

Bankers Fidelity Life Insurance Company®

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 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 8:00 a.m. – 5:00 p.m. EST Friday

Email Addresses:*

Agent Support	agentsupport@bflic.com
Policyholder Services	bflphs@bflic.com
Agency	bflagency2@bflic.com
New Business Applications	bfluw@bflic.com
Questions for Underwriting Only	underwriting@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	3 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. Ensure the correct agent number, corresponding to the company, is included on the top right corner of the first page of the application.

Applicant Section

2. 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.
3. 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

4. A completed and signed HIPAA Authorization form is needed with every application (with the exception of Open Enrollment, Guarantee Issue and internal replacements).
5. 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

6. 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":
 - "Had" means the Proposed Insured currently has or has had a medical condition in the past, in the time frame indicated.
 - "Treated for" means the Proposed Insured has been treated for a condition/impairment within the applicable time frame noted on the application (regardless of the original diagnosis date of the condition). Also note that any current medical observation or continued care for a noted condition is also applicable.
 - "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.

7. 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 90 days from the date signed.
2. The effective date of any policy can be no more than 90 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 Payment":

- 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 is required 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 payment due date is the same day of the month as the effective date of the policy. The policyholder has a 30-day grace period in which to make a premium payment without the 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. Post dated checks are not permitted.

Credit Cards

We accept American Express, 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 and Montana).

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

Contact information:

Phone:866-235-7580

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

- 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 Claims Data

This is billing data submitted by hospitals and other providers for payment on the services they render. This information provides underwriters with condition and treatment information, much of which will not show up in prescription records.

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 applying for U65 Medicare Supplement, a copy of the applicant's Medicare card is required.

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

The tobacco question must be answered for all underwritten applications. The chart below indicates the states where the tobacco questions must be answered for open enrollment or guarantee issue.

BFLIC and BFAC OE/GI TOBACCO

Alabama	Indiana	Oklahoma
Arizona	Kansas	South Carolina
Colorado	Mississippi	South Dakota
Delaware	Montana	Texas
Dist. of Col.	Nevada	West Virginia
Georgia	New Mexico	Wyoming

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.
- Plan availability varies by situation determining eligibility.
- 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, MO, NJ and TX 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.

Conversions

If you write a current policyholder another plan and are not the original writing agent, we require a handwritten letter from the client with their signature stating that they wish to change agents emailed or faxed to the Policyholder Services department.

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.
- 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 of each product's underwriting guidelines 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:

Amendments

An amendment to the application will be generated for the following reasons:

- Any health question left blank
- Any question answered incorrectly on the application
- An error or unclear answer for the date of birth or plan being applied for
- A change made to the application that is not initialed by the applicant
- Premium calculation error

Counteroffers

If an application needs to be moved to a different rate class, a counteroffer will be sent to the agent via email. If accepted, 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 disclosed on the application, 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 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 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.
- If the reason for decline came from prescription search results and/or medical data, we will release the reason for declination to the applicant. This request can 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 conversions.

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.

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 Whole Life applications in the states of: AL, AR, IL, IN, KS, LA, MA, MI, MN, MS, MT, NE, NC, OH, OK, OR, PA, VA and WA. 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.

Policy for Agents Writing Business on Themselves or Relatives

Agents may write policies on themselves or relatives within the following guidelines:

- Cancer, HIP, STC, Med Supp and Life
- 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.

Uninsurable Conditions

Medicare Supplement

A AIDS/ARC/HIV	Congestive Heart Failure (CHF)	Multiple Sclerosis (MLS)
Alzheimer's Disease	Cystic Fibrosis	Muscular Dystrophy
Amputation due to disease	D Delirium	Myasthenia Gravis
Amyotrophic Lateral sclerosis (ALS)	Dementia	O Organic brain disorder
B Bi-polar Disorder	Diabetic complications	P Parkinson's Disease
C Cancer	E Emphysema	R Rheumatoid Arthritis
Cardiomyopathy	G Gaucher's	S Sarcoidosis
Chronic Bronchitis	H Hepatitis – Chronic	Schizophrenia
Chronic Interstitial Lung Disease	Huntingtons	Scleroderma – Systemic
Chronic Obstructive Lung Disease (COLD)	I Insulin Dependent Diabetes (>50 units/day)	Sickle Cell Anemia
Chronic Obstructive Pulmonary Disease (COPD)	K Kidney disease	Supplemental oxygen use
Chronic Pulmonary Fibrosis	L Leukemia	T Tay-Sachs
Cirrhosis (liver)	Lipidosis	W Wheelchair/walker use
Cognitive impairment	Lupus – Systemic	Wolman's
	M Melanoma	

