State: District of Columbia **Filing Company:** Bankers Fidelity Life Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accident Indemnity Product
Project Name/Number: /

Form Schedule

Lead Form Number: B 21302

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Accident Indemnity Policy	B 21302	POL	Initial		52.010	B 21302 john doe.pdf
2		Wellness Rider	B 21302 R1	POLA	Initial		55.640	B 21302 R1 john doe.pdf
3		Accident Only Disability Income Policy	B 21302 R2	POLA	Initial		63.270	B 21302 R2 john doe.pdf
4		First Day Hospital Confinement Benefit Rider	B 21302 R3	POLA	Initial		67.930	B 21302 R3 john doe.pdf
5		First Day Intensive Care Unit Benefit Rider	B 21302 R4	POLA	Initial		67.930	B 21302 R4 john doe.pdf
6		Outline of Coverage	B 21302 OC	OUT	Initial		58.810	B 21302 OC.pdf
7		Outline of Coverage	B 21302 OC24	OUT	Initial		59.260	B 21302 OC24.pdf
8		Outline of Coverage	B 21302 R1 OC	OUT	Initial		59.460	B 21302 R1 OC.pdf
9		Outline of Coverage	B 21302 R2 OC	OUT	Initial		61.760	B 21302 R2 OC.pdf
10		Outline of Coverage	B 21302 R3 OC	OUT	Initial		64.220	B 21302 R3 OC.pdf
11		Outline of Coverage	B 21302 R4 OC	OUT	Initial		63.750	B 21302 R4 OC.pdf

State: *District of Columbia* **Filing Company:** *Bankers Fidelity Life Insurance Company*
TOI/Sub-TOI: *H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment*
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Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

ACCIDENT INDEMNITY POLICY

Bankers Fidelity Life Insurance Company (hereinafter referred to as "the Company", "We", "Our" or "Us") promises to insure You for the benefits described in this Policy. We make this promise in consideration of the application for this Policy and the payment of the required premium.

THIS IS AN ACCIDENT ONLY POLICY AND
IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

GUARANTEED RENEWABLE TO AGE 70 - This Policy is guaranteed renewable until the end of the month in which the Insured turns age 70. We cannot cancel this Policy as long as You pay Your renewal premiums on time, either in advance or during the Grace period.

PREMIUMS SUBJECT TO CHANGE - We may change the premium rates. A change will apply to all Policies with the same form number, issue age group and state of issue as Yours. A minimum of thirty (30) days advance written notice will be given. Each premium will be computed by the age and sex shown in the application. We will not change Your premiums because of Your physical condition or because of any claims paid to You under this Policy.

10-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY - It is important to Us that You are satisfied with this Policy and that it meets Your insurance needs. If You are not satisfied, You may return it to Us within ten (10) days of its receipt. Send it to Us or to Your agent and You will receive a full refund of any premium You have paid.

IMPORTANT NOTICE: Please read the copy of the application attached to this Policy. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to Us within ten (10) days if any information shown on it is not correct and complete or if any past medical history has been left out of the application. The application is part of this Policy, which was issued on the basis that the answers to all questions and the information shown on the application are correct and complete. No agent may change this Policy or waive any of its provisions.

[NO BENEFITS ARE PAYABLE FOR JOB-RELATED ACCIDENTAL BODILY INJURY – SEE PAGE 13]

This is not Medicare Supplement Insurance. If you are eligible for Medicare, please read the *Guide to Health Insurance for People with Medicare* available from the Company.

This Policy terminates at the end of the month in which the Insured turns age 70.

The provisions on the following pages are a part of this Policy, which was signed at Atlanta, Georgia, on the Effective Date.

Vice President

President

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This Policy is a legal contract between You and Us.
READ YOUR POLICY CAREFULLY!

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BANKERS FIDELITY LIFE INSURANCE COMPANY

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

For inquiries or to make a complaint, please contact the Policyholder Service Department at:
Direct (404) 266-5730; Toll-free (866) 458-7500; email bfphs@atlam.com

POLICY SPECIFICATIONS PAGE
Accident Indemnity Policy - Policy Form B 21302

Covered Person(s)

Insured:		Issue Age:	Sex:	Effective Date:
[NAME]		[AGE]	[SEX]	[DATE]

Other Covered Person(s):	Relationship to Insured:			
[NAME]	[SPOUSE]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]
[NAME]	[DEPENDENT CHILD]	[AGE]	[SEX]	[DATE]

Premiums

Initial Premium: $[000.00]

Renewal Premium:	Annual:	Semi-Annual:	Quarterly:	Monthly:
	$[00.00]	$[00.00]	$[00.00]	$[00.00]

Policy Identification

Policy Number: 005-[0000000000] Issue State: [STATE]

Optional Rider(s); if any:	Effective Date of Rider:
[WELLNESS]	[DATE]
[ACCIDENT ONLY DISABILITY INCOME]	[DATE]
[FIRST DAY HOSPITAL CONFINEMENT BENEFIT]	[DATE]
[FIRST DAY I.C.U. CONFINEMENT BENEFIT]	[DATE]

THE POLICY SPECIFICATIONS PAGE IS ON THE REVERSE OF THIS PAGE.

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DEFINITIONS

When We use the following words this is what We mean:

ACCIDENTAL BODILY INJURY - any harm or damage to the body of the Covered Person resulting from a sudden, unforeseen and external event occurring while this Policy is in force. An Accidental Bodily Injury includes all injuries as a result of one (1) accident.

ACCIDENTAL DEATH - the death of the Covered Person as a result of a Covered Injury. The death must occur within ninety (90) days of the Covered Injury.

AMBULANCE - a specially equipped vehicle used to transport an injured person to or from a Hospital or medical center which is operated and staffed by individuals who have been trained and appropriately certified to operate such vehicle and render emergency medical to the injured person en route. A "Ground Ambulance" is a motor vehicle equipped as an Ambulance which utilizes streets, roads and highways for conveyance; an "Air Ambulance" is an aircraft equipped as an Ambulance.

AGE - The Age of the Covered Person at their last birthday.

APPLIANCES/DEVICES – includes Orthotic Appliances/Devices or Durable Medical Equipment.

BENEFICIARY - the person designated by the Insured to receive Policy benefits in the event of the Insureds death.

CONCUSSION – a type of traumatic brain injury causing a short loss of normal brain function, which can result in a change in the persons mental status, including confusion and amnesia, and with or without a brief loss of consciousness. A Concussion must be diagnosed by a Physician using neurologic exam and/or imaging tests.

COMA – a state of unconsciousness caused by a Covered Injury, which has persisted continuously for at least 96 hours, from which the Insured cannot be aroused, in which external stimulation produces no more than primitive avoidance reflexes. Diagnosis of Coma must be made by a Physician board-certified as a Neurologist. "Coma" does not include any medically-induced Coma.

COMMON-CARRIER – a mode of transportation owned and/or operated by an individual, company or public utility which is in the regular business of transporting people or property according to a regular schedule and on designated routes in exchange for a set fee.

CONFINEMENT - admittance to a Hospital on an in-patient basis as a resident bed patient for which a charge for room and board is made. A day of Confinement must be of twenty four (24) hour duration. Observation, emergency or out-patient rooms are not considered Confinement.

COVERED INJURY – an Accidental Bodily Injury suffered by the Covered Person that: 1) is independent of disease, bodily or mental infirmity, or any other cause; 2) occurs after the Effective Date of this Policy; 3) occurs while this Policy is in force; and 4) is the direct cause of the Loss.

DEPENDENT CHILD(REN) - any: 1) unmarried natural or step-child, or child for whom the Insured has been granted legal guardianship or custody, from birth up to and including age 25 years, 2) unmarried child at least 25 years of age who: (a) is primarily dependent upon the Insured for support because he or she is incapable of self-sustaining employment by reason of mental retardation or a physical handicap; (b) was incapacitated and insured under this Policy on the child's 25th birthday; and (c) continues to be incapacitated beyond the child's 25th birthday; 3) a child for whom the Insured must provide medical support regardless of whether the child resides with the Insured; or 4) a child for whom the Insured is a party in a suit for adoption of such child.

DISLOCATION – the displacement of a bone from its normal position or a separation of two bones where they meet at a joint. A Closed/Simple Dislocation means the joint is not complicated by an external wound or accompanied by a break in the skin; an Open/Compound Dislocation means the joint is complicated by an external wound and accompanied by a break in the skin.

DISMEMBERMENT – Loss in relation to: 1) arm or leg means complete severance at or above the elbow or knee joint; 2) hand or foot means complete severance at or above the wrist or ankle joint; 3) finger or toe means complete severance at or above the knuckles; 4) sight means the complete and irrecoverable loss of sight.

DURABLE MEDICAL EQUIPMENT – devices and equipment, other than prosthetic or orthopedic appliances, which have been ordered by a Physician in the Treatment of an injury that: 1) can withstand repeated use; 2) is primarily and customarily used to serve a medical purpose; 3) generally is not useful to a person in the absence of injury; and 4) is appropriate for use in the home.

EFFECTIVE DATE - is shown on Page 3. It is the date Your coverage begins. It starts at 12:00 a.m., Standard Time, at Your residence.

ELIGIBLE DEPENDENT(S) - the Insured's: 1) lawful Spouse; 2) Dependent Child(ren).

EMERGENCY TREATMENT - Treatment necessary on an immediate and urgent basis due to an Accidental Bodily Injury that threatens the life or well-being of the Covered Person.

EMERGENCY ROOM - a unit of a Hospital or ambulatory surgical center that is set aside from the rest of the Hospital or ambulatory surgical center facilities and designated and billed by the Hospital or ambulatory surgical center as an Emergency Room and has ready on an immediate basis the special life-saving equipment and supplies necessary for the treatment of critically and seriously injured patients who require immediate medical attention.

Emergency Room does not mean the in-patient rooms or observation rooms of a Hospital or the routine treatment or surgical rooms of an ambulatory surgical center.

EXAMINATION - an evaluation of a Covered Person's physical condition and/or bodily functions by a Physician or other appropriately trained and licensed medical professionals, using a variety of medical tests as appropriate and essential in the diagnosis of an injury.

FRACTURE – a complete or incomplete break in a bone. A Closed/Simple Fracture means the skin has not been ruptured and remains intact; an Open/Compound Fracture means the skin has been broken and the bone exposed, causing additional soft tissue injury and possibly infection.

HOSPITAL - a place which: (1) is legally operated for the care and treatment of sick and injured persons at their expense; (2) is primarily engaged in providing medical, diagnostic and surgical facilities (either on its own premises or in facilities available to the hospital on a formal prearranged basis); (3) has continuous 24-hour nursing services by or under the supervision of registered graduate professional nurses (RN); and (4) has a staff of one or more physicians available at all times.

"Hospital" does not mean convalescent, nursing, rest, long-term mental facility or skilled nursing facility. It does not mean a place primarily operated for treatment of the aged, drug addiction or alcoholism nor a special unit of a hospital used by or for any of the above.

INSURED - the person: 1) whose application for coverage has been approved; and 2) who is named as the Insured on Page 3 of this Policy.

INTENSIVE CARE UNIT - a unit of a Hospital that is: 1) set aside from the rest of the Hospital facilities for critically and seriously ill or injured patients who require audio visual observation as prescribed by the attending Physician; and 2) a place where the following are available on an immediate and stand by basis: a) room and board; b) specialized registered nurse and other Nursing Services; and c) special life-saving equipment and supplies.

"Intensive Care Unit" does not include any step-down units, such as progressive care; sub-acute intensive care; intermediate care units, privately monitored rooms; observation units; or any other facilities which do not meet the standards for an Intensive Care Unit.

LOSS - the specific risk or insurable event for which coverage is provided under this Policy.

MAJOR DIAGNOSTIC EXAM – the production of diagnostic images to determine the extent and scope of an Accidental Bodily Injury, including such procedures as MRI/CT scans, radiography, ultrasonography or scintillation photography.

MAXIMUM - the total amount payable under this Policy, as specified in the Benefit provision, for either the frequency or period indicated. Once We have paid the Maximum benefit, no further amount will be payable under this Policy for that benefit.

MEDICALLY NECESSARY and/or 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 an 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 in case of a dispute regarding Medical Necessity.

OCCUPATIONAL THERAPY - the therapeutic use of self-care, work and play activities, administered or supervised by appropriately trained and licensed medical professionals to help patients increase function, enhance development and prevent disabilities in the Treatment of a Covered Injury.

ORTHOTIC APPLIANCES/DEVICES - appliances and devices used to support a weak, deformed or damaged body member or to restrict or eliminate motion in an injured part of the body. Orthopedic Footware are shoes, shoe modifications or shoe additions which are used to correct, accommodate or prevent a physical deformity or range of motion malfunction in an injured part of the ankle or foot, to support a weak, deformed or damaged structure of the ankle or foot or to form an integral part of a brace.

OTHER COVERED PERSON(S) - the Eligible Dependent(s) of the Insured: 1) whose application(s) for coverage has/have been approved; 2) who is/are named as the Other Covered Person(s) on Page 3 of this Policy.

PARALYSIS – a neurological or neuromuscular injury or condition causing the complete and permanent loss of the use of two or more limbs, including but not limited to a diagnosis of paraplegia, quadriplegia or hemiplegia; diagnosis must be made by a Physician board-certified as a Neurologist.

PHYSICAL THERAPY – the use of specially designed exercises and equipment by appropriately trained and licensed medical professionals to help patients regain or improve their physical abilities in the Treatment of a Covered Injury.

PHYSICIAN - any duly licensed person practicing in the healing arts, other than You or Your Spouse. The Physician must be acting within the scope of his or her license in treating an Accidental Bodily Injury.

POLICY and **CONTRACT -** the agreement between You and Us.

PROSTHETIC APPLIANCES/DEVICES - appliances and devices (other than artificial eyes and dentures) which replace any missing part of the body.

REHABILITATION FACILITY – an appropriately state-licensed and accredited facility, separate and distinct from a Hospital, which provides therapy and training for rehabilitation, including but not limited to occupational therapy or physical therapy.

SPOUSE - a person legally married to You as defined by the laws of the state or jurisdiction of the Issue State as shown on Page 3. A Spouse includes a Domestic Partner or a party to a Civil Union, if recognized by the laws of the state or jurisdiction of the Issue State as shown on Page 3.

SURGERY; SURGICAL PROCEDURE - Treatment of a Covered Injury by a Physician through the use of operative or manual methods to physically change body tissues. Surgery includes suturing, cutting and reduction of dislocations or fractures.

