

Senior Security® Series

Claim your peace of mind.

Vantage Recovery™

Short-Term Care Nursing Facility Confinement
Policy Form B 21702



Bankers Fidelity Life Insurance Company®



Setting the Standard in Senior Protection

At Bankers Fidelity[®], it's personal. With more than 60 years of trusted experience, we make insurance less confusing so you can get on with your life.

Navigating your options for critical healthcare decisions doesn't have to be complicated. We take the time to understand your concerns and clarify your options.

Short-Term Care Nursing Facility Confinement Policy form B 21702 underwritten by Bankers Fidelity Life Insurance Company[®], Atlanta, GA. Limitations and Exclusions apply; actual policy provisions control. Rates subject to change on a class basis. Application to determine eligibility required. Product availability and benefits may vary by state. This is a solicitation of insurance and an independent agent may call on you.

Bankers Fidelity Life Insurance Company[®] is not affiliated with or endorsed by the U.S. Government, the federal Medicare program, or the Centers for Medicare and Medicaid Services.

Did you know?

10% of patients who have a stroke require long-term care in a nursing home or other facility.

Source: <http://www.healthline.com/health/stroke/recovery#Complications5>

Recover from injury and illness on your own terms. Get back to life with Vantage Recovery[™] from Bankers Fidelity.

Injuries and chronic illnesses do not discriminate. They strike people of all ages, both working and retired, and can be financially overwhelming—especially if you and your family are unprepared. Confinement in a nursing facility or medically necessary care from a licensed Home Health Care agency can definitely put strain on your wallet.

Many individuals cannot afford the expenses incurred from a stay in a nursing facility or having to have in-home healthcare, but there is a viable option. You can choose the coverage that works best for you and your financial situation and take some of the worry out of your recovery with our Short-Term Care solution, Vantage Recovery.

Healthcare regulations are in a constant state of flux and costs are on the rise. Having to stay in a nursing care facility can be expensive and, even after you are discharged, you can continue to incur charges due to additional costs for rehabilitation and therapy.

A Vantage Recovery policy from Bankers Fidelity can provide up to 360 days of benefits to cover nursing facility expenses or home health care with premiums that can be more affordable than long-term care options.

Recovery on Your Terms

It's easy to feel confident if you are in great shape, but it pays to remember that without enough policy coverage, accidents and sudden illnesses can deplete your savings.

All Levels of Care Covered

Regardless of where you receive care—whether it's a short stay in a nursing facility for rehabilitation or even when receiving care from a licensed Home Health Care agency in your own home—Vantage Recovery has got you covered.

No Prior Hospitalization Required

With Vantage Recovery, you don't need to have been admitted to the hospital to be eligible for benefits to cover recuperation and rehabilitation from surgery, injury, or illness.

Choose the Coverage That Fits You and Your Budget

You can select daily benefits of up to \$300 and benefit periods of 90, 180, 270 or 360 days. Benefits can begin as early as day 1 or as late as 20 days after nursing home confinement or home health care begins.

You have the flexibility to choose the benefit and elimination periods that best suit your needs.

Restoration of Benefits

Following your stay in a nursing facility and after you have been confinement-free for six consecutive months, 100% of your benefit period is restored. The lifetime maximum benefit is two times the benefit period selected.

Full Benefits Paid for Alzheimer's Disease

Cognitive impairments, including Alzheimer's disease, senile dementia and Parkinson's disease are covered the same as any other illness.

We also offer a 10% household premium discount for qualified applicants.

The benefits of Vantage Recovery don't stop here. Learn more on the back.

Enhance Your Coverage with Optional Riders:

Home Health Care

Medicare may only cover short-term home health care under certain limited conditions. According to the U.S. Department of Health and Human Services, the average cost for a home health aide was \$21 per hour in 2010.* Vantage Recovery can help cover some of the expenses associated with nursing facility expenses or home health care by providing up to 360 days of benefits. These benefits can help to provide peace of mind and invaluable assistance to caregivers, who can be secure in the knowledge that their loved ones are receiving excellent care. These benefits may also be restored after a 6 month treatment-free period.**

* <http://longtermcare.gov/costs-how-to-pay/costs-of-care/>

**See Outline of Coverage for additional details.

Cancer First Occurrence Benefit Rider

Vantage Recovery pays a lump sum benefit in the event that you receive an Initial Diagnosis of Cancer after the rider has been in effect for 30 days. Benefits are not payable for 1) non-malignant, benign, pre-malignant or non-invasive tumors or lesions or dysplasia or carcinoma in situ; 2) pre-malignant skin lesions or carcinoma in situ of the skin including melanoma in situ, or 3) skin cancer (except malignant melanoma).*

* See Outline of Coverage for additional details.