Vantage Recovery

A AIDS/ARC/HIV	Crohn's Disease	Multiple Sclerosis
Alzheimer's Disease	Cystic Fibrosis	Muscular Dystrophy
Amyotrophic Lateral Sclerosis (ALS)	D Delirium	O Open colostomy
B Bi-polar Disorder	Dementia	Open ileostomy
C Cancer (of any type)	E Emphysema	Organic brain disorder
Chronic Bronchitis	G Gaucher's	P Parkinson's Disease
Chronic Interstitial Lung Disease	H Hepatitis (excluding Type A)	S Schizophrenia
Chronic Obstructive Lung Disease (COLD)	Huntington's disease	Supplemental oxygen use
Chronic Obstructive Pulmonary Disease (COPD)	I Insulin Dependent Diabetes (>50 units/day)	T Tay-Sachs
Chronic Pulmonary Fibrosis	K Kidney Disease	U Ulcerative Colitis
Cirrhosis (liver)	L Leukemia	W Wheelchair use
Cognitive impairment	Lipidosis	Wolman's
	M Melanoma	

Vantage Flex 65

A AIDS/ARC/HIV	Cirrhosis (liver)	Multiple Sclerosis
Alzheimer's Disease	Congestive Heart Failure (CHF)	Muscular Dystrophy
Amyotrophic Lateral Sclerosis (ALS)	Crohn's Disease	O Open colostomy
Aneurysm (heart)	Cystic Fibrosis	Open ileostomy
C Cancer (of any type)	D Dementia	P Parkinson's Disease
Cardiomyopathy	E Emphysema	Peripheral Vascular Disease (PVD)
Chronic Bronchitis	H Hepatitis (excluding Type A)	S Sickle Cell Anemia (or any chronic blood disorder)
Chronic Interstitial Lung Disease	I Insulin Dependent Diabetes (>50 units/day)	Supplemental oxygen use
Chronic Obstructive Lung Disease (COLD)	K Kidney Disease	U Ulcerative Colitis
Chronic Obstructive Pulmonary Disease (COPD)	L Lupus – Systemic	W Wheelchair/walker use
Chronic Pulmonary Fibrosis	Lymphoma (Hodgkin's and Non-Hodgkin's)	
	M Melanoma	

The Strength of Experience

At Bankers Fidelity, we conduct our business according to a strong set of guiding principles.

For more than 60 years, we have been honored to provide tens of thousands of Americans with valuable, customer-focused insurance products.

Our commitment to fair and fast payment of claims has earned us a reputation for delivering quality service to our policyholders and their families.

You can rely on our reputation as a Company that consistently makes good on its promises to every single policyholder.

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

*Best Rating Report; prepared by A.M. Best Company; www.ambest.com.
The rating refers only to the overall financial status of the Company and is not a recommendation of the specific policy provisions, rates or practices of the insurance company.



Bankers Fidelity Life Insurance Company®

www.bankersfidelity.com

Bankers Fidelity Life Insurance Company® and Bankers Fidelity Assurance Company™
4370 Peachtree Road, NE, Atlanta, GA 30319
Agent toll-free number 866-458-7503
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 Questions 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. The tobacco question is required for any Open Enrollments or Guarantee Issue applications in the following states:

BFLIC OE/GI TOBACCO

Alabama	Mississippi
Arizona	Nevada
Colorado	New Mexico
Delaware	Oklahoma
DC	South Carolina
Georgia	South Dakota
Kansas	Texas
Montana	Wyoming

BFAC OE/GI TOBACCO

Georgia
Indiana
Kansas
Nevada
Oklahoma
South Carolina
Texas
West Virginia

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 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 to determine eligibility.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Random Telephone Interview – Home Office ordered
Prescription Drug screen