TREATMENT - administration or application of remedies by a Physician or other appropriately licensed or certified medical professional to a Covered Person for an Accidental Bodily Injury, including medicinal or surgical management and/or therapy.

YOU, YOUR or **YOURS -** the person (persons) who is (are) insured under this policy. This (These) person (persons) is (are) named on Page 3 as the Insured and other Covered Person(s), if any.

BENEFITS

This Policy provides fixed indemnity benefits for the specific Losses described below. The Loss must be 1) the direct result of a Covered Injury, and 2) incurred within ninety (90) days from the date of the Accidental Bodily Injury. Treatment for the Accidental Bodily Injury must begin within 72 hours of the Accidental Bodily Injury. For benefits other than Accidental Death, the Covered Person must incur a charge for the Loss in order for benefits to be payable.

Each benefit is payable one (1) time only for any single Covered Injury for each Covered Person, unless otherwise specified in the specific benefit provision.

ACCIDENTAL DEATH - When We receive due written proof satisfactory to Us of the Accidental Death of the Covered Person, We will pay the Accidental Death Benefit amount shown below to the Beneficiary(ies):

	Insured	Spouse	Dependent Child(ren)
Accidental Death Benefit:	$[50,000.00]	$[50,000.00]	$[12,500.00]

If the Accidental Death of the Covered Person is incurred while they are on, getting on or alighting from a Common Carrier, We will pay the Accidental Death Benefit amount shown below to the Beneficiary(ies):

	Insured	Spouse	Dependent Child(ren)
Common-Carrier Accidental Death Benefit:	$[200,000.00]	$[200,000.00]	$[25,000.00]

We will only pay one (1) Accidental Death Benefit per Covered Person, regardless of cause; the Common-Carrier Accidental Death Benefit is not payable in addition to the Accidental Death Benefit that is payable for Accidental Death from other causes.

With respect to Accidental Death benefit and the Dismemberment Benefit, We will pay either the Accidental Death benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

DISMEMBERMENT – We will pay the following benefits based on the extent of the Dismemberment when a Covered Person suffers a Dismemberment due to a Covered Injury:

Dismemberment Benefit:	Insured	Spouse	Dependent Child(ren)
Both Arms; or Both Legs; or Both Hands; or Both Feet or the Sight in Both Eyes	$[50,000.00]	$[50,000.00]	$[12,500.00]
One Hand AND One Foot	$[50,000.00]	$[50,000.00]	$[12,500.00]
One Arm; or One Leg; or One Hand; or One Foot; or the Sight in One Eye,	$[12,500.00]	$[12,500.00]	$[3,125.00]
One Finger or Toe	$[2,500.00]	$[2,500.00]	$[625.00]
More than One Finger and/or Toe	$[2,500.00]	$[2,500.00]	$[625.00]

We will only pay one (1) Dismemberment Benefit (the largest) for each Covered Person as the result of any single Covered Injury, regardless of how many Dismemberments are actually suffered.

With respect to Accidental Death benefit and the Dismemberment Benefit, We will pay either the Accidental Death Benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

BURNS - We will pay the following benefits based on the extent of the Burn when a Covered Person receives Treatment for a Burn due to a Covered Injury:

Type of Burn:	Benefit Amount:
2nd Degree – covering greater than 36% of total body surface area	$[1,250.00]
3rd Degree – covering*:	
9 or more but less than 10 square inches (22.86 or more but less than 25.4 square centimeters)	$[1,250.00]
10 or more but less than 25 square inches (25.4 or more but less than 63.5 square centimeters)	$[3,750.00]
25 or more but less than 35 square inches (63.5 or more but less than 88.9 square centimeters)	$[8,700.00]
More than 35 square inches (More than 88.9 square centimeters)	$[12,500.00]

SKIN GRAFTS - We will pay one half (1/2) of the Burn benefit that has been paid for a Covered Injury when a Covered Person receives Skin Grafts as the result of the Burn.

LACERATIONS - We will pay the following benefits based on the extent of the Laceration when a Covered Person receives Treatment for a Laceration due to a Covered Injury:

Type of Laceration:	Benefit Amount:
Not requiring stitches or sutures	$[30.00]
Repaired by stitches or sutures*:	
Less than 3 in. (7.6 cm.) in length	$[60.00]
At least 3 in. (7.6 cm.) but less than 5 in. (12.6 cm.) in length	$[225.00]
5 in. (12.6 cm.) or more in length	$[450.00]

* in. = inches; cm. = centimeters

DISLOCATION - We will pay the following benefits based on the location and type of Dislocation when a Covered Person receives Treatment for a Dislocation due to a Covered Injury:

Location/Type:	Closed/Simple	Open/Compound
Hip	$[625.00]	$[2,500.00]
Knee	$[250.00]	$[625.00]
Ankle	$[200.00]	$[625.00]
Collar Bone (Stem)	$[200.00]	$[1,000.00]
Lower Jaw	$[325.00]	$[625.00]
Shoulder	$[250.00]	$[625.00]
Elbow or Wrist	$[250.00]	$[500.00]
Hand (except fingers)	$[325.00]	$[625.00]
Collar Bone (Acrom)	$[200.00]	$[1,000.00]
Toe or Finger	$[65.00]	$[125.00]
Foot (except toes)	$[200.00]	$[625.00]

If more than one Dislocation is suffered as a result of a single Covered Injury, We will pay benefits for each separate Dislocation, up to a Maximum benefit equal to two times the highest Dislocation benefit for all Dislocations suffered in a single Covered Injury.

FRACTURE - We will pay the following benefits based on the location and type of Fracture when a Covered Person receives Treatment for a Fracture due to a Covered Injury:

Location/Type:	Closed/Simple	Open/Compound
Ankle	$[325.00]	$[625.00]
Arm (shoulder to elbow)	$[375.00]	$[750.00]
Arm (elbow to wrist)	$[325.00]	$[625.00]
Bones of Face (excluding nose)	$[375.00]	$[750.00]
Coccyx	$[125.00]	$[250.00]
Collarbone	$[325.00]	$[625.00]
Elbow	$[325.00]	$[625.00]
Finger	$[125.00]	$[625.00]
Foot (except toes and heel)	$[325.00]	$[625.00]
Hand (except fingers)	$[325.00]	$[625.00]
Heel	$[125.00]	$[625.00]
Hip	$[1,250.00]	$[2,500.00]
Jaw (lower)	$[325.00]	$[625.00]
Jaw (upper)	$[375.00]	$[750.00]
Kneecap	$[325.00]	$[625.00]
Leg (hip to knee)	$[625.00]	$[1,250.00]
Leg (knee to ankle)	$[625.00]	$[1,250.00]
Nose	$[125.00]	$[125.00]
Pelvis	$[625.00]	$[1,250.00]
Rib	$[125.00]	$[1,250.00]
Shoulder blade	$[325.00]	$[625.00]
Skull (depressed)	$[1,875.00]	$[1,875.00]
Skull (non-depressed)	$[625.00]	$[625.00]
Sternum	$[625.00]	$[1,250.00]
Toe	$[125.00]	$[250.00]
Vertebrae	$[625.00]	$[1,250.00]
Vertebral Column	$[200.00]	$[1,250.00]
Wrist	$[325.00]	$[625.00]

If more than one Fracture is suffered as a result of a single Covered Injury, We will pay benefits for each separate Fracture, up to a Maximum benefit equal to two times the highest Fracture benefit for all Fractures suffered in a single Covered Injury.

With respect to Dislocation and Fracture benefits, We will pay either the Accidental Death benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

PARALYSIS - We will pay the following benefits when a Covered Person suffers Paralysis due to a Covered Injury:

Type of Paralysis:	Benefit Amount:
Hemiplegia	$[6,000.00]
Paraplegia	$[7,500.00]
Quadriplegia	$[15,000.00]

COMA - We will pay a lump sum benefit of $[12,500.00] if a Covered Person suffers a Coma continuing for thirty (30) consecutive days or longer due to a Covered Injury.

CONCUSSION - We will pay $[60.00] if the Covered Person suffers a Concussion due to a Covered Injury.

AMBULANCE - We will pay the following benefits based on the type of Ambulance when a Covered Persons has to be transported by Ambulance due to a Covered Injury:

Type of Ambulance:	Benefit Amount:
Ground	$[200.00]
Air	$[1,000.00]

TRANSPORTATION - We will pay $[500.00] if the Covered Person must travel more than 50 miles one-way for Confinement to a Hospital to receive special Treatment which is not available locally. We will pay this benefit for a Maximum of three (3) round trips for any single Covered Injury. This benefit is not payable for transportation by Ambulance.

EMERGENCY ROOM - We will pay $[125.00] for Treatment or Examination in an Emergency Room due to a Covered Injury.

PHYSICIAN'S OFFICE EMERGENCY TREATMENT - We will pay $[75.00] for Emergency Treatment or Examination in a Physician's Office to Treat a Covered Injury.

PHYSICIAN'S OFFICE FOLLOW-UP VISIT - We will pay $[40.00] for a follow-up visit to a Physician's Office for the same Covered Injury for which the Physician's Office Emergency Treatment benefit or Emergency Room benefit was paid.

HOSPITAL CONFINEMENT BENEFIT - We will pay $[250.00] per day, up to a Maximum of 365 days, for each day the Covered Person is Confined to a Hospital due to a Covered Injury. Confinement must begin within thirty (30) days from the date of the Covered Injury.

INTENSIVE CARE UNIT CONFINEMENT BENEFIT - We will pay $[500.00] per day, up to a Maximum of 30 days, for each day the Covered Person is Confined to an Intensive Care Unit due to a Covered Injury. Confinement must begin within (30) days from the date of the Covered Injury.

The Hospital Confinement Benefit is not payable for the same day that the Intensive Care Unit Confinement Benefit is paid. If the Covered Person is Confined to an Intensive Care Unit due to a Covered Injury, only the Intensive Care Unit Benefit is payable. If We pay the Intensive Care Unit Benefit for the Maximum number of days shown above and the Covered Person is still Confined to a Hospital, then the Hospital Confinement Benefit will be payable, until the Maximum Hospital Confinement Benefit has been paid.

EMERGENCY DENTAL REPAIR - We will pay the following benefits for the type of repair indicated when a Covered Person receives Treatment for a broken tooth due to a Covered Injury:

Broken Tooth:	Benefit Amount:
Repaired with Crown	$[400.00]
Resulting in Extraction	$[125.00]

EYE INJURY - We will pay the following benefits for the type of repair indicated when a Covered Person receives Treatment for a Covered Injury to their eye:

Loss:	Benefit Amount:
Surgical Repair	$[300.00]
Removal of foreign object	$[60.00]

X-RAYS - We will pay $[30.00] for X-rays to diagnose a Covered Injury.

MAJOR DIAGNOSTIC EXAMS - We will pay $[200.00] for a Major Diagnostic Exam to diagnose a Covered Injury.

SURGERY - We will pay the benefit listed below for the specific Surgery indicated. If two (2) or more of the specific Surgeries listed below are performed on the same surgical occasion, either through the same or different incisions, We will pay for the Surgery providing the largest benefit. We will only pay benefits for the specific surgeries listed below; We will not pay Surgery benefits for any other surgery that may be required due to an Accidental Bodily Injury, but is not listed below.

Arthroscopy Surgery – We will pay $[200.00] if a Covered Person undergoes arthroscopic Surgery, with or without repair, within sixty (60) days of a Covered Injury to either diagnose or Treat the Covered Injury. Hernia Repair is not covered under this benefit.

Cranial, Open Abdominal, or Thoracic Surgery – We will pay $[1,500.00] if a Covered Person undergoes cranial, open abdominal or thoracic Surgery within seventy-two (72) hours to repair internal injuries resulting from a Covered Injury. This benefit also covers Exploratory Open Abdominal Surgery. Hernia Repair is not covered under this benefit.

Exploratory Surgery of the Tendon or for Torn Knee Cartilage – We will pay $[200.00] if a Covered Person undergoes exploratory Surgery to diagnose a Covered Injury to a tendon or torn knee cartilage within sixty (60) days of the Covered Injury.

Surgical Repair – We will pay $[750.00] if a Covered Person undergoes Surgery to repair: 1) a torn, ruptured or severed tendon, ligament or rotator cuff; 2) a ruptured disc or discs; or, 3) torn knee cartilage. We will pay a Maximum of $[1,500.00] if more than one torn, ruptured or severed tendon is repaired during the same surgical procedure. For this benefit to be paid, the Covered Person must be treated by a Physician within sixty (60) days of the Covered Injury; and the Surgery must happen within one (1) year of the Covered Injury.

Hernia Repair – We will pay $[1,500.00] if a Covered Person undergoes Surgery to repair a hernia. For this benefit to be payable, the hernia must be diagnosed within thirty (30) days of the Covered Injury and the Surgery must happen within sixty (60) days of the Covered Injury. The benefit for Hernia Repair is not payable in conjunction with the benefit payable for any other type of Surgery.

BLOOD, PLASMA, PLATELETS - We will pay $[200.00] for the transfusion, administration, cross-matching, typing and processing of blood, plasma or platelets that are replaced within ninety (90) days of a Covered Injury.

REHABILITATION FACILITY CONFINEMENT - We will pay $[125.00] per day, up to a Maximum of thirty (30) days, for each day the Covered Person is Confined to a Rehabilitation Facility for Treatment due to a Covered Injury. Confinement must begin within thirty (30) days from the date of the Covered Injury.

PHYSICAL/OCCUPATIONAL THERAPY - We will pay $[30.00] for each Physical Therapy Treatment or Occupational Therapy Treatment necessary due to a Covered Injury, up to a combined Maximum of six (6) such Treatments.

PROSTHETIC APPLIANCES/DEVICES - We will pay $[750.00] for a single Prosthetic Device which is: 1) necessary due to a Covered Injury; 2) prescribed by a Physician; and 3) for which a charge is incurred. We will pay a Maximum of $[1,500.00] for multiple Prosthetic Devices if more than one Prosthetic Device is necessary.

APPLIANCES/DEVICES - We will pay a maximum of $[125.00] for all Appliances/Devices which are: 1) necessary due to a Covered Injury; 2) prescribed by a Physician; and 3) for which a charge is incurred for the Appliance or Device.

EPIDURAL ANESTHESIA PAIN MANAGEMENT - We will pay $[100.00] if a Covered Person is prescribed and receives an epidural administered for pain management of a Covered Injury.

LODGING - We will pay $[125.00] per day, up to a Maximum of thirty (30) days, when a companion of a Covered Person incurs a charge for a hotel or motel room in order to be with the Covered Person while the Covered Person is Confined to a Hospital which is more than 50 miles from the Covered Person's home.

