

**State:** District of Columbia **Filing Company:** Bankers Fidelity Life Insurance Company  
**TOI/Sub-TOI:** H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness  
**Product Name:** Heart-Stroke Benefit Rider  
**Project Name/Number:** /

## Filing at a Glance

Company: Bankers Fidelity Life Insurance Company  
Product Name: Heart-Stroke Benefit Rider  
State: District of Columbia  
TOI: H071 Individual Health - Specified Disease - Limited Benefit  
Sub-TOI: H071.001 Critical Illness  
Filing Type: Rate  
Date Submitted: 04/29/2014  
SERFF Tr Num: BFLI-129519225  
SERFF Status: Pending Industry Response  
State Tr Num:  
State Status:  
Co Tr Num: DC B 0218 HSBR (RATES)  
Implementation: On Approval  
Date Requested:  
Author(s): Jill Jones, Bridgett Williams, Tina Cunningham, Lyn Ezell, Sharon White  
Reviewer(s): Darniece Shirley (primary), Alula Selassie, John Morgan  
Disposition Date:  
Disposition Status:  
Implementation Date:  
State Filing Description:

**State:** District of Columbia  
**TOI/Sub-TOI:** H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness  
**Product Name:** Heart-Stroke Benefit Rider  
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## General Information

Project Name: Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: submitted to GA 04-28-2014  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 05/08/2014  
 State Status Changed:  
 Deemer Date: Created By: Tina Cunningham  
 Submitted By: Tina Cunningham Corresponding Filing Tracking Number: BFLI-129519226

### Filing Description:

The enclosed forms are being submitted to your department for formal review and approval and will not replace any previously approved forms. The rider is computer-generated, laser-printed and presented in final print with "John Doe" information. An actuarial memorandum with rates, demonstrating cost and benefit structure is enclosed. The only variable data in the rider [shown in brackets] is the policy number to which the rider is attached and the face amount that is issued.

The rider provides benefits for specified critical illnesses (dread diseases). The rider will be issued with Cancer Expense policy form B 9401, which was approved by your department on 04-14-2005. The product will be marketed through individual solicitation by personally producing licensed and contracted agents and brokers.

When written in the individual marketplace, application form B 9401 AP DC, which was also approved by your department on 04-14-2005 will be used. When offered in the workplace market, to be included with policies that are sold on a franchise basis, application form B 0093 AP2011, which was approved by your department on 04-28-2011 (SERFF Tracking # BFLI-127102701) will be used to underwrite this product.

## Company and Contact

### Filing Contact Information

Tina Cunningham, Compliance Analyst L1 tcunningham@atlam.com  
 4370 Peachtree Road NE 404-266-5723 [Phone]  
 Atlanta, GA 30319 404-926-4092 [FAX]

### Filing Company Information

Bankers Fidelity Life Insurance CoCode: 61239 State of Domicile: Georgia  
 Company Group Code: 587 Company Type: Life & Health  
 4370 Peachtree Rd NE Group Name: 61239 State ID Number:  
 Atlanta, GA 30319 FEIN Number: 58-0658963  
 (404) 266-5600 ext. [Phone]

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

State: District of Columbia

Filing Company:

Bankers Fidelity Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: Heart-Stroke Benefit Rider

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## Form Schedule

Lead Form Number: B 0218 HSBR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Heart-Stroke Benefit Rider	B 0218 HSBR	POLA	Initial		50.300	B 0218 HSBR doe [bracketed].pdf
2		Outline of Coverage	B 0218 HSBR OC	OUT	Initial		50.200	B 0218 HSBR OC.pdf

### Form Type Legend:

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

# **BANKERS FIDELITY LIFE INSURANCE COMPANY<sup>®</sup>**

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

## **HEART-STROKE BENEFIT RIDER**

This Rider is attached to and made a part of the Policy number [000-0000000000] as of the Effective Date for this Rider shown on the Policy Specifications Page. 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.

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 condition, exclusion or limitation 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.

### **DEFINITIONS**

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**ANGIOPLASTY** – the reconstitution or recanalization of a blood vessel. It may involve balloon dilation, mechanical stripping of intima, or forceful injection of fibrinolytics. The procedure must be performed by a Physician board-certified as a Cardiologist. “Angioplasty” does not include placement of a stent or other surgical or non-surgical techniques such as laser relief or any other intra-arterial procedures.

