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-146

POLICYHOLDER: California Institute of Technology

POLICY EFFECTIVE DATE: September 1, 2016

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

Fidelity Security Life Insurance Company represents that the Insured Person is insured for the benefits described in 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 name, group number, and 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

Bryson Z. Jones — President

Bradford R. James — 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 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 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.

TABLE OF CONTENTS

DEFINITIONS 3

EFFECTIVE DATES 4

BENEFITS 5

LIMITATIONS 5

EXCLUSIONS 5

TERMINATION OF INSURANCE 6

PREMIUMS 7

CLAIMS 7

GENERAL PROVISIONS 8

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

DEFINITIONS

Allowance means the benefit amount shown in the Schedule of Benefits that is the maximum amount payable by the Company, subject to the expenses incurred. The Insured Person is responsible for any amounts due above the Allowance. The Allowance cannot be used to satisfy a Copayment.

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 September 1. Each new Benefit Frequency begins at the expiration of the previous Benefit Frequency.

Copayment or **Copay** 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 general evaluation of the complete visual system. The examination includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields, basic sensorimotor examination and Refraction. It always includes initiation of diagnostic and treatment programs. It may include biomicroscopy, examination with cycloplegia or mydriasis and tonometry, as determined by the Provider. These services may be performed at different sessions, but comprise only one Comprehensive Eye Examination.

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 child of the Insured or the Insured's spouse who is under 26 years of age;
3. each unmarried child at least 26 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 a physically or mentally disabling injury, illness or condition.

Dependent includes a step-child, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree.

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 a same-sex or an opposite-sex 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.

Formulary means a list, provided by the Company, of Vision Materials by tier, that are covered under the Policy as shown in the Schedule of Benefits.

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 that adequate functional vision correction cannot be achieved with spectacles but can be achieved with contact lenses. Conditions that qualify for Medically Necessary Contact Lenses are:

1. Anisometropia of 3D in meridian powers;
2. High Ametropia exceeding -12D or +12D in meridian powers;
3. Keratoconus when vision is not correctable to 20/25 in either eye or both eyes using standard spectacle lenses; or
4. vision impairments, other than Keratoconus, when vision can be improved by two lines on the visual acuity chart when compared to best corrected standard spectacle lenses.

Out-of-Network Provider means a Provider, located within the PPO Service Area, but is not an In-Network Provider.

Policy means the Vision Insurance 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 United States, which is the geographical area where the PPO is located.

Preferred Provider Agreement means the agreement between the PPO and a Provider who agrees to become an In-Network Provider. The Preferred Provider Agreement contains the rates and reimbursement methods for services and supplies furnished by an In-Network Provider.

Preferred Provider Organization ("PPO") means a network of Providers and retail chain stores within the PPO Service Area that have signed a Preferred Provider Agreement.

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

Refraction means a test performed by a Provider to determine the glasses or contact lens prescription due to a refractive error (for example, nearsightedness, farsightedness, astigmatism or presbyopia).

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

Vision Materials means those materials provided for visual health and welfare 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 becomes 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 becomes 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 becomes 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 a greater number of days, if elected by the Policyholder. 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 a greater number of days, if elected by the Policyholder. 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.

In-Network Provider Benefits. The Insured Person must pay any Copayment 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 on behalf of the Insured Person.

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, unless the Out-of-Network Provider allows assignment of benefits. The Company will pay the Out-of-Network benefits up to the maximum dollar amount shown in the Schedule of Benefits.

LIMITATIONS

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

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. medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures;
2. Refraction, when not provided as part of a Comprehensive Eye Examination;
3. services provided for and paid as a result of any Workers' Compensation law, or any other services provided by or required by any governmental agency or program whether federal, state or subdivisions thereof;
4. orthoptic or vision training, subnormal vision aids and associated supplemental testing; Aniseikonic lenses;

5. any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment;
6. safety eyewear;
7. solutions, cleaning products or frame cases;
8. non-prescription sunglasses;
9. plano (non-prescription) lenses;
10. plano (non-prescription) contact lenses;
11. two pair of glasses in lieu of bifocals;
12. electronic vision devices;
13. 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
14. lost or broken lenses, frames, glasses, or contact lenses that are replaced before 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 earlier of:

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 subject to the Grace Period;
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 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 subject to the Grace Period.

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 90 days prior to the termination of a child reaching the limiting age. 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 request it more than once a year after this coverage has been continued for two years. This continued coverage will end on the earlier of:

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.

