

American Fidelity Assurance Company

2000 N Classen Boulevard

Oklahoma City, Oklahoma 73106

Acknowledgment

Thank you for considering American Fidelity in planning for your financial security. We appreciate the opportunity you have given us to present our products to you.

In order for you to make an informed decision regarding application for coverage(s), we have developed a detailed brochure(s) that outline(s) the provisions of the insurance plan(s). Please read the brochure(s) carefully and ask a Company representative any questions you may have regarding information contained in the brochure(s).

Our Company will rely on answers given on your application(s) for coverage(s) in order to determine if coverage(s) can be issued. Moreover, we have the right to rescind coverage(s) or deny claims based on the failure to provide accurate information at the time of application. If you are applying for any coverage(s) that is(are) subject to insurability it may result in additional investigations while the application(s) is(are) being underwritten and at time of any claim. Any underwriting decision will rely upon the cooperation of medical providers and pro-active assistance from you, the applicant, in obtaining medical information needed to determine eligibility for coverage(s).

Please remember some group coverage(s) may require you to be on Active Service on that date in order for your coverage(s) to begin. Any health coverage(s) for which you are applying may have wording that may limit benefits for a preexisting medical condition for which you had treatment, took medication, received a diagnosis, or incurred expense. Any health coverage(s) for which you are applying may also have wording that could limit or reduce your benefits.

PLEASE ACKNOWLEDGE THAT BROCHURE(S) # _____

HAS(HAVE) BEEN EXPLAINED TO YOU AND THAT YOU HAVE RECEIVED A COPY OF THE BROCHURE(S) BY SIGNING BELOW. A COPY OF THIS FORM WILL BE ENCLOSED WITH YOUR CERTIFICATE AND/OR POLICY.

Signed _____

Dated _____

Social Security Number