



Life and Health Products

Claim your future.

Field Agent's Underwriting Guide

Underwriting Philosophy

Bankers Fidelity's underwriting philosophy is to offer coverage to proposed insureds whenever possible. If coverage cannot be issued as applied for, the Company may (1) offer the policy with a different plan, (2) offer the policy with different benefit levels, or (3) offer other options that may be acceptable to the proposed insured.

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application, a telephone interview, MIB, and a prescription drug check. All policies will be issued as applied for or will be declined unless an offer of a different plan, where possible, is made.



Underwriting Guidelines

Bankers Fidelity® appreciates your business and we are committed to providing you with prompt and accurate service.

Our Underwriting team reviews each case carefully to assure proper evaluation of each risk. Our Underwriting team is here to help.

Give us a call directly with any questions you may have.

Contact Information

Agent Support: 1-866-458-7503

Underwriting: 1-866-458-7501

Mail: PO BOX 105185, Atlanta, GA 30348

Submitting Applications:

We make submitting your application easy. Applications can be either faxed or emailed to the following:

Fax #: 1-404-926-4030

E-mail: bfluw@bflic.com

All applications received and in process of underwriting will be reported to you on your pending status report that can be found online in ADDS®.

The Application

There are several important points you should remember when completing an application.

1. Complete the entire application. Be sure to answer all questions, fill-in all blanks and obtain all necessary signatures and dates on all forms.
2. Make sure that you use the most current forms (i.e., applications, replacement notices, authorizations, etc.) approved for use in the state(s) in which you are licensed and in which the application is written. Remember, all forms are located in the ADDS® Library on the Bankers Fidelity website (bflic.com) and may be downloaded, printed and ordered from there.
3. Ask each question on the application exactly as written, paying particular attention to the time frame indicated. All medical/health questions ask “has Proposed Insured had or been medically diagnosed with or treated for”. “Had” means does the proposed insured currently have a medical condition even though it may have been diagnosed prior to the time frame. “Medically diagnosed with” means the proposed insured has been diagnosed with a medical condition by a member of the medical profession within the time frame. “Treated for” means the proposed insured has had management and care in the combating of a disease, injury or disorder, including but not limited to:
 - The giving of remedies, including prescription drugs, to cure or alleviate symptoms or prevent recurrence
 - Surgery, oxygen use, dialysis
 - Chemotherapy, radiation therapy
 - Physical therapy, home health care
4. Always obtain a HIPAA Authorization form with every application. (with exception of Open Enrollment & Guarantee Issue)

Counter Offers

If issuing a policy with a counter offer, such as when Underwriting finds it necessary to move an application

from Preferred to Standard, the policy along with an amendment is mailed to the Agent. The amendment must be signed by the agent and the policyholder.

Policies will not be considered in force until Bankers Fidelity receives the signed amendment back.

Miscellaneous Application Information

You should be aware of the following guidelines:

1. Applications must be received within 30 days of the date the application is signed. Once received, the application is valid for 60 days from the date signed.
2. The effective date of any policy can be no more than 60 days after the application date, except for 6-month open enrollment cases where the effective date can be 6 months after the application date. The backdating of the effective date on life policies is allowed (up to 6 months) as long as the backdating is to save age and not to qualify for a specific plan or coverage. Backdating of health products is not permitted.
3. All changes must be initialed by the applicant only. Changes not initialed by the applicant will require a signed amendment.
4. When filling out the prescription drugs section, if applicant is not currently taking or prescribed prescription drugs, the section should be completed with “None”. “Not Applicable” and/or “N/A” will not be accepted.
5. Neither the policy effective date nor the draft date may be on the 29th, 30th or 31st of the month. If the application is dated on one of these dates, the effective date will be the 1st of the following month.
6. The application must be signed in the state where it is taken. The agent must be licensed & appointed in the state where the application is taken and signed.

Telephone Interviews

Medicare Supplement applications will be randomly selected for completion of a telephone interview however, underwriting reserves the right to order a Telephone Interview if necessary to obtain additional information.

No interviews are required with Open Enrollments, Guarantee Issue or conversions between Bankers Fidelity Life Insurance Company® and Bankers Fidelity Assurance Company™ if the existing policy has been in force for at least a year.

