

Claim your future.

# Field Agent's Underwriting Guide

## Underwriting Philosophy

At Bankers Fidelity®, we strive to provide you with a solutions-oriented underwriting team who work in conjunction with your efforts to achieve sales success.

Our focus is on exemplary, responsive service as we partner across the organization, and with sales distribution, to provide effective risk management. This results in a growth of income for both the company and our agents.

We utilize an array of tools to assist with our risk assessment, including telephone interviews, MIB, and a prescription drug check.

Our ambition is to build a company of lasting value that you can depend on, and we work towards achieving our goals each and every day.



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# Contact Information

## New Business Mailing Information:

### USPS mailing address:

Bankers Fidelity  
Attention: New Business  
PO Box 105185  
Atlanta, GA 30348

### Overnight or Certified mailing address:

Bankers Fidelity  
Attention: New Business  
4370 Peachtree Road NE  
Atlanta, GA 30319

## Telephone Numbers:

|                           |   |
|---------------------------|---|
| Agent Support             | 866-458-7503  |
| Marketing                 | 866-458-7505  |
| Underwriting/New Business | 866-458-7501  |
| Policyholder Services     | 866-458-7500  |
| Claims                    | 866-458-7499  |
| Hours of Operation:       | 8:00 a.m. – 5:30 p.m. EST Monday – Thursday<br>8:00 a.m. – 5:00 p.m. EST Friday |

## Email Addresses:\*

|                           |                        |
|---------------------------|------------------------|
| Agent Support             | agentsupport@bflic.com |
| Policyholder Services     | bflphs@bflic.com       |
| Agency                    | bflagency@bflic.com    |
| New Business Applications | bfluw@bflic.com        |

## New Business Fax Numbers:\*\*

|             |              |
|-------------|--------------|
| Main        | 404-926-4030 |
| Alternative | 877-739-1804 |

\*Do NOT email applications from unsecured email accounts. You may use the secured email section within the ADDS® portal if needed.

\*\*If faxing in applications, please do NOT also mail in original paperwork. Only applications paying the initial premium by bank draft or credit card are eligible to be emailed or faxed.

## Proposed Insured:

The Proposed Insured is the specific individual on whose life and health the underwriting decision is made. In certain situations, a person other than the Proposed Insured may be submitting the application for the coverage on the Proposed Insured; this person is the Applicant. Life insurance policies also have an Owner, who may be someone other than the Proposed Insured. Throughout this document we refer to the Proposed Insured. However, in situations where correspondence is legally required to be sent to the Owner or Applicant, that reference is hereby inferred.

# Submission Process

| SITUATION                            | SUBMIT APPLICATION NO EARLIER THAN...        |
|--------------------------------------|--|
| Fully Underwritten / Guarantee Issue | 2 months before the requested effective date |
| Open Enrollment                      | 6 months before the requested effective date |

## The Application

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

### Agent Section

1. Company selection, BFLIC or BFAC, must be marked on the application. Mark on the top left corner of the application by checking the appropriate box. If the incorrect company is selected, a signed amendment will be needed from the applicant.
2. Ensure the correct agent number, corresponding to the aforementioned company selection, is included on the top right corner of the first page of the application.

### Applicant Section

3. Residence address is required on the application to reflect the individual insured's residence address, PO Boxes may only be used as the mailing address.
4. Answer all of the questions on the application, fill in all of the blanks, obtain all necessary signatures and dates on all forms.

### Required Forms

5. A completed and signed HIPAA Authorization form is needed with every application (with the exception of Open Enrollment, Guarantee Issue and internal replacements).
6. 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 signed by the Proposed Insured. Remember, all forms are located in the ADDS Library where they may be downloaded, printed and ordered.

### Medical Section

7. Ask the applicant each question exactly as written on the application. Pay particular attention to the time frame indicated.

For all medical/health questions, ask "has Proposed Insured had or been medically diagnosed with or treated for":

- "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.
8. When filling out the prescription drug list section on the application, list all currently prescribed medications, whether taking them as prescribed or not. Prescription information should be obtained directly from the label on the bottle. If no medications are currently prescribed, write "None". "N/A" and "Not Applicable" will not be accepted.

## Commonly Missed Information

- Proposed Insured's telephone number and email address
- Tobacco Use
- Height/Weight
- Medications listed with reasons prescribed or if no medications taken, listed as "None"
- Doctor/Physician name, address and telephone number

## Submission Guidelines

1. Applications must be received within 30 days of the date the application is signed. Once received, the application is valid for 30 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. Backdating is not permitted.
3. Applicants must initial all changes made on the application. Any changes not initialed by the applicant will require a signed amendment.
4. The policy effective date and the draft date may not be on the 29th, 30th or 31st of the month. If one of these dates is requested, the effective date will be moved to the 1st of the following month.
5. Rates are determined by:
  - The state in which the application is physically signed by the Proposed Insured and requires the agent to be licensed and appointed in the application signed state.
  - Medicare Supplement rates for applicants who live outside the state in which the application was signed are based on the rates for the highest area of the state in which the application was signed.

## 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 the time frame listed on the application. If Proposed Insured uses e-cigarettes or vaporizers, or smokes cigars or pipes (regularly or occasionally), then they will be considered as a tobacco user. Marijuana use is considered a decline.

## Initial Premium Payment

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

- Elect method for paying the initial premium.
- Indicate the date the initial premium should be drafted. If no initial draft date is indicated on the application, the initial draft date will be done on the effective date of the policy.\*
- Payment should be made either on or prior to the effective date.
- Applications should be accompanied with check, draft or credit card. C.O.D. is not acceptable.

\*Note: Dates for future recurring draft payments can be different than the initial premium draft date.

## Recurring Premium Payment

- The recurring premium due date is the same day of the month as the effective date of the policy.
- There is a 30 day grace period after the premium due date in which a policyholder is able to make a premium payment without the insurance policy coverage lapsing.

## Payment Methods

Payments may be made by check, credit card or money order. Bankers Fidelity will not accept cash or the agent's personal check or credit card as a form of payment.

### Checks

Checks should be payable to Bankers Fidelity. Make sure to include a voided copy of a check for bank drafts.

### Credit Cards

We accept Master Card, VISA and Discover.

## 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 and honored upon first presentation – all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated on the application.

## Household Discount

A Household Premium Discount is available to qualified applicants on several of our health insurance products, including Medicare Supplement, Vantage Flex 65® and Vantage Recovery™. The discount percentage amount can be found on the rate sheets for the products on which it is available.

### Qualified Applicants:

- Two or more individuals living in the same household together for at least the last 12 months, regardless of marital status or relationship to each other;
- A married couple, regardless of whether they are living in the same house.

### The applicants can either:

- Be each applying for a policy at the same time; or
- One person could have an existing policy and the second person is currently applying for new policy.

A Medicare Supplement policy issued to someone under age 65 and disabled may be used to qualify a Medicare Supplement applicant age 65 or over for the discount, but the policy that was issued to the person under age 65 and disabled is not eligible to receive the discount (except in Kansas).

