

SERFF Tracking #:

BFLI-128841714

State Tracking #:

Company Tracking #:

DC B 20625 RATES

State: District of Columbia

Filing Company: Bankers Fidelity Life Insurance Company

TOI/Sub-TOI: H07I Individual Health - Specified Disease - Limited Benefit/H07I.002A Dread Disease - Cancer Only

Product Name: Cancer Expense Policy

Project Name/Number: /

Form Schedule

Lead Form Number: B 20625 DC

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Cancer Expense Policy	B 20625	POL	Initial		51.500	B 20625 doe.pdf
2		Cancer Expense Policy	B 20625 DR	POL	Initial		51.600	B 20625 DR doe.pdf
3		Application for Cancer Coverage	B 20625 AP	AEF	Initial		70.600	B 20625 AP.pdf
4		Application for Cancer Coverage	B 20625 AP DR DC	AEF	Initial		70.600	B 20625 AP DR DC.pdf
5		Outline of Coverage	B 20625 OC3	OTH	Initial		58.900	B 20625 OC3.pdf
6		Outline of Coverage	B 20625 OC3 DR	OTH	Initial		58.900	B 20625 OC3 DR doe.pdf

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

CANCER EXPENSE 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.

GUARANTEED RENEWABLE - We guarantee to renew 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. 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.

PLEASE READ YOUR POLICY CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

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

CANCER EXPENSE POLICY

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

TABLE OF CONTENTS

	Page
Beneficiary.....	9
Benefits	3, 5
Claim Procedure	8 - 9
Definitions	4 - 5
Effective Date	3, 4
Eligibility	6-7
Exclusions	6
Grace Period	8
Limitations	6
Pre-Existing Conditions; Limitation	5, 6
Premiums; Renewal Premiums	1, 3, 10
Reinstatement.....	8
Termination.....	7
Waiver of Premium.....	5

Additional benefits or restrictions, if any, follow Page 10.

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 Cancer Expense Policy - Policy Form B 20625

Covered Person(s)

<u>Name:</u>	<u>Relationship to Insured:</u>	<u>Issue Age:</u>	<u>Sex:</u>	<u>Effective Date:</u>
JOHN D DOE	INSURED	35	M	09-01-2006
JANE D DOE	SPOUSE	32	F	09-01-2006
JOHN D DOE, JR	DEPENDENT CHILD	10	M	09-01-2006
JANIE D DOE	DEPENDENT CHILD	10	F	09-01-2006

Benefits

<u>Benefit Description:</u>	<u>Policy Maximums*</u>		
	<u>Calendar Year Per Insured:</u>	<u>Family:</u>	<u>Lifetime Per Insured:</u>
CANCER EXPENSE	[\$1,000 - 10,000]		[\$5,000 - 50,000]
WELLNESS BENEFIT	[\$25 - 250]	[\$50 - 500]	
TRAVEL BENEFIT	[\$100 - \$1,000]		[\$500 - 5,000]

*The Calendar Year Maximum benefit and Lifetime Maximum benefits for all covered children combined is equal to twice the Calendar Year Maximum and Lifetime Maximum for an individual child.

Benefits reduced by ninety-five percent (95%) for cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.

Optional Riders (if chosen and indicated below):

Premiums

<u>Initial Premium:</u> \$[xxx.xx]	<u>One-Time Policy Fee:</u> \$[xx.xx]			
<u>Renewal Premium:</u>	<u>Annual:</u> \$[xxx.xx]	<u>Semi-Annual:</u> \$[xxx.xx]	<u>Quarterly:</u> \$[xx.xx]	<u>Monthly:</u> \$[xx.xx]

Policy Identification

Policy Number: 005-[2060850001] Issue State: [GA]

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

AGE - age at Your last birthday on the Effective Date of this Policy.

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

CANCER; DIAGNOSIS - a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue, Hodgkin's disease, or leukemia. Such Cancer as above defined must be positively diagnosed by a Physician certified by the American Board of Pathology to practice Pathologic Anatomy, or by Physician who is an Osteopathic Pathologist, upon the basis of a microscopic examination of fixed tissue or preparations from the hemic system (either during the lifetime of the insured or post mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. If positive diagnosis of Cancer cannot be made or is medically inappropriate, a clinical diagnosis will be accepted, provided that the medical evidence substantially documents the diagnosis of Cancer and You receive Definitive Treatment Of Cancer.

DEFINITIVE TREATMENT - Includes: 1) a surgical operation for the removal of Cancer; 2) chemotherapy, immunotherapy, cobalt, radium or x-ray therapy for the reduction or elimination of Cancer; and 3) diagnostic x-rays and the diagnostic procedure or laboratory tests directly or indirectly related to a surgical procedure to remove Cancer or therapy to reduce Cancer.

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. It ends at 11:59 p.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

ELIGIBLE EXPENSES - charges incurred for the actual Diagnosis or Definitive Treatment of Cancer or for services and procedures directly related to or caused by the Diagnosis or Definitive Treatment of Cancer including: 1) hospital room and board and miscellaneous charges; 2) anesthesia; 3) medical equipment; and 4) cancer drugs.

LIFETIME - the period of time during which this Policy is in force, beginning on the Effective Date and ending on the date this Policy is terminated.

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

MAXIMUM - the total amount payable under this Policy, for a specified benefit, as shown on Page 3, for the period indicated. Once We have paid the Maximum benefit, no further amount will be payable under this Policy for that benefit during the period indicated.

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 a sickness or injury and is based on generally recognized and accepted standards of health care. We have the right to obtain, at Our own expense, the opinion of a Physician of Our choice in case of a dispute regarding Medical Necessity.

PHYSICIAN - any duly licensed person practicing in the healing arts, other than the proprietor or employee of the Hospital. The Physician must be acting within the scope of his or her license in treating a Covered Sickness or Covered Injury. A Physician does not include You or a member of Your family.

POLICY OR CONTRACT - the agreement between You and Us.

DEFINITIONS, *continued*

PRE-EXISTING CONDITIONS - a medical condition not excluded from coverage by name or specific description 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.

YOU, YOUR OR YOURS - the person (persons) insured under this Policy. This (These) person (persons) is(are) shown on Page 3 as the Insured and other Covered Persons, if any.