**AORTIC SURGERY** – the actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. The surgery must be performed by a Physician who is board-certified as a Cardiologist, a Cardiovascular Thoracic Surgeon or a Vascular Surgeon. For purposes of this Rider, “aorta” means the thoracic and abdominal aorta, but not their branches.

**CORONARY ARTERY BYPASS GRAFT** – the actual undergoing of coronary artery bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary artery disease deemed Medically Necessary to correct a narrowing or blockage of one or more coronary arteries. The surgery must be performed by a Physician board-certified as a Cardiothoracic Surgeon. “Coronary Artery Bypass Graft” does not include other surgical or non-surgical treatments such as laser relief or any other intra-arterial procedures, such as abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, or stent replacement.

**DIAGNOSIS; DIAGNOSED** – the definitive establishment of a condition through the use of clinical and/or laboratory findings. The Diagnosis must be: 1) made during the life of the Covered Person and while this Policy is in force; 2) made by a Physician who is a board-certified specialist where required under this Policy; and 3) made or confirmed within the United States or its territories.

**FIRST EVER DIAGNOSIS** – the initial or original Diagnosis of a specific condition identified as a Qualifying Event and of which the Insured has never before in his/her lifetime been Diagnosed.

**FIRST EVER OCCURRENCE** – the initial or original undergoing of a specific procedure identified as a Qualifying Event and of which the Insured has never undergone before in his/her lifetime.

***DEFINITIONS, continued***

**HEART ATTACK** - an acute myocardial infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart. The Diagnosis must be made by a Physician board-certified as a Cardiologist and based on both: a) new clinical presentation and electrocardiographic changes consistent with an evolving Heart Attack; and b) serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a diagnosis of Heart Attack. A "Heart Attack" does not include: 1) established (old) myocardial infarction prior to the Effective Date, or 2) a heart attack that occurs during a medical procedure.

**HEART TRANSPLANT** – the actual undergoing of a Surgical Procedure in the Covered Person receives, from a suitable donor and in accordance with generally accepted medical procedures, a heart, heart-lung or other combination which includes the heart. The surgery must be performed by a Physician board-certified as a Cardiologist, a Cardiovascular Surgeon or Cardiothoracic Surgeon. The Covered Person must have been registered by the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP) for the Critical Illness Benefit to be payable for the Heart Transplant. For purposes of this Rider, "Heart Transplant" does not include transplants involving mechanical or non-human organs.

**HEART VALVE REPLACEMENT/REPAIR** – the actual undergoing of an open-heart Surgical Procedure to replace or repair one (1) or more valves. The Surgery must be performed by a Physician who is board-certified as a Cardiologist or Cardiovascular Surgeon.

**LOSS** - the specific risk or insurable event for which coverage is provided under this Policy. Unless otherwise specified, a charge must be incurred for such Loss.

**OCCUR; OCCURRENCE** – an event, incident or Diagnosis that: 1) happens on or after the Effective Date of this Policy; 2) happens while this Policy is in force; and 3) is Diagnosed during the life of the Covered Person.

**PRE-EXISTING CONDITIONS** - a medical condition, not admitted on the application for this policy, for which: 1) medical advice or treatment was recommended by, or received from, a Physician within the two (2) year period before the Effective Date; or 2) symptoms existed within the two (2) year period before the Effective Date which would cause an ordinarily prudent person to seek diagnosis, care or treatment.

**STENTS** – placement of a stent by a Surgical Procedure for the purpose of correcting narrowing or blockage of one (1) or more coronary arteries caused by heart disease. The Surgery must be performed by a Physician who is board-certified as a Cardiologist or Cardiovascular Surgeon.

**STROKE** – an acute cerebrovascular accident producing neurological impairment and resulting in a permanent neurologic deficit measured thirty (30) days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome. The Diagnosis of Stroke must be based upon electroencephalography, cerebral angiography and other pertinent clinical findings and made by a Physician board-certified as a Neurologist. "Stroke" does not include transient ischemic attacks (TIA's) or mini-strokes, head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits.

**WAITING PERIOD** – the period of time after the Effective Date of this Policy during which, if the Critical Illness Occurs or is Diagnosed, benefits are not payable.

## BENEFITS

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### THIS RIDER HAS A 30-DAY WAITING PERIOD BEFORE BENEFITS ARE PAYABLE

We will pay the following benefits, subject to all the provisions, terms and conditions of the Policy and this Rider, for the Losses described below which are incurred after the Effective Date of this Rider and while this Rider is in force.