A Medicare Supplement policy issued to someone prior to June 1, 2010 may be used to qualify a current applicant age 65 or over for the discount, but the policy issued prior to June 1, 2010 is not eligible to receive the discount.

### Requirements:

Proposed Insureds must complete the "Household Discount Information" section in the application in order to be considered for the Household Discount. Upon issuance of the policy to the second policyholder, both policies, if qualified, will receive the appropriate discount.

### Discontinuation of Household Discount:\*

The Household Discount will be discontinued when there is only one active policy remaining in the household. This occurs when:

- The other policy in the household becomes inactive, other than due to death\*\*; or
- The individuals no longer reside in the same household, unless married.

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

The Household Discount is available to persons with the same type of policy issued by Bankers Fidelity Life Insurance Company® and any of its subsidiaries or affiliates, subject to the above provisions.

# Underwriting Process

## Telephone Interviews

Interviews are performed on behalf of Bankers Fidelity through ExamOne®.

Contact information:

Phone: .....844-699-2577

Hours of Operation:

Monday - Thursday: ... 7:00 a.m. - 10:00 p.m. CT

Friday: ..... 7:00 a.m. - 9:00 p.m. CT

Saturday: ..... 8:00 a.m. - 4:30 p.m. CT

Sunday: ..... Closed

## Telephone Interview Process

### Medicare Supplement/ Vantage Flex 65®/ Cancer/ Disability

- Applications are selected randomly for telephone interviews.
- The telephone interview for these products is ordered by the Home Office only and excludes the following:
  - 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 1 year.

### Life Products/Vantage Recovery™

- A telephone interview will be required for all applications submitted for these products.
- The telephone interview for these products can be Point of Sale or Home Office ordered.

Underwriting reserves the right to order a telephone interview on any product if necessary to obtain additional information.

The interview with the applicant takes approximately ten (10) minutes. 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.

## Additional Underwriting Requirements

### Attending Physician Statement (APS)

Underwriting may find it necessary to order medical records or an Attending Physician Statement to provide further information on responses given on the application or obtained through the telephone interview. Clarification may also be requested through contact from the Proposed Insured's primary care physician.

### Paramed Exam

Paramed Exam requirements, if any, are included in the life insurance rate brochures. The paramed exam if required, will be ordered, and paid for, by Bankers Fidelity.

The basic information collected during the exam includes:

- Health questionnaire
- Blood pressure readings
- Height/weight
- Blood sample
- Body measurements
- Urine sample
- Resting heart rate

The examiner may also collect other required information such as resting ECGs or other tests. It's this information that allows the underwriter to know the Proposed Insured's current health status.

### Prescription Drug Search (Rx)

A prescription drug search is part of the underwriting review process. This information is reviewed and assessed for an individual's risk and eligibility and is used by the underwriter to validate any errors, omissions or misrepresentations made on the applications.

### Medical Information Bureau (MIB)

Pulling information from the Medical Information Bureau is part of the underwriting review process. This information is reviewed and assessed for an individual's risk and eligibility and is used by the underwriter to validate any errors, omissions or misrepresentations made on the applications.

### Doctor/Physician Statement

Underwriters at times may require additional clarification on medical history and will request a Doctor/Physician's statement.

When providing the letter/statement, it should be:

- Provided on the Doctor/Physician's office letterhead
- From the prescribing Physician
- Noting specific condition for which medication was prescribed
- Noted that patient is not diagnosed with specific declinable condition

## 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 or older\* and enrolled in Medicare Part B. If the Proposed Insured's birthday is on the first day of the month, their Part B coverage (and Medicare Supplement coverage) may begin on the first day of the prior month.

Applications will be accepted up to 6 months prior to the Part B effective date.

- HIPAA form and telephone interview are not required.
- Health questions should not be answered.
- If more than 6 months past the 65th birthday, a copy of the applicant's Medicare card is required.

\*Some states extend this to applicants under age 65, refer to the state application.

## 63-Day Guarantee Issue

There are several scenarios that fall under the 63-day Guarantee Issue provision and these may be found in the current "Choosing a Medigap Policy" booklet from CMS.

- 6 month GI for TN; 90-days GI in WY.
- Plans G and N are unavailable.
- Must include a termination letter showing the Proposed Insured's current plan's termination date and the reason for termination.
- HIPAA form and telephone interview are not required.
- Health questions should not be answered.

## Acceptable Proof for Medicare Supplement Guaranteed Issue

### Losing group health coverage

- Involuntary: A letter from the Employer, Union, or Carrier stating the applicant has involuntarily lost their coverage as of MM/DD/YYYY.
- Voluntary: If terminating coverage voluntarily (applicable in AR, ID, IN, KS, LA, and MO only).
  - Documentation from the carrier or employer showing the applicant meets the state regulations.

## Examples of Documentation

### Losing Medicare Select or Medicare Advantage plan due to moving out of service area

A letter stating the Proposed Insured has moved out of the area is required. (If they cannot get a letter, we will accept proof of their prior address (i.e. driver's license or bill), proof of the coverage they had, and proof that the plan is not offered where they currently reside (i.e. a print out of the service area from the Medicare Select or Medicare Advantage plan's website).

### Losing Medicare coverage through no fault of their own

Proof from Medicare or the current carrier the Proposed Insured is losing their coverage through no fault of their own is required.

### Loss of Medicaid (KS, TN and TX only)

A letter from Medicaid stating the Proposed Insured is losing their coverage is required. The reason why they are losing coverage will have to satisfy the state requirements.

### Losing Medicare Advantage plan because plan is no longer being offered

A letter from Medicare or the Medicare Advantage plan stating the plan is no longer being offered is required.

### Losing Medicare Advantage plan in trial period (Joining when first eligible for Medicare)

- Disenrollment letter from applicant to current carrier is required.
- Letter from Medicare OR Medicare Advantage confirming the disenrollment is required.

### Losing or Discontinuing Medicare Advantage plan in trial period (Former Medicare Supplement Plan no longer available)

- Disenrollment letter from Proposed Insured to current carrier, or a letter from Medicare or the Medicare Advantage plan confirming disenrollment is required.
- Proof of the plan the applicant previously had (i.e. letter from previous Medicare Supplement carrier stating plan, or ID card) or proof showing the applicant's previous plan is no longer available (i.e. letter from previous carrier, or information from the carrier website) is required.

### Discontinuing Medicare Advantage plan for being misled

A letter from Medicare giving the Proposed Insured approval to leave the Medicare Advantage plan for being misled is required.

## Replacements

A “replacement” occurs when an applicant wishes to terminate or in any way alter an existing in-force insurance policy during the course of applying for a new policy with Bankers Fidelity. Altering an existing in-force policy can include such actions as reducing the benefits (health) or the face amount (life), placing a whole life insurance policy on extended term or reduced-paid up, lowering or changing premium payments on investment-based or annuity contracts, or anything else that changes the previously arranged benefit of the policy to the insured.