BENEFITS

We will pay the following benefits for Eligible Expenses that are: 1) incurred for Cancer first diagnosed more than thirty (30) days after the Effective Date; 2) incurred for a Loss beginning after the Effective Date and while this Policy is in force; and 3) Medically Necessary. The Calendar Year Maximum benefit and Lifetime Maximum benefits for all covered children combined is equal to twice the Calendar Year Maximum and Lifetime Maximum for an individual child.

Benefits reduce by ninety-five percent (95%) for Cancer first Diagnosed during the first ninety (90) days after the Effective Date of the Policy.

CANCER EXPENSE - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3 for Eligible Expenses incurred for the Diagnosis or Definitive Treatment of Cancer. Benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

WELLNESS BENEFIT - In lieu of the Cancer Expense benefit, We will pay the actual charges, up to the Calendar Year and Family Maximums shown on Page 3 for Losses incurred for the following procedures, including the Physician's charges related to the procedure:

- | | | |
|--------------------------|------------------------------------|----------------------------------|
| 1. Chest x-ray; | 6. Mammography; | 10. Any other diagnostic exam or |
| 2. Colonoscopy; | 7. Pap test; | procedure if the exam or |
| 3. Complete blood count; | 8. Prostate-specific antigen test; | procedure was used to make |
| 4. Cystoscopy; | 9. Sigmoidoscopy; or | positive diagnosis of internal |
| 5. Endoscopy; | | cancer. |

TRAVEL BENEFIT - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3, for: 1) transportation anywhere in the continental United States made by common carriers (bus, rail, air); and 2) lodging in a hotel, motel or other business establishment offering overnight accommodations, if special Cancer treatment is prescribed by Your Physician. Special treatment is any treatment necessary for Your particular form of Cancer which is not obtainable within a one hundred (100) mile radius of Your residence.

WAIVER OF PREMIUM

If You are Totally Disabled as a result of Cancer for ninety (90) consecutive days or more, We will waive the payment of any monthly premiums becoming due during Your Total Disability for which We are paying benefits. Upon the waiver of any premium, this Policy and its benefits will remain in force as though the premium has been paid. After the period of Total Disability for which We waive premiums ends, You can continue Your timely payment of premiums as they become due.

Premiums will not be waived for Cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.

PRE-EXISTING CONDITIONS LIMITATION

Pre Existing Conditions are not covered unless the loss begins more than two (2) years after the Effective Date.

EXCLUSIONS AND LIMITATIONS

This Policy will not cover any loss:

1. when there are benefits due under Workers' Compensation, Employers' Liability Law or Occupational Disease Law, or similar law;
2. for the cost of care, service or supplies that are covered under any national, state or other government plan, except Medicaid;
3. for services for which no charge is normally made in the absence of insurance;
4. for services rendered or supplies received outside the United States, its possessions, or Canada;
5. for expenses incurred for services or supplies considered to be experimental, investigational, or for research purposes in the Definitive Treatment Of Cancer for which claim is made;
6. for expenses incurred for services or supplies that are not Medically Necessary in the Definitive Treatment Of Cancer;
7. for treatment resulting from complications arising from Cancer or its definitive treatment;
8. for Cancer diagnosed less than thirty one (31) days after the Effective Date; or
9. incurred while this Policy is not in force.

LIMITATIONS:

1. Benefits reduce by ninety-five percent (95%) for Cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.
2. Premiums will not be waived for Cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.
3. Benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

ELIGIBILITY AND TERMINATION

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 over age one month and 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.

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 AND TERMINATION, *continued*

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 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 12:01 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 12:01 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 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.

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. For the purposes of this paragraph, a loss shall be deemed to have occurred on the same date as the Cancer Diagnosis as defined by this Policy.

No claim for loss commencing after two (2) years from the Effective Date of this Policy will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description had existed before the Effective Date of this 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. If the premium is not paid by the end of this Grace Period, the Policy will lapse as of the premium due date

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.

The reinstated Policy will cover only Cancer that is diagnosed more than ten (10) days after the date of reinstatement. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

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 name 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.

GENERAL PROVISIONS, continued

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.

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 Cancer Expense Policy with Us. If, through an error, We issue more than one Policy, You 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.

THIS PAGE LEFT INTENTIONALLY BLANK.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

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

CANCER EXPENSE POLICY

BANKERS FIDELITY LIFE INSURANCE COMPANY

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

CANCER EXPENSE 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.

GUARANTEED RENEWABLE - We guarantee to renew 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. 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 thirty (30) days of its receipt. Send it to Us 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.

PLEASE READ YOUR POLICY CAREFULLY!

THIS IS NOT MEDICARE SUPPLEMENT INSURANCE.

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

CANCER EXPENSE POLICY

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

TABLE OF CONTENTS

	Page
Beneficiary.....	9
Benefits	3, 5
Claim Procedure	8 - 9
Definitions	4 - 5
Effective Date	3, 4
Eligibility	6-7
Exclusions	6
Grace Period	8
Limitations	6
Pre-Existing Conditions; Limitation	5, 6
Premiums; Renewal Premiums	1, 3, 10
Reinstatement.....	8
Termination.....	7
Waiver of Premium.....	5

Additional benefits or restrictions, if any, follow Page 10.

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 Cancer Expense Policy - Policy Form B 20625 DR

Covered Person(s)

<u>Name:</u>	<u>Relationship to Insured:</u>	<u>Issue Age:</u>	<u>Sex:</u>	<u>Effective Date:</u>
JOHN D DOE	INSURED	35	M	09-01-2006
JANE D DOE	SPOUSE	32	F	09-01-2006
JOHN D DOE, JR	DEPENDENT CHILD	10	M	09-01-2006
JANIE D DOE	DEPENDENT CHILD	10	F	09-01-2006

Benefits

Policy Maximums*			
<u>Benefit Description:</u>	<u>Calendar Year Per Insured:</u>	<u>Family:</u>	<u>Lifetime Per Insured:</u>
CANCER EXPENSE	[\$1,000 - 10,000]		[\$5,000 - 50,000]
WELLNESS BENEFIT	[\$25 - 250]	[\$50 - 500]	
TRAVEL BENEFIT	[\$100 - \$1,000]		[\$500 - 5,000]

*The Calendar Year Maximum benefit and Lifetime Maximum benefits for all covered children combined is equal to twice the Calendar Year Maximum and Lifetime Maximum for an individual child.

Benefits reduced by ninety-five percent (95%) for cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.