All other Senior Security Series life and short-term care applicants age 45 and above will have an interview requested.

Interviews will only be ordered by the Home Office. Please remind the applicant that they will receive a telephone call from EMSI for completion of the telephone interview.

The interview with the applicant takes approximately ten (10) minutes on average. It is important to note that the dialogue between the applicant and phone interviewer will be recorded and relied upon as part of our risk analysis.

EMSI customer service may be contacted at 1-866-736-7296 between 8:00 am and 5:00 pm Central Time, Monday–Friday.

Attending Physician's Statement

At times, Underwriting may deem it necessary to order an Attending Physician Statement to provide a vital source of information on which to base underwriting decisions. On occasion the Underwriting department will write the applicant's primary care physician to clarify information provided on the application or obtained through the telephone interview process.

Non-Tobacco Status

In order to qualify for non-tobacco rates, the proposed insured must not have used tobacco or nicotine products in any form within 3 years prior to the application.

Initial Premium Payment

IMPORTANT: If no initial draft date is indicated on the application, the drafting of the initial premium payment will be done on the effective date of the policy.

It's preferable that the initial premium draft date be either prior to or on the effective date.

Applicants requesting the initial premium payment to be drafted at a future date, will have a letter mailed to them confirming their decision to draft the initial premium.

In the "Initial Premium Computation" section on the application:

- Mark the applicants preferred method on drafting the initial premium.
- Indicate what date the initial premium should be drafted.

*Note that the date for future recurring draft payments can be different than the date for draft of the initial premium payment.

Paying by Check

Obtain a check for initial premium. Check should be payable to Bankers Fidelity, signed by the payor, properly dated, and the premium should match the application premium. Checks not properly completed, will be returned to the agent to have another check completed. Bankers Fidelity will not accept cash or the agents personal check as a form of payment.

Effective date of Insurance

Please remember that there is no insurance coverage in effect until all underwriting requirements are satisfied, the policy has been issued, received by the owner, and the first premium is paid.

Medical Records and Paramedical Examinations

For all applications other than Senior Security Series® (Ordinary Whole Life, Single Premium Whole Life, Decreasing Term, Term Life, etc.), paramedical requirements should be ordered by the Agent, in accordance with the chart included in the rate brochures. Remember that you may use any of our approved providers, i.e., APPS, EMSI, ExamOne or Hooper Holmes/Portamedic.

Declined Applications

In the circumstance that an application is declined for coverage, the applicant will be notified of the decline in the form of a letter. The Agent will be copied on the notification.

Incomplete Applications

If there is insufficient information on the application we will contact the agent during the application process to obtain information. If the information is not received within 30 calendar days, the application is terminated as incomplete and a letter sent to the applicant and agent. Any refund of premium will be returned to the applicant.

Open Enrollment

The Open Enrollment period is the 6 month period which begins on the first day of the month in which the Proposed Insured is both age 65 (in most states) or older and enrolled in Medicare Part B.

Applicants covered under Medicare Part B prior to age 65 are eligible for a 6 month open enrollment period upon reaching age 65.

We will accept applications up to 6 months prior to the Part B effective date. A HIPAA form is not required. Health questions should not be answered and no telephone interview is required.

63-Day Guarantee Issue

There are several scenarios that fall under the 63-day Guarantee Issue and these may be found in the current "Choosing a Medigap Policy". Applicants are unable to elect Plans G or N during the Guarantee Issue period.

Applications must include a termination letter showing the applicant's current plan's termination date and the reason for termination.

A HIPAA form is not required. Health questions should not be answered and no telephone interview is required.

Medications

The medications that are being taken by a proposed insured are an important consideration in the underwriting process. The medications listed in the section titled "Disqualifying Medications" would disqualify the applicant for insurance and the application should not be submitted. The medications listed in the second section titled "Preferred Underwriting Disqualifying Medications" may disqualify the proposed insured from a Preferred Underwriting classification.

The medications listed are not all inclusive as many of these medications have generic forms and new medications are introduced frequently.