### Replacements can be “Internal” or “External”:

- Internal Replacement – Replacing an existing policy for a new policy within the same or affiliated company
- External Replacement – Replacing an existing policy with another company for a new policy with Bankers Fidelity: i.e.: another (outside) company to either BFLIC or BFAC

### Requirements:

To process an application for replacement coverage, we require the following fully completed forms:

- Application and any required supplements
- Authorizations as necessary – HIPAA, bank draft, etc.
- Replacement Form – required on
  - all Medicare Supplement; the separate Comparison Statement is also required in IL and KY, the Disclosure form is required in OH
  - all Life Insurance
  - Health Insurance – varies by state and product; refer to ADDS

External replacements may require a telephone interview to be completed (see telephone interview process).

On Internal replacements, we will also review the medical history in our claims records, as well as the claims loss ratio of the existing policy.

Bankers Fidelity does not accept 1035 exchanges for new business.

**NOTE:** Bankers Fidelity cannot contact a policyholder's previous carrier to cancel or otherwise change their existing coverage. It is the policyholder's responsibility to notify their existing carrier of their intent to cancel or otherwise change coverage. Bankers Fidelity is not liable for any monetary loss the policyholder may incur for failure to cancel or change existing coverage.

It is prohibited for an individual to have duplicate Medicare Supplement policies. It is therefore extremely important that the policyholder notify their existing carrier of their intent to cancel their policy with them prior to the effective date of any policy issued by Bankers Fidelity.

## Reinstatement Guidelines

- When a health insurance policy has lapsed and it is within three (3) months of the last paid to date, coverage may be reinstated, based upon meeting the current underwriting requirements.
- Whole Life coverage may be reinstated if the policy has lapsed and is within 60 months of the last paid to date.
- Term Life coverage cannot be reinstated.
- When applying for reinstatement of coverage, please have the Proposed Insured complete a new application and write “reinstatement” at the top of the first page of the application or check the appropriate box on the cover sheet. Please also include the Policy Number in the same location on the application.
- When a health insurance policy has lapsed for more than three (3) months beyond the last paid to date, the coverage cannot be reinstated. The client may, however, apply for new coverage.
- All underwriting requirements must be met before a new policy can be issued.
- No coverage is in effect and no benefits are payable until the policy is reinstated.

## Medications

The medications listed in the “Disqualifying Medications” section disqualify the Proposed Insured for insurance and the application should not be submitted. The medications listed in the “Preferred Underwriting Disqualifying Medications” section may disqualify the Proposed Insured from a Preferred Underwriting classification.

The combination of several medications, which may not be considered disqualifying on their own, may cause the Proposed Insured to be disqualified from coverage or the Preferred Underwriting classification.

If a Proposed Insured 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.



# Decision Process

Other than applications that are approved, the following Underwriting decisions may be made:

## Counteroffers

If an application needs to be moved to a different rate class, a counteroffer will be sent to the agent via mail. The counteroffer is made in the form of an amendment that must be signed by the agent and the applicant.

Policies will not be considered in force until Bankers Fidelity receives the signed amendment. Amendments not received back within 15 days of the amendment being sent to the agent will result in the application being withdrawn and a new application would need to be submitted. The signed amendment may be sent back by email, fax or mail.

## Premium Shortages

If the initial premium is short within allowable limits, the policy will be issued with a C.O.D., which is a requirement of additional premium due. A letter will be mailed with the policy to the agent. If the additional premium is not received within 15 days, the policy will be withdrawn and the initial premium refunded to the payor. The policy will not be in force until we receive the additional payment due.

If the initial premium is short outside allowable limits, the application will be considered not in good order (see below).

An agent cannot deduct premium shortages or policy fees from their commission.

## Applications Not in Good Order

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

## Withdrawn Applications

Applications will be withdrawn for the following reasons:

- The Proposed Insured does not recall filling out the application.
- The application was filled out and signed by a third party without providing a binding Power of Attorney.
- The application was taken by an agent who was not licensed and appointed at the time of solicitation in the state of application.
- The Proposed Insured is unable or unwilling to complete the telephone interview.
- Additional forms requested by the underwriter are not submitted within the allotted time frame.
- The Proposed Insured cannot or will not provide information regarding a medical condition for which a medication has been prescribed.

Applicants will be notified via mail of a declination/ withdrawal with the agent copied. If an application is declined, you may request a reason for the declination.

- If the reason for decline was non-medical, we are able to release this information verbally to both the agent and Proposed Insured.\*
- If the reason for decline came from information the Proposed Insured disclosed on the application or during the phone interview, we will advise the Proposed Insured verbally or send them "the reason for decline letter" directly. This request can be made verbally or in writing.
- If the reason for decline came from information the Proposed Insured disclosed on the application, we will advise the Proposed Insured verbally or send "the reason for decline letter" directly to the Proposed Insured or to the agent. This request can be made verbally or in writing.
- If the reason for decline came from a doctor's letter, medical records, or information obtained directly from a physician – we will only release the reason for declination to a physician of the Proposed Insured's choice. This request should be in writing indicating the name, address and phone number of the physician and signed by the Proposed Insured.
- Prescription search results will only be sent to the Proposed Insured. This request can only be made in writing.

\*We will not disclose non-public, personal health information (PHI) or any other private information to an agent who is not already privy to it.

## Refunds

All refunds are made directly to the Applicant in the event of declination, incomplete submission, cancellations, etc. A full refund of the premium submitted with an application will be processed 21 days after the date the check was deposited (to ensure the check has cleared the bank).

A new application will need to be completed once the 30 calendar day period has lapsed.

Application status can be checked through ADDS.

## Required Forms

It is important to use the current, approved form for the state in which the application is being signed. Current forms may be ordered from the Company or printed directly from ADDS. Forms should be completed in their entirety, with all questions answered and all blanks filled in; incomplete forms will be sent back to the agent with instructions on the necessary corrections.

### The following forms should be submitted to Underwriting:

**Application** – only the current, state-approved applications can be accepted by Underwriting. Discontinued or out-of-date applications will be returned to the agent with instructions to complete a new application.

**Authorization for Drafts/Withdrawals/Charges Form** – required if premiums are to be paid by automatic bank draft or credit card. If paying via Bank Draft, include a copy of a voided check.

**Family Billing Form** – required if two or more policies are going to be drafted from the same account or billed on the same invoice.

**HIPAA Authorization Form** – the HIPAA Authorization Form is required with every application, with the exception of Open Enrollment, Guarantee Issue and internal replacements.

#### Replacement Notice - required on

- all Medicare Supplement
- all Life Insurance
- Health Insurance – varies by state and product

### The following forms should be left with the Proposed Insured:

**Guide to Health Insurance for People with Medicare** – should be left with all Proposed Insureds age 65 and over applying for any health insurance product.

**Life Insurance Buyer's Guide** – should be left with the Proposed Insured on all life cases.

**Notice to Applicant** – Part One and Part Two – should be left with the Proposed Insured when taking applications on all products, with the exception of Accident Expense.

**Premium Receipt** – should be completed and left with the Payor only if initial premium is collected with the application.