Here's an example of Restoration of Benefits:

Say you choose the 270-day benefit period, which provides a maximum lifetime benefit of 540 days of coverage. While doing some work around the home, you fall and break your hip. You choose to receive 270 days of in-home treatment through a licensed Home Health Care agency.



Three years later:



Three years later, you suffer a stroke and require medical care. Your coverage picks up where you left off, giving you an additional 270 days in a nursing care facility or covering the same amount of time for care from a licensed Home Health Care agency.

Did You Know?

According to a 2011 survey by the National Institute of Health, the average cost for outpatient stroke rehabilitation services and medications the first year after inpatient rehabilitation discharge was \$17,081 with medications averaging \$5,392 and the average cost of yearly rehabilitation was \$11,689.*

* <https://www.ncbi.nlm.nih.gov/pubmed/22120036>

Did you know?

1 in 20 adults aged 50 or older has an artificial knee. Osteoarthritis is the most common reason for knee replacement operation in the U.S.

<http://www.healthline.com/health/total-knee-replacement-surgery/statistics-infographic>

Broad Definition of Coverage

Vantage Recovery pays benefits when your physician deems a stay at a nursing facility medically necessary and you are unable to perform at least two of the six Activities of Daily Living (ADLs). These ADLs are:

- Transferring—otherwise known as functional mobility, which includes the ability to walk and get in and out of bed and chairs
- Dressing—the ability to select appropriate clothing and dress oneself
- Toileting—getting to and from the toilet, sitting down and standing back up, and cleaning oneself after use
- Eating—the ability to feed oneself, not including the preparation of food
- Continenence—the ability, both physical and mental, to use the restroom
- Bathing—the ability to wash oneself without assistance and get in and out of a tub or shower

Guaranteed Renewable for Life

Once you have Vantage Recovery with Bankers Fidelity, you can rest assured you'll have it for life. Your policy cannot be canceled due to any changes in your health, as long as you pay your premiums on time. Once you have received benefits for the maximum number of days payable under the policy, and no further benefits will become payable, the policy will terminate.

Did you know?

Exercise after hip replacement surgery provides a wide array of benefits, including improved cardiovascular fitness, psychological satisfaction, muscle strength, flexibility, bone growth as well as improved coordination, balance, and endurance.

<https://www.hss.edu/playbook/returning-to-activity-after-a-hip-replacement/#.WDSfjBT05uo>



www.bankersfidelity.com

1-800-241-1439

Short-Term Care Nursing Facility Confinement Insurance is not Medicare Supplement insurance nor is it a substitute for Medicare Supplement insurance. This policy provides, to persons insured, coverage in the form of a fixed daily benefit during periods of confinement in a nursing facility resulting from a covered accident or sickness, subject to any limitations, deductibles and elimination periods set forth in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance. If you are eligible for Medicare, please read the Guide to Health Insurance for People with Medicare available from the Company.

Bankers Fidelity Life Insurance Company®. 4370 Peachtree Rd NE, Atlanta, Georgia, 30319

Retain This
Outline For
Your Records

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, NE, Atlanta, Georgia 30319
404-266-5600 or 800-241-1439; www.bankersfidelity.com

OUTLINE OF COVERAGE FOR SHORT-TERM CARE NURSING FACILITY CONFINEMENT POLICY

Policy Form B 21702

READ YOUR POLICY CAREFULLY

This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

THE POLICY PROVIDES LIMITED COVERAGE ONLY.

SHORT-TERM CARE NURSING FACILITY CONFINEMENT COVERAGE

Policies of this category are designed to provide, to persons insured, coverage in the form of a fixed daily benefit during periods of confinement in a nursing facility resulting from a covered accident or sickness, subject to any limitations, deductibles and elimination periods set forth in the policy. Such policies do not provide any benefits other than the fixed daily indemnity for nursing facility confinement and any additional benefit described below, if selected and issued.