Optional Riders (if chosen and indicated below):

Premiums

<u>Initial Premium:</u> \$[xxx.xx]	<u>One-Time Policy Fee:</u> \$[xx.xx]			
<u>Renewal Premium:</u>	<u>Annual:</u> \$[xxx.xx]	<u>Semi-Annual:</u> \$[xxx.xx]	<u>Quarterly:</u> \$[xx.xx]	<u>Monthly:</u> \$[xx.xx]

Policy Identification

Policy Number: 005-[2060850001] Issue State: [GA]

THIS PAGE LEFT INTENTIONALLY BLANK.

DEFINITIONS

AGE - age at Your last birthday on the Effective Date of this Policy.

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

CANCER; DIAGNOSIS - a disease manifested by the presence of a malignant tumor characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue, Hodgkin's disease, or leukemia. Such Cancer as above defined must be positively diagnosed by a Physician certified by the American Board of Pathology to practice Pathologic Anatomy, or by Physician who is an Osteopathic Pathologist, upon the basis of a microscopic examination of fixed tissue or preparations from the hemic system (either during the lifetime of the insured or post mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. If positive diagnosis of Cancer cannot be made or is medically inappropriate, a clinical diagnosis will be accepted, provided that the medical evidence substantially documents the diagnosis of Cancer and You receive Definitive Treatment Of Cancer.

DEFINITIVE TREATMENT - Includes: 1) a surgical operation for the removal of Cancer; 2) chemotherapy, immunotherapy, cobalt, radium or x-ray therapy for the reduction or elimination of Cancer; and 3) diagnostic x-rays and the diagnostic procedure or laboratory tests directly or indirectly related to a surgical procedure to remove Cancer or therapy to reduce Cancer.

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. It ends at 11:59 p.m., Standard Time, on the date any premium is due. Each renewal premium is due at the end of the term for which a premium has been paid.

ELIGIBLE EXPENSES - charges incurred for the actual Diagnosis or Definitive Treatment of Cancer or for services and procedures directly related to or caused by the Diagnosis or Definitive Treatment of Cancer including: 1) hospital room and board and miscellaneous charges; 2) anesthesia; 3) medical equipment; and 4) cancer drugs.

LIFETIME - the period of time during which this Policy is in force, beginning on the Effective Date and ending on the date this Policy is terminated.

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

MAXIMUM - the total amount payable under this Policy, for a specified benefit, as shown on Page 3, for the period indicated. Once We have paid the Maximum benefit, no further amount will be payable under this Policy for that benefit during the period indicated.

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 a sickness or injury and is based on generally recognized and accepted standards of health care. We have the right to obtain, at Our own expense, the opinion of a Physician of Our choice in case of a dispute regarding Medical Necessity.

PHYSICIAN - any duly licensed person practicing in the healing arts, other than the proprietor or employee of the Hospital. The Physician must be acting within the scope of his or her license in treating a Covered Sickness or Covered Injury. A Physician does not include You or a member of Your family.

POLICY OR CONTRACT - the agreement between You and Us.

DEFINITIONS, *continued*

PRE-EXISTING CONDITIONS - a medical condition not excluded from coverage by name or specific description 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.

YOU, YOUR OR YOURS - the person (persons) insured under this Policy. This (These) person (persons) is(are) shown on Page 3 as the Insured and other Covered Persons, if any.

BENEFITS

We will pay the following benefits for Eligible Expenses that are: 1) incurred for Cancer first diagnosed more than thirty (30) days after the Effective Date; 2) incurred for a Loss beginning after the Effective Date and while this Policy is in force; and 3) Medically Necessary. The Calendar Year Maximum benefit and Lifetime Maximum benefits for all covered children combined is equal to twice the Calendar Year Maximum and Lifetime Maximum for an individual child.

Benefits reduce by ninety-five percent (95%) for Cancer first Diagnosed during the first ninety (90) days after the Effective Date of the Policy.

CANCER EXPENSE - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3 for Eligible Expenses incurred for the Diagnosis or Definitive Treatment of Cancer. Benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

WELLNESS BENEFIT - In lieu of the Cancer Expense benefit, We will pay the actual charges, up to the Calendar Year and Family Maximums shown on Page 3 for Losses incurred for the following procedures, including the Physician's charges related to the procedure:

- | | | |
|--------------------------|------------------------------------|----------------------------------|
| 1. Chest x-ray; | 6. Mammography; | 10. Any other diagnostic exam or |
| 2. Colonoscopy; | 7. Pap test; | procedure if the exam or |
| 3. Complete blood count; | 8. Prostate-specific antigen test; | procedure was used to make |
| 4. Cystoscopy; | 9. Sigmoidoscopy; or | positive diagnosis of internal |
| 5. Endoscopy; | | cancer. |

TRAVEL BENEFIT - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3, for: 1) transportation anywhere in the continental United States made by common carriers (bus, rail, air); and 2) lodging in a hotel, motel or other business establishment offering overnight accommodations, if special Cancer treatment is prescribed by Your Physician. Special treatment is any treatment necessary for Your particular form of Cancer which is not obtainable within a one hundred (100) mile radius of Your residence.

WAIVER OF PREMIUM

If You are Totally Disabled as a result of Cancer for ninety (90) consecutive days or more, We will waive the payment of any monthly premiums becoming due during Your Total Disability for which We are paying benefits. Upon the waiver of any premium, this Policy and its benefits will remain in force as though the premium has been paid. After the period of Total Disability for which We waive premiums ends, You can continue Your timely payment of premiums as they become due.

Premiums will not be waived for Cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.

PRE-EXISTING CONDITIONS LIMITATION

Pre Existing Conditions are not covered unless the loss begins more than two (2) years after the Effective Date.

EXCLUSIONS AND LIMITATIONS

This Policy will not cover any loss:

1. when there are benefits due under Workers' Compensation, Employers' Liability Law or Occupational Disease Law, or similar law;
2. for the cost of care, service or supplies that are covered under any national, state or other government plan, except Medicaid;
3. for services for which no charge is normally made in the absence of insurance;
4. for services rendered or supplies received outside the United States, its possessions, or Canada;
5. for expenses incurred for services or supplies considered to be experimental, investigational, or for research purposes in the Definitive Treatment Of Cancer for which claim is made;
6. for expenses incurred for services or supplies that are not Medically Necessary in the Definitive Treatment Of Cancer;
7. for treatment resulting from complications arising from Cancer or its definitive treatment;
8. for Cancer diagnosed less than thirty one (31) days after the Effective Date; or
9. incurred while this Policy is not in force.