Available Plans

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

Plan availability varies by state, refer to rate sheet

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

Optional Rider

Household Premium Discount: 5%, 7%, 9% 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*

Medicare Supplement Disqualifying Medications

- | | | |
|----------------------------|------------------------------|--------------------------------|
| • Abilify (Aripiprazole) | • Hectorol | • Pramipexole (Mirapex) |
| • Aggrastat | • Hydromorphone | • acceptable for restless legs |
| • Albuterol (ProAir)** | • Hydroxyurea (Hydrea) | • Prolastin C |
| • Aminophylline** | • Ibrance | • Pulmozyme |
| • Anastrozole (Arimidex) | • Incruse Ellipta | • Remicade |
| • Anoro Ellipta | • Infliximab (Remicade)*** | • Risperidone |
| • Angiomax | • Inspira (Eplerenone) | • Rivastigmine |
| • Aricept | • Ivacaftor (Kalydeco) | • Ropinirole (Requip) |
| • Atrovent (Ipratropium)** | • Lamictal (Lamotrigine) | • acceptable for restless legs |
| • Bicalutamide (Casodex) | • Lasix (Furosemide)* | • Saphris |
| • Breo Ellipta** | • Letrozole (Femara) | • Seebri |
| • Brovana | • Lithium | • Selegiline |
| • Calcitriol | • Lucentis | • Sensipar |
| • Carbidopa/Levodopa | • Lupron | • Seroquel (Quetiapine) |
| • Coreg (Carvedilol)* | • Megestrol Acetate (Megace) | • Simponi Aria |
| • Chloroquine (Aralen) | • Methadone | • Sovaldi |
| • Clozapine | • Methotrexate*** | • Spiriva |
| • Cogentin (Benztropine) | • Morphine | • Stiolto |
| • Combivent | • Naloxone | • Striverdi |
| • Depakote (Divalproex) | • Naltrexone | • Suboxone |
| • Dobutamine (Dobutrex) | • Namenda (Memantine) | • Symmetrel (Amantadine) |
| • Digoxin (Lanoxin) | • Nucala | • Tamoxifen (Nolvadex) |
| • Donepezil | • Nucynta (Tapentadol) | • Tenofovir (Viread) |
| • Entresto | • Nulojix | • Theophylline** |
| • Exemestane (Aromasin) | • Olanzapine | • Trihexyphenidyl |
| • Fentanyl | • Orkambi | • Truvada |
| • Formoterol | • Oxycodone (Oxycontin) | • Ventolin** |
| • Galantamine | • Oxymorphone | • Viread |
| • Geodon | • Paricalcitol | • Volmax** |
| • Haloperidol | • Parlodel | • Xgeva |
| • Harvoni | • Perphenazine | • Xolair |

* Not disqualifying if taken for high blood pressure with no heart history. A doctor's note may be requested by the underwriter for verification.

** Not disqualifying if taken for asthma and not diagnosed with COPD. A doctor's note may be requested by the underwriter for verification.

*** Not disqualifying if taken for Crohn's disease. A doctor's note may be requested by the underwriter for verification.

Note - The above list contains the more common medications that are disqualifying for the Medicare Supplement product but is not meant to be all inclusive. Other medications that are not listed may disqualify an applicant for coverage.

In addition, the following are also considered uninsurable:

- 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 medications for blood pressure
- 4 or more non-insulin diabetes medications
- Requiring Insulin with more than 2 non-insulin diabetes medications
- Cortisone shots required once every three months (or more frequently)
- Opioid medication in combination with anti-depressant medication
- Opioid medication in combination with anti-psychotic medication
- 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, Beta Blocker, Diuretic combo

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)

