FOR HOSPITAL CONFINEMENT INDEMNITY COVERAGE

NexStep™

Arranged by: Special Insurance Services, Inc. 6509 Windcrest Drive, Suite 200 Plano, TX 75024

APPLICANT INFORMATION:

Name (la	Sex	∃F				
Age	Date of Birth (mm/dd/yy	y) Social Security Nu	Social Security Number		Work Phone #	Γ
Street Ac	ldress			E-Mail	<u> </u>	
City			State		Zip Code	
Employer			Occupation		Date of Hire	
Coverage Selected: Employee Only Employee & Child(ren)			□ Employee & Spouse □ Employee & Family			
Monthly Premium:			Requested Effec	ctive of Coverage/Change:	:	

DEPENDENT INFORMATION:

	Name (last, first, middle)	Birth Date	Sex	Social Security #
Spouse				
Child				
Child				
Child				
(Use reverse side of form if additional space is needed)				

I hereby: \Box **ENROLL**, or \Box **CHANGE** as indicated above, for this group insurance coverage for which I am eligible. I authorize my Employer to deduct my contributions, if any, from my salary or wages, and to remit that amount to Fidelity Security Life Insurance Company. I request that this authorization remain in effect until such time as I withdraw it by giving written notice prior to the next premium due date. I understand and acknowledge: that no coverage will take effect for any person to be covered who is not also covered by a Major Medical/Comprehensive Policy including Coinsurance and Deductible, in force at the time of my proposed Effective Date for this coverage; that I am either currently covered under a Major Medical/Comprehensive coverage with this Employer; that the coverage for which I am applying may contain Pre-Existing Limitations; that the Master Policy for this coverage is issued to my Employer; and that I will receive a certificate as evidence of my insurance coverage under the policy.

Applicant's Signature

Parent or Legal Guardian if the Applicant is under age 18

Date

Agent's Signature (where applicable by law)

Policy No. MG-100; M-9054E PLAN INFORMATION:

As selected by the Policyholder

In Hospital Benefit Amounts						
🗆 Plan I:	\$	In-Hospital Benefit				
	\$	Optional Out-Patient Benefit				
	\$	Optional Physician Benefit Rider				
	\$	Optional Wellness Rider				
🗆 Plan II:	\$	In-Hospital Benefit				
	\$	Optional Out-Patient Benefit				
	\$	Optional Physician Benefit Rider				
	\$	Optional Wellness Rider				