LIMITATIONS:

1. Benefits reduce by ninety-five percent (95%) for Cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.
2. Premiums will not be waived for Cancer first diagnosed during the first ninety (90) days after the Effective Date of the Policy.
3. Benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

ELIGIBILITY AND TERMINATION

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 over age one month and 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.

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 AND TERMINATION, *continued*

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 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 12:01 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 12:01 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 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.

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. 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. For the purposes of this paragraph, a loss shall be deemed to have occurred on the same date as the Cancer Diagnosis as defined by this Policy.

No claim for loss commencing after two (2) years from the Effective Date of this Policy will be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description had existed before the Effective Date of this 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. If the premium is not paid by the end of this Grace Period, the Policy will lapse as of the premium due date

REINSTATEMENT - If the renewal premium is not paid before the Grace Period ends, this Policy will lapse. Later acceptance of premiums by Us without requiring an application for the reinstatement will reinstate the Policy. If We 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.

The reinstated Policy will cover only Cancer that is diagnosed more than ten (10) days after the date of reinstatement. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

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. The notice should include Your name 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.

GENERAL PROVISIONS, continued

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.

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 Cancer Expense Policy with Us. If, through an error, We issue more than one Policy, You 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.

THIS PAGE LEFT INTENTIONALLY BLANK.

THIS PAGE LEFT INTENTIONALLY BLANK.

BANKERS FIDELITY LIFE INSURANCE COMPANY

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

CANCER EXPENSE POLICY

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., P. O. Box 105146, Atlanta, Georgia 30348-5146 (404) 266-5600

APPLICATION FOR CANCER COVERAGE

(PLEASE PRINT)

Soliciting Agent/Broker Name	Agent Number

PROPOSED INSURED (First Name, Middle Initial, Last Name)	Relationship	Sex	Age	Born			State of Birth	Build		Social Security Number
				Mo	Day	Yr.		Height	Weight	
A.	Primary Insured							' "		- -
B.	Spouse							' "		- -
C.								' "		- -
D.								' "		- -
E.								' "		- -

Phone No. ()	Best Time To Call <input type="checkbox"/> AM <input type="checkbox"/> PM	E-Mail Address	Mail policy to: <input type="checkbox"/> Insured <input type="checkbox"/> Agent
------------------	---	----------------	---

Is the Proposed Insured a legal citizen of the United States or its possessions? ☐ Yes ☐ No is the Proposed Insured a Permanent Resident? ☐ Yes ☐ No provide the following information as shown on the Permanent Resident Card:

I.N.S. # _____ CATEGORY _____ RESIDENT SINCE _____ CARD EXPIRES _____

ADDRESS Number and Street or R.F.D. _____ City _____ State _____ Zip Code _____

Name of Primary Beneficiary(ies)	Relationship	Social Security No. (If Known)	Address	Telephone No.
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (If Known)	Address	Telephone No.

SELECT THE COVERAGE YOU WANT BY CHECKING ONE FROM EACH COLUMN BELOW

CANCER EXPENSE	PLAN	PREMIUM MODE	PREMIUM COMPUTATION
<input type="checkbox"/> _____ Units Optional Riders: <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Individual <input type="checkbox"/> Single-Parent Family <input type="checkbox"/> Two-Parent Family PREMIUM CLASS <input type="checkbox"/> Tobacco <input type="checkbox"/> Non-Tobacco	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual [.52] <input type="checkbox"/> Quarterly [.27] <input type="checkbox"/> Monthly Direct [.09] <input type="checkbox"/> Monthly Bank Draft [.087] <input type="checkbox"/> Monthly Payroll Deduction [.087] Requested Draft Date _____ Billing Type: <input type="checkbox"/> Individual <input type="checkbox"/> Family* <small>*Complete Family Billing Form B 0129 FB/LB</small>	Annual Premium\$ _____ + Rider R1.....\$ _____ + Rider R2.....\$ _____ = Total Annual Premium.....\$ _____ × Modal Factor.....\$ _____ = Total Modal Premium.....\$ _____ + One-time Policy Fee.....\$ _____ = Total Amount Paid.....\$ _____ <input type="checkbox"/> Check/money order included <input type="checkbox"/> Draft initial premium <input type="checkbox"/> Charge credit card for initial premium

1. Has any Proposed Insured used any tobacco products within the last 3 years? ☐ Yes ☐ No

2. PRESENT INSURANCE: Does any proposed insured named above have or ever had medical insurance in force or pending with Bankers Fidelity Life Insurance Company® or any other company, including individual, group and prepaid insurance contracts? ☐ Yes ☐ No

List all health insurance now in force and indicate which coverage is to be replaced:

Person	Name of Company & Policy No.	Hospital			Major Medical		Coverage to be Replaced?	Termination Date Mo.-Yr.
		Rm. & Bd.	Misc.	Surg. Ben.	Maximum	Deductible		
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Has any Proposed Insured had, within the last ten years, any of the following conditions:

A. tumor, cancer, malignant growth, malignant tumor, leukemia, Hodgkin's disease or any other malignancy? ☐ Yes ☐ No

B. lumps or sores not healed or have you coughed, vomited or passed blood? ☐ Yes ☐ No

4. Has any Proposed Insured tested positive for, been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS) or "AIDS" Related Complex (ARC)? ☐ Yes ☐ No

5. I hereby apply to Bankers Fidelity Life Insurance Company® for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I certify that the answers given are, to the best of my knowledge and belief, true. I agree the policy shall not be effective unless it has actually been issued. I have received an outline of coverage for the policy applied for and a Guide To Health Insurance For People With Medicare (if age 65 or over). I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, to give to Bankers Fidelity Life Insurance Company® or its reinsurers any such information. A photographic copy of this authorization shall be as valid as the original.

The undersigned proposed Insured and agent certify that the proposed insured has read or had read to him the completed application and that the proposed insured realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

CAUTION: If your answers on this application are incorrect or untrue, Bankers Fidelity Life Insurance Company® has the right to deny benefits or rescind your policy.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which is a crime and could subject such person to criminal and civil penalties.

Dated at _____
(City and State) (Month, Day, Year)

X _____
Proposed insured's signature. Please read item 5 before signing.