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company by the Policyholder on behalf of the Insured Person. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. The initial premium rates are shown in the Policyholder's application.

Premium Changes. The Company has the right to change the premium rates on any premium due date as allowed in the Policy. The Company will provide written notice to the Policyholder at least 60 days before the date of the change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

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.

Assignment. Benefits under the Policy may be assigned.

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 if the payment was made to the Provider or from the Insured if the payment was made to 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 will 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.

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

California Institute of Technology

BENEFIT FREQUENCY		
Vision Examination	once every plan year	Insured Person
Vision Materials		
Frames	once every plan year	Insured Person
Lenses	once every plan year	Insured Person
Contact Lenses	once every plan year	Insured Person

BENEFIT	**In-Network Provider**	**Out-of-Network Provider (*Reimbursement up to*)**
Vision Examination		
Comprehensive Eye Examination	$10 Copayment	$49
Vision Materials		
Frame	$0 Copayment up to $100 Allowance	$70
Contact Lenses		
Only one of the following Contact Lenses benefits may be used for the Contact Lenses benefit. Contact Lenses are in lieu of Lenses and Lens Options.		
Contacts – Conventional	$0 Copayment up to $115 Allowance	$92
Contacts – Disposable	$0 Copayment up to $115 Allowance	$92
Contacts – Medically Necessary	Paid in Full	$300
Standard Plastic Lenses		
Single Vision	$25 Copayment	$25
Bifocal	$45 Copayment	$40
Trifocal	$56 Copayment	$56
Lenticular	$56 Copayment	$56
Progressive – Standard	$110 Copayment	$40
Progressive – Premium Tier 1	$130 Copayment	$40
Progressive – Premium Tier 2	$140 Copayment	$40
Progressive – Premium Tier 3	$155 Copayment	$40

SCHEDULE OF BENEFITS

California Institute of Technology

Progressive – Premium Tier 4	$110 Copayment up to $120 Allowance	$40

F I D E L I T Y S E C U R I T Y L I F E I N S U R A N C E C O M P A N Y®
3130 Broadway • Kansas City, Missouri 64111-2406
Phone: (800) 648-8624 Fax: (816) 968-0657
A STOCK COMPANY (herein Called "the Company")

OUTLINE OF COVERAGE
GROUP VISION INSURANCE POLICY
THIS IS A LIMITED BENEFIT POLICY

Policy Form M-9184CA

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

VISION EXAMINATION AND VISION MATERIALS

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

In-Network Provider Benefits. The Insured Person must pay any Copayment 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 on behalf of the Insured Person.

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, unless the Out-of-Network Provider allows assignment of benefits. The Company will pay the Out-of-Network benefits up to the maximum dollar amount shown in the Schedule of Benefits.

LIMITATIONS

VISION EXAMINATION AND VISION MATERIALS

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

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

EXCLUSIONS

VISION EXAMINATION AND VISION MATERIALS

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

1. medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures;
2. Refraction, when not provided as part of a Comprehensive Eye Examination;
3. services provided for and paid as a result of any Workers' Compensation law, or any other services provided by or required by any governmental agency or program whether federal, state or subdivisions thereof;
4. orthoptic or vision training, subnormal vision aids and associated supplemental testing; Aniseikonic lenses;
5. any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment;
6. safety eyewear;
7. solutions, cleaning products or frame cases;
8. non-prescription sunglasses;
9. plano (non-prescription) lenses;
10. plano (non-prescription) contact lenses;

11. two pair of glasses in lieu of bifocals;
12. electronic vision devices;
13. 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
14. lost or broken lenses, frames, glasses, or contact lenses that are replaced before 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 earlier of:

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 subject to the Grace Period;
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 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 subject to the Grace Period.

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 90 days prior to the termination of a child reaching the limiting age. 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 request it more than once a year after this coverage has been continued for two years. This continued coverage will end on the earlier of:

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.

PREMIUMS

Premium Changes. The Company has the right to change the premium rates on any premium due date as allowed in the Policy. The Company will provide written notice to the Policyholder at least 60 days before the date of the change. The premium rates also may be changed at any time the terms of the Policy are changed.

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

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)
https://www.insurance.ca.gov/01-consumers/

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 Non-Discrimination and Availability of Disability Accessibility Assistance

Your plan complies with applicable State and Federal civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

For people with disabilities, we offer free aids and services, such as sign language interpreters, large print, audio and accessible electronic formats. Please contact your administrator at its customer service phone number 1-888-249-5194, or email address www.eyemed.com for assistance.