**FIRST DIAGNOSIS BENEFIT** - Upon receipt of due proof satisfactory to Us of the Covered Person's First Ever Diagnosis with or First Ever Occurrence of one of the listed Qualifying Events after a Waiting Period of thirty (30) Days, We will pay a First Diagnosis Benefit Amount equal to:

- 1) the Face Amount shown;  
*multiplied by*
- 2) the "Percentage Payable" indicated for the specific Qualifying Event in the chart below;  
*minus*
- 3) an amount equal to any partial First Diagnosis Benefit Amount that has already been paid under this Rider for a separate Qualifying Event, if any.

**Face Amount:** \$[1,000.00]

Qualifying Event	Percentage Payable
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Artery Bypass Surgery	25%
Aortic Surgery	25%
Heart Valve Replacement/Repair	25%
Angioplasty	10%
Stent	10%

The First Diagnosis Benefit Amount is payable one (1) time only to each Covered Person for each Qualifying Event during the Lifetime of this Rider. Once we have paid a First Diagnosis Benefit Amount under this Rider to a Covered Person for a specific Qualifying Event, no further benefits shall be payable under this Rider for that Qualifying Event.

Payment of any First Diagnosis Benefit at less than 100% will reduce any remaining benefit for any other Qualifying Event (if any) by an amount equal to the benefit which was paid.

**PRE-EXISTING CONDITIONS LIMITATION**

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Losses incurred for Pre-existing Conditions are not covered until two (2) years after the Effective Date of coverage.

**EXCLUSIONS AND LIMITATIONS**

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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. any illness, Loss or condition not specifically included in the Definition of any Critical Illness, even if such illness, Loss or condition may have been complicated by, affected (directly or indirectly) by or caused by a Critical Illness as defined herein;
2. committing or attempting to commit suicide or intentionally self-inflicting a bodily injury, while sane or insane;
3. any Loss that begins prior to the Effective Date of coverage or while the Policy is not in force;
4. Diagnosis and treatment received outside the United States or its territories, except treatment necessary on an emergency basis to save the Insureds life;
5. being exposed to war, or any act of war, declared or undeclared;
6. actively serving in any of the Armed forces, or units auxiliary thereto, including the National Guard or Reserves;
7. participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not;
8. 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.

**TERMINATION**

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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  
Outline For  
Your Records

**BANKERS FIDELITY LIFE INSURANCE COMPANY®**  
4370 Peachtree Road, NE, Atlanta, Georgia 30319  
404-266-5600 or 800-241-1439; www.bflic.com

**OUTLINE OF COVERAGE FOR HEART-STROKE BENEFIT RIDER  
RIDER FORM B 0218 HSBR**

**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. Neither Bankers Fidelity Life Insurance Company nor its agents represent Medicare, the federal government or any state government.

**THE RIDER IS A SPECIFIED DISEASE ONLY RIDER.  
IT ONLY PAYS BENEFITS FOR THE ILLNESSES AND DISEASES SPECIFIED IN THE RIDER.  
IT DOES NOT PAY BENEFITS FOR LOSSES FROM ANY OTHER CAUSE.**

**CRITICAL ILLNESS** - is designed to provide, to persons insured, fixed benefits for the diagnosis of specific illnesses or conditions, subject to any limitations set forth in the Rider.. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

**THE RIDER CONTAINS A 30-DAY WAITING PERIOD BEFORE BENEFITS ARE PAYABLE.**

**FIRST DIAGNOSIS BENEFIT** - Upon receipt of due proof satisfactory to Us of the Covered Person's First Ever Diagnosis with or First Ever Occurrence of one of the listed Qualifying Events after a Waiting Period of thirty (30) Days, We will pay a First Diagnosis Benefit Amount equal to: 1) the Face Amount; multiplied by 2) the "Percentage Payable" indicated for the specific Qualifying Event in the chart below; *minus* 3) an amount equal to any partial First Diagnosis Benefit Amount that has already been paid under the Rider for a separate Qualifying Event, if any.