Medications not listed in this guide may still disqualify the applicant from coverage or the Preferred Underwriting classification. In addition, the combination of several medications may cause the applicant to be disqualified from coverage or the Preferred Underwriting classification.

If you have an applicant who is taking any of the listed medications for a reason other than that listed or is taking a combination of medications for a condition, please notate the condition for which it was prescribed within the appropriate section on the application.

If you have any questions in regards to medications that could affect insurability, please contact Underwriting.

Senior Security Series®—Disqualifying Medications

The medications shown in this guide are used to treat significant health conditions/problems and are not insurable and the application should not be submitted.

If you have an applicant who is taking any of the listed medications for a reason other than that listed, please contact the Underwriting Department for clarification.

MEDICATION	CUSTOMARY USE	MEDICATION	CUSTOMARY USE
A Abacavir	HIV/AIDS	D Dacarbazine	Cancer
Abilify	Psychotic Disorder	Daliresp**	Lung
Adriamycin	Cancer	Daunorubicin	Leukemia
Actemra	Rheumatoid Arthritis	Didanosine	HIV/AIDS
Akineton	Parkinson's Disease	Diethylstilbesrol	Cancer
Aldesleukin	Cancer	Digoxin*	Heart
Alglucerase	Gaucher's	Disulfiram	Alcoholism
Alkeran	Cancer	Donepezil	Alzheimer's Disease
Altretamine	Cancer	Dopar	Parkinson's Disease
Amantadine	Parkinson's Disease	Doxorubicin	Cancer
Ampyra	Multiple Sclerosis	Dronabinol	HIV/AIDS
Anastrozole	Cancer	Duoneb**	Lung
Antabuse	Alcoholism	Dulera**	Lung
Anora Ellipta	Lung	E Efravirenz	HIV/AIDS
Aranesp	Cancer, Kidney	Eldepryl	Parkinson's Disease
Aricept	Alzheimer's Disease	Emcyt	Cancer
Arimidex	Cancer	Entacapone	Parkinson's Disease
Aripiprazole	Psychotic Disorders	Equetro	Psychotic Disorders
Aromasin	Cancer	Ergoloid	Dementia
Artane	Parkinson's Disease	Estramustine	Cancer
Asenaphine	Psychotic Disorders	Etopophos	Cancer
Atrovent**	Lung	Etoposide	Cancer
Avonex	Multiple Sclerosis	Eulexin	Cancer
Axona	Alzheimer's Disease	Exelon	Alzheimer's Disease
AZT	HIV/AIDS	Exemestane	Cancer
B Baclofen	Multiple Sclerosis	Eylea	Macular Degeneration
Benzotropine	Parkinson's Disease	F Femara	Cancer
Bicalutamide	Cancer	Floxuridine	Cancer
BiDil	Heart	Fluorouracil	Cancer
Breo Ellipta 100/25**	Lung	Fluphenazine	Psychotic Disorders
Brovana	Lung	Flutamide	Cancer
Busulfan	Leukemia	Formoterol**	Lung
C Calcitrol	Kidney	Foscarnet	HIV/AIDS
Campral	Alcoholism	Foscavir	HIV/AIDS
Capecitabine	Cancer	Fosrenol	Kidney
Carbidopa	Parkinson's Disease	Furosemide*	Heart
Carboplatin	Cancer	G Galantamine	Alzheimer's Disease
Carmustine	Cancer	Geodon	Psychotic Disorders
Carvedilol*	Heart	Gilenya	Multiple Sclerosis
Casodex	Cancer	Glatiramer	Multiple Sclerosis
Ceredase	Gaucher's	Goserelin	Cancer
Cerezyme	Gaucher's	H Haloperidol	Psychotic Disorders
Chlorpromazine	Psychotic Disorders	Hectoral	Kidney
Cisplatin	Cancer	Hexalen	Cancer
Clozapine	Psychotic Disorders	Hydergine	Alzheimer's Disease
Clozaril	Psychotic Disorders	Hydroxyurea	Cancer
Cogentin	Parkinson's Disease	I Ibrance	Cancer
Cognex	Alzheimer's Disease	Idarubicin	Leukemia
Combivent**	Lung	Ifosfamide	Cancer
Compazine	Psychotic Disorders	Imiglucerase	Gaucher's
Copaxone	Multiple Sclerosis	Indinavir	HIV/AIDS
Coreg*	Heart	Interferon	Cancer, HIV/AIDS, Hepatitis C
Cyclophosphamide	Cancer	Ipratropium**	Lung
Cytoxan	Cancer	K Kemadrin	Parkinson's Disease

* If being taken for some condition other than treatment for heart impairment, contact Underwriting for approval.