Medicare Supplement *Preferred* Disqualifying Medications

- | | | |
|-----------------------------------|--|----------------------------------|
| • Afrezza (insulin) [†] | • Heparin | • Olsalazine (Dipentum) |
| • Apidra (insulin) [†] | • Humulin (insulin) [†] | • Pentoxifylline (Trental) |
| • Azathioprine (Imuran) | • Hydroxychloroquine (Plaquenil)* | • Persantine |
| • Balsalazide (Giazo, Colazol) | • Inderal | • Prolia |
| • Basaglar (insulin) [†] | • Infliximab (Remicade)* | • Prostigmin |
| • Calciparine | • Insulin | • Pyridostigmine |
| • Cordarone | • Isoproterenol HCL (Isuprel) | • Reclast |
| • Coumadin | • Levemir (insulin) [†] | • Sulfasalazine (Azulfidine)* |
| • Digitek | • Mesalamine (Asacol, Canasa, Pentasa) | • Toujeo (insulin) [†] |
| • Diltia XT | • Mestinon | • Tresiba (insulin) [†] |
| • Disopyramide | • Mytelase | • Vorapaxar (Zontivity) |
| • Dipyridamole (Persantine) | • Nimodipine (Nimotop) | • Warfarin (Jantoven) |
| • Eliquis | • Nitroglycerin | • Xarelto |
| • Enoxaparin | | |
| • Fludrocortisone (Florinef) | | |

* These Preferred disqualifying medications often used to treat Crohn's disease can also be prescribed solely for rheumatoid arthritis. A doctor's note may be requested by the underwriter for verification.

[†] Any insulin usage will disqualify an applicant from the Preferred rate. Under 50 units per day of insulin usage is acceptable for the Standard rate. 50 units or above per day will disqualify from all coverage.

Note - The above list contains the more common medications that are disqualifying for the Medicare Supplement *Preferred* product but is not meant to be all inclusive. Other medications that are not listed may disqualify an applicant for coverage.

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, NE, 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 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 to determine eligibility.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Random Telephone Interview

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*

**270 and 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.

**Rider availability may vary by state.*

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*

Vantage Recovery Disqualifying Medications

- | | | |
|----------------------------------|---|---|
| • Abilify (Aripiprazole) | • Hectorol | • Perphenazine |
| • Afrezza (insulin) [†] | • Heparin (Calciparine) | • Persantine |
| • Aggrastat | • Humulin (insulin) [†] | • Pramipexole (Mirapex)
acceptable for restless
legs syndrome |
| • Albuterol** | • Hydroxychloroquine
(Plaquenil)*** | • Prolastin C |
| • Amantadine (Symmetrel) | • Hydroxyurea (Hydrea) | • Prostigmin |
| • Aminophylline** | • Ibrance | • Pulmozyme |
| • Anastrozole (Arimidex) | • Incruse Ellipta | • Pyridostigmine |
| • Angiomax | • Infliximab (Remicade)*** | • Risperidone |
| • Anoro Ellipta | • Inspira | • Rivastigmine |
| • Apidra (insulin) [†] | • Insulin [†] | • Ropinirole (Requip)
acceptable for restless
legs syndrome |
| • Aricept | • Ivacaftor (Kalydeco) | • Seebri |
| • Atrovent** | • Letrozole (Femara) | • Selegiline |
| • Azathioprine (Imuran) | • Levemir (insulin) [†] | • Sensipar |
| • Balsalazide (Giazo, Colazol) | • Lithium | • Seroquel (Quetiapine) |
| • Benzotropine (Cogentin) | • Lucentis | • Sovaldi |
| • Bicalutamide (Casodex) | • Lupron | • Spiriva |
| • Breo Ellipta** | • Megestrol Acetate (Megace) | • Stiolto |
| • Brovana | • Mesalamine (Asacol, Canasa,
Pentasa) | • Striverdi |
| • Calcitriol | • Mestinon | • Suboxone |
| • Carbidopa/Levodopa | • Methadone | • Sulfasalazine (Azulfidine)*** |
| • Carvedilol (Coreg)* | • Methotrexate*** | • Tamoxifen (Nolvadex) |
| • Chloroquine (Aralen) | • Mytelase | • Tenofovir (Viread) |
| • Clozapine | • Naltrexone | • Theophylline** |
| • Combivent | • Namenda | • Toujeo (insulin) [†] |
| • Cordarone | • Nimodipine | • Trental |
| • Digoxin (Lanoxin, Digitek)* | • Nimotop | • Trihexyphenidyl Truvada |
| • Disopyramide | • Nitroglycerin | • Truvada |
| • Dobutrex | • Nulojix | • Ventolin** |
| • Donepezil | • Olanzapine (Zyprexa) | • Volmax** |
| • Enoxaparin | • Olsalazine (Dipentum) | • Vorapaxar |
| • Entresto | • Orkambi | • Xgeva |
| • Exemestane (Aromasin) | • Paricalcitol | • Zontivity |
| • Formoterol | • Parlodel | |
| • Furosemide (Lasix)* | • Pentoxifylline | |
| • Galantamine | | |
| • Harvoni Geodon (Ziprasidone) | | |

* Not disqualifying if taken for high blood pressure with no heart history. A doctor's note may be requested by the underwriter for verification.