<b>Qualifying Event</b>	<b>Percentage Payable</b>
Heart Attack	100%
Heart Transplant	100%
Stroke	100%
Coronary Artery Bypass Surgery	25%
Aortic Surgery	25%
Heart Valve Replacement/Repair	25%
Angioplasty	10%
Stent	10%

The First Diagnosis Benefit Amount is payable one (1) time only to each Covered Person for each Qualifying Event during the Lifetime of this Rider. Once we have paid a First Diagnosis Benefit Amount under the Rider to a Covered Person for a specific Qualifying Event, no further benefits shall be payable under the Rider for that Qualifying Event. Payment of any First Diagnosis Benefit at less than 100% will reduce any remaining benefit for any other Qualifying Event (if any) by an amount equal to the benefit which was paid.

**PRE-EXISTING CONDITIONS LIMITATION** - Losses incurred for Pre-existing Conditions are not covered until two (2) years after the Effective Date of coverage.

**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) any illness, Loss or condition not specifically included in the Definition of any Critical Illness, even if such illness, Loss or condition may have been complicated by, affected (directly or indirectly) by or caused by a Critical Illness as defined herein; 2) committing or attempting to commit suicide or intentionally self-inflicting a bodily injury, while sane or insane; 3) any Loss that begins prior to the Effective Date of coverage or while the Policy is not in force; 4) Diagnosis and treatment received outside the United States or its territories, except treatment necessary on an emergency basis to save the Insured's life; 5) being exposed to war, or any act of war, declared or undeclared; 6) actively serving in any of the Armed forces, or units auxiliary thereto, including the National Guard or Reserves; 7) participating in, or attempting to participate in, an illegal activity that is defined as a felony, whether charged or not; 8) 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.

**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. We may change the premium rates. A change will apply to all contracts of the same class. A minimum of 30 days notice will be given. We will not change Your premiums because of Your physical condition or because of any claims paid to You 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:** H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness  
**Product Name:** Heart-Stroke Benefit Rider  
**Project Name/Number:** /

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:**  
**Filing Method of Last Filing:**

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Bankers Fidelity Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

BFLI-129519225

State Tracking #:

Company Tracking #:

DC B 0218 HSBR (RATES)

State: District of Columbia

Filing Company:

Bankers Fidelity Life Insurance Company

TOI/Sub-TOI: H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name: Heart-Stroke Benefit Rider

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 0218 HSBR	New		AAC05.HS.Rates.50%.20140422.pdf,

Exhibit 1  
 Bankers Fidelity Life Insurance Company  
 Heart/Stroke Benefit Rider  
 Annual Issue Age Premiums per \$1,000

Employee Only

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	0.88	1.44	0.60	0.84
25-29	1.42	2.52	0.89	1.32
30-34	2.53	4.72	1.50	2.30
35-39	4.30	8.41	2.48	3.93
40-44	7.34	14.76	4.17	6.72
45-49	11.16	22.60	6.38	10.34
50-54	15.90	32.10	9.36	15.22
55-59	22.22	44.63	13.60	22.15
60-64	31.06	61.66	20.00	32.44
65-69	42.12	82.57	28.90	46.34

Employee + Spouse

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	1.48	2.28	1.48	2.28
25-29	2.31	3.83	2.31	3.83
30-34	4.03	7.02	4.03	7.02
35-39	6.79	12.34	6.79	12.34
40-44	11.50	21.48	11.50	21.48
45-49	17.54	32.94	17.54	32.94
50-54	25.26	47.32	25.26	47.32
55-59	35.82	66.78	35.82	66.78
60-64	51.06	94.10	51.06	94.10
65-69	71.02	128.90	71.02	128.90

Employee + Child(ren)

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	1.33	1.89	1.06	1.30
25-29	1.94	3.04	1.41	1.84
30-34	3.11	5.30	2.07	2.87
35-39	4.90	9.00	3.05	4.50
40-44	7.91	15.33	4.69	7.25
45-49	11.69	23.13	6.85	10.82
50-54	16.38	32.58	9.79	15.65
55-59	22.66	45.08	14.00	22.55
60-64	31.47	62.07	20.38	32.82
65-69	42.44	82.89	29.23	46.66

Employee + Family

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	2.04	2.84	2.04	2.84
25-29	2.96	4.49	2.93	4.46
30-34	4.75	7.74	4.70	7.70
35-39	7.52	13.07	7.46	13.01
40-44	12.20	22.18	12.12	22.10
45-49	18.17	33.57	18.09	33.49
50-54	25.81	47.87	25.73	47.79
55-59	36.30	67.26	36.23	67.20
60-64	51.48	94.52	51.44	94.48
65-69	71.34	129.23	71.34	129.23