**Replacement Notice** – a copy of the completed Replacement Notice should be left with the Proposed Insured.

### Additional Product-Specific Multi-State Forms:

**Accelerated Death Benefit Disclosure** – This form is required on all Senior Security Whole Life applications in the states of: IL, IN, KY, MD, MS, MT, PA and VA. A copy of the completed form should be left with the Proposed Insured.

**Medicare Supplement Application Supplement** – This form is required to be submitted with all Medicare Supplement applications in the states of MD, PA and TX.

### Additional State-Specific Forms:

**Florida** – Unintentional Lapse Designation Form. This form must be completed and submitted on all life cases.

**Illinois** – Medicare Supplement Checklist. This form must be completed and submitted with all replacement cases; copy to be left with the Proposed Insured.

**Kentucky** – Medicare Supplement Comparison Form. This form must be completed and submitted with all replacement cases; copy to be left with the Proposed Insured.

**Maine** – Unintentional Lapse Designation Form. This form must be completed and submitted on all life cases.

**Ohio** – Solicitation of Medicare Supplement Insurance Disclosure. This form must be completed and submitted with all Medicare Supplement applications; copy to be left with the Proposed Insured.

**Pennsylvania** – Disclosure Statement. This cash value worksheet must be completed with all life applications; original submitted to Underwriting, a copy is to be left with the Proposed Insured.

## Senior Security Series®—Uninsurable Conditions

### A AIDS/ARC/HIV

Alzheimer's disease

#### Other cognitive disorders include:

Cognitive impairment

Delirium

Organic brain disorder

Bi-polar disorder

Schizophrenia

Amputation due to disease

Amyotrophic Lateral sclerosis (ALS)

### C Cancer

Cardiomyopathy

Chronic Obstructive Pulmonary Disease (COPD)

#### Other Chronic pulmonary disorders to include:

Bronchiectasis

Chronic Bronchitis

Cystic Fibrosis

Chronic Interstitial Lung Disease

Chronic Obstructive Lung Disease (COLD)

Chronic Pulmonary Fibrosis

Cirrhosis

**C** Congestive Heart Failure

**E** Emphysema

**G** Gaucher's

**H** Chronic Hepatitis

Huntingtons

**I** Insulin Dependent Diabetes >50 units/day

**K** Kidney disease

**L** Leukemia

Lipidosis

Lupus – Systemic

**M** Multiple Sclerosis

Multiple Sclerosis (MLS)

Myasthenia Gravis

**S** Sarcoidosis

Scleroderma

Sickle Cell Anemia

**T** Tay Sachs

**W** Wolmans

In addition to the above conditions, the following are also considered uninsurable:

- Implantable cardiac defibrillator
- Use of supplemental oxygen
- Asthma requiring the use of three or more medications, including inhalers
- Taking any medications, infusions or injections that are required to be administered in a physician's office
- Advised to have surgery, treatments or therapy
- 4 or more prescriptions for blood pressure
- 4 or more oral diabetes prescriptions
- Requiring Insulin with more than 2 oral diabetes medications
- Cortisone shots required once every three months (or more frequently)
- Opioid prescription in combination with depression
- Prescribed 2 or more Opioids
- Tobacco usage in conjunction with asthma

Note: The combination of an ACE Inhibitor or Beta Blocker prescription taken in conjunction with a diuretic in individuals with history of a heart attack, heart surgery, or a pacemaker is not acceptable unless accompanied with a doctor's note ruling out a diagnosis of congestive heart failure and/or cardiomyopathy.

See below for common examples of these medications:

#### Ace Inhibitor

- Benazepril (Lotrel)
- Captopril (Capoten)
- Enalapril (Vasotec)
- Fosinopril (Monopril)
- Lisinopril (Prinivil, Zestril)
- Moexipril (Univasc)
- Perindopril (Aceon)
- Quinapril (Accupril)
- Ramipril (Altace)
- Trandolapril (Mavik)

#### Beta Blocker

- Digoxin (Lanoxin)
- Carvedilol (Coreg)
- Metoprolol (Toprol)
- Bisoprolol (Zebeta)

#### Diuretics

- Furosemide (Lasix)
- Hydrochlorothiazide (Hydrodiuril)
- Bumetanide (Bumex)
- Torsemide (Demadex)
- Spironolactone (Aldactone)
- Metolazone (Zaroxolyn)

## 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.

- A** Abilify (Aripiprazole)  
Symmetrel (Amantadine)  
Anastrozole  
Anoro Ellipta  
Aricept  
Atrovent (Ipratropium)
- B** Bicalutamide  
Breo Ellipta  
Brovana
- C** Calcitriol  
Carbidopa/Levodopa  
Coreg (Carvedilol)  
Clozapine  
Cogentin (Benztropine)  
Cognex  
Combivent
- D** Depakote (divalproex)  
Digoxin  
Donepezil
- E** Entresto
- F** Fentanyl  
Formoterol  
Lasix (Furosemide)
- G** Galantamine  
Geodon  
Gold
- H** Haloperidol  
Harvoni  
Hectoral  
Hydromorphone  
Hydroxyurea
- I** Incruse Ellipta  
Inspra (Eplerenone)
- L** Lamictal (Lamotrigine)  
Letrozole  
Lithium  
Lucentis  
Lupron
- M** Namenda (Memantine)  
Megace (Megestrol Acetate)  
Methadone  
Morphine
- N** Naloxone  
Naltrexone  
Namenda  
Nucala  
Nulojix
- O** Olanzapine  
Oxycodone  
Oxymorphone
- P** Paracalcitrol  
Parlodol  
Perphenazine  
Pramipexole  
Prolastin C
- R** Remicade  
Risperidone  
Rivastigmine  
Ropinirole
- S** Saphris  
Seebri  
Selegiline  
Sensipar  
Seroquel (Quetiapine)  
Simponi Aria  
Sovaldi  
Spiriva  
Stiolitto  
Striverdi  
Suboxone  
Symmetrel
- T** Tamoxifen  
Trihexyphenidyl
- V** Viread
- X** Xolair

## Senior Security Series® – Preferred Underwriting Disqualifying Medications

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

|                                |                         |
|--------------------------------|-------------------------|
| <b>A</b> Afrezza (insulin)     | <b>M</b> Medihaler ISO  |
| Aggrastat                      | Mestinon                |
| Albuterol                      | Mytelase                |
| Aminophylline                  | <b>N</b> Nimodipine     |
| Angiomax                       | Nimotop                 |
| Apidra (insulin)               | Nitroglycerin           |
| Azathioprine                   | <b>P</b> Pentoxifylline |
| <b>C</b> Calciparine           | Persantine              |
| Cordarone                      | Prinivil                |
| Coumadin                       | Prolia                  |
| <b>D</b> Digitek               | Prostigmin              |
| Diltia XT                      | Proventil               |
| Disopyramide                   | Pro Air                 |
| Dobutrex                       | Pyridostigmine          |
| <b>E</b> Enoxaparin            | <b>R</b> Reclast        |
| <b>F</b> Florinef              | <b>T</b> Tensilon       |
| Fludrocortisone                | Terbutaline             |
| <b>G</b> Golimumab             | Theophylline            |
| <b>H</b> Heparin               | Toujeo (insulin)        |
| Humalin (insulin)              | Trental                 |
| <b>I</b> Imuran (Azathioprine) | <b>V</b> Ventolin       |
| Inderal                        | Volmax                  |
| Insulin                        | Vorapaxar               |
| Isoproterenol HCL              | <b>W</b> Warfarin       |
| Isuprol Mistometer             | <b>Z</b> Zontivity      |
| <b>L</b> Lanoxicaps            |                         |
| Levemir (insulin)              |                         |

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### 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 and is subject to change.