Notice to Buyer: The Policy may not cover all of the costs associated with nursing home care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Policy limitations.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the *Buyer's Guide to Health Insurance for People with Medicare* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

THIS IS NOT LONG-TERM CARE INSURANCE. The Policy does not qualify you for the favorable tax treatment provided for in the Internal Revenue Code of 1986, Section 7702(B), as enacted by the "Health Insurance Portability and Accountability Act" of 1996.

AN ELIMINATION PERIOD MAY BE REQUIRED BEFORE BENEFITS ARE PAYABLE.

BENEFITS

After the Elimination Period is satisfied, we will pay the actual charges assessed by the Nursing Facility for room and board, not to exceed the Daily Benefit, for each Day during a Period Of Confinement when you are: 1) confined to a Nursing Facility; and, 2) your attending Physician has certified to our satisfaction that you: a) require Medically Necessary Nursing Care due to an injury or sickness; and b) are unable to perform two (2) or more Activities of Daily Living without direct assistance from another person.

Benefits are subject to the Maximum Benefit Period and the Lifetime Maximum Benefits Periods.

We will pay benefits until the earliest of the following events occurs: 1) the Period Of Confinement has ended; 2) we have paid Daily Benefit for the Maximum Benefit Period; 3) the Lifetime Maximum Benefit Periods have been reached; 4) you are no longer Confined in a Nursing Facility; 5) you are no longer receiving Medically Necessary Nursing Care; 6) you have regained the ability to perform the Activities Of Daily Living which you were previously unable to perform; or 7) your death has occurred.

OPTIONAL RIDERS – *May select as many as desired*

Home Health Care Benefit Rider (Form B 21702 R1 HHC) - Applied For: Yes No

Once you have satisfied the Elimination Period, we will pay the actual charges assessed by a Home Health Care Agency for Home Health Care, not to exceed the Daily Benefit, for each Day during a Period Of Home Health Care when you are receiving Home Health Care because your attending Physician has certified to our satisfaction: 1) you require Medically Necessary Home Health Care due to an injury or sickness; and 2) you are unable to perform two (2) or more Activities of Daily Living without direct assistance from another person.

Benefits are subject to the Maximum Benefit Period and Lifetime Maximum Benefit Periods. The payment of Home Health Care Benefits is included with and counted towards the number of Days in the Maximum Benefit Period and the Lifetime Maximum Benefit Periods.

We will not pay a benefit for both Nursing Care and Home Health Care on the same Day, regardless of whether you received both Medically Necessary Nursing Care in a Nursing Facility and Medically Necessary Home Health Care on the same Day. On such a Day, we will pay one benefit for either Nursing Care or Home Health Care, whichever is the largest of the two.

We will pay Home Health Care Benefits until the earliest of the following events occurs: 1) the Period Of Home Health Care has ended; 2) we have paid benefits for the Maximum Benefit Period; 3) the Lifetime Maximum Benefit Periods have been reached; 4) you have been moved from a private residence; 4) you are no longer receiving Medically Necessary Home Health Care; or 6) your death has occurred.

In addition to the Exclusions in the Policy, no Benefits are provided under the rider for the following, nor will we pay any benefits for any Loss which is caused by, or sustained while, or incurred as the result of, directly or indirectly: 1) Home Health Care not provided by a Home Health Care Agency; or 2) Home Health Care that is not Medically Necessary.

Cancer First Occurrence Benefit Rider (Form B 21702 R2 CFO) - Applied For: Yes No

We will pay the one-time Cancer First Occurrence Benefit selected when the Insured receives an Initial Diagnosis of Cancer made more than thirty (30) days after the Effective Date of the Rider. We will pay a Cancer First Occurrence Benefit equal to ten percent (10%) of the Cancer First Occurrence Benefit selected when the Insured receives an Initial Diagnosis of Cancer made within the first thirty (30) days after the Effective Date of the Rider.

The Benefit Amount is payable one time only during the lifetime of the Rider. Once We have paid a Cancer First Occurrence Benefit, no further benefits shall be payable under the Rider.

