



Established 1896

Fidelity Life Association, A Legal Reserve Life Insurance Company
Administrative Office: P.O. Box 506
Keene, NH 03431-0506

Supplement to Group Enrollment Form

Insured Name: _____
Please Print

Applicant SSN: _____

This Supplement to the Group Enrollment Form for Life Insurance is required to be completed when an applicant or spouse applies for the Optional Accelerated Benefit for Long Term Care

Table with 4 rows of questions and 4 columns for Applicant (Yes/No) and Spouse (Yes/No). Questions include: 1. Does the Applicant or Spouse have any other long term care insurance... 2. Did the Applicant or Spouse have any long term care insurance policy... 3. Are you covered by Medicaid? 4. Do you intend to replace any of your medical or health insurance coverage...

Table with 5 columns: Applicant or Spouse, Name of Company, Face Amount, Month/Year Issued, To be Replaced? (Yes/No). It contains two empty rows for data entry.

SECONDARY ADDRESSEE:

As required by State law, an insurer issuing Long Term Care Coverage is required to notify the applicant of the right to designate at least one additional person to receive notification of a possible lapse or termination in coverage. Notice will be provided to any secondary addressee 30 days after a premium is due and unpaid. This constitutes our notification to you of your right to designate such an addressee. If you wish to designate a secondary addressee, please do so by complete the following:

Designation of Secondary Addressee:

Secondary Addressee (Give Full Legal Name): _____

Mailing Address: _____
Street City State Zip

Signature _____

Date _____