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## Policy for Agents Writing Business on Themselves or Relatives

Agents may write only life insurance or Medicare Supplement policies on themselves or relatives within the following guidelines:

- The question in the Writing Agent Section of the application regarding the relationship of the applicant to the agent must be completed.
- The co-signature of another agent appointed with Bankers Fidelity in the state in which the application is written is required. If the agent is in a hierarchy, the co-signature must be that of the agent's upline.
- Should an active policy written by an agent on a relative or themselves lapse, the policy cannot be rewritten without the approval of the President of BFLIC/BFAC or the Vice President of Marketing.
- Premiums must be paid by bank draft or credit card.
- Commissions are payable on an "as earned" basis only.





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





# Bankers Fidelity Life Insurance Company®

## Bankers Fidelity Assurance Company™

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5185

404-266-5600 or 800-241-1439

### Underwriting Guidelines – Medicare Supplement

Policy Form Series B 21092 (BFLIC) or B 21492 (BFAC)

#### Eligible Issue Ages

65+

Under age 65 & disabled: 0-64

*(U65 not available in all states)*

#### Medical Question on Application

Answer ALL questions completely, as directed.

For Open Enrollment or 63-Day Guaranteed Issue, DO NOT answer health/medical Questions or provide the applicants Height and Weight.

Provide complete details for any “Yes” answer, where directed.

List any and all prescriptions medications the proposed insured is taking or has been told to take. If no medications are being taken or have been prescribed, write “None”; do not use N/A. (If additional space is needed for details or to list prescriptions drugs, use the additional sheet provided in the application package.)

**Note:** Answering ‘NO’ to all of the medical questions on the application does not guarantee acceptance. The Underwriter reviews the applicant’s entire medical history when making their decision.

Requested issue date should be at least 30 days after the date the application is submitted to allow sufficient time to underwrite the applicant.

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application. Once the application is accepted, underwriting will use information such as MIB, prescription drug check and telephone interviews to assess the application. Telephone Interviews are done on a random basis and will be ordered by the Home Office.

#### Disqualifying Medications

Refer to the Disqualifying Medications list on form B 0157 UWG to determine eligibility.

#### Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart – see reverse

Random Telephone Interview – Home Office ordered

M.I.B. and Prescription Drug screen

#### Available Plans

A, B, C, F, High Deductible F, G, K and N

*Plan availability varies by state, refer to rate sheet*

Applicant must have Medicare Part A. Plans are unavailable for applicants with a Medicare Medical Savings Account (MSA).

#### Optional Rider

Household Premium Discount: 5%, 7% or 10%

*Available discount varies by state, may not be available in all states, refer to rate sheet*

Discount only available on B 21092 and B 21492 policies issued to persons age 65+; policies effective prior to 06-01-2010 or those issued to persons under age 65 may be used to qualify an applicant for the discount, but only the individual with the B 21092 or B 21492 policy will receive the discount.

#### Rate Structure

Attained Age, Issue Age, Community rated;  
(refer to rate sheet)

Unisex or Sex Distinct; (refer to rate sheet)

Risk Classes: Preferred and Standard

Standard rating: Tobacco usage, standard class questions on application

#### Premiums

Premium Payment Options:

Bank Draft, Credit Card, Check, or Money Order

Premium Payment Modes\*:

Monthly, Quarterly, Semi-Annual and Annual

*\*draft date and effective date may not be on the 29th, 30th or 31st of the month*

## Underwriting Guidelines – Medicare Supplement

Policy Form Series B 21092 (BFLIC) and B 21492 (BFAC)

### 30-day right to examine

The policyholder has 30 days after they have received the policy to examine it and return it to Bankers Fidelity or to the Producer if they are dissatisfied. Bankers Fidelity will refund the premium and void the policy.

### Guaranteed renewable

The Policy is guaranteed renewable for life, as long as premiums are paid on time, either in advance or during the grace period.

Build Chart

| Height | Decline if Under | Preferred Range | Standard Range | Decline if Over |
|--------|------------------|-----------------|----------------|-----------------|
| 4'2    | < 65             | 65 - 124        | 125 - 146      | > 146           |
| 4'3    | < 67             | 67 - 129        | 130 - 152      | > 152           |
| 4'4    | < 70             | 70 - 134        | 135 - 158      | > 158           |
| 4'5    | < 72             | 72 - 139        | 140 - 164      | > 164           |
| 4'6    | < 75             | 75 - 145        | 146 - 171      | > 171           |
| 4'7    | < 78             | 78 - 150        | 151 - 177      | > 177           |
| 4'8    | < 81             | 81 - 156        | 157 - 183      | > 183           |
| 4'9    | < 84             | 84 - 161        | 162 - 190      | > 190           |
| 4'10   | < 87             | 87 - 167        | 168 - 197      | > 197           |
| 4'11   | < 90             | 90 - 173        | 174 - 204      | > 204           |
| 5'0    | < 93             | 93 - 179        | 180 - 210      | > 210           |
| 5'1    | < 96             | 96 - 185        | 186 - 218      | > 218           |
| 5'2    | < 99             | 99 - 191        | 192 - 225      | > 225           |
| 5'3    | < 102            | 102 - 197       | 198 - 232      | > 232           |
| 5'4    | < 105            | 105 - 203       | 204 - 239      | > 239           |
| 5'5    | < 109            | 109 - 210       | 211 - 247      | > 247           |
| 5'6    | < 112            | 112 - 216       | 217 - 255      | > 255           |
| 5'7    | < 115            | 115 - 223       | 224 - 262      | > 262           |
| 5'8    | < 119            | 119 - 230       | 231 - 270      | > 270           |
| 5'9    | < 122            | 122 - 237       | 238 - 278      | > 278           |
| 5'10   | < 126            | 126 - 243       | 244 - 286      | > 286           |
| 5'11   | < 130            | 130 - 250       | 251 - 294      | > 294           |
| 6'0    | < 133            | 133 - 258       | 259 - 303      | > 303           |
| 6'1    | < 137            | 137 - 265       | 266 - 311      | > 311           |
| 6'2    | < 141            | 141 - 272       | 273 - 320      | > 320           |
| 6'3    | < 145            | 145 - 280       | 281 - 329      | > 329           |
| 6'4    | < 148            | 148 - 287       | 288 - 337      | > 337           |
| 6'5    | < 152            | 152 - 295       | 296 - 346      | > 346           |
| 6'6    | < 156            | 156 - 302       | 303 - 355      | > 355           |
| 6'7    | < 160            | 160 - 310       | 311 - 364      | > 364           |
| 6'8    | < 164            | 164 - 318       | 319 - 374      | > 374           |
| 6'9    | < 168            | 168 - 326       | 327 - 383      | > 383           |
| 6'10   | < 173            | 173 - 334       | 335 - 393      | > 393           |
| 6'11   | < 177            | 177 - 342       | 343 - 402      | > 402           |