In addition to the Exclusions in the Policy, no Benefits are provided under the Rider for the following, nor will we pay benefits for any Loss which is caused by, arising out of or sustained while, or incurred for, directly or indirectly, any Diagnosis of Cancer: 1) which is not Cancer as defined in the Rider; 2) made before the Effective Date of the Rider; or 3) made when the Rider is not in force.

The benefit is reduced by ninety percent (90%) for an Initial Diagnosis of Cancer made within the first thirty (30) days after the Effective Date of the Rider.

An Initial Diagnosis means the first time Cancer is ever Diagnosed or Clinically Diagnosed. Cancer will not be a covered condition under the Rider if medical advice or treatment is received prior to the Effective Date, and such medical advice or treatment results in an Initial Diagnosis of Cancer. The date of Initial Diagnosis is the earliest of: 1) the date tissue was extracted or any specimen was used to Diagnose or Clinically Diagnose the Cancer; 2) the date any test was run that was used to establish the Diagnosis or Clinical Diagnosis of Cancer; or 3) the date the Cancer was positively Diagnosed or Clinically Diagnosed.

OPTIONAL RIDERS, continued

Household Premium Discount Rider (Form B 21702 R3 HHD) - Eligible: Yes No

You are eligible for the Household Premium Discount if both of the following requirements are met: 1) you have lived in the same Residence with another adult for the past year; or you are married; and 2) the other adult with whom you live or your Spouse also owns or is issued a Short-Term Care Nursing Facility Confinement Policy. As long as you remain eligible for the Household Premium Discount, your premium will be reduced by 10%. You will become ineligible for the Household Premium Discount and it will be removed from your Policy if the other adults or Spouse's Short-Term Care Nursing Facility Confinement policy terminates or he or she no longer lives in the same Residence with you. You will not become ineligible for the Household Premium Discount due to the death of the other adult or of your Spouse, provided his or her Short-Term Care Nursing Facility Policy was in effect at the time of death. If you cease to be eligible for the Household Premium Discount, the Policy's premium discount will be removed on an individual, and not class, basis. This premium change will occur on the first premium due date on or after we learn that eligibility has ended. No notice of this change will be provided.

PRE-EXISTING CONDITIONS LIMITATION

Losses incurred for Pre-existing Conditions are not excluded from coverage.

EXCLUSIONS AND LIMITATIONS

No Benefits are provided for the following, nor will We pay any benefits for any Loss which is caused by, arises out of, is sustained while, or incurred as the result of, directly or indirectly: 1) a Period Of Confinement beginning prior to the Effective Date of coverage; 2) Days of Confinement while the Elimination Period is being met; 3) a Period Of Confinement occurring while the Policy is not in force, except as provided in the Extension of Benefits provision; 4) a Confinement in any facility other than a Nursing Facility; 5) a Confinement during which you are not receiving Medically Necessary Nursing Care; 6) services or treatment covered by any state or federal workers' compensation, employer's liability or occupational disease law; 7) does not result in a room and board charge for which you are responsible; 8) treatment provided in a government facility at no cost to the insured or treatment/services for which benefits are available under other governmental programs, except Medicaid, Medicare, and motor vehicle no fault laws; 9) services or treatment for which no charge is normally made in the absence of insurance; 10) services or treatment provided by you or a member of your Immediate Family; 11) services or treatment occurring outside the territorial limits of the United States or its possessions, except for emergency admission or acute onset of sickness or injury sustained while traveling for business or pleasure; 12) your attempted suicide or intentionally self-inflicted injury; 13) your being intoxicated as defined or determined by the law of the jurisdiction in which the Loss occurred or while under the influence of any drug or narcotic, except when the drug or narcotic is administered upon the advice of, and taken in the dosage prescribed by, a Physician; 14) alcoholism, alcohol abuse, or drug addiction or abuse, unless the drug addiction was a result of the administration of drugs as part of a Physician-prescribed treatment plan, and taken in the dosage prescribed; 15) your participation in war or any act of war, declared or undeclared, or other armed conflict; 16) your committing or attempting to commit a felony, or while You are engaged in an illegal occupation, riot or insurrection; 17) your piloting any aircraft, whether acting as pilot in command, second in command or in training, or while flying aboard any aircraft as a non-fare paying passenger; 18) dental treatment except when such treatment results from an injury to natural teeth or gums; 19) cosmetic surgery, except reconstructive surgery resulting from an injury or sickness.