** Not disqualifying if taken for asthma and not diagnosed with COPD. A doctor's note may be requested by the underwriter for verification.

*** Not disqualifying if taken for rheumatoid arthritis. A doctor's note may be requested by the underwriter for verification.

[†] Any insulin usage will disqualify an applicant from the Preferred rate. Under 50 units per day of insulin usage is acceptable for the Standard rate. 50 units or above per day will disqualify from any coverage.

In addition, the following are also considered uninsurable:

- Use of supplemental oxygen
- Advised to have surgery, treatments or therapy
- Opioid medication in combination with anti-psychotic medication

Note - The above list contains the more common medications that are disqualifying for the Vantage Recovery product but is not meant to be all inclusive. Other medications that are not listed may disqualify an applicant for coverage.

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.

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 prescription drug check and telephone interviews to assess the application.

Disqualifying Medications

Refer to the Disqualifying Medications list to determine eligibility.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Random Telephone Interview - Home Office ordered

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

Vantage Flex 65 Disqualifying Medications

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Afrezza (insulin)• Aggrastat• Albuterol**• Amantadine (Symmetrel)• Aminophylline**• Anastrozole (Arimidex)• Angiomax• Anoro Ellipta• Apidra (insulin)• Aricept• Atrovent**• Azathioprine (Imuran)• Balsalazide (Giazo, Colazol)• Benztropine (Cogentin)• Bicalutamide (Casodex)• Breo Ellipta**• Brovana• Calcitriol• Carbidopa/Levodopa• Carvedilol (Coreg)*• Chloroquine (Aralen)• Combivent• Cordarone• Digoxin (Lanoxin, Digitek)• Disopyramide• Dobutrex• Donepezil• Enoxaparin• Entresto• Exemestane (Aromasin)• Formoterol• Furosemide (Lasix)*• Galantamine• Harvoni• Hecitorol | <ul style="list-style-type: none">• Heparin (Calciparine)• Humulin (insulin)• Hydroxychloroquine (Plaquenil)***• Hydroxyurea (Hydrea)• Ibrance• Incruse Ellipta• Infliximab (Remicade)***• Inspira• Insulin• Ivacaftor (Kalydeco)• Letrozole (Femara)• Levemir (insulin)• Lucentis• Lupron• Megestrol Acetate (Megace)• Mesalamine (Asacol, Canasa, Pentasa)• Mestinon• Methadone• Methotrexate***• Mytelase• Naltrexone• Namenda• Nimodipine• Nimotop• Nitroglycerin• Nulojix• Olsalazine (Dipentum)• Orkambi• Paricalcitol• Parlodel• Pentoxifylline• Persantine | <ul style="list-style-type: none">• Pramipexole (Mirapex) acceptable for restless legs syndrome• Prolastin C• Prostigmin• Pulmozyme• Pyridostigmine• Rivastigmine• Ropinirole (Requip) acceptable for restless legs syndrome• Seebri• Selegiline• Sensipar• Sovaldi• Spiriva• Stiolto• Striverdi• Suboxone• Sulfasalazine (Azulfidine)***• Tamoxifen (Nolvadex)• Tenofovir (Viread)• Theophylline**• Toujeo (insulin)• Trental• Trihexyphenidyl• Truvada• Ventolin**• Volmax**• Vorapaxar• Warfarin• Xgeva• Zontivity |
|---|---|---|

* Not disqualifying if taken for high blood pressure and no heart history. A doctor's note may be requested by the underwriter for verification.

** Not disqualifying if taken for asthma and not diagnosed with COPD. A doctor's note may be requested by the underwriter for verification.

*** Not disqualifying if taken for rheumatoid arthritis. A doctor's note may be requested by the underwriter for verification.