X _____
General broker's signature Broker's number

X _____
Soliciting agent's broker's signature Agent's Broker's number

I, the undersigned agent, certify that: (1) I have personally interviewed the proposed insured(s) face-to-face; (2) I have truly and accurately recorded the information applied by the proposed insured(s); and (3) I have given the proposed insured(s) an outline of coverage for the policy applied for and a Guide To Health Insurance For People With Medicare (If age 65 or over).

I certify that to the best of my knowledge and belief the coverage applied for herein ☐ does ☐ does not duplicate coverage the proposed Insured(s) currently has/have in force.

Is the Proposed Insured related to you? ☐ Yes ☐ No If "Yes," explain relationship. ☐ Self ☐ _____

Dated at _____
(City and State) (Month, Day, Year)

X _____
Soliciting agent's/broker's signature Agent's/Broker's number

BANKERS FIDELITY LIFE INSURANCE COMPANY®

4370 Peachtree Road, N.E., P. O. Box 105146, Atlanta, GA 30348-5146

PLEASE PRINT

**APPLICATION FOR
CANCER EXPENSE****SECTION A: Please provide the following information about yourself and other applicants:**

Name: (First Name, Middle Initial, Last Name)				Build		Social Security Number				
				Height ' "	Weight lb					
Date of Birth: (Month / Day / Year)	Age	Place of Birth	Sex (Check one) Male <input type="checkbox"/> Female <input type="checkbox"/>		E-mail Address					
Address: (No. & Street, City, County, State, Zip Code)					Daytime Phone #: (Include Area Code)					
OTHER PERSONS TO BE COVERED (First Name, Middle Initial, Last Name)		Relationship	Sex	Age	Born Mo. Day Yr.		State of Birth	Build Height Weight		Social Security Number
1.								' "	lb	- -
2.								' "	lb	- -
3.								' "	lb	- -
4.								' "	lb	- -
5.								' "	lb	- -

1. Is each Proposed Insured a legal citizen of the United States or its possessions? ☐ Yes ☐ No

Permanent If Permanent Resident:

If "No," Name Resident INS # Category Resident Since Card Expires

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No**If not a Permanent Resident, coverage is not available for that person.**

PRESENT INSURANCE: Do you or any other person named above have or ever had hospital, medical, or surgical insurance in force or pending with any company, including individual, group or prepaid insurance contracts? ☐ Yes ☐ No
List all health insurance now in force and indicate which coverage is to be replaced (attach additional sheet if necessary):

Person	Name of Company	Policy No.	Hospital			Coverage To Be Replaced?	Termination Date Mo.-Yr.
			Rm. & Bd.	Misc.	Surg. Ben.		
						<input type="checkbox"/> Yes <input type="checkbox"/> No	
						<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B: Select your benefits:

Plan of Insurance: Cancer Expense	Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> Bank Draft	Premium Included with Application: \$ _____ <input type="checkbox"/> Check here if initial premium is to be paid by credit card.
Benefit: \$ _____		
Optional Riders: <input type="checkbox"/> _____ <input type="checkbox"/> _____		

Name of Primary Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.

SECTION C: Please answer the following health and medical questions about yourself:**If the answer to any part of question 2 or 3 is "Yes," coverage is not available for that person.**

2. Has any Proposed Insured had, within the last ten years, any of the following conditions:
- A. tumor cancer malignant growth, malignant tumor, leukemia, Hodgkins's disease or any other malignancy? ☐ Yes ☐ No
- B. lumps or sores not healed or have you coughed, vomited or passed blood? ☐ Yes ☐ No
3. Has any Proposed Insured tested positive for, been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS) or "AIDS" Related Complex (ARC)? ☐ Yes ☐ No

SECTION D: Please read the following agreement and sign at the bottom:

4. I, the undersigned, hereby apply to Bankers Fidelity Life Insurance Company® for a policy to be issued solely and entirely in reliance on my written answers to the above questions. I represent that the answers given are, to the best of my knowledge and belief, true. **I agree the policy shall not be effective unless it has actually been issued, received by me and the first premium paid, all during my lifetime and before any change in my health as stated herein.**

I realize that any false statement or misrepresentation in the application may result in loss of coverage under the policy, subject to the “Time Limit On Certain Defenses” provision of the policy.

CAUTION: If the answers on this application are incorrect or untrue, Bankers Fidelity Life Insurance Company® has the right to deny benefits or rescind your policy, subject to the “Time Limit On Certain Defenses” provision of the Policy.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Dated at _____, on _____ X _____
(City and State) (Month, Day, Year) Signature. Please read item #4 before signing.

BANKERS FIDELITY LIFE INSURANCE COMPANY®

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

OUTLINE OF COVERAGE FOR CANCER EXPENSE - Policy Form B 20625

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) **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.
- (3) **CANCER EXPENSE COVERAGE** - Policies of this category are designed to provide, to persons insured, restricted or limited coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) **BENEFITS** - We will pay the following benefits for eligible expenses that are: a) incurred for cancer first diagnosed more than thirty (30) days after the effective date of the policy; b) incurred for a loss beginning after the effective date and while the policy is in force; and c) medically necessary. The Calendar Year Maximum benefit and Lifetime Maximum benefits for all covered children combined is equal to twice the Calendar Year Maximum and Lifetime Maximum for an individual child.

Benefits reduce by ninety-five percent (95%) for Cancer first Diagnosed during the first ninety (90) days after the Effective Date of the Policy.

CANCER EXPENSE - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3 of the policy for eligible expenses incurred for the diagnosis or definitive treatment of cancer. Benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

WELLNESS BENEFIT - In lieu of the Cancer Expense benefit, we will pay the actual charges, up to the Calendar Year, Family and Lifetime Maximums shown on Page 3 of the policy for losses incurred for the following procedures including the physician's charges related to the procedure: (a) chest x-ray; (b) colonoscopy; (c) complete blood count; (d) cystoscopy; (e) endoscopy; (f) mammography; (g) pap test; (h) prostate-specific antigen test; (i) sigmoidoscopy; or (j) any other diagnostic exam or procedure if the exam or procedure was used to make positive diagnosis of internal cancer.

TRAVEL BENEFIT - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3 of the policy, for: 1) transportation anywhere in the continental United States made by common carriers (bus, rail, air); and 2) lodging in a hotel, motel or other business establishment offering overnight accommodations, if special cancer treatment is prescribed by your physician. Special treatment is any treatment necessary for your particular form of cancer which is not obtainable within a one hundred (100) mile radius of your residence.