EXCLUSIONS AND LIMITATIONS

No Benefits are provided for the following, nor will We pay any expenses incurred as a result of any Loss which is caused by, or sustained while, or incurred for, directly or indirectly:

1. caused by, whether directly or indirectly, disease, bodily or mental infirmity;
2. being under the voluntary influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or being intoxicated;
3. participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not;
4. committing or attempting to commit suicide or intentionally self-inflicting a bodily injury, while sane or insane;
5. having cosmetic surgery or other elective procedures that are not Medically Necessary;
6. having dental treatment, except when Medically Necessary because of a Covered Injury;
7. being exposed to war, or any act of war, declared or undeclared;
8. actively serving in any of the Armed forces, or units auxiliary thereto, including the National Guard or Reserves;
9. participating in flying in an ultra-light, hang-gliding, parachuting, bungee-cord jumping, or by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere;
10. participating in or practicing for any professional, intercollegiate, or club sports activity;
11. competing in motor or water sports racing or competitions;
12. testing cars or trucks on any racetrack or speedway;
13. handling, storing or transporting any explosives;
14. scaling up cliffs or mountain walls;
15. spelunking (exploring caves);
16. driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's) in a competition or professional event;
17. handling or working with dangerous animals in a competition or professional event;
18. water-skiing, surfboarding, snow-skiing, snowboarding, roller-blading or skateboarding in a competition or professional event;
19. participating in a rodeo in a competition or professional event.

[LIMITATION FOR JOB-RELATED ACCIDENTAL BODILY INJURY - No benefits are payable for Losses due to an Accidental Bodily Injury sustained while performing Your regular occupation or any other occupation or activity for wage or profit.]

ELIGIBILITY

NEWBORN CHILDREN - Any child born to You, Your spouse or Your Dependent Child is covered from the moment of birth. Coverage for the newborn child will end thirty one (31) days after the child's date of birth unless We receive written notification and payment of the required premium.

ELIGIBILITY - Family members who are eligible to become insured are the: (1) Insured; (2) spouse of the Insured; and 3) Your dependent children who are a) under age 19 years, or b) under age 25 years and attending an accredited school or college full time. "Dependent Children" includes Your: (1) natural child; (2) stepchild; (3) child for whom You have been granted legal guardianship; (4) child for whom You have been court-ordered to provide insurance coverage, whether or not that child resides with You; or (5) legally adopted child or any other child in Your custody or care as provided in the Adopted Children provision below. If the Insured dies, the spouse, if covered, will become the Insured.

ADOPTED CHILDREN; FOSTER CHILDREN; CHILDREN IN YOUR CUSTODY - All benefits applicable for children under this Policy shall be payable with respect to any child adopted by You or Your spouse, without regard to any pre-existing medical conditions, as follows: (1) with respect to a newborn child, coverage shall be effective from the date of birth of such child if: (a) a decree of adoption has been issued within thirty-one (31) days after the date of birth; (b) adoption proceedings have been instituted or a petition to adopt has been filed within thirty-one (31) days after the date of birth; or (c) a written agreement to adopt such child has been entered into within thirty-one (31) days after the date of birth, regardless of whether or not such agreement is enforceable; (2) with respect to an adopted child other than a newborn child, coverage shall be effective on the earliest of the following: (a) the date adoption proceedings have been instituted, a petition to adopt has been filed or a written agreement has been entered into, regardless of whether or not any such proceedings, petitions or agreements are enforceable; (b) the date a decree of adoption has been issued; (c) the date court-approved temporary custody of the child for the purposes of adoption has been granted to You; or (d) the date of placement of the child in Your residence for the purpose of adoption.

All benefits applicable for children under this Policy shall be payable with respect to any child who is under Your foster care or in Your court-appointed custody, whether temporary or permanent, and will be effective on the earlier of: (1) the moment of placement of the child in Your residence; or (2) the date the court-appointed custody of the child begins. Coverage for children under Your foster care will be subject to the Pre-Existing Conditions Limitation provision of this Policy.

Coverage for adopted children, foster children or other children in Your custody will end sixty (60) days after coverage was otherwise effective unless We receive proper written proof that such adoption has occurred or any adoption proceedings or custody have begun and payment of any required premium. However, We cannot deny coverage for such children due to lack of timely notification to Us.

ADDING NEW MEMBERS TO EXISTING COVERAGE - Eligible persons who are not covered when this Policy is issued may be added to the existing coverage. To do so, We must receive: (1) an application; (2) evidence satisfactory to Us that such person is eligible and insurable; and (3) payment of the then current premium. If the new person is approved, We will issue an amendment. The person must be approved by Us before coverage begins.

TERMINATION

This Policy terminates at the end of the month in which the Insured turns age 70. Benefits for a Covered Spouse, if any, terminate at the end of the month in which the Spouse turns age 70.

This Policy shall terminate at the end of the grace period in which a renewal premium remains unpaid.

A child's status as a Covered Person will end at 12:00 a.m. on the first renewal date after such child's 19th birthday, if neither (a) nor (b) applies. A child will remain insured as long as such child is: (a) (1) attending an accredited school or college full time or would have been eligible to attend and was prevented from attending due to illness or injury; and (2) chiefly dependent on You for support and maintenance, but not beyond 12:00 a.m. on the first renewal date after such child's 25th birthday. There shall be no liability under this Policy with respect to such child thereafter; or (b) (1) mentally or physically incapable of self- sustaining employment; and (2) chiefly dependent on You for support and maintenance. We must receive due proof of such incapacity and dependency within thirty-one (31) days of the date coverage would otherwise terminate for such child. While coverage is so continued, We may require proof that the incapacity and dependency still exist. Such proof will be requested at reasonable intervals, but not more often than once a year. Coverage for such child will cease on the next premium renewal date if: (1) You refuse to submit such proof; (2) the incapacity ends; or (3) the dependency ends.

If We accept a premium for anyone who is no longer eligible to be insured, coverage will continue for such person to the next renewal date. We may terminate such coverage on that renewal date or any renewal date thereafter. Termination of coverage shall be without prejudice to any loss commencing while this Policy was in force. However, We reserve the right to deduct any premium due from benefits paid.

EXTENSION OF BENEFITS - If a Covered Person suffers a Covered Injury prior to the date this Policy would otherwise terminate, and Treatment of the Covered Injury continues beyond the date this Policy would otherwise terminate, coverage for Losses incurred for that Covered Injury will continue until the Maximum has been paid for that Covered Injury. We reserve the right to deduct any premium due from benefits paid in order to continue such coverage.

GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES - This Policy, the application and any riders, endorsements, amendments or papers attached to it are the Entire Contract between You and Us. No change in this Policy will be effective until it is approved by one of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions. Any rider, endorsement or application which modifies, limits or excludes coverage must be signed by You to be effective. No statement shall be used in defense of a claim under the Policy unless it is contained in a written application that is endorsed upon or attached to the policy when issued or delivered. All statements made by the Insured shall, in the absence of fraud, be deemed representations and not warranties.

TIME LIMIT ON CERTAIN DEFENSES - No misstatements made by the applicant in the application for such Policy shall be used to deny a claim for a loss which is incurred after two (2) years from the Effective Date of this Policy. If the loss for which a claim is made occurs prior to two (2) years after the Effective Date of this Policy, then a misstatement made by the applicant in the application may be used to deny the claim or otherwise rescind or void the Policy.

GRACE PERIOD - This Policy has a thirty one (31) day Grace Period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following thirty one (31) days. During the Grace Period this Policy will remain in force.

REINSTATEMENT - If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premiums by Us (or by an agent authorized to accept payment) without requiring an application for the reinstatement will reinstate the Policy. If We or Our agent require an application, You will be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We have previously notified You, in writing, of Our disapproval.

NOTICE OF CLAIM - Written Notice of Claim must be given within sixty (60) days after a covered loss begins or as soon as reasonably possible. The notice can be given to Us at Our home office, at 4370 Peachtree Road, N.E., Atlanta, Georgia 30319, or to any one of Our authorized agents. The notice should include Your DEPENDENT CHILD and the number of the Policy.

CLAIM FORMS - When We receive Notice of Claim, We will send You forms for filing Proof Of Loss. If these forms are not given to You within ten (10) days, You can meet the Proof Of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time stated in the Proof Of Loss provision.

PROOF OF LOSS - Written Proof Of Loss must be given to Us within ninety (90) days after We send You the Claim Forms. If it was not reasonably possible for You to give Us Proof Of Loss in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one (1) year from the time Proof Of Loss is otherwise required to be given unless You were legally incapacitated.

TIME OF PAYMENT OF CLAIMS - All benefits payable under this Policy will be paid as soon as We receive proper written Proof Of Loss. We may pay all or a portion of any indemnities provided for health care services to the provider, if You direct Us to do so in writing at the time Proofs Of Loss are filed. We cannot require that the services be rendered by a particular provider.

PAYMENT OF CLAIM - All benefits will be paid to You, or Your assignee. Any benefits unpaid at Your death will be paid to Your beneficiary; however, if no beneficiary designation is in effect at the time of Your death, benefits will be payable to Your estate. If benefits are payable to Your estate, We may pay up to $1,000 to any relative of Yours whom We find entitled to them. Any payment made in good faith will fully discharge Us to the extent of the payment.

NOTICE; WAIVER - Furnishing forms for filing Proof Of Loss, investigation of any claims or receipt of Notice Of Claim shall not waive any of Our rights in defense of any such claim.

LEGAL ACTION - No legal action may be brought to recover on this Policy within sixty (60) days after written Proof Of Loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written Proof Of Loss is required to be given.

PHYSICAL EXAMINATION AND AUTOPSY - We, at Our own expense, have the right to have You examined as often as reasonably necessary while a claim is pending. We may also have an autopsy performed, unless prohibited by law.

BENEFICIARY - If the Beneficiary dies before the Insured, that Beneficiary's interest in this Policy ends with that Beneficiary's death. Only those Beneficiaries who survive the Insured will be eligible to share in the Accidental Death Benefits. If no Beneficiary survives the Insured, We will pay the Accidental Death Benefits and any other benefits due and unpaid at the time of the Insured's death to the Insured's estate. If benefits are payable to the Insured's estate, We may pay up to $1,000 to any relative of the Insured whom We find is entitled to them. Any payment made in good faith will fully discharge Us to the extent of such payment.

CHANGE OF BENEFICIARY - If You have reserved the right to change the beneficiary, You can file a written request with Us to make such a change. If You have not reserved the right to change the beneficiary, the written consent of the irrevocable beneficiary will be required. Your written request will not be effective until it is recorded in Our home office records. After it has been recorded, the request will take effect as of the date You signed the request. However, if You die before the request has been so recorded, the request will not be effective as to those benefits We have paid before Your request was recorded in Our home office records.

ADDITIONAL PROVISIONS

MISSTATEMENT OF AGE - If Your Age has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct Age. If no coverage would have been issued or coverage would no longer be effective had the correct Age been stated, then Our liability will be limited to a refund of premium for the period during which no coverage was effective.

CONFORMITY WITH STATE STATUTES - Any provision of this Policy which, on its Effective Date is in conflict with the laws of the State in which it was issued, on that date is amended to conform to the minimum requirements of such laws.

UNPAID PREMIUM - When a claim is paid, any premium due and unpaid may be deducted from the claim payment.

RENEWAL PREMIUMS - Renewal premiums are payable to Us. The payment of any premium shall not continue this Policy in force beyond the next premium due date, except as provided in the Grace Period provision.

PREMIUM REFUND AT DEATH - We will refund that part of any premium paid which covers a period beyond the Policy month of Your death.

SIMILAR POLICY TO SPOUSE AFTER DEATH OF INSURED OR DIVORCE - Upon the death of either Insured or the entry of a valid decree of divorce between the insured parties, the surviving or divorced spouse shall be entitled to have issued to him or her, without evidence of insurability, upon notification made to Us within sixty (60) days following the death of either Insured or thirty one (31) days following the entry of the decree of divorce and upon the payment of the appropriate premium, an individual or family Policy of cancer insurance then being issued by Us which provides coverage most nearly similar to the coverage contained in the Policy which was terminated by reason of death or divorce or any other similar individual or family Policy then being issued by Us which contains lesser coverage. Any and all probationary or waiting periods set forth in such Policy shall be considered as being met to the extent coverage was in force under the prior Policy.

ASSIGNMENT - No assignment of interest in this Policy will be binding on Us unless it is received by Us in Our home office. We are not responsible for the validity of any assignment.

PARTICIPATION - This Policy is non-participating.

OTHER INSURANCE WITH US - You may have only one Accident Expense Policy with Us. If, through an error, We issue more than one Policy, You, Your beneficiary or Your estate may select which Policy will remain in force. We will refund the premiums You paid on any other Policy, less the amount of claims paid.

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BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

ACCIDENT INDEMNITY POLICY

[NO BENEFITS ARE PAYABLE FOR JOB-RELATED ACCIDENTAL BODILY INJURY – SEE PAGE 13]

This Policy terminates at the end of the month in which the Insured turns age 70.

ACCIDENT INDEMNITY POLICY

Non-Participating

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

WELLNESS RIDER

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums.

The benefits provided by this Rider are in addition to and exclusive of any of the benefits provided by the Policy to which this Rider is attached. With respect only to the specific benefits provided by this Rider, the terms and conditions of this Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to this Rider. The terms and conditions of this Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

DEFINTIONS

[CALENDAR YEAR - the period beginning 12:00 a.m. Standard Time on January 1 and ending at 11:59 p.m. Standard Time on December 31.]

[POLICY ANNIVERSARY DATE - the same date and month as the Policy Effective Date occurring each year after the first year.

POLICY YEAR - the period beginning 12:00 a.m. Standard Time on the Effective Date of the Policy shown on Page 3 of the Policy and ending at 11:59 p.m. Standard Time on the day before the Anniversary Date of the Policy. After the first Policy Year, subsequent Policy Years begin at 12:00 a.m. Standard Time on the Policy Anniversary Date.]

WAITING PERIOD - the first thirty (30) days following the Covered Persons Effective Date, during which time no benefits are payable under this Rider.