Medicare Supplement policy form series B 21092 underwritten by Bankers Fidelity Life Insurance Company; Medicare Supplement policy form series B 21492 underwritten by Bankers Fidelity Assurance Company. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series B 21092 OC or B 21492 OC, respectively) for additional product details. Application to determine eligibility required. Rates subject to change. Subject to availability; benefits may vary by state. Underwriting guidelines are subject to change by the Company at any time, without notice. The Company has sole discretion on any underwriting decision. These guidelines are in addition to the guidelines presented in any version of B 0157 UWG.

# Bankers Fidelity Life Insurance Company®

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5185

404-266-5600 or 800-241-1439

## Underwriting Guidelines – Senior Security® Life

Level Whole Life Policy Form Series B 20801; Graded Death Benefit Policy Form Series B 20802

### Eligible Issue Ages

45 - 85 (Graded Death: maximum issue age 75 in MO, SC & TX)

### Medical Question on Application

Answer ALL questions completely, as directed;

Provide complete details for any “Yes” answer, where directed.

List any and all prescriptions medications the proposed insured is taking or has been told to take. If no medications are being taken or have been prescribed, write “None”; do not use N/A. (If additional space is needed for details or to list prescriptions drugs, use the additional sheet provided in the application package.)

**Note:** Answering ‘NO’ to all of the medical questions on the application does not guarantee acceptance. The Underwriter reviews the applicant’s entire medical history when making their decision.

Requested issue date should be at least 30 days after the date the application is submitted to allow sufficient time to underwrite the applicant.

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application. Once the application is accepted, underwriting will use information such as MIB, prescription drug check and telephone interviews to assess the application. All policies will be issued as applied for or will be declined.

### Disqualifying Medications

Refer to the Disqualifying Medications list on form B 0157 UWG to determine eligibility.

### Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart – see reverse

Telephone Interview - required on all applicants

M.I.B. and Prescription Drug screen

### Base Benefit Options

Preferred: \$3,000 - \$50,000

Standard: \$3,000 - \$35,000

Graded Death\*: \$3,000 - \$20,000

Year 1: 25% of Face Amount

Year 2: 60% of Face Amount

Year 3: 100% of Face Amount

Accidental Death\*\* – benefits are payable at 100% during years 1 – 3, instead of the graded scale, if death is accidental.

*\*Graded Death not available in MO, MT, NC, or WA.*

*\*\*Accidental Death not available in AR.*

### Riders Automatically Included in Base Plan\*

Accelerated Death

Waiver of Premium for Hospital or Nursing Facility Confinement\*\*

*\*Included in Preferred and Standard Whole Life plans only.*

*\*\*Waiver of Premium not available in KS or MO.*

### Rate Structure

Issue Age

Gender Distinct for Preferred and Standard

Unisex for Graded and Montana Preferred and Standard

Risk Classes: Preferred, Standard, Graded/Modified

Standard rating: Tobacco usage, standard class questions on application

### Premiums

Premium Payment Options:

Bank Draft, Credit Card, Check, or Money Order

Premium Payment Modes\*:

Monthly, Quarterly, Semi-Annual and Annual

*\*draft date and effective date may not be on the 29th, 30th or 31st of the month*

## Underwriting Guidelines – Senior Security Life

Level Whole Life Policy Form Series B 20801; Graded Death Benefit Policy Form Series B 20802

### 10-Day Right to Examine

The policyowner has 10 days after they have received the policy to examine it and return it to Bankers Fidelity or to the Producer if they are dissatisfied. Bankers Fidelity will refund the premium and void the policy. If replacement of an existing insurance policy is involved, the right to examine period is extended to 30 days.

### Guaranteed renewable

The Policy is guaranteed renewable for life, as long as premiums are paid on time, either in advance or during the grace period.

### Whole Life Build Chart

| Height | Decline if Under | Preferred Range | Standard Range | Modified Range | Decline if Over |
|--------|------------------|-----------------|----------------|----------------|-----------------|
| 4'2    | < 65             | 65 - 125        | 126 - 146      | 147 - 157      | > 157           |
| 4'3    | < 67             | 67 - 130        | 131 - 152      | 153 - 163      | > 163           |
| 4'4    | < 70             | 70 - 135        | 136 - 158      | 159 - 170      | > 170           |
| 4'5    | < 72             | 72 - 140        | 141 - 164      | 165 - 176      | > 176           |
| 4'6    | < 75             | 75 - 146        | 147 - 171      | 172 - 183      | > 183           |
| 4'7    | < 78             | 78 - 151        | 152 - 177      | 178 - 190      | > 190           |
| 4'8    | < 81             | 81 - 157        | 158 - 183      | 184 - 197      | > 197           |
| 4'9    | < 84             | 84 - 162        | 163 - 190      | 191 - 204      | > 204           |
| 4'10   | < 87             | 87 - 168        | 169 - 197      | 198 - 211      | > 211           |
| 4'11   | < 90             | 90 - 174        | 175 - 204      | 205 - 218      | > 218           |
| 5'0    | < 93             | 93 - 180        | 181 - 210      | 211 - 226      | > 226           |
| 5'1    | < 96             | 96 - 186        | 187 - 218      | 219 - 233      | > 233           |
| 5'2    | < 99             | 99 - 192        | 193 - 225      | 226 - 241      | > 241           |
| 5'3    | < 102            | 102 - 198       | 199 - 232      | 233 - 249      | > 249           |
| 5'4    | < 105            | 105 - 204       | 205 - 239      | 240 - 257      | > 257           |
| 5'5    | < 109            | 109 - 211       | 212 - 247      | 248 - 265      | > 265           |
| 5'6    | < 112            | 112 - 217       | 218 - 255      | 256 - 273      | > 273           |
| 5'7    | < 115            | 115 - 224       | 225 - 262      | 263 - 281      | > 281           |
| 5'8    | < 119            | 119 - 231       | 232 - 270      | 271 - 290      | > 290           |
| 5'9    | < 122            | 122 - 238       | 239 - 278      | 279 - 298      | > 298           |
| 5'10   | < 126            | 126 - 244       | 245 - 286      | 287 - 307      | > 307           |
| 5'11   | < 130            | 130 - 251       | 252 - 294      | 295 - 316      | > 316           |
| 6'0    | < 133            | 133 - 259       | 260 - 303      | 304 - 325      | > 325           |
| 6'1    | < 137            | 137 - 266       | 267 - 311      | 312 - 334      | > 334           |
| 6'2    | < 141            | 141 - 273       | 274 - 320      | 321 - 343      | > 343           |
| 6'3    | < 145            | 145 - 281       | 282 - 329      | 330 - 353      | > 353           |
| 6'4    | < 148            | 148 - 288       | 289 - 337      | 338 - 362      | > 362           |
| 6'5    | < 152            | 152 - 296       | 297 - 346      | 347 - 372      | > 372           |
| 6'6    | < 156            | 156 - 303       | 304 - 355      | 356 - 381      | > 381           |
| 6'7    | < 160            | 160 - 311       | 312 - 364      | 365 - 391      | > 391           |
| 6'8    | < 164            | 164 - 319       | 320 - 374      | 375 - 401      | > 401           |
| 6'9    | < 168            | 168 - 327       | 328 - 383      | 384 - 411      | > 411           |
| 6'10   | < 173            | 173 - 335       | 336 - 393      | 394 - 421      | > 421           |
| 6'11   | < 177            | 177 - 343       | 344 - 402      | 403 - 432      | > 432           |