WAIVER OF PREMIUM - If You are totally disabled as a result of cancer for ninety (90) consecutive days or more, we will waive the payment of any monthly premiums becoming due during your total disability for which we are paying benefits. Upon the waiver of any premium, the policy and its benefits will remain in force as though the premium has been paid. After the period of total disability for which we waive premiums ends, you can continue your timely payment of premiums as they become due. Premiums will not be waived for cancer first diagnosed during the first ninety (90) days after the effective date of the policy.

(5) EXCLUSIONS - The policy will not cover any loss: (a) when there are benefits due under Workers' Compensation, Employers' Liability Law or Occupational Disease Law, or similar law; (b) for the cost of care, service or supplies that are covered under any national, state or other government plan, except Medicaid; (c) for services for which no charge is normally made in the absence of insurance; (d) for services rendered or supplies received outside the United States, its possessions, or Canada; (e) for expenses incurred for services or supplies considered to be experimental, investigational, or for research purposes in the Definitive Treatment Of Cancer for which claim is made; (f) for expenses incurred for services or supplies that are not Medically Necessary in the Definitive Treatment Of Cancer; (g) for treatment resulting from complications arising from Cancer or its definitive treatment; (h) for Cancer diagnosed less than thirty one (31) days after the Effective Date; or (i) incurred while this Policy is not in force.

LIMITATIONS: (a) Benefits reduce by ninety-five percent (95%) for cancer first diagnosed during the first ninety (90) days after the effective date of the policy; (b) premiums will not be waived for cancer first diagnosed during the first ninety (90) days after the effective date of the policy; (c) benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

(6) PRE-EXISTING CONDITIONS LIMITATION - Pre-existing conditions are not covered unless the loss begins more than two (2) years after the effective date of coverage.

(7) 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.

(8) 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 and state 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.

(9) PREMIUMS - Premiums are subject to change as stated in paragraph (8) above.

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

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 CANCER EXPENSE - Policy Form B 20625 DR

- (1) READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in details the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) 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.
- (3) CANCER EXPENSE COVERAGE** - Policies of this category are designed to provide, to persons insured, restricted or limited coverage paying benefits **ONLY** when certain losses occur as a result of Cancer. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (4) BENEFITS** - We will pay the following benefits for eligible expenses that are: a) incurred for cancer first diagnosed more than thirty (30) days after the effective date of the policy; b) incurred for a loss beginning after the effective date and while the policy is in force; and c) medically necessary. The Calendar Year Maximum benefit and Lifetime Maximum benefits for all covered children combined is equal to twice the Calendar Year Maximum and Lifetime Maximum for an individual child.

Benefits reduce by ninety-five percent (95%) for Cancer first Diagnosed during the first ninety (90) days after the Effective Date of the Policy.

CANCER EXPENSE - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3 of the policy for eligible expenses incurred for the diagnosis or definitive treatment of cancer. Benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

WELLNESS BENEFIT - In lieu of the Cancer Expense benefit, we will pay the actual charges, up to the Calendar Year and Family Maximums shown on Page 3 of the policy for losses incurred for the following procedures, including the Physician's charges related to the procedure: (a) chest x-ray; (b) colonoscopy; (c) complete blood count; (d) cystoscopy; (e) endoscopy; (f) mammography; (g) pap test; (h) prostate-specific antigen test; (i) sigmoidoscopy; or (j) any other diagnostic exam or procedure if the exam or procedure was used to make positive diagnosis of internal cancer.

TRAVEL BENEFIT - We will pay the actual charges, up to the Calendar Year and Lifetime Maximums shown on Page 3 of the policy, for: 1) transportation anywhere in the continental United States made by common carriers (bus, rail, air); and 2) lodging in a hotel, motel or other business establishment offering overnight accommodations, if special cancer treatment is prescribed by your physician. Special treatment is any treatment necessary for your particular form of cancer which is not obtainable within a one hundred (100) mile radius of your residence.

WAIVER OF PREMIUM - If You are totally disabled as a result of cancer for ninety (90) consecutive days or more, we will waive the payment of any monthly premiums becoming due during your total disability for which we are paying benefits. Upon the waiver of any premium, the policy and its benefits will remain in force as though the premium has been paid. After the period of total disability for which we waive premiums ends, you can continue your timely payment of premiums as they become due. Premiums will not be waived for cancer first diagnosed during the first ninety (90) days after the effective date of the policy.

(5) EXCLUSIONS - The policy will not cover any loss: (a) when there are benefits due under Workers' Compensation, Employers' Liability Law or Occupational Disease Law, or similar law; (b) for the cost of care, service or supplies that are covered under any national, state or other government plan, except Medicaid; (c) for services for which no charge is normally made in the absence of insurance; (d) for services rendered or supplies received outside the United States, its possessions, or Canada; (e) for expenses incurred for services or supplies considered to be experimental, investigational, or for research purposes in the Definitive Treatment Of Cancer for which claim is made; (f) for expenses incurred for services or supplies that are not Medically Necessary in the Definitive Treatment Of Cancer; (g) for treatment resulting from complications arising from Cancer or its definitive treatment; (h) for Cancer diagnosed less than thirty one (31) days after the Effective Date; or (i) incurred while this Policy is not in force.

LIMITATIONS: (a) Benefits reduce by ninety-five percent (95%) for cancer first diagnosed during the first ninety (90) days after the effective date of the policy; (b) premiums will not be waived for cancer first diagnosed during the first ninety (90) days after the effective date of the policy; (c) benefits for non-melanoma skin cancer are equal to five percent (5%) of the Calendar Year Maximum Benefit, subject to a lifetime maximum of twenty-five percent (25%) of the Lifetime Maximum Benefit.

(6) PRE-EXISTING CONDITIONS LIMITATION - Pre-existing conditions are not covered unless the loss begins more than two (2) years after the effective date of coverage.

(7) 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.

(8) 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 and state 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.

(9) PREMIUMS - Premiums are subject to change as stated in paragraph (8) 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/H071.002A Dread Disease - Cancer Only		
Product Name:	Cancer Expense Policy		
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:	05/24/2011
Filing Method of Last Filing:	0

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# 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	%	%				%	%

State:	District of Columbia	Filing Company:	Bankers Fidelity Life Insurance Company
TOI/Sub-TOI:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only		
Product Name:	Cancer Expense Policy		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:	New filing, therefore no overall premium impact of filing on DC Policyholders.		
Attachment(s):			
B 20625 Cvr Ltr 1-09-13.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	N/A as this filing is being made by the insurer.		

