I have received and read a copy of the Pre-Notice which describes how information is obtained and used by the Company. I authorize any licensed physician, medical practitioner, hospital, clinic, other medical or medically-related facility, insurance company, its authorized representatives, Pharmacy Benefit Manager, MIB, Inc. (MIB), IntelliScript, or other organization or institution that has any records or knowledge of me or my physical or mental health, including significant history, findings, diagnoses and treatment or nonmedical information, such as driving records, any criminal activity or association, hazardous sport or aviation activity, use of alcohol or drugs, and other applications of insurance, to give to the Company, its plan administrators, business associates, or its reinsurers, any such information for use to: 1) underwrite my applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company. The Company or its authorized representatives may release to its plan administrators, business associates, other insurance companies, MIB, or others whom I authorize in writing, information covered by this authorization. I authorize the Company or its reinsurers to make a brief report of my personal health information to MIB. A photographic copy of this authorization shall be as valid as the original. I agree this authorization shall be valid for two years from the date shown below. I understand that I have the right to revoke this authorization in writing, at any time, by providing written request for revocation to: Fidelity Security Life Insurance Company at P.O. Box 418131, Kansas City, MO 64141-8131, Attention: Privacy Officer. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that my providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I further understand that if I refuse to sign this authorization to release my complete medical record, the Company may not be able to process my application, or if coverage has been issued, may not be able to make any benefit payments. I understand that I will receive a copy of this authorization.

Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

**8 Signature and Payroll Deduction Authorization:**

I understand that the total premium amount will be deducted monthly from paycheck (or, if I am retired, from my retirement benefit with the Retirement Systems of Alabama) and paid to Fidelity Security Life Insurance Company.

Member's Signature **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ Department/Agency \_\_\_\_\_ Division \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_

Signature of Spouse (if applying) **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Child (if over 18) **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Mail this application to:**  
 Countryman & Smitherman  
 943 East Main Street, Prattville, AL 36066

**Any Questions? Call Countryman & Smitherman at (877) 777-4301**

**Presented by:**  
  
**Countryman & Smitherman, Inc.**  
 Prattville, AL 36066

**Underwritten and administered by:**  
  
**Fidelity Security Life Insurance Company®**  
 Kansas City, MO 64111