BENEFITS

We will pay $[60.00] per [Calendar Year] [Policy Year] when a Covered Person is given one of the following examinations or tests after the Waiting Period and while this Rider is in force, which has been recommended by or is performed under the supervision of a Physician, and for which a charge is incurred:

- Abdominal Aortic Aneurysm Ultrasonography
- Annual Physical
- Biopsies for Cancer
- Blood Test for Triglycerides
- Bone Density Screening
- Bone Marrow Testing
- Breast Ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Cardiac Stress Test
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Complete Blood Count
- Double Contrast Barium Enema
- Electrocardiogram
- Fasting Blood Glucose Test
- Flexible Sigmoidoscopy
- Hemoccult Stool Analysis
- Mammography
- Pap Smear
- PSA (blood test for prostate cancer)
- Serum Cholesterol Test to determine level of HDL and LDL
- Serum Protein Electrophoresis (blood test for myeloma)
- Skin Cancer Screening
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy

TERMINATION

This Rider will terminate on the earliest of the following events:

1. termination of the Policy to which it is attached;
2. Your failure to pay any premium due for this Rider; or
3. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY® has caused this Rider to be signed by its President.

President

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

ACCIDENT ONLY DISABILITY INCOME RIDER

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums. Except as stated elsewhere in this Rider, all of the definitions, provisions, conditions, limitations and exceptions of the Policy to which it is attached apply to this Rider.

DEFINITIONS

ELIMINATION PERIOD - the number of consecutive days of Total Disability, beginning with the date the Insured became Totally Disabled, before benefits become payable.

TOTAL DISABILITY or TOTALLY DISABLED – the Insured is completely and continuously unable to engage in the material duties of their job due to a Covered Injury and are not engaged in any employment or occupation for wage or profit. The Covered Injury causing Total Disability must require the regular care and attendance of a Physician.

WEEK – a period of seven calendar days beginning at 12:00 a.m. Standard Time on Sunday and ending at 11:59 p.m. Standard Time on the following Saturday.

BENEFITS

ELIMINATION PERIOD: 7 Days
MAXIMUM DISABILITY BENEFIT PERIOD: [26/52] Weeks

WEEKLY DISABILITY INCOME BENEFIT - When We receive due written proof that the Insured is Totally Disabled as a result of a Covered Injury, We will pay a Weekly Disability Income Benefit of $[1,000.00] per week, beginning with the first day of Total Disability following the Elimination Period shown above.

We will pay the Weekly Disability Income Benefit until one of the following events takes place:
1. the Insured is no longer continuously Totally Disabled; or
2. We have paid benefits for the Maximum Disability Benefit Period shown above.

TOTAL DISABILITY BENEFITS FOR LESS THAN A WEEK - Total Disability for less than a Week will be paid at the daily rate of 1/7th of the Weekly Disability Benefit.

RECURRENT DISABILITY - Successive periods of Total Disability will be considered as one period of Total Disability for the purpose of applying the Elimination Period and Maximum Disability Benefit Period, unless:
1. the Insured had resumed their regular occupation and performed all the material duties of the occupation for a continuous period of 6 months (180 days) between these periods of Total Disability, or
2. the subsequent period of Total Disability results from causes which are separate and distinct to the causes of the prior period of Total Disability.

TERMINATION

This Rider will terminate on the earliest of the following events:

1. termination of the Policy to which it is attached;
2. failure to pay any premium due for this Rider; or
3. the Insured's written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY® has caused this Rider to be signed by its President.

President

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

FIRST-DAY HOSPITAL CONFINEMENT BENEFIT RIDER

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums. Except as stated elsewhere in this Rider, all of the definitions, provisions, conditions, limitations and exceptions of the Policy to which it is attached apply to this Rider.

BENEFITS

We will pay $[1,000.00] for the first day of the Covered Persons Confinement to a Hospital for a Covered Injury, when the Hospital Confinement Benefit is being paid under the Policy for the same Confinement.

TERMINATION

This Rider will terminate on the earliest of the following events:

1. termination of the Policy to which it is attached;
2. Your failure to pay any premium due for this Rider; or
3. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY® has caused this Rider to be signed by its President.

President

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., Atlanta, Georgia 30319

FIRST-DAY INTENSIVE CARE UNIT CONFINEMENT BENEFIT RIDER

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums. Except as stated elsewhere in this Rider, all of the definitions, provisions, conditions, limitations and exceptions of the Policy to which it is attached apply to this Rider.

BENEFITS

We will pay $[2,000.00] for the first day of the Covered Persons Confinement to an Intensive Care Unit for a Covered Injury, when the Intensive Care Unit Confinement Benefit is being paid under the Policy for the same Confinement.

TERMINATION

This Rider will terminate on the earliest of the following events:

1. termination of the Policy to which it is attached;
2. Your failure to pay any premium due for this Rider; or
3. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY® has caused this Rider to be signed by its President.

President

Retain This For Your Records

BANKERS FIDELITY LIFE INSURANCE COMPANY®
4370 Peachtree Road, N., PO BOX 105185, Atlanta, Georgia 30348-5185 (404) 266-5600

OUTLINE OF COVERAGE FOR ACCIDENT INDEMNITY POLICY
FORM B 21302

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 provisions of the Policy will control. The Policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

ACCIDENT EXPENSE - is designed to provide, to persons insured, fixed benefits for expenses due to accidental bodily injury, subject to any limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

THE POLICY PROVIDES LIMITED COVERAGE FOR ACCIDENTS ONLY AND DOES NOT PAY BENEFITS FOR ANY LOSS DUE TO SICKNESS.

NO BENEFITS ARE PAYABLE FOR JOB-RELATED ACCIDENTAL BODILY INJURY

BENEFITS - This Policy provides fixed indemnity benefits for the specific Losses described below. The Loss must be 1) the direct result of a Covered Injury, and 2) incurred within ninety (90) days from the date of the Accidental Bodily Injury. Treatment for the Accidental Bodily Injury must begin within 72 hours of the Accidental Bodily Injury. For benefits other than Accidental Death, the Covered Person must incur a charge for the Loss in order for benefits to be payable.

Each benefit is payable one (1) time only for any single Covered Injury for each Covered Person, unless otherwise specified in the specific benefit provision.

Accidental Death - When We receive due written proof satisfactory to Us of the Accidental Death of the Covered Person, We will pay the Accidental Death Benefit amount shown below to the Beneficiary(ies):

	INSURED	SPOUSE	DEPENDENT CHILD(REN)
DESCRIPTION			
Accidental Death Benefit	$[50,000]	$[50,000]	$[12,500]

If the Accidental Death of the Covered Person is incurred while they are on, getting on or alighting from a Common Carrier, We will pay the Accidental Death Benefit amount shown below to the Beneficiary(ies):

	INSURED	SPOUSE	DEPENDENT CHILD(REN)
DESCRIPTION			
Common-Carrier Accidental Death Benefit:	$[200,000.00]	$[200,000.00]	$[25,000.00]

We will only pay one (1) Accidental Death Benefit per Covered Person, regardless of cause; the Common-Carrier Accidental Death Benefit is not payable in addition to the Accidental Death Benefit that is payable for Accidental Death from other causes. With respect to Accidental Death benefit and the Dismemberment Benefit, We will pay either the Accidental Death benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

Dismemberment - We will pay the following benefits based on the extent of the Dismemberment when a Covered Person suffers a Dismemberment due to a Covered Injury:

	INSURED	SPOUSE	DEPENDENT CHILD(REN)
Dismemberment Benefit			
Both Arms; or Both Legs; or Both Hands; or Both Feet or the Sight in Both Eyes	$[50,000.00]	$[50,000.00]	$[12,500.00]
One Hand AND One Foot	$[50,000.00]	$[50,000.00]	$[12,500.00]
One Arm; or One Leg; or One Hand; or One Foot; or the Sight in One Eye,	$[12,500.00]	$[12,500.00]	$[3,125.00]
One Finger or Toe	$[2,500.00]	$[2,500.00]	$[625.00]
More than One Finger and/or Toe	$[2,500.00]	$[2,500.00]	$[625.00]

We will only pay one (1) Dismemberment Benefit (the largest) for each Covered Person as the result of any single Covered Injury, regardless of how many Dismemberments are actually suffered. With respect to Accidental Death benefit and the Dismemberment Benefit, We will pay either the Accidental Death Benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

Burns - We will pay the following benefits based on the extent of the Burn when a Covered Person receives Treatment for a Burn due to a Covered Injury:

Type of Burn:	Benefit Amount:
2nd Degree – covering greater than 36% of total body surface area	$[1,250.00]
3nd Degree – covering:	
9 or more but less than 10 square inches (22.86 or more but less than 25.4 square centimeters)	$[1,250.00]
10 or more but less than 25 square inches (25.4 or more but less than 63.5 square centimeters)	$[3,750.00]
25 or more but less than 35 square inches (63.5 or more but less than 88.9 square centimeters)	$[8,700.00]
More than 35 square inches (More than 88.9 square centimeters)	$[12,500.00]

Skin Grafts - We will pay one half (1/2) of the Burn benefit that has been paid for a Covered Injury when a Covered Person receives Skin Grafts as the result of the Burn.

Lacerations - We will pay the following benefits based on the extent of the Laceration when a Covered Person receives Treatment for a Laceration due to a Covered Injury:

Type of Laceration:	Benefit Amount:
Not requiring stitches or sutures	$[30.00]
Repaired by stitches or sutures*:	
Less than 3 in. (7.6 cm.) in length	$[60.00]
At least 3 in. (7.6 cm.) but less than 5 in. (12.6 cm.) in length	$[225.00]
5 in. (12.6 cm.) or more in length	$[450.00]

* in. = inches; cm. = centimeters

Dislocation - We will pay the following benefits based on the location and type of Dislocation when a Covered Person receives Treatment for a Dislocation due to a Covered Injury:

Location/Type:	Closed/Simple	Open/Compound	Location/Type:	Closed/Simple	Open/Compound
Hip	$[625.00]	$[2,500.00]	Elbow or Wrist	$[250.00]	$[500.00]
Knee	$[250.00]	$[625.00]	Hand (except fingers)	$[325.00]	$[625.00]
Ankle	$[200.00]	$[625.00]	Collar Bone (Acrom)	$[200.00]	$[1,000.00]
Collar Bone (Stem)	$[200.00]	$[1,000.00]	Toe or Finger	$[65.00]	$[125.00]
Lower Jaw	$[325.00]	$[625.00]	Foot (except toes)	$[200.00]	$[625.00]
Shoulder	$[250.00]	$[625.00]			

If more than one Dislocation is suffered as a result of a single Covered Injury, We will pay benefits for each separate Dislocation, up to a Maximum benefit equal to two times the highest Dislocation benefit for all Dislocations suffered in a single Covered Injury.

Fracture - We will pay the following benefits based on the location and type of Fracture when a Covered Person receives Treatment for a Fracture due to a Covered Injury:

Location/Type:	Closed/Simple	Open/Compound	Location/Type:	Closed/Simple	Open/Compound
Ankle	$[325.00]	$[625.00]	Kneecap	$[325.00]	$[625.00]
Arm (shoulder to elbow)	$[375.00]	$[750.00]	Leg (hip to knee)	$[625.00]	$[1,250.00]
Arm (elbow to wrist)	$[325.00]	$[625.00]	Leg (knee to ankle)	$[625.00]	$[1,250.00]
Bones of Face (excluding nose)	$[375.00]	$[750.00]	Nose	$[125.00]	$[125.00]
Coccyx	$[125.00]	$[250.00]	Pelvis	$[625.00]	$[1,250.00]
Collarbone	$[325.00]	$[625.00]	Rib	$[125.00]	$[1,250.00]
Elbow	$[325.00]	$[625.00]	Shoulder blade	$[325.00]	$[625.00]
Finger	$[125.00]	$[625.00]	Skull (depressed)	$[1,875.00]	$[1,875.00]
Foot (except toes and heel)	$[325.00]	$[625.00]	Skull (non-depressed)	$[625.00]	$[625.00]
Hand (except fingers)	$[325.00]	$[625.00]	Sternum	$[625.00]	$[1,250.00]
Heel	$[125.00]	$[625.00]	Toe	$[125.00]	$[250.00]
Hip	$[1,250.00]	$[2,500.00]	Vertebrae	$[625.00]	$[1,250.00]
Jaw (lower)	$[325.00]	$[625.00]	Vertebral Column	$[200.00]	$[1,250.00]
Jaw (upper)	$[375.00]	$[750.00]	Wrist	$[325.00]	$[625.00]

If more than one Fracture is suffered as a result of a single Covered Injury, We will pay benefits for each separate Fracture, up to a Maximum benefit equal to two times the highest Fracture benefit for all Fractures suffered in a single Covered Injury.

With respect to Dislocation and Fracture benefits, We will pay either the Accidental Death benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

Paralysis - We will pay the following benefits when a Covered Person suffers Paralysis due to a Covered Injury:

Type of Paralysis:	Benefit Amount
Hemiplegia	$[6,000.00]
Paraplegia	$[7,500.00]
Quadriplegia	$[15,000.00]

Coma - We will pay a lump sum benefit of $[12,500.00] if a Covered Person suffers a Coma continuing for thirty (30) consecutive days or longer due to a Covered Injury.

Consussion - We will pay $[60.00] if the Covered Person suffers a Concussion due to a Covered Injury.

Ambulance - We will pay the following benefits based on the type of Ambulance when a Covered Persons has to be transported by Ambulance due to a Covered Injury:

Type of Ambulance:	Benefit Amount
Ground	$[200.00]
Air	$[1,000.00]

Transportation - We will pay $[500.00] if the Covered Person must travel more than 50 miles one-way for Confinement to a Hospital to receive special Treatment which is not available locally. We will pay this benefit for a Maximum of three (3) round trips for any single Covered Injury. This benefit is not payable for transportation by Ambulance.

Emergency - We will pay $[125.00] for Treatment or Examination in an Emergency Room due to a Covered Injury.

Physician's Office Emergency Treatment - We will pay $[75.00] for Emergency Treatment or Examination in a Physician's Office to Treat a Covered Injury.

Physician's Office Follow-Up Visit - We will pay $[40.00] for a follow-up visit to a Physician's Office for the same Covered Injury for which the Physician's Office Emergency Treatment benefit or Emergency Room benefit was paid.

Hospital Confinement Benefit - We will pay $[250.00] per day, up to a Maximum of 365 days, for each day the Covered Person is Confined to a Hospital due to a Covered Injury. Confinement must begin within thirty (30) days from the date of the Covered Injury.

Intensive Care Unit Confinement Benefit - We will pay $[500.00] per day, up to a Maximum of 30 days, for each day the Covered Person is Confined to an Intensive Care Unit due to a Covered Injury. Confinement must begin within (30) days from the date of the Covered Injury.

The Hospital Confinement Benefit is not payable for the same day that the Intensive Care Unit Confinement Benefit is paid. If the Covered Person is Confined to an Intensive Care Unit due to a Covered Injury, only the Intensive Care Unit Benefit is payable. If We pay the Intensive Care Unit Benefit for the Maximum number of days shown above and the Covered Person is still Confined to a Hospital, then the Hospital Confinement Benefit will be payable, until the Maximum Hospital Confinement Benefit has been paid.