In addition, the following are also considered uninsurable:

- Use of supplemental oxygen
- Advised to have surgery, treatments or therapy
- Opioid medication in combination with anti-depressant medication
- Opioid medication in combination with anti-psychotic medication

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, Beta Blocker, Diuretic combo

Ace Inhibitor

- | | |
|--|---|
| <ul style="list-style-type: none">• Benazepril (Lotrel)• Captopril (Capoten)• Enalapril (Vasotec)• Fosinopril (Monopril)• Lisinopril (Prinivil, Zestril) | <ul style="list-style-type: none">• 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)

Note: The above list contains the more common medications that are disqualifying for the Vantage Flex 65 product but is not meant to be all inclusive. Other medications that are not listed may disqualify an applicant for coverage.

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, NE, P. O. Box 105185, Atlanta, GA 30348-5185

404-266-5600 or 800-241-1439

Underwriting Guidelines – Final Expense

Level Benefit Whole Life Insurance Policy form ICC19 B 21901;
Graded Death Benefit Whole Life Insurance Policy form ICC19 B 21902

Eligible Issue Ages

45-85 (Graded Death: Maximum issue age 75)

Medical Question on Application

Answer ALL questions completely, as directed.

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

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 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 prescription drug check and telephone interviews to assess the application.

Disqualifying Medications

Refer to the Disqualifying Medications list to determine eligibility.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Prescription Drug Screen

Telephone Interview - required on all applicants

Base Benefit Options

Preferred: \$3,000 - \$35,000, \$1,000 increments

Standard: \$3,000 - \$35,000, \$1,000 increments

Graded Death: \$3,000 - \$20,000, \$1,000 increments

Years 1 & 2*: Return of premium plus
10% interest

Year 3: 100% of Face Amount

**If death occurs as a result of an Accident as defined in the Policy at any time while the Policy is in force, 100% of the Face Amount will be payable.*

Riders

Accelerated Death Benefit*

Waiver of Premium for Hospital or Nursing Facility
Confinement**

**Accelerated Death Benefit is automatically included on Preferred and Standard plans. Not available with Graded Death plan.*

***Waiver of Premium not available in AK, KS, MD, NJ. Not available with Graded Death plan.*

Rate Structure

Issue Age

Gender Distinct or Unisex Rates

Unisex for Graded Death

Risk Classes: Preferred, Standard or Graded

Standard rating: Tobacco usage, build, health questions
on application

Graded Death rating: build, health 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*

Final Expense Disqualifying Medications

- Abilify (Aripiprazole)
- Aggrastat
- Albuterol (ProAir)**
- Aminophylline**
- Anastrozole (Arimidex)
- Anoro Ellipta
- Angiomax
- Aricept
- Atrovent (Ipratropium)**
- Bicalutamide (Casodex)
- Breo Ellipta**
- Brovana
- Calcitriol
- Carbidopa/Levodopa
- Coreg (Carvedilol)*
- Chloroquine (Aralen)
- Clozapine
- Cogentin (Benztropine)
- Combivent
- Depakote (Divalproex)
- Dobutamine (Dobutrex)
- Digoxin (Lanoxin)
- Donepezil
- Entresto
- Exemestane (Aromasin)
- Fentanyl
- Formoterol
- Galantamine
- Geodon
- Haloperidol
- Harvoni
- Hecitorol
- Hydromorphone
- Hydroxyurea (Hydrea)
- Ibrance
- Incrusse Ellipta
- Infliximab (Remicade)***
- Inspira (Eplerenone)
- Ivacaftor (Kalydeco)
- Lamictal (Lamotrigine)
- Lasix (Furosemide)*
- Letrozole (Femara)
- Lithium
- Lucentis
- Lupron
- Megestrol Acetate (Megace)
- Methadone
- Morphine
- Naloxone
- Naltrexone
- Namenda (Memantine)
- Nucala
- Nucynta (Tapentadol)
- Nulojix
- Olanzapine
- Orkambi
- Oxycodone (Oxycontin)
- Oxymorphone
- Paricalcitol
- Parlodel
- Perphenazine
- Pramipexole (Mirapex)
acceptable for restless legs
- Prolastin C
- Pulmozyme
- Remicade
- Risperidone
- Rivastigmine
- Ropinirole (Requip)
acceptable for restless legs
- Saphris
- Seebri
- Selegiline
- Sensipar
- Seroquel (Quetiapine)
- Simponi Aria
- Sovaldi
- Spiriva
- Stiolto
- Striverdi
- Suboxone
- Symmetrel (Amantadine)
- Tamoxifen (Nolvadex)
- Tenofovir (Viread)
- Theophylline**
- Trihexyphenidyl
- Truvada
- Ventolin**
- Viread
- Volmax**
- Xgeva
- Xolair

* Not disqualifying if taken for high blood pressure with no heart history. A doctor's note may be requested by the underwriter for verification.