Level Whole Life policy form series B 20801 and Graded Death Benefit Modified Whole Life policy form series B 20802 underwritten by Bankers Fidelity Life Insurance Company. Limitations and exclusions apply; actual policy provisions control. Application to determine eligibility required. Rates subject to change. Subject to availability; benefits may vary by state. Underwriting guidelines are subject to change by the Company at any time, without notice. The Company has sole discretion on any underwriting decision. These guidelines are in addition to the guidelines presented in any version of B 0157 UWG.

# Bankers Fidelity Life Insurance Company®

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5185

404-266-5600 or 800-241-1439

## Underwriting Guidelines – Vantage Flex 65®

Hospital Indemnity Policy Form Series B 21602

### Eligible Issue Ages

65 - 85

### Minimum Premium Required

Monthly: \$25.00\*      Annual: \$300.00\*

\* This is the minimum premium required after the household discount has been applied, if qualified.

### Medical Questions on Application

Answer ALL questions completely as directed.

Provide complete details for any “Yes” answer, where directed.

List any and all prescription medications the proposed insured is taking or has been told to take. If no medications are being taken or have been prescribed, write “None”; do not use N/A. (If additional space is needed for details or to list prescriptions drugs, use the additional sheet provided in the application package.)

**Note:** Answering ‘NO’ to all of the medical questions on the Application does not guarantee acceptance. The Underwriter reviews the applicant’s entire medical history when making their decision.

Requested issue date should be at least 30 days after the written date to allow sufficient time to underwrite the applicant.

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application. Once the application is accepted, underwriting will use information such as MIB, prescription drug check and telephone interviews to assess the application.

### Disqualifying Medications

Refer to the Disqualifying Medications list on form B 0157 UWG to determine eligibility.

### Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart – see reverse

Random Telephone Interview - Home Office ordered

M.I.B. and Prescription Drug screen

### Base Benefits

Daily Hospital Confinement: \$100 - \$500 per day, in \$50 increments,

- Benefit Period: 5 – 15 days, in 5 day increments

OR

First Day Hospital Confinement: \$500 - \$1,500, in \$100 increments

### Optional Riders\*

- Ambulance: \$100 - \$500 per day, in \$25 increments
- Outpatient General Radiology: \$10 - \$100 per day, in \$10 increments

- Outpatient Major Radiology: \$100 - \$500 per day, in \$100 increments

- Durable Medical Equipment: \$10 - \$300 per day, in \$10 increments

- Emergency Room Benefit: \$25 - \$150 per day, in \$25 increments

- Lump Sum Cancer\*: \$1,000 - \$5,000, in \$1,000 increments

- Observation Unit Confinement: 50% of base plan benefit

**Note:** The Daily Observation Unit Confinement Benefit Rider can only be issued with the Daily Hospital Confinement Benefit Plan.

- Outpatient Surgical: \$100 - \$1,000 per day, in \$100 increments

- Skilled Nursing Facility Indemnity: \$25 - \$200 per day, in \$25 increments

Elimination Period/Benefit Periods:

0/20; 20/20; 20/40; 20/60; max \$75 per day on 0 EP

Household Discount:

5% (may not be available in all states)

\*Lump Sum Cancer Rider not available in CO or VA

### Rate Structure

Issue Age

Unisex

### Premiums

Premium Payment Options:

Bank Draft, Check, Money Order or Credit Card

Premium Payment Modes\*:

Monthly, Quarterly, Semi-Annual and Annual

\*draft date and effective date may not be on the 29th - 31st of the month

## Underwriting Guidelines – Vantage Flex 65®

Policy Form Series B 21602

### 30-day right to examine

The policyholder has 30 days after they have received the policy to examine it and return it to Bankers Fidelity or to the Producer if they are dissatisfied. Bankers Fidelity will refund the premium and void the policy.

### Guaranteed renewable

The Policy is guaranteed renewable for life, as long as premiums are paid on time, either in advance or during the grace period.

Build Chart

| Height | Decline if Under | Preferred Range | Decline if Over |
|--------|------------------|-----------------|-----------------|
| 4'2    | < 65             | 65 - 125        | > 125           |
| 4'3    | < 67             | 67 - 130        | > 130           |
| 4'4    | < 70             | 70 - 135        | > 135           |
| 4'5    | < 72             | 72 - 140        | > 140           |
| 4'6    | < 75             | 75 - 146        | > 146           |
| 4'7    | < 78             | 78 - 151        | > 151           |
| 4'8    | < 81             | 81 - 157        | > 157           |
| 4'9    | < 84             | 84 - 162        | > 162           |
| 4'10   | < 87             | 87 - 168        | > 168           |
| 4'11   | < 90             | 90 - 174        | > 174           |
| 5'0    | < 93             | 93 - 180        | > 180           |
| 5'1    | < 96             | 96 - 186        | > 186           |
| 5'2    | < 99             | 99 - 192        | > 192           |
| 5'3    | < 102            | 102 - 198       | > 198           |
| 5'4    | < 105            | 105 - 204       | > 204           |
| 5'5    | < 109            | 109 - 211       | > 211           |
| 5'6    | < 112            | 112 - 217       | > 217           |
| 5'7    | < 115            | 115 - 224       | > 224           |
| 5'8    | < 119            | 119 - 231       | > 231           |
| 5'9    | < 122            | 122 - 238       | > 238           |
| 5'10   | < 126            | 126 - 244       | > 244           |
| 5'11   | < 130            | 130 - 251       | > 251           |
| 6'0    | < 133            | 133 - 259       | > 259           |
| 6'1    | < 137            | 137 - 266       | > 266           |
| 6'2    | < 141            | 141 - 273       | > 273           |
| 6'3    | < 145            | 145 - 281       | > 281           |
| 6'4    | < 148            | 148 - 288       | > 288           |
| 6'5    | < 152            | 152 - 296       | > 296           |
| 6'6    | < 156            | 156 - 303       | > 303           |
| 6'7    | < 160            | 160 - 311       | > 311           |
| 6'8    | < 164            | 164 - 319       | > 319           |
| 6'9    | < 168            | 168 - 327       | > 327           |
| 6'10   | < 173            | 173 - 335       | > 335           |
| 6'11   | < 177            | 177 - 343       | > 343           |

Hospital Indemnity policy form series B 21602 underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series B 21602 OC) for additional product details. Application to determine eligibility required. Rates subject to change. Subject to availability; benefits may vary by state. Underwriting guidelines are subject to change by the Company at any time, without notice. The Company has sole discretion on any underwriting decision. These guidelines are in addition to the guidelines presented in any version of B 0157 UWG.