**State:** District of Columbia **Filing Company:** Bankers Fidelity Life Insurance Company  
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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	DC B 0218 HSBR ltr 04-29-14.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	N/A as this filing is being made by the insurer.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	AAC05.HS.ActMemo.50%.20140422.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	
<b>Attachment(s):</b>	AAC05.HS.Rates.50%.20140422.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

SERFF Tracking #:

BFLI-129519225

State Tracking #:

Company Tracking #:

DC B 0218 HSBR (RATES)

State:

District of Columbia

Filing Company:

Bankers Fidelity Life Insurance Company

TOI/Sub-TOI:

H071 Individual Health - Specified Disease - Limited Benefit/H071.001 Critical Illness

Product Name:

Heart-Stroke Benefit Rider

Project Name/Number:

/

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	SEE ACTUARIAL MEMO AND RATES
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

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



April 29, 2014

Forms and Policy Analysis Division  
Insurance Products Bureau  
Department of Insurance and Securities Regulation  
810 1st Street, NE Suite 701  
Washington, DC 20002

RE: Bankers Fidelity Life Insurance Company NAIC # 587-61239 FEIN # 58-0658963  
New Forms: B 0218 HSBR – Heart/Stroke Benefit Rider  
B 0218 HSBR OC – Outline of Coverage

Dear Sir/Madame:

The enclosed forms are being submitted to your department for formal review and approval and will not replace any previously approved forms. The rider is computer-generated, laser-printed and presented in final print with “John Doe” information. An actuarial memorandum with rates, demonstrating cost and benefit structure is enclosed.

The rider provides benefits for specified critical illnesses (dread diseases). The rider will be issued with Cancer Expense policy form B 9401 GA, which was approved by your department on 07-11-1994. The product will be marketed through individual solicitation by personally producing licensed and contracted agents and brokers.

When written in the individual marketplace, application form B 9401 AP GA, which was also approved by your department on 07-11-1994 will be used. When offered in the workplace market, to be included with policies that are sold on a franchise basis, application form B 0093 AP2012, which was approved by your department on 08-28-2012 (SERFF Tracking # BFLI-128661740) will be used to underwrite this product.

Thank you for your time in review of this filing. If you have any questions, or need additional information, please contact me at: direct 404-266-5657; toll-free 1-800-241-1439, ext. 657; fax 404-926-4034 or email [jjones@bflic.com](mailto:jjones@bflic.com).

Sincerely,

A handwritten signature in blue ink, appearing to read "Tina Cunningham".

Tina Cunningham  
Compliance Analyst I  
Legal/Compliance

# Bankers Fidelity Life Insurance Company

## Actuarial Memorandum

### Heart/Stroke Benefit Rider Form B 0218 HSBR

#### 1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in this new heart/stroke rider. This memorandum supports the rates being filed. This is a new form. 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 rider. A detailed description of the benefits and limitations are identified in the rider.

If the insured receives a first ever diagnosis or procedure from a physician for one of the following qualifying events below, the amount payable is the percentage times the benefit amount. There is a 30 day waiting period.

Benefit Schedule

Qualifying Events	Percentage of Benefit Amount Payable for Each Qualifying Event	Maximum Percentage of Benefit Amount Payable
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery Bypass Surgery	25%	
Aortic Surgery	25%	
Heart Valve Replacement/Repair	25%	
Angioplasty	10%	
Stent	10%	

#### 3. Renewability

This form is guaranteed renewable.

#### 4. Applicability

This is a new form. This is a first time rate filing for this form.

## 5. Morbidity

The morbidity assumptions for these forms were developed using the following sources.