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):			
B 20625 Actuarial Memorandum only.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
B 20625 Cancer Expense Rate pages only.pdf			

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

		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:	H071 Individual Health - Specified Disease - Limited Benefit/H071.002A Dread Disease - Cancer Only		
Product Name:	Cancer Expense Policy		
Project Name/Number:	/		

Bypass Reason:	N/A
----------------	-----

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	N/A as this is not a Rate Increase		

		Item Status:	Status Date:
Satisfied - Item:	Flesch		
Comments:			
Attachment(s):			
B 20625 Flesch Cert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Varibility		
Comments:			
Attachment(s):			
B 20625 Statement of Variability.pdf			



January 9, 2013

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 Form: B 20625 - Cancer Expense Policy
B 20625 AP – Application for Cancer Coverage
B 20625 OC3 – Outline of Coverage
B 20625 DR – Cancer Expense Policy – Direct Response
B 20625 AP DR DC – Application for Cancer Coverage – Direct Response
B 20625 OC3 DR – Outline of Coverage for Cancer Coverage – Direct Response

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 policy forms are 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 policy provides benefits for cancer-related expenses. Policy form B 20625 will be marketed through individual solicitation by personally producing licensed and contracted agents and brokers; form B 20625 DR will be marketed through direct response methods.

Thank you for your time in review of this filing. If you have any questions, or need additional information, please contact me at: direct 404-266-5618; toll-free 1-800-241-1439, ext. 5723; fax 404-926-4092 or email tcunningham@bflic.com.

Sincerely,

Tina Cunningham
Compliance Analyst I
Legal/Compliance

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Scope and Purpose

This policy provides benefits for expenses incurred in the treatment of malignant cancer. The rates are for new business.

This filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.

Description of Benefits

The primary benefit is up to \$1,000 per calendar year with a lifetime maximum of [3, 5] times the Principal Calendar Year Maximum (PCYM) benefit per unit. Secondary benefits are in addition to the PCYM benefit, but are based on the PCYM benefit and include:

(1) Wellness Benefit, (2) Benefit for non-melanoma skin cancer; and (3) Limited travel and transportation benefit. There is also a waiver of premium benefit.

Wellness Benefit - The Wellness Benefit provides that in lieu of the Cancer Expense benefit, We will pay the actual charges, up to 2.5% of the PCYM per calendar year per adult insured for Payroll Market issues and up to 1.0% of the PCYM per calendar year per adult insured for Individual Agency Market issues for Losses incurred for the following procedures, **including the Physician's charges related to the procedure:**

- (1) Chest x-ray,
- (2) Colonoscopy,
- (3) Complete Blood Count,
- (4) Cystoscopy,
- (5) Endoscopy,
- (6) Mammography,
- (7) Pap test,
- (8) Prostate-specific antigen test,
- (9) Sigmoidoscopy, or
- (10) any other diagnostic exam or procedure if the exam or procedure was used to make a positive diagnosis of internal cancer.

The benefit for non-melanoma skin cancer is actual charges up to 5% per calendar year of the PCYM up to a lifetime maximum of [15%, 25%] of the PCYM.

The travel and transportation benefit is actual incurred amounts up to 10% per calendar year of the PCYM up to a lifetime maximum of [30%, 50%] of the PCYM for specified travel and transportation more than 100 miles from the insured's residence.

The waiver of premium benefit is provided after 6 months of total disability.

The Calendar Year Maximum benefit for all covered children combined is equal to twice the Calendar Year Maximum for an adult insured.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Renewability Clause

The policy is Guaranteed Renewable for life.

Morbidity

The primary source for claims costs is the U.S. Cancer Statistics Working Group; United States Cancer Statistics: 2001 Incidence and Mortality; Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2004.

Mortality

Expected mortality is 80% of the 2001 CSO (50) Ultimate ALB table.

Persistency

Individual Market Lapse Rates

Policy Year	Issue Ages <u>0 to 29</u>	Issue Ages <u>30 to 34</u>	Issue Ages <u>35 to 49</u>	Issue Ages <u>50 to 85</u>
1	25.0%	20.0%	15.0%	15.0%
2	20.0%	15.0%	12.5%	10.0%
3	15.0%	12.5%	10.0%	10.0%
4	12.5%	10.0%	10.0%	10.0%
5+	10.0%	10.0%	10.0%	10.0%

Payroll Market Lapse Rates

Policy Year	Issue Ages <u>0 to 29</u>	Issue Ages <u>30 to 34</u>	Issue Ages <u>35 to 49</u>	Issue Ages <u>50 to 85</u>
1	30.0%	25.0%	20.0%	20.0%
2	22.0%	17.0%	14.5%	12.0%
3	17.0%	14.5%	12.0%	12.0%
4	14.5%	12.0%	12.0%	12.0%
5+	12.0%	12.0%	12.0%	12.0%

Expenses

	<u>First Year</u>	<u>Renewal Years</u>
Per Policy	\$20.00	\$5.00
% of Premium	10.50%	10.50%

Marketing Method

Form B 20625 will be marketed to individuals through independent agents, including at the worksite on a payroll deduction basis. Form B 20625 DR will be marketed to individuals through any means of direct response, including the electronic media, newspaper, television and radio.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Underwriting

This policy form is subject to limited medical underwriting.

Premium Classes

Premiums are unisex, tobacco-distinct and banded by PCYM amount bands. Rates classes are for individuals, single parent families, individual and spouse, and two parent families. The premiums vary by issue age band. There are separate rates for Individual Market issues versus Payroll Market issues.

Initially, the rates are the same for agent-issued and direct response business. If future experience warrants, the Company may vary rates between policy forms B 20625 and B 20625 DR.

Band 1 premiums are for PCYM amounts from \$1,000 to \$20,000. Band 2 premiums are for PCYM amounts from \$25,000 to \$50,000. PCYM amounts between \$20,001 and \$24,999 are not available. The minimum PCYM amount is \$1,000 for issue ages 65 and above and \$2,500 otherwise.

All policy fees are: (1) included in earned premiums; (2) used in the determination of premium taxes; (3) used in the determination of lifetime loss ratios; and (4) refunded with other applicable premiums in the event the policy is not issued or not taken.

Issue Age Range

The premiums are based on the issue age of the older insured and available on an age-banded basis for issue ages 18 to 85.