If you believe that your plan has failed to provide you these services or discriminated against you on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a complaint with the State Department of Health Care Services, Office of Civil Rights at:

P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370
civilrights@dhcs.ca.gov

You are entitled to obtain the administrator representative's name, address, phone and email during your contact to provide the department so the department may contact that person about your complaint.

Notice of Availability of Language Assistance Services

English:
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 1-888-249-5194. For more help call the CA Dept. of Insurance at 1-800-927-4357.

Spanish:
Servicios de idiomas sin costo. Puede tener acceso a un intérprete para que le lea los documentos en su idioma. También podemos enviarle algunos documentos traducidos. Para obtener ayuda, llámenos al número en su tarjeta de asegurado o al 1-888-249-5194. Si necesita ayuda adicional, comuníquese con el Departamento de Seguros de California al 1-800-927-4357.

Arabic:
الخدمات اللغوية المجانية. يُمكنك الحصول على خدمات أحد المترجمين الفوريين. كما يمكنك الاستعانة بخدمات أحد المتخصصين لقراءة بعض الوثائق وإرسال بعضها إليك بلغتك. والحصول على المساعدة، تتصل بنا على الأرقام المدرجة على بطاقة الهوية الخاصة بك أو على 1-888-249-5194 والحصول على مزيد من المساعدة، تتصل بإدارة كاليفورنيا للتأمين الصحي على الرقم 1-800-927-4357.

Armenian
Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ: Փաստաթղթերը կարող են ընթերցել ձեզ համար և ուղարվել դրանք ձեզ ձեր լեզվով: Օգնության համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով կամ 1-888-249-5194 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆորնիայի Ապահովագրության բաժանմունք՝ 1-800-927-4357 հեռախոսահամարով:

Chinese
免費語言服務。您可以獲得口譯員的協助。發給您的文件可提供閱讀服務，部分文件可提供您使用的語言版本。如需協助，請撥打 ID 卡上載明的號碼或 1-888-249-5194 與我們連絡。如需其他協助，請撥打 1-800-927-4357 與加州保險局連絡。

Hindi
□बना लागत क□ भाषा सेवाएँ। आप दुभा□षया प्र□ा कर सकते ह□। आप दस्ताव्ताव्तावे पढ़वा सकते ह□ और कुछ दस्ताव्ताव्तावे आपको आपक□ भाषा म□ भेजे जा सकते ह□। मदद के □लए, हम□ अपने ID काडर पर सूचीबद नंबर पर या 1-888-249-5194 पर कॉल कर□। अ□धक मदद के □लए 1-800-927-4357 पर CA बीमा □वभाग कोकॉल कर□।

Hmong
Muaj Cov Kev Pab Txhais Lus Pub Dawb. Koj tuaj yeem tau txais ib tus neeg txhais lus. Koj tuaj yeem tau txais kev pab muab cov ntaub ntawv nyeem rau koj mloog thiab muab qee cov xa tuaj rau koj ua koj hom lus. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob saum koj daim npav ID lossis 1-888-249-5194. Yog xav paub ntxiv, hu rau CA Dept. of Insurance ntawm 1-800-927-4357.

Japanese
無料の言語サービス。メンバーは通訳者を通じて連絡を取ることができます。また、お望みの言語で通訳者に文書を呼んでもらったり、送付するよう依頼することも可能です。ヘルプについては、ID カードに記載されている番号、または 1-888-249-5194 までお電話ください。詳細については、カリフォルニア保険局（1-800-927-4357）までお問い合わせください。

Khmer:
សេវាភាសាអត់អស់ថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់។ អ្នកអាចឲ្យគេអានឯកសារនានាឲ្យអ្នកស្តាប់ និងបញ្ជូនឲ្យអ្នកនូវឯកសារមួយចំនួនជាភាសារបស់អ្នកបាន។ ដើម្បីទទួលបានជំនួយ សូមហៅទូរសព្ទមកយើងខ្ញុំតាមរយៈលេខដែលមានចុះនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក ឬ 1-888-249-5194 ។ ដើម្បីរកបានជំនួយច្រើនទៀត សូមហៅទូរសព្ទទៅផ្នែក CA នៃក្រុមហ៊ុនធានារ៉ាប់រងតាមរយៈលេខ 1-800-927-4357។

Korean:
무료 통역/번역 서비스 제공 통역 서비스를 이용하실 수 있습니다. 원하는 언어로 문서 내용을 듣고 일부 내용은 문서로 받으실 수도 있습니다. 관련하여 도움이 필요하시면 ID 카드에 안내된 번호 또는 1-888-249-5194 번으로 연락주시기 바랍니다. 더 자세한 안내가 필요하시면 CA Dept. of Insurance (1-800-927-4357) 로 문의해 주세요.