** If being taken for some condition other than treatment for COPD, contact Underwriting for approval.

Senior Security Series® – Disqualifying Medications continued

MEDICATION	CUSTOMARY USE	MEDICATION	CUSTOMARY USE
L Lamictal	Psychotic Disorder	R Rasagiline	Parkinson's Disease
Lamivudine	HIV/AIDS	Razadyne	Alzheimer's Disease
Lanoxin*	Heart	Remicade	Rheumatoid Arthritis Infusion
Larodopa	Parkinson's Disease	Reminyl	Alzheimer's Disease
Lamotrigine	Psychotic Disorders	Renagel	Kidney
Lasix*	Heart	Renvela	Kidney
Latuda	Psychotic Disorders	Retrovir	HIV/AIDS
Letrozole	Cancer	Revlimid	Cancer
Leucovorin	Cancer	Ribavirin	Hepatitis C
Leukeran	Cancer	Rifabutin	Hepatitis C
Leukine	Cancer	Rilutek	ALS/Lou Gehrig's Disease
Levodopa	Parkinson's Disease	Riluzole	ALS/Lou Gehrig's Disease
Lithane	Psychotic Disorders	Risperdal	Psychotic Disorders
Lithium	Psychotic Disorders	Risperidone	Psychotic Disorders
Lomustine	Cancer	Ritonavir	HIV/AIDS
Lopinavir	HIV/AIDS	Rituximab	Cancer
Loxapine	Psychotic Disorders	Rivastigmine	Alzheimer's Disease
Lupron	Cancer	Ropinirole†	Parkinson's Disease
Lucentis	Macular Degeneration		
M Megace	Cancer, HIV/AIDS	S Saphris	Psychotic Disorder
Megestrol	Cancer, HIV/AIDS	Saquinavir	HIV/AIDS
Mellaril	Psychotic Disorders	Sargramostim	Cancer
Melphalan	Cancer	Selegiline	Parkinson's Disease
Memantine	Alzheimer's Disease	Sensipar	Kidney
Mercaptopurine	Leukemia	Seroquel	Psychotic Disorders
Mesna	Cancer	Sevelauer	Kidney
Methadone	Drug Addiction	Sinemet	Parkinson's Disease
Methotrexate	Cancer	Sovaldi	Hepatitis C
Mitomycin	Cancer	Spiriva**	Lung
Mitoxantrone	Cancer	Stavudine	HIV/AIDS
Molindone	Cancer	Streptosocin	Cancer
		Suboxone	Drug Addiction
		Symmetrel	Parkinson's Disease
N Namenda	Alzheimer's Disease	T Tacrine	Alzheimer's Disease
Naltrexone	Drug Addiction	Tamoxifen	Cancer
Natalizumab	Multiple Sclerosis	Tarceva	Cancer
Navane	Psychotic Disorders	Tenofovir	HIV/AIDS
Nelfinavir	HIV/AIDS	Teslac	Cancer
Neosar	Cancer	Thioquanine	Leukemia
Nevirapine	HIV/AIDS	Thioridazine	Psychotic Disorders
Nilutamide	Cancer	Thiotepa	Cancer
Novantrone	Cancer	Thiothixene	Psychotic Disorders
		Thorazine	Psychotic Disorders
O Olanzapine	Psychotic Disorders	Tolcapone	Parkinson's Disease
Oncovin	Cancer	Toremifene	Cancer
Orencia	Rheumatoid Arthritis Infusion	Trifluoperazine	Psychotic Disorders
		Trihexyphenidyl	Parkinson's Disease
P Paclitaxel	Cancer	Tudorza	Lung
Paliperidone	Psychotic Disorders	Tysabri	Multiple Sclerosis
Pamidronate	Cancer		
Paracalcitrol	Kidney	V Valganciclovir	HIV/AIDS
Parlodel	Parkinson's Disease	Velban	Cancer
Permax	Parkinson's Disease	Viadur	Cancer
Perphenazine	Psychotic Disorders	Vinblastine	Cancer
Phoslo	Renal Failure	Vincristine	Cancer
Platinol	Cancer	Viread	HIV/AIDS, Chronic Hepatitis B
Pramipexole	Parkinson's Disease		
Prochlorperazine	Psychotic Disorders	X Xjeva	Cancer
Procrit	Kidney		
Procyldine	Parkinson's Disease	Z Zemplar	Kidney
Prolixin	Psychotic Disorders	Zidovudine	HIV/AIDS
Puriethol	Leukemia	Ziprasidone	Psychotic Disorders
		Zoladex	Cancer
Q Quetiapine	Psychotic Disorders	Zometa	Cancer
		Zyprexa	Psychotic Disorders
		Zytiga	Cancer (Prostate)