Emergency Dental Repair - We will pay the following benefits for the type of repair indicated when a Covered Person receives Treatment for a broken tooth due to a Covered Injury:

Broken Tooth:	Benefit Amount
Repaired with Crown	$[400.00]
Resulting in Extraction	$[125.00]

Eye Injury - We will pay the following benefits for the type of repair indicated when a Covered Person receives Treatment for a Covered Injury to their eye:

Loss:	Benefit Amount
Surgical Repair	$[300.00]
Removal of foreign object	$[60.00]

X-rays - We will pay $[30.00] for X-rays to diagnose a Covered Injury.

Major Diagnostic Exams - We will pay $[200.00] for a Major Diagnostic Exam to diagnose a Covered Injury.

Surgery - We will pay the benefit listed below for the specific Surgery indicated. If two (2) or more of the specific Surgeries listed below are performed on the same surgical occasion, either through the same or different incisions, We will pay for the Surgery providing the largest benefit. We will only pay benefits for the specific surgeries listed below; We will not pay Surgery benefits for any other surgery that may be required due to an Accidental Bodily Injury, but is not listed below.

Arthroscopy Surgery - We will pay $[200.00] if a Covered Person undergoes arthroscopic Surgery, with or without repair, within sixty (60) days of a Covered Injury to either diagnose or Treat the Covered Injury. Hernia Repair is not covered under this benefit.

Cranial, Open Abdominal, or Thoracic Surgery - We will pay $[1,500.00] if a Covered Person undergoes cranial, open abdominal or thoracic Surgery within seventy-two (72) hours to repair internal injuries resulting from a Covered Injury. This benefit also covers Exploratory Open Abdominal Surgery. Hernia Repair is not covered under this benefit.

Exploratory Surgery of the Tendon or for Torn Knee Cartilage - We will pay $[200.00] if a Covered Person undergoes exploratory Surgery to diagnose a Covered Injury to a tendon or torn knee cartilage within sixty (60) days of the Covered Injury.

Surgical Repair - We will pay $[750.00] if a Covered Person undergoes Surgery to repair: 1) a torn, ruptured or severed tendon, ligament or rotator cuff; 2) a ruptured disc or discs; or, 3) torn knee cartilage. We will pay a Maximum of $[1,500.00] if more than one torn, ruptured or severed tendon is repaired during the same surgical procedure. For this benefit to be paid, the Covered Person must be treated by a Physician within sixty (60) days of the Covered Injury; and the Surgery must happen within one (1) year of the Covered Injury.

Hernia Repair - We will pay $[1,500.00] if a Covered Person undergoes Surgery to repair a hernia. For this benefit to be payable, the hernia must be diagnosed within thirty (30) days of the Covered Injury and the Surgery must happen within sixty (60) days of the Covered Injury. The benefit for Hernia Repair is not payable in conjunction with the benefit payable for any other type of Surgery.

Blood, Plasma, Platelets - We will pay $[200.00] for the transfusion, administration, cross-matching, typing and processing of blood, plasma or platelets that are replaced within ninety (90) days of a Covered Injury.

Rehabilitation Facility Confinement - We will pay $[125.00] per day, up to a Maximum of thirty (30) days, for each day the Covered Person is Confined to a Rehabilitation Facility for Treatment due to a Covered Injury. Confinement must begin within thirty (30) days from the date of the Covered Injury.

Physical/Occupational Therapy - We will pay $[30.00] for each Physical Therapy Treatment or Occupational Therapy Treatment necessary due to a Covered Injury, up to a combined Maximum of six (6) such Treatments.

Prosthetic Appliances/Devices - We will pay $[750.00] for a single Prosthetic Device which is: 1) necessary due to a Covered Injury; 2) prescribed by a Physician; and 3) for which a charge is incurred. We will pay a Maximum of $[1,500.00] for multiple Prosthetic Devices if more than one Prosthetic Device is necessary.

Appliances/Devices - We will pay a maximum of $[125.00] for all Appliances/Devices which are: 1) necessary due to a Covered Injury; 2) prescribed by a Physician; and 3) for which a charge is incurred for the Appliance or Device.

Epidural Anesthesia Pain Management - We will pay $[100.00] if a Covered Person is prescribed and receives an epidural administered for pain management of a Covered Injury.

Lodging - We will pay $[125.00] per day, up to a Maximum of thirty (30) days, when a companion of a Covered Person incurs a charge for a hotel or motel room in order to be with the Covered Person while the Covered Person is Confined to a Hospital which is more than 50 miles from the Covered Person's home.

EXCLUSIONS - No Benefits are provided for the following, nor will We pay any expenses incurred as a result of any Loss which is caused by, or sustained while, or incurred for, directly or indirectly: 1) caused by, whether directly or indirectly, disease, bodily or mental infirmity; 2) being under the voluntary influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or being intoxicated; 3) participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not; 4) committing or attempting to commit suicide or intentionally self-inflicting a bodily injury, while sane or insane; 5) having cosmetic surgery or other elective procedures that are not Medically Necessary; 6) having dental treatment, except when Medically Necessary because of a Covered Injury; 7) being exposed to war, or any act of war, declared or undeclared; 8) actively serving in any of the Armed forces, or units auxiliary thereto, including the National Guard or Reserves; 9) participating in flying in an ultra-light, hang-gliding, parachuting, bungee-cord jumping, or by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere; 10) participating in or practicing for any professional, intercollegiate, or club sports activity; 11) competing in motor or water sports racing or competitions; 12) testing cars or trucks on any racetrack or speedway; 13) handling, storing or transporting any explosives; 14) scaling up cliffs or mountain walls; 15) spelunking (exploring caves); 16) driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's) in a competition or professional event; 17) handling or working with dangerous animals in a competition or professional event; 18) water-skiing, surfboarding, snow-skiing, snowboarding, roller-blading or skateboarding in a competition or professional event; 19) participating in a rodeo in a competition or professional event.

LIMITATION FOR JOB-RELATED ACCIDENTAL BODILY INJURY - No benefits are payable for Losses due to Accidental Bodily Injury sustained while performing Your regular occupation or any other occupation or activity for wage or profit.

GUARANTEED RENEWABLE TO AGE 70 - The Policy is guaranteed renewable until the end of the month in which the Insured turns age 70.We guarantee to renew the policy as long as you pay your renewal premiums on time, either in advance or during the Grace Period.

This Policy terminates at the end of the month in which the Insured turns age 70.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates. A change will apply to all policies with the same form number and issue age group and state of issue as yours. A minimum of 30 days advance written notice will be given. The change will apply on the first premium due date after we notify you. Each premium will be computed by the age and sex 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.

PREMIUMS - Premiums are subject to change as stated above.

$ _____	Annual	$ _____	Quarterly	$ _____	Monthly Bank Draft/ Credit Card
$ _____	Semi - Annual	$ _____	Monthly Direct	$ _____	Payroll Deduction/ List Bill

Retain This For Your Records

BANKERS FIDELITY LIFE INSURANCE COMPANY®
4370 Peachtree Road, N., PO BOX 105185, Atlanta, Georgia 30348-5185 (404) 266-5600

OUTLINE OF COVERAGE FOR ACCIDENT INDEMNITY POLICY
FORM B 21302

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 provisions of the Policy will control. The Policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

ACCIDENT EXPENSE - is designed to provide, to persons insured, fixed benefits for expenses due to accidental bodily injury, subject to any limitations set forth in the Policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

THE POLICY PROVIDES LIMITED COVERAGE FOR ACCIDENTS ONLY AND DOES NOT PAY BENEFITS FOR ANY LOSS DUE TO SICKNESS.

BENEFITS - This Policy provides fixed indemnity benefits for the specific Losses described below. The Loss must be 1) the direct result of a Covered Injury, and 2) incurred within ninety (90) days from the date of the Accidental Bodily Injury. Treatment for the Accidental Bodily Injury must begin within 72 hours of the Accidental Bodily Injury. For benefits other than Accidental Death, the Covered Person must incur a charge for the Loss in order for benefits to be payable.

Each benefit is payable one (1) time only for any single Covered Injury for each Covered Person, unless otherwise specified in the specific benefit provision.

Accidental Death - When We receive due written proof satisfactory to Us of the Accidental Death of the Covered Person, We will pay the Accidental Death Benefit amount shown below to the Beneficiary(ies):

BENEFITS, continued

	INSURED	SPOUSE	DEPENDENT CHILD(REN)
DESCRIPTION			
Accidental Death Benefit	$[50,000]	$[50,000]	$[12,500]

If the Accidental Death of the Covered Person is incurred while they are on, getting on or alighting from a Common Carrier, We will pay the Accidental Death Benefit amount shown below to the Beneficiary(ies):

	INSURED	SPOUSE	DEPENDENT CHILD(REN)
DESCRIPTION			
Common-Carrier Accidental Death Benefit:	$[200,000.00]	$[200,000.00]	$[25,000.00]

We will only pay one (1) Accidental Death Benefit per Covered Person, regardless of cause; the Common-Carrier Accidental Death Benefit is not payable in addition to the Accidental Death Benefit that is payable for Accidental Death from other causes. With respect to Accidental Death benefit and the Dismemberment Benefit, We will pay either the Accidental Death benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

Dismemberment - We will pay the following benefits based on the extent of the Dismemberment when a Covered Person suffers a Dismemberment due to a Covered Injury:

	INSURED	SPOUSE	DEPENDENT CHILD(REN)
Dismemberment Benefit			
Both Arms; or Both Legs; or Both Hands; or Both Feet or the Sight in Both Eyes	$[50,000.00]	$[50,000.00]	$[12,500.00]
One Hand AND One Foot	$[50,000.00]	$[50,000.00]	$[12,500.00]
One Arm; or One Leg; or One Hand; or One Foot; or the Sight in One Eye,	$[12,500.00]	$[12,500.00]	$[3,125.00]
One Finger or Toe	$[2,500.00]	$[2,500.00]	$[625.00]
More than One Finger and/or Toe	$[2,500.00]	$[2,500.00]	$[625.00]

We will only pay one (1) Dismemberment Benefit (the largest) for each Covered Person as the result of any single Covered Injury, regardless of how many Dismemberments are actually suffered. With respect to Accidental Death benefit and the Dismemberment Benefit, We will pay either the Accidental Death Benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

Burns - We will pay the following benefits based on the extent of the Burn when a Covered Person receives Treatment for a Burn due to a Covered Injury:

Type of Burn:	Benefit Amount:
2nd Degree – covering greater than 36% of total body surface area	$[1,250.00]
3nd Degree – covering:	
9 or more but less than 10 square inches (22.86 or more but less than 25.4 square centimeters)	$[1,250.00]
10 or more but less than 25 square inches (25.4 or more but less than 63.5 square centimeters)	$[3,750.00]
25 or more but less than 35 square inches (63.5 or more but less than 88.9 square centimeters)	$[8,700.00]
More than 35 square inches (More than 88.9 square centimeters)	$[12,500.00]

Skin Grafts - We will pay one half (1/2) of the Burn benefit that has been paid for a Covered Injury when a Covered Person receives Skin Grafts as the result of the Burn.

Lacerations - We will pay the following benefits based on the extent of the Laceration when a Covered Person receives Treatment for a Laceration due to a Covered Injury:

Type of Laceration:	Benefit Amount:
Not requiring stitches or sutures	$[30.00]
Repaired by stitches or sutures*:	
Less than 3 in. (7.6 cm.) in length	$[60.00]
At least 3 in. (7.6 cm.) but less than 5 in. (12.6 cm.) in length	$[225.00]
5 in. (12.6 cm.) or more in length	$[450.00]

* in. = inches; cm. = centimeters

Dislocation - We will pay the following benefits based on the location and type of Dislocation when a Covered Person receives Treatment for a Dislocation due to a Covered Injury:

Location/Type:	Closed/Simple	Open/Compound	Location/Type:	Closed/Simple	Open/Compound
Hip	$[625.00]	$[2,500.00]	Elbow or Wrist	$[250.00]	$[500.00]
Knee	$[250.00]	$[625.00]	Hand (except fingers)	$[325.00]	$[625.00]
Ankle	$[200.00]	$[625.00]	Collar Bone (Acrom)	$[200.00]	$[1,000.00]
Collar Bone (Stem)	$[200.00]	$[1,000.00]	Toe or Finger	$[65.00]	$[125.00]
Lower Jaw	$[325.00]	$[625.00]	Foot (except toes)	$[200.00]	$[625.00]
Shoulder	$[250.00]	$[625.00]			

If more than one Dislocation is suffered as a result of a single Covered Injury, We will pay benefits for each separate Dislocation, up to a Maximum benefit equal to two times the highest Dislocation benefit for all Dislocations suffered in a single Covered Injury.

Fracture - We will pay the following benefits based on the location and type of Fracture when a Covered Person receives Treatment for a Fracture due to a Covered Injury:

Location/Type:	Closed/Simple	Open/Compound	Location/Type:	Closed/Simple	Open/Compound
Ankle	$[325.00]	$[625.00]	Kneecap	$[325.00]	$[625.00]
Arm (shoulder to elbow)	$[375.00]	$[750.00]	Leg (hip to knee)	$[625.00]	$[1,250.00]
Arm (elbow to wrist)	$[325.00]	$[625.00]	Leg (knee to ankle)	$[625.00]	$[1,250.00]
Bones of Face (excluding nose)	$[375.00]	$[750.00]	Nose	$[125.00]	$[125.00]
Coccyx	$[125.00]	$[250.00]	Pelvis	$[625.00]	$[1,250.00]
Collarbone	$[325.00]	$[625.00]	Rib	$[125.00]	$[1,250.00]
Elbow	$[325.00]	$[625.00]	Shoulder blade	$[325.00]	$[625.00]
Finger	$[125.00]	$[625.00]	Skull (depressed)	$[1,875.00]	$[1,875.00]
Foot (except toes and heel)	$[325.00]	$[625.00]	Skull (non-depressed)	$[625.00]	$[625.00]
Hand (except fingers)	$[325.00]	$[625.00]	Sternum	$[625.00]	$[1,250.00]
Heel	$[125.00]	$[625.00]	Toe	$[125.00]	$[250.00]
Hip	$[1,250.00]	$[2,500.00]	Vertebrae	$[625.00]	$[1,250.00]
Jaw (lower)	$[325.00]	$[625.00]	Vertebral Column	$[200.00]	$[1,250.00]
Jaw (upper)	$[375.00]	$[750.00]	Wrist	$[325.00]	$[625.00]

If more than one Fracture is suffered as a result of a single Covered Injury, We will pay benefits for each separate Fracture, up to a Maximum benefit equal to two times the highest Fracture benefit for all Fractures suffered in a single Covered Injury.