# Bankers Fidelity Life Insurance Company®

4370 Peachtree Road, N.E., P. O. Box 105185, Atlanta, GA 30348-5185  
404-266-5600 or 800-241-1439

## Underwriting Guidelines – Vantage Recovery™

Short Term Care Nursing Facility Confinement - Policy Form Series B 21702

### Eligible Issue Ages

18 - 85

### Medical Question on Application

Answer ALL questions completely, as directed;

Provide complete details for any “Yes” answer, where directed.

List any and all prescriptions medications the proposed insured is taking or has been told to take. If no medications are being taken or have been prescribed, write “None”; do not use N/A. (If additional space is needed for details or to list prescriptions drugs, use the additional sheet provided in the application package.)

**Note:** Answering ‘NO’ to all of the medical questions on the application does not guarantee acceptance. The Underwriter reviews the applicant’s entire medical history when making their decision.

Requested issue date should be at least 30 days after the date the application is submitted to allow sufficient time to underwrite the applicant.

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application. Once the application is accepted, underwriting will use information such as MIB, prescription drug check and telephone interviews to assess the application. All policies will be issued as applied for or will be declined.

### Disqualifying Medications

Refer to the Disqualifying Medications list on form B 0157 UWG to determine eligibility.

### Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart – see reverse

Telephone Interview - required on all applicants

M.I.B. and Prescription Drug screen

### Base Benefit Options

Nursing Home Confinement: \$30 - \$300,  
\$10 increments

Elimination Period (days): 0 or 20

Benefit Period (days): 90, 180, 270 or 360\*  
*\*360 not available in all states*

### Optional Riders

Home Healthcare: Equal to the Base Benefit

Cancer First Occurrence: \$1,000 - \$5,000,  
\$1,000 increments

Household Premium Discount: 10%  
*(may not be available in all states)*

Discount only available on B 21702 policies. B 9305 policies may be used to qualify an applicant for the discount, but only the individual with the B 21702 policy will receive the discount.

### Rate Structure

Issue Age

Unisex

Risk Classes: Preferred and Standard

Standard rating: Tobacco usage; insulin dependent diabetes requiring <50 units daily; weight within Standard range

### Premiums

Premium Payment Options:  
Bank Draft, Credit Card, Check, or Money Order

Premium Payment Modes\*:  
Monthly, Quarterly, Semi-Annual and Annual

*\*draft date and effective date may not be on the 29th, 30th or 31st of the month*

## Underwriting Guidelines - Vantage Recovery™

Short Term Care Nursing Facility Confinement - Policy Form Series B 21702

### 30-day right to examine

The policyholder has 30 days after they have received the policy to examine it and return it to Bankers Fidelity or to the Producer if they are dissatisfied. Bankers Fidelity will refund the premium and void the policy.

### Guaranteed renewable

The Policy is guaranteed renewable for life or until the Lifetime Maximum Benefit Periods are reached, as long as premiums are paid on time, either in advance or during the grace period.

Build Chart

| Height | Decline if Under | Preferred Range | Standard Range | Decline if Over |
|--------|------------------|-----------------|----------------|-----------------|
| 4'2    | < 65             | 65 - 110        | 111 - 125      | > 125           |
| 4'3    | < 67             | 67 - 114        | 115 - 130      | > 130           |
| 4'4    | < 70             | 70 - 119        | 120 - 135      | > 135           |
| 4'5    | < 72             | 72 - 123        | 124 - 140      | > 140           |
| 4'6    | < 75             | 75 - 128        | 129 - 146      | > 146           |
| 4'7    | < 78             | 78 - 133        | 134 - 151      | > 151           |
| 4'8    | < 81             | 81 - 138        | 139 - 157      | > 157           |
| 4'9    | < 84             | 84 - 143        | 144 - 162      | > 162           |
| 4'10   | < 87             | 87 - 148        | 149 - 168      | > 168           |
| 4'11   | < 90             | 90 - 153        | 154 - 174      | > 174           |
| 5'0    | < 93             | 93 - 158        | 159 - 180      | > 180           |
| 5'1    | < 96             | 96 - 164        | 165 - 186      | > 186           |
| 5'2    | < 99             | 99 - 169        | 170 - 192      | > 192           |
| 5'3    | < 102            | 102 - 175       | 176 - 198      | > 198           |
| 5'4    | < 105            | 105 - 180       | 181 - 204      | > 204           |
| 5'5    | < 109            | 109 - 186       | 187 - 211      | > 211           |
| 5'6    | < 112            | 112 - 192       | 193 - 217      | > 217           |
| 5'7    | < 115            | 115 - 197       | 198 - 224      | > 224           |
| 5'8    | < 119            | 119 - 203       | 204 - 231      | > 231           |
| 5'9    | < 122            | 122 - 209       | 210 - 238      | > 238           |
| 5'10   | < 126            | 126 - 216       | 217 - 244      | > 244           |
| 5'11   | < 130            | 130 - 222       | 223 - 251      | > 251           |
| 6'0    | < 133            | 133 - 228       | 229 - 259      | > 259           |
| 6'1    | < 137            | 137 - 234       | 235 - 266      | > 266           |
| 6'2    | < 141            | 141 - 241       | 242 - 273      | > 273           |
| 6'3    | < 145            | 145 - 248       | 249 - 281      | > 281           |
| 6'4    | < 148            | 148 - 254       | 255 - 288      | > 288           |
| 6'5    | < 152            | 152 - 261       | 262 - 296      | > 296           |
| 6'6    | < 156            | 156 - 268       | 269 - 303      | > 303           |
| 6'7    | < 160            | 160 - 275       | 276 - 311      | > 311           |
| 6'8    | < 164            | 164 - 282       | 283 - 319      | > 319           |
| 6'9    | < 168            | 168 - 289       | 290 - 327      | > 327           |
| 6'10   | < 173            | 173 - 296       | 297 - 335      | > 335           |
| 6'11   | < 177            | 177 - 303       | 304 - 343      | > 343           |

Short-Term Care Nursing Facility Confinement policy form series B 21702 underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series B 21702 OC) for additional product details. Application to determine eligibility required. Rates subject to change. Subject to availability; benefits may vary by state. Underwriting guidelines are subject to change by the Company at any time, without notice. The Company has sole discretion on any underwriting decision. These guidelines are in addition to the guidelines presented in any version of B 0157 UWG.