** Not disqualifying if taken for asthma and not diagnosed with COPD. A doctor's note may be requested by the underwriter for verification.

Standard - Insulin use (any type) of less than a total of 50 units per day is acceptable at the Standard rate.

Graded - Current use of any of the disqualifying medications noted on the Life Disqualifying Medications list that does not result in more than one "Yes" answer for questions 6-8 can be considered for the Graded Death Benefit product.

In addition, the following are also considered uninsurable:

- Use of supplemental oxygen
- Asthma requiring the use of three or more medications, including inhalers (Preferred not available)
- Advised to have surgery, treatments or therapy
- 4 or more non-insulin diabetes medications (Preferred not available)
- Requiring Insulin with more than 2 non-insulin diabetes medications (Preferred not available)
- Opioid medication in combination with anti-depressant medication (Preferred and Standard not available)
- Opioid medication in combination with anti-psychotic medication
- Prescribed 2 or more Opioids (Preferred not available)
- Tobacco usage in conjunction with asthma (Preferred not available)

Note (Preferred and Standard Not available): 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, Beta Blocker, Diuretic combo

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)

Note - The above list contains the more common medications that are disqualifying for the Final Expense product but is not meant to be all inclusive. Other medications that are not listed may disqualify an applicant for coverage.

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 Benefit Whole Life Insurance policy form series ICCI19 B 21901 and Graded Death Benefit Whole Life Insurance policy ICCI19 B 21902 are underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. 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, NE, P. O. Box 105185, Atlanta, GA 30348-5185

404-266-5600 or 800-241-1439

Underwriting Guidelines - Vantage Care™

Lump Sum Cancer Insurance Policy Form Series B 21904

Eligible Issue Ages

18-99 (18-74 for Specified Disease Benefits)

Children are covered up to age 26

Medical Questions on Application

Answer ALL questions completely, as directed.

Base plan: questions 3 – 5 are required.
Coverage over \$30,000: question 6 is required.
Heart-Stroke Benefit Rider: questions 7 – 8 are required.
Specified Disease Benefit Rider: questions 9 – 10 are required.

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

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 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 prescription drug check and telephone interviews to assess the application. All policies will be issued as applied for or declined.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Prescription Drug Screen

Telephone Interview

Base Benefit Options

Cancer Only: \$5,000 - \$75,000 (\$1,000/increments)

Cancer and Heart-Stroke:* \$5,000 - \$75,000 (\$1,000/increments)

Carcinoma in Situ: 25% or 100% of Cancer benefit

** Cannot exceed the base benefit amount.*

Waiting Period: 30 days

Pre-Existing: 12 months/12 months

Optional Riders*

Specified Disease Benefit Rider: \$5,000 - \$75,000 (\$1,000/increments)

Benefit Builder Rider:** \$100 - \$2,000

Cancer Hospitalization Rider: Hospitalization \$100 - \$1,000/day

Cancer Radiation and Chemotherapy Rider: 1 – 10 units

Wellness Rider: \$50 - \$100 (\$25/increments)

Second Opinion and Travel Benefit Rider: 1 unit

Skin Cancer Rider: \$250 - \$1,000 (\$250/increments)