With respect to Dislocation and Fracture benefits, We will pay either the Accidental Death benefit or the Dismemberment Benefit (whichever is the largest) as a result of any single Covered Injury, but not both.

Paralysis - We will pay the following benefits when a Covered Person suffers Paralysis due to a Covered Injury:

Type of Paralysis:	Benefit Amount
Hemiplegia	$[6,000.00]
Paraplegia	$[7,500.00]
Quadriplegia	$[15,000.00]

Coma - We will pay a lump sum benefit of $[12,500.00] if a Covered Person suffers a Coma continuing for thirty (30) consecutive days or longer due to a Covered Injury.

Consussion - We will pay $[60.00] if the Covered Person suffers a Concussion due to a Covered Injury.

Ambulance - We will pay the following benefits based on the type of Ambulance when a Covered Persons has to be transported by Ambulance due to a Covered Injury:

Type of Ambulance:	Benefit Amount
Ground	$[200.00]
Air	$[1,000.00]

Transportation - We will pay $[500.00] if the Covered Person must travel more than 50 miles one-way for Confinement to a Hospital to receive special Treatment which is not available locally. We will pay this benefit for a Maximum of three (3) round trips for any single Covered Injury. This benefit is not payable for transportation by Ambulance.

Emergency - We will pay $[125.00] for Treatment or Examination in an Emergency Room due to a Covered Injury.

Physician's Office Emergency Treatment - We will pay $[75.00] for Emergency Treatment or Examination in a Physician's Office to Treat a Covered Injury.

Physician's Office Follow-Up Visit - We will pay $[40.00] for a follow-up visit to a Physician's Office for the same Covered Injury for which the Physician's Office Emergency Treatment benefit or Emergency Room benefit was paid.

Hospital Confinement Benefit - We will pay $[250.00] per day, up to a Maximum of 365 days, for each day the Covered Person is Confined to a Hospital due to a Covered Injury. Confinement must begin within thirty (30) days from the date of the Covered Injury.

Intensive Care Unit Confinement Benefit - We will pay $[500.00] per day, up to a Maximum of 30 days, for each day the Covered Person is Confined to an Intensive Care Unit due to a Covered Injury. Confinement must begin within (30) days from the date of the Covered Injury.

The Hospital Confinement Benefit is not payable for the same day that the Intensive Care Unit Confinement Benefit is paid. If the Covered Person is Confined to an Intensive Care Unit due to a Covered Injury, only the Intensive Care Unit Benefit is payable. If We pay the Intensive Care Unit Benefit for the Maximum number of days shown above and the Covered Person is still Confined to a Hospital, then the Hospital Confinement Benefit will be payable, until the Maximum Hospital Confinement Benefit has been paid.

Emergency Dental Repair - We will pay the following benefits for the type of repair indicated when a Covered Person receives Treatment for a broken tooth due to a Covered Injury:

Broken Tooth:	Benefit Amount
Repaired with Crown	$[400.00]
Resulting in Extraction	$[125.00]

Eye Injury - We will pay the following benefits for the type of repair indicated when a Covered Person receives Treatment for a Covered Injury to their eye:

Loss:	Benefit Amount
Surgical Repair	$[300.00]
Removal of foreign object	$[60.00]

X-rays - We will pay $[30.00] for X-rays to diagnose a Covered Injury.

Major Diagnostic Exams - We will pay $[200.00] for a Major Diagnostic Exam to diagnose a Covered Injury.

Surgery - We will pay the benefit listed below for the specific Surgery indicated. If two (2) or more of the specific Surgeries listed below are performed on the same surgical occasion, either through the same or different incisions, We will pay for the Surgery providing the largest benefit. We will only pay benefits for the specific surgeries listed below; We will not pay Surgery benefits for any other surgery that may be required due to an Accidental Bodily Injury, but is not listed below.

Arthroscopy Surgery - We will pay $[200.00] if a Covered Person undergoes arthroscopic Surgery, with or without repair, within sixty (60) days of a Covered Injury to either diagnose or Treat the Covered Injury. Hernia Repair is not covered under this benefit.

Cranial, Open Abdominal, or Thoracic Surgery - We will pay $[1,500.00] if a Covered Person undergoes cranial, open abdominal or thoracic Surgery within seventy-two (72) hours to repair internal injuries resulting from a Covered Injury. This benefit also covers Exploratory Open Abdominal Surgery. Hernia Repair is not covered under this benefit.

Exploratory Surgery of the Tendon or for Torn Knee Cartilage - We will pay $[200.00] if a Covered Person undergoes exploratory Surgery to diagnose a Covered Injury to a tendon or torn knee cartilage within sixty (60) days of the Covered Injury.

Surgical Repair - We will pay $[750.00] if a Covered Person undergoes Surgery to repair: 1) a torn, ruptured or severed tendon, ligament or rotator cuff; 2) a ruptured disc or discs; or, 3) torn knee cartilage. We will pay a Maximum of $[1,500.00] if more than one torn, ruptured or severed tendon is repaired during the same surgical procedure. For this benefit to be paid, the Covered Person must be treated by a Physician within sixty (60) days of the Covered Injury; and the Surgery must happen within one (1) year of the Covered Injury.

Hernia Repair - We will pay $[1,500.00] if a Covered Person undergoes Surgery to repair a hernia. For this benefit to be payable, the hernia must be diagnosed within thirty (30) days of the Covered Injury and the Surgery must happen within sixty (60) days of the Covered Injury. The benefit for Hernia Repair is not payable in conjunction with the benefit payable for any other type of Surgery.

Blood, Plasma, Platelets - We will pay $[200.00] for the transfusion, administration, cross-matching, typing and processing of blood, plasma or platelets that are replaced within ninety (90) days of a Covered Injury.

Rehabilitation Facility Confinement - We will pay $[125.00] per day, up to a Maximum of thirty (30) days, for each day the Covered Person is Confined to a Rehabilitation Facility for Treatment due to a Covered Injury. Confinement must begin within thirty (30) days from the date of the Covered Injury.

Physical/Occupational Therapy - We will pay $[30.00] for each Physical Therapy Treatment or Occupational Therapy Treatment necessary due to a Covered Injury, up to a combined Maximum of six (6) such Treatments.

Prosthetic Appliances/Devices - We will pay $[750.00] for a single Prosthetic Device which is: 1) necessary due to a Covered Injury; 2) prescribed by a Physician; and 3) for which a charge is incurred. We will pay a Maximum of $[1,500.00] for multiple Prosthetic Devices if more than one Prosthetic Device is necessary.

Appliances/Devices - We will pay a maximum of $[125.00] for all Appliances/Devices which are: 1) necessary due to a Covered Injury; 2) prescribed by a Physician; and 3) for which a charge is incurred for the Appliance or Device.

Epidural Anesthesia Pain Management - We will pay $[100.00] if a Covered Person is prescribed and receives an epidural administered for pain management of a Covered Injury.

Lodging - We will pay $[125.00] per day, up to a Maximum of thirty (30) days, when a companion of a Covered Person incurs a charge for a hotel or motel room in order to be with the Covered Person while the Covered Person is Confined to a Hospital which is more than 50 miles from the Covered Person's home.

EXCLUSIONS - No Benefits are provided for the following, nor will We pay any expenses incurred as a result of any Loss which is caused by, or sustained while, or incurred for, directly or indirectly: 1) caused by, whether directly or indirectly, disease, bodily or mental infirmity; 2) being under the voluntary influence of a controlled substance (unless administered by a physician and taken according to the physician's instructions) or being intoxicated; 3) participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not; 4) committing or attempting to commit suicide or intentionally self-inflicting a bodily injury, while sane or insane; 5) having cosmetic surgery or other elective procedures that are not Medically Necessary; 6) having dental treatment, except when Medically Necessary because of a Covered Injury; 7) being exposed to war, or any act of war, declared or undeclared; 8) actively serving in any of the Armed forces, or units auxiliary thereto, including the National Guard or Reserves; 9) participating in flying in an ultra-light, hang-gliding, parachuting, bungee-cord jumping, or by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere; 10) participating in or practicing for any professional, intercollegiate, or club sports activity; 11) competing in motor or water sports racing or competitions; 12) testing cars or trucks on any racetrack or speedway; 13) handling, storing or transporting any explosives; 14) scaling up cliffs or mountain walls; 15) spelunking (exploring caves); 16) driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's) in a competition or professional event; 17) handling or working with dangerous animals in a competition or professional event; 18) water-skiing, surfboarding, snow-skiing, snowboarding, roller-blading or skateboarding in a competition or professional event; 19) participating in a rodeo in a competition or professional event.

GUARANTEED RENEWABLE TO AGE 70 - The Policy is guaranteed renewable until the end of the month in which the Insured turns age 70.We guarantee to renew the policy as long as you pay your renewal premiums on time, either in advance or during the Grace Period.

This Policy terminates at the end of the month in which the Insured turns age 70.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates. A change will apply to all policies with the same form number and issue age group and state of issue as yours. A minimum of 30 days advance written notice will be given. The change will apply on the first premium due date after we notify you. Each premium will be computed by the age and sex 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.

PREMIUMS - Premiums are subject to change as stated above.

$ _____	Annual	$ _____	Quarterly	$ _____	Monthly Bank Draft/ Credit Card
$ _____	Semi - Annual	$ _____	Monthly Direct	$ _____	Payroll Deduction/ List Bill

Retain This For Your Records

BANKERS FIDELITY LIFE INSURANCE COMPANY®
4370 Peachtree Road, N., PO BOX 105185, Atlanta, Georgia 30348-5185 (404) 266-5600

OUTLINE OF COVERAGE FOR WELLNESS RIDER

RIDER FORM B 21302 R1 (available with policy Form B 21302)

READ YOUR RIDER CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your Rider. This is not the insurance contract and only the actual provisions of the Policy and Rider will control. The Policy and the Rider set forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY AND RIDER CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

BENEFITS - The Rider provides fixed indemnity benefits for the specific Losses described below.

We will pay $[60.00] when a Covered Person is given any of the following examinations or tests while the Rider is in force, which has been recommended by or performed under the supervision of a Physician:

- Abdominal Aortic Aneurysm Ultrasonography
- Annual Physical
- Biopsies for Cancer
- Blood Test for Triglycerides
- Bone Density Screening
- Bone Marrow Testing
- Breast Ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Cardiac Stress Test
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Complete Blood Count
- Double Contrast Barium Enema
- Electrocardiogram
- Fasting Blood Glucose Test
- Flexible Sigmoidoscopy
- Hemoccult Stool Analysis
- Mammography
- Pap Smear
- PSA (blood test for prostate cancer)
- Serum Cholesterol Test to determine level of HDL and LDL
- Serum Protein Electrophoresis (blood test for myeloma)
- Skin Cancer Screening
- Testicular Ultrasound
- Thermography
- Virtual Colonoscopy

LIMITATIONS AND EXCLUSIONS- Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.

GUARANTEED RENEWABLE - We guarantee to renew the policy as long as you pay your renewal premiums on time, either in advance or during the Grace Period.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates. A change will apply to all policies with the same form number and issue age group and state of issue as yours. A minimum of 30 days advance written notice will be given. The change will apply on the first premium due date after we notify you. Each premium will be computed by the age and sex 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.

PREMIUMS - Premiums are subject to change as stated above.

$ _____ Annual	$ _____ Quarterly	$ _____ Monthly Bank Draft/ Credit Card
$ _____ Semi - Annual	$ _____ Monthly Direct	$ _____ Payroll Deduction/ List Bill

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BANKERS FIDELITY LIFE INSURANCE COMPANY®
4370 Peachtree Road, N., PO BOX 105185, Atlanta, Georgia 30348-5185 (404) 266-5600

OUTLINE OF COVERAGE FOR ACCIDENT ONLY DISABILITY INCOME RIDER

RIDER FORM B 21302 R2 (available with policy Form B 21302)

READ YOUR RIDER CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your Rider. This is not the insurance contract and only the actual provisions of the Policy and Rider will control. The Policy and the Rider set forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY AND RIDER CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

BENEFITS - The Rider provides a weekly benefit when the Insured becomes Totally Disabled due to a Covered Injury.

ELIMINATION PERIOD: [7] Days

MAXIMUM DISABILITY BENEFIT PERIOD: [26/52] Weeks

WEEKLY DISABILITY INCOME BENEFIT - When We receive due written proof that the Insured is Totally Disabled as a result of a Covered Injury, We will pay a Weekly Disability Income Benefit of $[1,000.00] per week, beginning with the first day of Total Disability following the Elimination Period shown above.

We will pay the Weekly Disability Income Benefit until one of the following events takes place:
1. the Insured is no longer continuously Totally Disabled; or
2. We have paid benefits for the Maximum Disability Benefit Period shown above.

TOTAL DISABILITY BENEFITS FOR LESS THAN WEEK - Total Disability for less than a Week will be paid at the daily rate of 1/7th of the Weekly Disability Benefit.

RECURRENT DISABILITY - Successive periods of Total Disability will be considered as one period of Total Disability for the purpose of applying the Elimination Period and Maximum Disability Benefit Period, unless:

1. the Insured had resumed their regular occupation and performed all the material duties of the occupation for a continuous period of 6 months (180 days) between these periods of Total Disability, or
2. the subsequent period of Total Disability results from causes which are separate and distinct to the causes of the prior period of Total Disability.

GUARANTEED RENEWABLE - We guarantee to renew the policy as long as you pay your renewal premiums on time, either in advance or during the Grace Period.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates. A change will apply to all policies with the same form number and issue age group and state of issue as yours. A minimum of 30 days advance written notice will be given. The change will apply on the first premium due date after we notify you. Each premium will be computed by the age and sex 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.

PREMIUMS - Premiums are subject to change as stated above.

$ _____ Annual	$ _____ Quarterly	$ _____ Monthly Bank Draft/ Credit Card
$ _____ Semi - Annual	$ _____ Monthly Direct	$ _____ Payroll Deduction/ List Bill

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BANKERS FIDELITY LIFE INSURANCE COMPANY®
4370 Peachtree Road, N., PO BOX 105185, Atlanta, Georgia 30348-5185 (404) 266-5600

OUTLINE OF COVERAGE FOR FIRST-DAY HOSPITAL CONFINEMENT BENEFIT RIDER

RIDER FORM B 21302 R3 (available with policy Form B 21302)

READ YOUR RIDER CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your Rider. This is not the insurance contract and only the actual provisions of the Policy and Rider will control. The Policy and the Rider set forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY AND RIDER CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

BENEFITS - We will pay $[1,000.00] for the first day of the Covered Persons Confinement to a Hospital for a Covered Injury, when the Hospital Confinement Benefit is being paid under the Policy for the same Confinement.