Persian:
خدمات زبان رایگان می‌توانید از خدمات یک مترجم لفظی بهره مند شوید. می‌توانید بخواهید تا مدارک برای شما خوانده شود و بعضی از آن‌ها به زبان‌تان به شما ارسال شود. برای دریافت کمک، از طریق شماره مندرج در کارت شناسایی‌تان 1-888-249-5194 با ما تماس بگیرید. برای دریافت کمک کامل با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید.

Punjabi:
ਬਿਨਾਂ ਲਾਗਤ ਦੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਹਾਨੂੰ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਮਿਲ ਸਕਦਾ ਹੈ। ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ ਅਤੇ ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਆਪਣੇ ID ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਜਾਂ 1-888-249-5194 'ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ, ਕੈਲੀਫੋਰਨੀਆ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ।

Russian:
Бесплатные услуги перевода. Вам могут предоставить переводчика. Вам могут зачитать документы на вашем родном языке, а также отправить некоторые из них в переводе на нужный вам язык. Чтобы получить помощь, позвоните нам по номеру, указанному на вашей карте участника плана, или по номеру 1-888-249-5194. Кроме того, вы можете обратиться за помощью в Департамент страхования Калифорнии, позвонив по номеру 1-800-927-4357.

Tagalog:
Mga Serbisyo sa Wika na Walang Bayad. Maaari kang makakuha ng interpreter. Maaari mong ipabasa ang mga dokumento sa iyo o ipapadala ang mga ito sa iyo sa iyong wika. Para sa tulong, tumawag sa amin sa numerong nakalista sa iyong ID card o sa 1-888-249-5194. Para sa higit pang tulong, tumawag sa CA Dept. of Insurance sa 1-800-927-4357.

Thai
ไม่มีค่าบริการเกี่ยวกับภาษา ท่านสามารถขอใช้บริการล่ามได้
ท่านสามารถขอให้เจ้าหน้าที่อ่านเอกสารได้ท่านฟังและเอกสารบางอย่างจะส่งถึงท่านโดยใช้ภาษาของท่าน
หากต้องการความช่วยเหลือ โปรดโทรหาเราตามหมายเลขที่ระบุอยู่บนบัตรประจำตัวของท่านหรือที่หมายเลข 1-888-249-5194
หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดตามแผนก CA Dept. of Insurance ที่หมายเลข 1-800-927-4357

Vietnamese:
Các dịch vụ ngôn ngữ miễn phí. Bạn có thể có một phiên dịch viên. Bạn có thể được nghe hoặc nhận tài liệu bằng ngôn ngữ của bạn. Để nhận hỗ trợ, hãy gọi cho chúng tôi qua số điện thoại trên thẻ ID hoặc qua 1-888-249-5194. Để nhận thêm hỗ trợ, hãy gọi tới Cơ quan Bảo hiểm của CA qua số 1-800-927-4357.

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

California Notice of Right to Request Confidential Communications

Pursuant to Cal. Ins. Code § 791.29(b), you have the right to request that Fidelity Security Life Insurance Company® (FSL) through its Administrator, send all "Confidential Communications" regarding your vision insurance to you at an alternative address. For purposes of this Notice, "Confidential Communications" refer to all communications that disclose your medical information or provider name and address related to your Vision insurance and related medical services.

Examples of Confidential Communications may include all bills and attempts to collect payment, notice of adverse benefits determinations, explanation of benefits notices, requests for additional information concerning a claim, notices of contested claims, names and addresses of providers, descriptions of services provided, any information related to a visit, and any other written, oral, or electronic communication containing medical information related specifically to your vision insurance.

FSL's designated administrator will respond to your request and provide directions and a form to complete no later than 7 business days after the date of receipt of a request by email. The Confidential Communication request will be valid until you submit a revocation of the request, or a new Confidential Communication request is submitted.

To request to receive Confidential Communications at an alternative address please submit your name and address, your policy/certificate number shown on your Vision Insurance ID card, and your phone and/or email address to the following:

EyeMed Vision Care, L.L.C.
Email to: privacyoffice@eyemed.com