### Heart Attack

- Morbidity & Mortality: 2002 Chart Book on Cardiovascular, Lung, and Blood Diseases
- Heart Disease and Stroke Statistics – 2011 Update

### Heart Transplant

- Milliman Research Report: 2011 US Organ and Tissue Transplant Cost Estimates and Discussion
- Milliman Research Report: 2002 Organ and Tissue Transplant Costs and Discussion

### Stroke

- Incidence rates from Framingham Heart Study – 30 year follow-up
- Heart Disease and Stroke Statistics – 2011 Update
- CDC: Place of Death after Stroke - US 1999-2002

### Coronary Artery Bypass Surgery

- Heart Disease and Stroke Statistics – 2011 Update
- The Healthcare Effectiveness Data and Information Set (HEDIS)

### Aortic Surgery

- Adult Cardiac Surgery in New York State, 2002-2004  
Pages 32-40

### Heart Valve Replacement/Repair

- Heart Disease and Stroke Statistics – 2007 Update
- Health Plan Employer Data and Information Set (HEDIS)

### Angioplasty/Stent

- Heart Disease and Stroke Statistics – 2007 Update
- Health Plan Employer Data and Information Set (HEDIS)
- Thomson MedStat MarketScan® Research Database

## 6. Mortality

There is no specific mortality assumption used in developing product. Mortality is included in the total termination rates.

7. Persistency

The assumed termination rates are shown below.

Policy Year	Termination
1	30.0%
2+	15.0%

8. Expenses

Expenses, commissions, premium tax, and profit and contingency are expected to be 50% of the premium.

9. Marketing Method

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

10. Underwriting

This product will be underwritten through the use of a short health history questionnaire. Failure to satisfy all conditions of the health history questionnaire will result in a declination of coverage.

11. Premium Classes

Gross monthly premiums are shown in the attached rate exhibit and are based on a 50% loss ratio. Premiums vary by family composition. The family composition classes are "Employee", "Employee + Spouse", "Employee + Child(ren)", or "Employee + Family". All rates in the attached rate exhibit are on a composite rate basis (uni-sex and composite age).

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
Annual	1.0000
Semi-Annual	0.5200
Quarterly	0.2700
Monthly Direct	0.0900
Monthly Bank Draft	0.0870
Monthly Payroll Deduction	0.0858

#### 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

Active life reserves will be set using appropriate actuarial methodology. There are currently no active life reserves held since these are new forms.

#### 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

The minimum acceptable loss ratio is 50%.

#### 19. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be 50%. 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 50%. 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. Weiland, 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.



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Michael E. Weiland, FSA, MAAA  
Fellow, Society of Actuaries  
Member, American Academy of Actuaries  
April, 2014

Exhibit 1  
 Bankers Fidelity Life Insurance Company  
 Heart/Stroke Benefit Rider  
 Annual Issue Age Premiums per \$1,000

Employee Only

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	0.88	1.44	0.60	0.84
25-29	1.42	2.52	0.89	1.32
30-34	2.53	4.72	1.50	2.30
35-39	4.30	8.41	2.48	3.93
40-44	7.34	14.76	4.17	6.72
45-49	11.16	22.60	6.38	10.34
50-54	15.90	32.10	9.36	15.22
55-59	22.22	44.63	13.60	22.15
60-64	31.06	61.66	20.00	32.44
65-69	42.12	82.57	28.90	46.34

Employee + Spouse

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	1.48	2.28	1.48	2.28
25-29	2.31	3.83	2.31	3.83
30-34	4.03	7.02	4.03	7.02
35-39	6.79	12.34	6.79	12.34
40-44	11.50	21.48	11.50	21.48
45-49	17.54	32.94	17.54	32.94
50-54	25.26	47.32	25.26	47.32
55-59	35.82	66.78	35.82	66.78
60-64	51.06	94.10	51.06	94.10
65-69	71.02	128.90	71.02	128.90

Employee + Child(ren)

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	1.33	1.89	1.06	1.30
25-29	1.94	3.04	1.41	1.84
30-34	3.11	5.30	2.07	2.87
35-39	4.90	9.00	3.05	4.50
40-44	7.91	15.33	4.69	7.25
45-49	11.69	23.13	6.85	10.82
50-54	16.38	32.58	9.79	15.65
55-59	22.66	45.08	14.00	22.55
60-64	31.47	62.07	20.38	32.82
65-69	42.44	82.89	29.23	46.66

Employee + Family

Issue Age Band	Male		Female	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-24	2.04	2.84	2.04	2.84
25-29	2.96	4.49	2.93	4.46
30-34	4.75	7.74	4.70	7.70
35-39	7.52	13.07	7.46	13.01
40-44	12.20	22.18	12.12	22.10
45-49	18.17	33.57	18.09	33.49
50-54	25.81	47.87	25.73	47.79
55-59	36.30	67.26	36.23	67.20
60-64	51.48	94.52	51.44	94.48
65-69	71.34	129.23	71.34	129.23