RENEWAL CONDITIONS

The Policy is guaranteed renewable for life or until the Lifetime Maximum Benefit Periods are reached. We cannot cancel the Policy as long as you pay your renewal premiums on time, either in advance or during the grace period, until the Lifetime Maximum Benefit Periods are reached.

PREMIUMS SUBJECT TO CHANGE ON A CLASS BASIS

We may change the premium rates, if we change the rates on all contracts with the same form number, issue age group and state of issue as yours which are then in force. A minimum of 30 days advance written notice will be given. The change will apply on the next premium due date after we notify you. Each premium will be computed by the sex and age shown in the application. We will not change your rates because of a physical condition or on account of any claims paid under the Policy.

\$ _____
Annual

\$ _____
Semi-Annual

\$ _____
Quarterly

\$ _____
Monthly Direct

\$ _____
Monthly Bank Draft /
Credit Card

IMPORTANT TERMS

When we use the following terms from the Policy, this is what we mean:

ACTIVITIES OF DAILY LIVING - include the following activities: 1) Bathing – washing yourself without assistance by a sponge bath, or in a tub or shower, including getting into and out of the tub or shower; 2) Continence – maintaining bowel and/or bladder control, or the ability to care for a catheter or colostomy bag when bowel and/or bladder is not controlled; 3) Dressing - putting on and taking off clothing without assistance, including any necessary braces, fasteners or artificial limbs; 4) Eating - consuming food that has already been prepared and made available with or without the use of adaptive utensils (“Eating” does not include food preparation); 5) Transferring – moving from a bed to a wheelchair or other type of conveyance or furniture, and returning to bed, as needed; or 6) Toileting - includes both of the following: (a) getting on and off the toilet; and (b) maintaining a reasonable level of personal hygiene.

ELIMINATION PERIOD - the number of consecutive days you must be Confined in a Nursing Facility before benefits become payable. You must satisfy a separate Elimination Period prior to each Period Of Confinement before benefits will be payable.

LIFETIME MAXIMUM BENEFIT PERIODS - the total number of Periods Of Confinement for which we will pay benefits, as shown on Page 3A of the Policy, in your lifetime. Once we have paid benefits for the Lifetime Maximum Benefit Periods, no further benefits will be payable and the Policy will terminate.

MAXIMUM BENEFIT PERIOD - the total number of Days for which we will pay benefits, as shown on Page 3A of the Policy, for any one Period Of Confinement. Once we have paid benefits for the Maximum Benefit Period during a Period Of Confinement, no further benefits will be payable under the Policy for that Period Of Confinement.

MEDICALLY NECESSARY; MEDICAL NECESSITY - means a treatment, service or supply which is broadly accepted by the medical profession as appropriate and essential in the diagnosis or treatment of a sickness or injury and is based on generally recognized and accepted standards of health care. We have the right to obtain, at our own expense, the opinion of a Physician of our choice to determine Medical Necessity should there be a dispute between you and us regarding Medical Necessity.

PERIOD(S) OF CONFINEMENT – begins on the first Day you are Confined to a Nursing Facility and receiving Medically Necessary Nursing Care. It ends when you have either: 1) not been Confined to a Nursing Facility for 180 consecutive Days; or 2) not received Medically Necessary Nursing Care for 180 consecutive Days. Another Period Of Confinement shall not begin until 180 days after the preceding Period Of Confinement ends. Successive Periods Of Confinement not separated by 180 consecutive Days are considered to be one (1) Period Of Confinement for purposes of determining the benefits payable under the Policy.

NOTICE TO THE APPLICANT - PART ONE

Federal law requires that notice of investigation be given to persons applying for insurance.

In making this application for insurance to Bankers Fidelity Life Insurance Company®, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of the investigation. None of the information collected concerning the sexual orientation of the Proposed Insured will be used to determine his or her eligibility for insurance.

PART TWO

Information regarding your insurability will be treated as confidential. Bankers Fidelity Life Insurance Company® or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Bankers Fidelity Life Insurance Company® or its reinsurers may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.