Additional Occurrence Benefit Rider:** must purchase same value as base plan

** Riders and benefits may vary by state.*

***The Proposed Insured must choose the version of the rider that matches the benefits chosen under the policy.*

Rate Structure

Issue Age*

Unisex

Non-Tobacco and Tobacco distinct**

Individual, Individual & Spouse, Individual & Child(ren), Family

** The oldest spouse must be named as the Primary Insured and their age used for rating purposes.*

*** If the Proposed Insured or Spouse uses tobacco, the entire policy must be rated tobacco.*

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*

Vantage Care Cancer Disqualifying Medications

- Anastrozole (Arimidex)
- Bicalutamide (Casodex)
- Exemestane (Aromasin)
- Hydroxyurea (Hydrea)
- Ibrance
- Ivacaftor (Kalydeco)
(Over 30k benefit)
- Letrozole (Femara)
- Lupron
- Megestrol Acetate (Megace)
- Methadone (Over 30k benefit)
- Naltrexone (Over 30k benefit)
- Orkambi (Over 30k benefit)
- Pulmozyme (Over 30k benefit)
- Suboxone (Over 30K benefit)
- Tamoxifen (Nolvadex)
- Tenofovir (Viread)
- Truvada
- Xgeva

Heart-Stroke Benefit Disqualifying Medications

- Afrezza
- Aggrastat
- Angiomax
- Apidra (insulin)
- Carvedilol (Coreg)*
- Cordarone
- Coumadin
- Digoxin (Lanoxin, Digitek)
- Disopyramide
- Dobutrex
- Enoxaparin
- Entresto
- Furosemide (Lasix)*
- Heparin (Calciparine)
- Humulin (insulin)
- Inspira
- Insulin
- Levemir (insulin)
- Lucentis
- Nimodipine
- Nimotop
- Nitroglycerin
- Nulojix
- Paricalcitol
- Pentoxifylline
- Persantine
- Sensipar
- Toujeo (insulin)
- Trental
- Vorapaxar
- Warfarin
- Zontivity

Specified Disease Benefit Rider Disqualifying Medications

- Albuterol**
- Amantadine (Symmetrel)
- Aminophylline**
- Anoro Ellipta
- Aricept
- Atrovent**
- Azathioprine (Imuran)
- Breo Ellipta**
- Benztropine (Cogentin)
- Brovana
- Calcitriol
- Carbidopa/Levodopa
- Combivent
- Donepezil
- Formoterol
- Galantamine
- Harvoni
- Hecitor
- Incruse Ellipta
- Lucentis
- Mestinon
- Methadone
- Mytelase
- Naltrexone
- Namenda
- Nulojix
- Paricalcitol
- Parlodel
- Pramipexole (Mirapex)
acceptable for restless
legs syndrome
- Prolastin C
- Prostigmin
- Pyridostigmine
- Rivastigmine
- Ropinirole (Requip)
acceptable for restless
legs syndrome
- Seebri
- Selegiline
- Sensipar
- Sovaldi
- Spiriva
- Stiolto
- Striverdi
- Suboxone
- Theophylline**
- Trental
- Trihexyphenidyl
- Ventolin**
- Volmax**

* Not disqualifying if taken for high blood pressure with no heart history. A doctor's note may be requested by the underwriter for verification.

** Not disqualifying if taken for asthma and not diagnosed with COPD. A doctor's note may be requested by the underwriter for verification.

In addition, the following are also considered uninsurable:

- Use of supplemental oxygen (Specified Disease rider)
- Advised to have surgery, treatments or therapy
- 4 or more medications for blood pressure (Heart / Stroke rider)

Note (Heart/Stroke Rider): 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, Beta Blocker, Diuretic combo

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)

Note - The above list contains the more common medications that are disqualifying for the Vantage Care product but is not meant to be all inclusive. Other medications that are not listed may disqualify an applicant for coverage.

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.

Build Chart			
Feet	Inches	Decline if Under	Decline if Over
4	2	61	157
4	3	63	163
4	4	66	170
4	5	68	176
4	6	71	183
4	7	74	190
4	8	76	197
4	9	79	204
4	10	82	211
4	11	85	218
5	0	88	226
5	1	90	233
5	2	93	241
5	3	96	249
5	4	100	257
5	5	103	265
5	6	106	273
5	7	109	281
5	8	112	290
5	9	116	298
5	10	119	307
5	11	122	316
6	0	126	325
6	1	129	334
6	2	133	343
6	3	137	353
6	4	140	362
6	5	144	372
6	6	148	381
6	7	151	391
6	8	155	401
6	9	159	411
6	10	163	421
6	11	167	432

Lump Sum Cancer Insurance Policy form series B 21904 underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series B 21904 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.