†Is not disqualifying if used only for Restless Leg Syndrome.

Preferred Underwriting Disqualifying Medications

The listed medications may disqualify the Proposed Insured from the Preferred Underwriting classification.

If you have an applicant who is taking any of the listed medications for a reason other than listed, please contact the Underwriting Department for clarification.

If you have an applicant who is taking two (2) or more medications for a heart condition they may only qualify for the Standard Underwriting classification.

MEDICATION	CUSTOMARY USE	MEDICATION	CUSTOMARY USE
A Afrezza (insulin)	Diabetes	N Nimodipine	Aneurysm
Aggrastat	Heart	Nimotop	Aneurysm
Albuterol	Lung	Nitroglycerin	Heart
Aminophylline	Lung	P Pentoxifylline	Stroke
Angiomax	Heart	Persantine	Heart
Apidra (insulin)	Diabetes	Prinivil	Heart
Azathioprine	Myasthenia Gravis, severe RA	Prolia	Osteoporosis
C Calciparine	Anticoagulant	Prostigmin	Myasthenia Gravis
Cordarone	Heart	Proventil	Lung
Coumadin	Heart	Pro Air	Lung
D Digitek	Heart	Pyridostigmine	Myasthenia Gravis
Diltia XT	Heart	R Reclast	Osteoporosis
Disopyramide	Heart	T Tensilon	Myasthenia Gravis
Dobutrex	Heart	Terbutaline	Lung
E Enoxaparin	Anticoagulant	Theophylline	Lung
F Florinef	Addison's Disease	Toujeo (insulin)	Diabetes
Fludrocortisone	Addison's Disease	Trental	Stroke
G Golimumab	Rheumatoid Arthritis	V Ventolin	Lung
H Heparin	Anticoagulant	Volmax	Lung
Humalin (insulin)	Diabetes	Vorapaxar	Anticoagulant
I Imuran (Azathioprine)	Myasthenia Gravis, severe RA	W Warfarin	Anticoagulant
Inderal	Heart	Z Zontivity	Anticoagulant
Insulin	Diabetes		
Isoproterenol HCL	Lung		
Isuprol Mistometer	Lung		
L Lanoxicaps	Heart		
Levemir (insulin)	Diabetes		
M Medihaler ISO	Lung		
Mestinon	Myasthenia Gravis		
Mytelase	Myasthenia Gravis		

IMPORTANT:

The medications shown in this guide are just some of the more commonly prescribed medications. This medications list is not an all inclusive list.

Medicare Supplement Household Discount

We offer a 'Household Discount' on Medicare Supplement policies issued to persons age 65 and older residing within the same household with another Bankers Fidelity Med Supp Policyholder. Applications have a section titled 'Household Discount Information' that must be completed in order to receive the 'Household Discount'.

There are two scenarios for receiving the 'Household Discount':
The discount percentage that is available will be shown on the Medicare Supplement rate sheets.