GUARANTEED RENEWABLE - We guarantee to renew the policy as long as you pay your renewal premiums on time, either in advance or during the Grace Period.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates. A change will apply to all policies with the same form number and issue age group and state of issue as yours. A minimum of 30 days advance written notice will be given. The change will apply on the first premium due date after we notify you. Each premium will be computed by the age and sex 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.

PREMIUMS - Premiums are subject to change as stated above.

$ _____ Annual	$ _____ Quarterly	$ _____ Monthly Bank Draft/ Credit Card
$ _____ Semi - Annual	$ _____ Monthly Direct	$ _____ Payroll Deduction/ List Bill

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4370 Peachtree Road, N., PO BOX 105185, Atlanta, Georgia 30348-5185 (404) 266-5600

OUTLINE OF COVERAGE FOR FIRST-DAY INTENSIVE CARE UNIT CONFINEMENT BENEFIT RIDER

RIDER FORM B 21302 R4 (available with policy Form B 21302)

READ YOUR RIDER CAREFULLY - This Outline of Coverage provides a very brief description of the important features of your Rider. This is not the insurance contract and only the actual provisions of the Policy and Rider will control. The Policy and the Rider set forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY AND RIDER CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE - If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

BENEFITS - We will pay $[2,000.00] for the first day of the Covered Persons Confinement to an Intensive Care Unit for a Covered Injury, when the Intensive Care Unit Confinement Benefit is being paid under the Policy for the same Confinement.

PREMIUM SUBJECT TO CHANGE ON A CLASS BASIS - We may change the premium rates. A change will apply to all policies with the same form number and issue age group and state of issue as yours. A minimum of 30 days advance written notice will be given. The change will apply on the first premium due date after we notify you. Each premium will be computed by the age and sex 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.

PREMIUMS - Premiums are subject to change as stated above.

$ _____ Annual	$ _____ Quarterly	$ _____ Monthly Bank Draft/ Credit Card
$ _____ Semi - Annual	$ _____ Monthly Direct	$ _____ Payroll Deduction/ List Bill

State: *District of Columbia* **Filing Company:** *Bankers Fidelity Life Insurance Company*
TOI/Sub-TOI: *H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment*
Product Name: *Accident Indemnity Product*
Project Name/Number: */*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rates	B 21302, B 21302 R1, B 21302 R2, B 21302 R3, B 21302 R4	New		B 21302 Rates 07-11-13 (Milliman).pdf,

Exhibit 1
Bankers Fidelity Life Insurance Company
Individual Accident Indemnity Product
Monthly Premiums
24-Hour Coverage

Base

	Plan Design		
Family Tier	Low	Mid	High
Employee Only	16.09	19.84	24.77
Employee + Spouse	21.34	27.31	35.05
Employee + Child(ren)	21.63	28.19	35.09
Family	31.00	41.55	53.48

Accident Disability Rider

	Monthly Benefit		
Benefit Period	500	750	1,000
6 Months	3.29	4.94	6.58
12 Months	4.04	6.06	8.08

Note: This rider applies to employees only

Wellness Rider

	Benefit Amount		
Family Tier	40	50	60
Employee Only	1.61	2.01	2.41
Employee + Spouse	2.59	3.23	3.88
Employee + Child(ren)	2.54	3.18	3.82
Family	4.10	5.13	6.15

Hospital Admission Rider

	Benefit Amount		
Family Tier	500	750	1000
Employee Only	0.78	1.18	1.57
Employee + Spouse	1.25	1.87	2.49
Employee + Child(ren)	1.14	1.71	2.27
Family	1.90	2.86	3.81

Hospital ICU Admission Rider

	Benefit Amount		
Family Tier	500	750	1000
Employee Only	0.09	0.14	0.18
Employee + Spouse	0.14	0.22	0.29
Employee + Child(ren)	0.13	0.20	0.26
Family	0.22	0.33	0.44

Note: Hospital ICU Admission benefit is paid in addition to the hospital admission rider. If an insured has both the hospital admission AND hospital ICU admission rider for a $500 benefit amount each and was admitted to the ICU, they would receive a total benefit of $1,000.

For Off-The-Job Coverage Multiply Premiums by 0.85

Industry Factors

Industry Class	Rate Factor
A (education, healthcare, finance, retail trade, information, government)	0.95
B (manufacturing, professional business services, wholesale trade, utilities)	1.00
C (construction, transportation, warehousing)	1.25
D (mining, forestry, agriculture, fishing, hunting)	1.60

State: District of Columbia **Filing Company:** Bankers Fidelity Life Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accident Indemnity Product
Project Name/Number: /

Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	Cover letter included in General Information
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	B 21302 Act Memo 42%. 07-11-13 (Milliman).pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	INCLUDED
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)

State: District of Columbia **Filing Company:** Bankers Fidelity Life Insurance Company
TOI/Sub-TOI: H03I Individual Health - Accidental Death & Dismemberment/H03I.000 Health - Accidental Death & Dismemberment
Product Name: Accident Indemnity Product
Project Name/Number: /

Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	B 21302 Statement of Variability.pdf
Item Status:	
Status Date:	

Bankers Fidelity Life Insurance Company

Actuarial Memorandum

Accident Indemnity Policy Form B 21302
Wellness Rider Form B 21302 R1
Accident Only Disability Income Rider Form B 21302 R2
First-Day Hospital Confinement Benefit Rider Form B 21302 R3
First-Day Intensive Care Unit Confinement Benefit Rider Form B 21302 R4

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new individual accident indemnity insurance policy and riders. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This section contains a brief description of the benefits provided by the policy and riders. A detailed description of the benefits and limitations are identified in the policy and rider forms.

This policy provides accident coverage. Coverage is available on a 24-hour basis or off-the-job basis. The base policy consists of the following benefits. Additional optional benefits can be added to the base policy as riders.

Accidental Death Benefit pays the amount shown in the schedule of insurance if a covered person sustains a covered injury that causes his or her death.

Common-Carrier Accidental Death Benefit pays the amount shown in the schedule of insurance if a covered person's accidental death is incurred while they are on, getting on or alighting from a common carrier.

Dismemberment Benefit pays the amount shown in the schedule of insurance if a covered person suffers a dismemberment due to a covered injury.

Ambulance Benefit pays the amount shown on the schedule of insurance if a covered person is transported by a ground or air ambulance due to a covered injury.

Appliances/Devices Benefit pays the amount shown on the schedule of insurance for appliances which are necessary due to a covered injury, prescribed by a physician and for which a charge is incurred.

Blood/Plasma/Platelets Benefit pays the amount shown in the schedule of insurance if a covered person receives a transfusion, administration, cross matching, typing and processing of blood, plasma or platelets as a result of a covered injury.

Burns Benefit pays amount shown in the schedule of insurance if a covered person receives treatment for a burn due to a covered injury.

Coma Benefit pays the amount shown in the schedule of insurance if the covered person suffers a coma lasting a certain number of consecutive days or longer due to a covered injury.

Concussion Benefit pays the amount shown in the schedule of insurance if a covered person sustains a concussion due to a covered injury.

Dislocations Benefit pays the amount shown in the schedule of insurance if a covered person receives treatment for a dislocation due to a covered injury.

Emergency Dental Repair Benefit pays the amount shown in the schedule of insurance if a covered person receives treatment for a broken tooth due to a covered injury and is repaired by a dentist with a dental crown and/or dental extraction.

Emergency Room Benefit pays the amount shown in the schedule of insurance if a covered person is examined or treated by a doctor in an emergency room due to a covered injury.

Epidural Anesthesia Pain Management Benefit pays the amount shown in the schedule of insurance if a covered person is prescribed and receives an epidural administered for pain management of a covered injury.

Eye Injury Benefit pays the amount shown in the schedule of insurance if a covered person receives treatment for a covered injury to their eye.

Lodging Benefit pays the amount shown in the schedule of insurance for a companion's hotel/motel stay during the period of time a covered person is confined to a hospital as the result of a covered accident. This hospital must be more than a specified number of miles from the covered person's home, and this benefit is payable up to a maximum number of days that is specified on the policy.

Fracture Benefit pays the amount shown in the schedule of insurance if a covered person receives treatment for a fracture due to a covered injury.

Hospital Confinement Benefit pays the amount shown in the schedule of insurance for each day the covered person is confined to a hospital due to a

covered injury, within the number of days listed on the policy. This benefit will be paid up to a maximum number of days, as stated in the policy.

Intensive Care Unit Confinement Benefit pays the amount shown in the schedule of insurance up to a maximum number of days, if a covered person is confined to a hospital intensive care unit within a number of days specified on the policy, due to a covered injury.

Laceration Benefit pays the amount shown in the schedule of insurance if a covered person receives treatment for a laceration due to a covered injury.

Major Diagnostic Exam Benefit pays the amount shown in the schedule of insurance if a covered person receives one of the imaging studies specified in the policy to diagnose a covered injury.

Paralysis Benefit pays the amount shown in the schedule of insurance if a covered person suffers paralysis due to a covered injury.

Physical/Occupational Therapy Benefit pays the amount shown in the schedule of insurance if a covered person requires physical or occupational therapy due to a covered injury, up to a maximum number of treatments specified in the policy.

Physician’s Office Follow-Up Visit Benefit pays the amount shown in the schedule of insurance for a follow-up visit to a physician’s office for the same covered injury for which the Physician’s Office Emergency Treatment or Emergency Room Benefit was paid.

Physician's Office Emergency Treatment Benefit pays the amount shown in the schedule of insurance if a covered person is examined or treated in a physician’s office to treat a covered injury.

Prosthetic Appliances/Devices Benefit pays the amount shown in the schedule of insurance if a covered person receives one or more prosthetic devices/artificial limbs, which are necessary due to covered injury, prescribed by a physician, and for which a charge is incurred.

Rehabilitation Facility Confinement Benefit pays the amount shown in the schedule of insurance if a covered person is confined to a rehabilitation facility for treatment due a covered injury, within a specified number of days of the covered injury.

Skin Grafts Benefit pays the amount shown in the schedule of insurance when a covered person receives skin grafts for a burn that was payable under the Burns benefit.

Surgery Benefit pays the amount shown in the schedule of insurance if a covered person undergoes one of the specified surgeries due to a covered injury.

Transportation Benefit pays pay the amount shown in the schedule of insurance if a covered person must travel more than a specified number of miles one way to receive special treatment at a hospital which is not available locally. This benefit will be payable up for a maximum number of round trips for any single covered injury, as listed on the policy.

X-Rays Benefit pays the amount shown in the schedule of insurance if a covered person receives an x-ray to diagnose a covered injury.

Wellness Rider pays the amount shown in the schedule of insurance when a covered person is given one of the listed examinations or tests after the waiting period, while this rider is in force, which has been recommended by, or is performed under, the supervision of a physician, and for which a charge is incurred.

Accident Only Disability Income Rider pays the weekly benefit amount shown in the schedule of insurance if a covered person becomes totally disabled as a result of a covered injury.

First-Day Hospital Confinement Benefit Rider pays the amount shown in the schedule of insurance for the first day of the covered person's confinement to a hospital for a covered injury, when the hospital confinement is being paid under the policy for the same confinement.

First-Day Intensive Care Unit Confinement Benefit Rider pays the amount shown in the schedule of insurance for the first day of the covered persons confinement to an intensive care unit for a covered injury, when the Intensive Care Unit Confinement benefit is being paid under the policy for the same confinement.

3. Renewability

This policy is guaranteed renewable. Coverage terminates at the insured's attained age of 70.

4. Applicability

These are new forms. This is a first time rate filing for these forms.

5. Morbidity

The morbidity assumptions were developed using the sources shown below:

- National Safety Council - Injury Facts
- U.S. Statistical Abstract

- NCHS Series 10, No. 134, "Prevalence of Selected Impairments, United States - 1977"
- Milliman's Health Cost Guidelines™
- Milliman's Dental Guidelines™
- NCHS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- http://emedicine.medscape.com/article/763291-overview#showall
- www.makoa.org/nscia/fact02.html
- Annual Report for the Model Spinal Cord Injury Care Systems, 2010
- NCHS Series 13, No. 139, "Ambulatory and Impatient Procedures in the United States, 1996"
- Statistics for 1996 HCUP Nationwide Inpatient Sample, by multi-level CCS procedure
- http://www.ncbi.nlm.nih.gov/pubmed/14960673
- NCHS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"
- American Academy of Orthopedic Surgeons, "Patient Demographics"
- NCHS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary With Detailed Diagnosis and Procedure Data"
- National Burn Repository, 2011 Report
- NCHS No. 27, "National Hospital Ambulatory Medical Care Survey: 2007 Summary"
- Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"
- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths
- Epidural Steroid in the Management of Chronic Pain: A Systematic Review
- US Census Bureau
- American Cancer Society, Colorectal Cancer Facts & Figures 2008-2010
- www.labtestsonline.org
- www.chestx-ray.com
- SEER Cancer Statistics Review 1975–2008
- 85 CIDA

6. Mortality

The National Safety Council, Injury Facts was used in developing the accidental death mortality rates. Mortality is included in the total termination rates.

7. Persistency

The assumed termination rates are shown below.

Policy Year	Termination
1	30.0%
2	25.0%
3+	20.0%

8. Expenses

Expenses, commissions, premium tax, and profit and contingency are expected to be 58% of the premium.

9. Marketing Method

These products will be marketed by agents, brokers, or through direct response methods.

10. Underwriting

No health underwriting will be done.

11. Premium Classes

Gross monthly premiums are shown in the attached rate exhibit. Additional rate adjustments are made for the industry class of the insured and are also provided in the attached rate exhibit. Premiums vary by family composition. The family composition classes are “Employee”, “Employee + Spouse”, “Employee + Child(ren)”, or “Family”. All rates in the attached rate exhibit are on a composite rate basis (unisex and composite age). Premium rates also vary between 24-hour coverage and off-the-job coverage.

12. Issue Age Range

Coverage will be offered to issue ages 18 to 69.

13. Area Factors

There are no area factors for this form. The rates will be the same throughout the state.