1. The Proposed Insured has continuously resided in the same household with another person or spouse for the last 12 months and both individuals are applying for coverage. Both individuals would receive the 'Household Discount' as long as both policies are issued.
2. The Proposed Insured has continuously resided in the same household with another person or spouse for the last 12 months and the other person has an existing Medicare Supplement policy with Bankers Fidelity Life Insurance

Company® or Bankers Fidelity Assurance Company™. If the existing Medicare Supplement policy was issued with an effective date prior to June 1, 2010, only the new policy will receive the 'Household Discount'. If the existing Medicare Supplement policy was issued on or after June 1, 2010, both policies will receive the 'Household Discount'.*

The 'Household Discount' will no longer be in effect if there is only one active policy in the household. This would occur when the other policy in the household becomes inactive (other than a death*) or when individuals no longer reside in the same household (unless married).

The 'Household Discount' is only available to persons age 65 and older. A policy issued to someone under age 65 and disabled may be used to qualify another person for the discount, but the person under age 65 is not eligible to also receive the discount (except in Kansas).

* OH – the Household Discount rider terminates at death.
KY, NV & TN – the Household Discount rider does not terminate once qualified.

Senior Security Series® – Height and Weight Table

Height (FT) (IN)	Decline	Acceptable Ranges				Decline		
		Standard	Preferred	Standard	Modified	Med Supp	Life	STC
4 9	<79	80-83	84-183	184-220	221-244	>221	>245	>184
4 10	<81	82-86	87-186	187-228	229-250	>229	>251	>187
4 11	<84	85-89	90-188	189-232	233-254	>233	>255	>189
5 0	<87	88-92	93-191	192-237	238-260	>238	>261	>192
5 1	<90	91-95	96-196	197-243	244-270	>244	>271	>197
5 2	<93	94-98	99-201	202-249	250-275	>250	>276	>202
5 3	<96	97-102	103-207	208-255	256-281	>256	>282	>208
5 4	<99	100-105	106-213	214-263	264-288	>264	>289	>214
5 5	<102	103-108	109-220	221-270	271-296	>271	>297	>221
5 6	<105	106-112	113-225	226-277	278-304	>278	>305	>226
5 7	<109	110-115	116-232	233-284	285-312	>285	>313	>233
5 8	<112	113-118	119-237	238-291	292-320	>292	>321	>238
5 9	<115	116-122	123-242	244-299	300-328	>300	>329	>244
5 10	<118	119-125	126-250	251-307	308-335	>308	>336	>251
5 11	<122	123-129	130-258	259-315	316-342	>316	>343	>259
6 0	<125	126-133	134-265	266-323	324-354	>324	>355	>266
6 1	<129	130-136	137-270	271-332	333-363	>333	>364	>271
6 2	<132	133-140	141-277	278-341	342-372	>342	>373	>278
6 3	<136	137-144	145-284	285-350	351-378	>351	>379	>285
6 4	<140	141-148	149-291	292-359	360-386	>360	>387	>292
6 5	<143	144-152	153-300	301-369	370-395	>370	>396	>301
6 6	<147	148-156	157-308	309-379	380-402	>380	>403	>309
6 7	<151	152-160	161-315	316-389	390-409	>390	>410	>316

Senior Security Series®

Life

1. Preferred Whole Life

Issue Ages: 45-85
Benefits: Minimum Face Amount = \$3,000
Maximum Face Amount = \$50,000
Riders Automatically Included: Accelerated Death Benefit
Waiver of Premium for Hospital or Nursing Facility Confinement
Requirements: Telephone Interview, Prescription Drug Search

2. Preferred Endowment @ 100

Issue Ages: 45-85
Benefits: Minimum Face Amount = \$3,000
Maximum Face Amount = \$50,000
Riders Automatically Included: Accelerated Death Benefit
Waiver of Premium for Hospital or Nursing Facility Confinement
Requirements: Telephone Interview, Prescription Drug Search

3. Standard Whole Life

Issue Ages: 45-85
Benefits: Minimum Face Amount = \$3,000
Maximum Face Amount = \$35,000
Riders Automatically Included: Accelerated Death Benefit
Waiver of Premium for Hospital or Nursing Facility Confinement
Requirements: Telephone Interview, Prescription Drug Search

4. Modified/Graded Death Whole Life

Issue Ages: 45-85 (Maximum age 75 in MO, SC and TX)
Benefits: Minimum Face Amount = \$3,000
Maximum Face Amount = \$20,000
Graded Face Amount Payout =
Year 1: 25%
Year 2: 60%
Year 3: 100%
Accidental Death Face Amount Payout = 100%
Requirements: Telephone Interview, Prescription Drug Search

Medicare Supplement

1. Preferred Non-Tobacco Rates

Issue Ages: 65+
Benefits: Determined by Plan Purchased
Household Discount Available
Requirements: Telephone Interview, Prescription Drug Search

2. Standard Rates (Includes All Tobacco Users)

Issue Ages: 65+
Benefits: Determined by Plan Purchased
Household Discount Available
Requirements: Telephone Interview, Prescription Drug Search

3. Under Age 65 and Disabled

Issue Ages: 0-64
Benefits: Determined by Plan Purchased
Requirements: Telephone Interview, Prescription Drug Search
Restrictions: Plans are available only in states that require coverage to be offered, Limited plan available. Most states only offered for Guaranteed Issue, see rate sheet for availability.

Supplemental Health

1. Short-Term Care

Issue Ages: 18-85
Benefits: \$20-\$300 Daily Benefit. \$30 minimum benefit in GA
90-*, 180-, or 360-Day Benefit Period
20-Day Elimination Period. 30-Day Elimination Period in TN
5% Simple Interest Inflation Rider. Not Available in DE or OH
Requirements: Telephone Interview, Prescription Drug Search

*See sales brochure for detailed description

*Available in Utah only

Life

1. Ordinary Level Whole Life

Issue Ages:	0-85
Benefits:	Minimum Face Amount = \$5,000
Optional Riders:	Accidental Death Benefit (Available Ages 5-55) Children's Insurance Rider (Issue Ages: 0-21 for Eligible Dependent Children) Waiver of Premium (Available Ages 15-55)
Requirements:	See complete Underwriting Guidelines in Annual Rates Brochure (B 20801 LWL RS2014)

2. Level Term Life

Issue Ages:	18-65
Benefits:	10 or 20 Year Benefit Periods Minimum Face Amount = \$25,000 Maximum Face Amount = \$250,000
Optional Riders:	Accidental Death Benefit (Available Ages 18-65) Children's Insurance Rider (Issue Ages: 0-21 for Eligible Dependent Children) Critical Illness (Available Ages 18-60) Waiver of Premium (Available Ages 18-55)
Requirements:	See complete Underwriting Guidelines in Annual Rates Brochure (B 20601 LTL UWG/RS)

Health

1. Cancer Care Solution

Issue Ages:	18-85 Eligible Dependent Children up to Attained Age 25
Benefits*:	Required: Base Hospital Confinement: \$50-\$900 per day Chemotherapy: \$100-\$600 per day Optional Riders: First Occurrence: \$10,000/\$20,000/\$30,000 Dread Disease: 1 unit
Requirements:	Prescription Drug Search

2. Dual Disability (Occupational Classes)

Issue Ages:	18-64
Benefits*:	\$500-\$3,000 (Monthly Disability Income - \$100 units) (Daily Nursing Home - \$10 units)
Requirements:	Telephone Interview, Prescription Drug Search, Motor Vehicle Report

*See sales brochure for detailed description



The Strength of Experience

At Bankers Fidelity, we conduct our business according to a strong set of guiding principles. For more than half a century, we've provided tens of thousands of Americans with valuable, customer-oriented insurance products. Our commitment to fair and fast payment of claims has earned us a reputation for quality service to our policyholders and their families.

You can rely on our reputation as a Company that delivers on its promises to policyholders. Our record of bringing innovative products and value-added services to market has established Bankers Fidelity as a proven leader in the life and health insurance industry.

Bankers Fidelity is rated A- (Excellent) by A.M. Best Company.

Bankers Fidelity



Bankers Fidelity Life Insurance Company[®] and Bankers Fidelity Assurance Company[™]
4370 Peachtree Road, NE. Atlanta, GA.
Agent toll-free number 866-458-7503
www.bflic.com
Rates subject to change on a class basis. Application to determine eligibility required;
not all products available in all states.