14. Premium Modalization Rules

The modal premium factors to be applied to annual premium rates are:

Mode	Factor
PAC or 12 Month Payroll	0.08333
13 Months Payroll	0.07692
Credit Card	0.08333
Monthly Direct Bill	0.10000
Semi-Annual	0.50000
Quarterly	0.25000
Annual	1.00000

15. Claim Liability and Reserves

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, inventory methods, and percentage of premium methods. There are currently no claim reserves held since this is a new form.

16. Active Life Reserves

No active life reserves will be held for this coverage. Claim costs are not expected to vary by duration.

17. Trend Assumptions

No future trend increases have been assumed on these products. The company will monitor future experience and file for trend rate increases as needed.

18. Minimum Loss Ratio

This is a guaranteed renewable individual accident indemnity insurance policy. For guaranteed renewable coverage, benefits shall be deemed reasonable in relation to premiums provided the anticipated loss ratio is at least 50%. Based on the NAIC's Model Laws, Regulations, and Guidelines, this loss ratio may be adjusted down for low average premium forms. The guideline loss ratio for low average premium forms is calculated based on the following formula:

$$RN = R \times \frac{(I \times 500) + X}{(I \times 750)}$$

Where, R is the table ratio
RN is the resulting guideline ratio
I is the consumer price index factor
X is the average annual premium up to a maximum of I*250.

$$I = \frac{\text{CPI-U, Year(N-1)}}{\text{CPI-U, (1982)}}$$

Since these forms are guaranteed renewable, the table ratio is 50%. The average annual premium per person is $306.99. The resulting guideline ratio is calculated below.

$$RN = 42.0\% = R \times \frac{(I \times 500) + X}{(I \times 750)} = 50\% \times \frac{(2.364 \times 500) + 306.99}{(2.364 \times 750)}$$

Where,

$$I = \frac{\text{CPI-U, (2012)}}{\text{CPI-U, (1982)}} = \frac{231.407}{97.9} = 2.364$$

The guideline ratio for this low average premium form is 42.0%. This product is being filed with a minimum acceptable loss ratio of 42.0%.

19. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be 42.0%. The loss ratio is not expected to vary by duration. The anticipated loss ratio is calculated by taking the expected incurred claims divided by the earned premium.

20. Contingency and Risk Margins

This new form is expected to produce, based upon the expected claims, an overall contingency margin that is consistent with other products written by the company.

21. Lifetime Loss Ratio

Because this is a new form with no prior experience, the lifetime loss ratio is assumed to be 42.0%. The lifetime loss ratio is calculated by taking the present value of incurred claims divided by the present value of earned premium using a 3.5% discount rate.

22. History of Rate Adjustments

As this is a first time rate filing, there have been no rate adjustments.

23. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance.

24. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Bankers Fidelity Life Insurance Company. I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

25. Actuarial Certification

I, Michael E. Weilant, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. This actuarial memorandum has been prepared to describe the rates intended to be used for this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice (ASOP), including ASOP No. 8. This actuarial memorandum has been prepared for the sole purpose of demonstrating that the proposed rate schedule is reasonable and the memorandum may not be appropriate for other purposes.

To the best of my knowledge and judgment, I certify that:

(I) The entire filing is in compliance with the applicable laws of this state;
(II) The entire filing is in compliance with all applicable Actuarial Standards of Practice;
(III) The benefits provided are reasonable in relation to the proposed premiums; and
(IV) The premium schedule is not excessive, inadequate, or unfairly discriminatory

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.

Michael E. Weilant, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
July, 2013

STATEMENT OF VARIABILITY

Accident Indemnity Policy

B 21302 – Policy:	**Page #**	**Description of Variability**
Cover Page	1	the statement "NO BENEFITS ARE PAYABLE FOR JOB-RELATED ACCIDENTAL BODILY INJURY" will be removed if issued with 24/7 coverage
Insured	3	Insured's Name
Issue Age	3	Insured's Issue Age
Sex	3	Insured's Sex/Gender
Effective Date	3	Date the coverage becomes effective
Other Covered Person(s)	3	Name(s) of the Spouse and Dependent Children, if any
Relationship to Insured	3	Spouse or Dependent Child, as applicable
Issue Age - Covered Person(s)	3	Issue age of the Spouse or Dependent Child(ren), as applicable
Sex - Covered Person(s)	3	Sex/Gender of the Spouse or Dependent Child(ren), as applicable
Effective Date - Covered Person(s)	3	Date the coverage is effective for the Spouse or Dependent Child(ren), as applicable
Initial Premium	3	First Premium Payment
Renewal Premium – Annual	3	Annual Renewal Premium at time policy is issued
Renewal Premium – Semi-Annual	3	Semi-Annual Renewal Premium at time policy is issued
Renewal Premium – Quarterly	3	Quarterly Renewal Premium at time policy is issued
Renewal Premium – Monthly	3	Monthly Renewal Premium at time policy is issued
Policy Number	3	the number issued by the company to identify the individual policy
Issue State	3	the state in which the policy was issued
Optional Riders	3	the various riders issued with the policy, if any, will be listed
Effective Date of Rider	3	if a rider is issued with the policy, the effective date will show
Benefits	8 – 13	see attached chart
Exclusions and Limitations	13	the "Limitation for Job-Related Accidental Bodily Injury" paragraph will be removed if the 24/7 coverage option is issued
Back Cover Page		the statement "NO BENEFITS ARE PAYABLE FOR JOB-RELATED ACCIDENTAL BODILY INJURY" will be removed if issued with 24/7 coverage

STATEMENT OF VARIABILITY

Accident Indemnity Policy

Wellness Rider

B 21302 R1:	**Page #**	**Description of Variability**
Definition of Calendar Year	1	This will be removed if the policy is based on a Policy Year basis
Definition of Policy Anniversary Date	1	This will be removed if the policy is based on a Calendar Year basis
Definition of Policy Year	1	This will be removed if the policy is based on a Calendar Year basis
Benefit – dollar amount	1	see attached chart
Calendar Year in Benefit paragraph	1	this will be used if the policy is based on a Calendar Year basis
Policy Year in benefit paragraph	1	this will be used if the policy is based on a Policy Year basis

Accident Only Disability Income Rider

B 21302 R2:	**Page #**	**Description of Variability**
Maximum Disability Benefit Period	1	26 or 52 weeks
Benefit – dollar amount	1	see attached chart

First Day Hospital Confinement Benefit Rider

B 21302 R3:	**Page #**	**Description of Variability**
Benefit – dollar amount	1	see attached chart

First Day Intensive Care unit Confinement Benefit Rider

B 21302 R4:	**Page #**	**Description of Variability**
Benefit – dollar amount	1	see attached chart

STATEMENT OF VARIABILITY

Accident Indemnity Policy

B 21302 OC & B 21312 OC24 – Policy Outline:	**Page #**	**Description of Variability**
Benefits	1 – 5	see attached chart

Outline of Coverage - Wellness Rider

B 21302 R1 OC:	**Description of Variability**
Benefit – dollar amount	see attached chart
Calendar Year in Benefit paragraph	this will be used if the policy is based on a Calendar Year basis
Policy Year in benefit paragraph	this will be used if the policy is based on a Policy Year basis

Outline of Coverage - Accident Only Disability Income Rider

B 21302 R2 OC:	**Description of Variability**
Maximum Disability Benefit Period	26 or 52 weeks
Benefit – dollar amount	see attached chart

Outline of Coverage - First Day Hospital Confinement Benefit Rider

B 21302 R3 OC:	**Description of Variability**
Benefit – dollar amount	see attached chart

Outline of Coverage - First Day Intensive Care unit Confinement Benefit Rider

B 21302 R4:		**Description of Variability**
Benefit – dollar amount	1	see attached chart

Benefit	Low			Middle			High		
	Insured	Spouse	Child	Insured	Spouse	Child	Insured	Spouse	Child
Accidental Death									
Accidental Death	$20,000	$20,000	$5,000	$25,000	$25,000	$6,250	$50,000	$50,000	$12,500
Common Carrier Accidental Death	$80,000	$80,000	$10,000	$100,000	$100,000	$12,500	$200,000	$200,000	$25,000
Dismemberment									
Both arms; or both legs; or both hands or both feet or the sight in both eyes	$20,000	$20,000	$5,000	$25,000	$25,000	$6,250	$50,000	$50,000	$12,500
One hand AND one foot	$20,000	$20,000	$5,000	$25,000	$25,000	$6,250	$50,000	$50,000	$12,500
One arm or one leg or one hand or one foot or The sight in one eye	$5,000	$5,000	$1,250	$6,250	$6,250	$1,563	$12,500	$12,500	$3,125
One finger or one toe	$1,000	$1,000	$250	$1,250	$1,250	$313	$2,500	$2,500	$625
More than one finger and/or toe	$1,000	$1,000	$250	$1,250	$1,250	$313	$2,500	$2,500	$625
Burns	Low			Middle			High		
2nd Degree > 36% of BSA	$750			$1,000			$1,250		
3rd Degree (9 sq. inches - 10 sq. inches)	$750			$1,000			$1,250		
3rd Degree (10 sq. inches - 25 sq. inches)	$2,250			$3,000			$3,750		
3rd Degree (25 sq. inches - 35 sq. inches)	$5,250			$7,000			$8,750		
3rd Degree > 35 sq. inches	$7,500			$10,000			$12,500		
Lacerations									
Not requiring stitches or sutures	$20			$25			$30		
< 3inches, repaired by stitches or sutures	$40			$50			$60		
3inches - < 5 inches, repaired by stitches or sutures	$150			$188			$225		
5 or more inches, repaired by stitches or sutures	$300			$375			$450		

Benefit	Low		Middle		High	
Dislocations	Closed/Simple	Open/Compound	Closed/Simple	Open/Compound	Closed/Simple	Open/Compound
Hip	$375	$1,500	$500	$2,000	$625	$2,500
Knee	$150	$375	$200	$500	$250	$625
Ankle	$110	$375	$150	$500	$200	$625
Collar Bone (Stem)	$110	$600	$150	$800	$200	$1,000
Lower Jaw	$190	$375	$250	$500	$325	$625
Shoulder	$150	$375	$200	$500	$250	$625
Elbow or Wrist	$150	$300	$200	$400	$250	$500
Hand (except fingers)	$190	$375	$250	$500	$325	$625
Collar Bone (Acrom)	$110	$600	$150	$800	$200	$1,000
Toe or Finger	$40	$75	$50	$100	$65	$125
Foot (except toes)	$100	$375	$150	$500	$200	$625
Fractures	Closed/Simple	Open/Compound	Closed/Simple	Open/Compound	Closed/Simple	Open/Compound
Ankle	$190	$375	$250	$500	$325	$625
Arm (shoulder to elbow)	$225	$375	$250	$500	$375	$750
Arm (elbow to wrist)	$190	$375	$250	$500	$325	$625
Bones of Face (excluding nose)	$225	$375	$300	$600	$375	$750
Coccyx	$75	$150	$100	$200	$125	$250
Collarbone	$190	$375	$250	$500	$325	$625
Elbow	$190	$375	$250	$500	$325	$625
Finger	$75	$450	$100	$500	$125	$625
Foot (except toes and heel)	$190	$375	$250	$500	$325	$625
Hand (except fingers)	$190	$375	$250	$500	$325	$625
Hip	$750	$1,500	$1,000	$2,000	$1,250	$2,500
Kneecap	$190	$375	$250	$500	$325	$625
Leg (hip to knee)	$375	$750	$500	$1,000	$625	$1,250
Leg (knee to ankle)	$375	$750	$500	$1,000	$625	$1,250
Lower Jaw	$190	$375	$250	$500	$325	$625
Nose	$75	$450	$100	$500	$125	$625
Pelvis	$375	$750	$500	$1,000	$625	$1,250

Benefit	Low		Middle		High	
Fractures	Closed/Simple	Open/Compound	Closed/Simple	Open/Compound	Closed/Simple	Open/Compound
Rib	$75	$750	$100	$1,000	$125	$1,250
Shoulder blade	$190	$375	$250	$500	$325	$625
Skull (depressed)	$1,125	$1,125	$1,500	$1,500	$1,875	$1,875
Skull (non-depressed)	$375	$375	$500	$500	$625	$625
Sternum	$375	$750	$500	$1,000	$625	$1,250
Toe	$75	$150	$100	$200	$125	$250
Upper Jaw	$225	$375	$300	$600	$375	$750
Vertebrae	$375	$750	$500	$1,000	$625	$1,250
Vertebral Column	$100	$750	$150	$1,000	$200	$1,250
Wrist	$190	$375	$250	$500	$325	$625
Heel	$75	$450	$100	$500	$125	$625
Paralysis	**Low**		**Middle**		**High**	
Hemiplegia	$2,500		$3,000		$6,000	
Paraplegia	$3,000		$3,750		$7,500	
Quadriplegia	$6,000		$7,500		$15,000	
Coma	$7,500		$10,000		$12,500	
Concussion	$40		$50		$60	
Ambulance						
Ground	$100		$150		$200	
Air	$500		$750		$1,000	
Transportation	$300		$400		$500	
Emergency Room	$75		$100		$125	
Physician's Office Emergency Treatment	$25		$50		$75	
Physician's Office Follow-Up Visit	$25		$35		$40	
Hospital Confinement	$150		$200		$250	
Intensive Care Unit Confinement	$300		$400		$500	
Emergency Dental Repair						
Repaired with crown	$100		$300		$400	
Resulting in extraction	$50		$100		$125	

Benefit	Low	Middle	High
Eye Injury			
Surgical Repair	$200	$250	$300
Removal of a foreign object	$40	$50	$60
X-rays	$20	$25	$30
Major Diagnostic Exams	$100	$150	$200
Surgery			
Arthroscopy Surgery	$100	$160	$200
Cranial, Open Abdominal, or Thoracic	$750	$1,200	$1,500
Exploratory Surgery/Tendon or for Torn Knee Cart.	$100	$160	$200
Surgical Repair	$375	$600	$750
Surgical Repair Maximum	$750	$1,200	$1,500
Hernia Repair	$750	$1,200	$1,500
Blood, Plasma, Platelets	$100	$150	$200
Rehabilitation Facility Confinement	$75	$100	$125
Physical/Occupational Therapy	$20	$25	$30
Prosthetic Applicances/Devices			
One prosthetic	$250	$500	$750
More than one prosthetic	$500	$1,000	$1,500
Appliances/Devices	$50	$100	$125
Epidural Anesthesia Pain Management	$100	$100	$100
Lodging	$75	$100	$125
Optional Riders			
Wellness	$40	$50	$60
Accident Only Disability Rider - Benefit	$500	$750	$1,000
First Day Hospital Confinement	$500	$750	$1,000
First Day ICU Confinement	$1,000	$1,500	$2,000