Average Annual Premium

The estimated average annual premium for Forms B 20625 and B 20625 DR is \$400.

Premium Modalization Rules

Semi-Annual:	0.520	Monthly Bank Draft:	0.08700
Quarterly:	0.270	Monthly Payroll Deduction:	0.08333
Credit Card:	0.091		

If business conditions warrant, the premium modalization factors may be lowered.

Claim Liability and Reserves

Our claim liability is made up of In Course of Settlement (ICOS) and Incurred but Not Reported (IBNR). The ICOS reserve is calculated by using the average amount paid out per claim. Our IBNR reserve is calculated using the claim runoff method.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Active Life Reserves

Active life reserves are based on the 1985 Cancer Tables combined with the 2001 CSO (50) Ultimate ALB table using 2-year preliminary term and interest at or below the statutory long life rate.

Anticipated Loss Ratio

The anticipated loss ratio for Policy Forms B 20625 and B 20625 DR is at least 55%. This ratio is calculated as the ratio of the present value of expected benefits to the present value of expected premiums. The interest rate used was 5%. Policy fees are included in earned premiums and were used to develop the anticipated loss ratio.

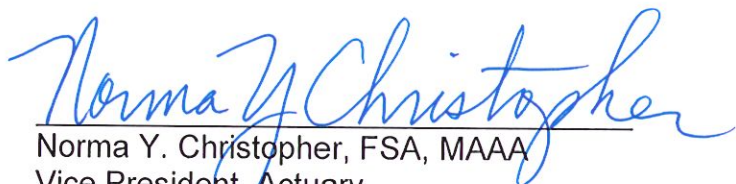
Distribution of Business

The company's business plan expects 30% of policies will be sold to individuals, 20% each to single parent families and individuals with spouses, and 30% to two parent families. The average issue age is expected to be 50 years old.

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the laws and regulations of the state within which it is being filed, and the premiums are reasonable in relation to the benefits provided. The assumptions used in determining rates are reasonable and consistent with the business plan of the company.

As noted in the Scope and Purpose section, this filing has been prepared for the purpose of demonstrating compliance with regulatory authority and may not be appropriate for other purposes.



Norma Y. Christopher, FSA, MAAA
Vice President, Actuary
Bankers Fidelity Life Insurance Company
4370 Peachtree Road, N.E.
Atlanta, Georgia 30319

Date signed: **July 27, 2012**

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625

Non-Tobacco – Band 1

**Band 1: Principal Calendar Year Maximum Amounts of \$1,000 to \$20,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	12.60	23.00	23.90	37.30
45 to 54	32.20	42.60	61.20	74.60
55 to 64	55.30	65.70	105.10	118.50
65 to 85	70.00	80.40	133.00	146.40

Payroll Market – Annual Premium Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	12.00	23.00	22.50	36.50
45 to 54	31.00	42.00	58.75	72.75
55 to 64	52.00	63.00	99.00	113.00
65 to 85	70.00	81.00	132.00	146.00

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	18.00	31.00	34.20	50.90
45 to 54	46.00	59.00	87.40	104.10
55 to 64	79.00	92.00	150.10	166.80
65 to 85	100.00	113.00	190.00	206.70

Payroll Market – Annual Premium Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	17.00	31.00	32.00	50.00
45 to 54	44.00	58.00	84.00	102.00
55 to 64	74.50	88.50	141.00	159.00
65 to 85	99.75	113.75	189.00	207.00

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625

Non-Tobacco – Band 2

**Band 2: Principal Calendar Year Maximum Amounts of \$25,000 to \$50,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	11.30	21.70	21.50	34.90
45 to 54	29.00	39.40	55.10	68.50
55 to 64	49.80	60.20	94.60	108.00
65 to 85	63.00	73.40	119.70	133.10

Payroll Market – Annual Premium Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	10.10	20.50	19.20	32.60
45 to 54	26.50	36.90	50.30	63.70
55 to 64	44.70	55.10	85.00	98.40
65 to 85	59.90	70.30	113.80	127.20

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	16.20	29.20	30.80	47.50
45 to 54	41.40	54.40	78.70	95.40
55 to 64	71.10	84.10	135.10	151.80
65 to 85	90.00	103.00	171.00	187.70

Payroll Market – Annual Premium Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	14.40	27.40	27.40	44.10
45 to 54	37.80	50.80	71.80	88.50
55 to 64	63.90	76.90	121.40	138.10
65 to 85	85.50	98.50	162.50	179.20

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625

Tobacco – Band 1

**Band 1: Principal Calendar Year Maximum Amounts of \$1,000 to \$20,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	16.00	26.40	29.50	42.90
45 to 54	39.50	49.90	74.30	87.70
55 to 64	67.20	77.60	126.90	140.30
65 to 85	84.80	95.20	160.40	173.80

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	15.00	26.00	28.00	42.00
45 to 54	38.00	49.00	71.00	85.00
55 to 64	63.50	74.50	120.00	134.00
65 to 85	84.50	95.50	160.00	174.00

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	22.80	35.80	42.20	58.90
45 to 54	56.40	69.40	106.10	122.80
55 to 64	96.00	109.00	181.30	198.00
65 to 85	121.20	134.20	229.20	245.90

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	21.50	35.50	39.50	57.50
45 to 54	54.00	68.00	102.00	120.00
55 to 64	90.75	104.75	171.00	189.00
65 to 85	121.00	135.00	228.50	246.50

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625

Tobacco – Band 2

**Band 2: Principal Calendar Year Maximum Amounts of \$25,000 to \$50,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	14.40	24.80	26.70	40.10
45 to 54	35.60	46.00	66.90	80.30
55 to 64	60.60	71.00	114.30	127.70
65 to 85	76.40	86.80	144.50	157.90

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	13.00	23.40	23.90	37.30
45 to 54	32.60	43.00	61.20	74.60
55 to 64	54.50	64.90	102.80	116.20
65 to 85	72.70	83.10	137.30	150.70

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	20.60	33.60	38.20	54.90
45 to 54	50.90	63.90	95.60	112.30
55 to 64	86.50	99.50	163.30	180.00
65 to 85	109.20	122.20	206.40	223.10

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	18.50	31.50	34.10	50.80
45 to 54	46.60	59.60	87.40	104.10
55 to 64	77.90	90.90	146.90	163.60
65 to 85	103.80	116.80	196.20	212.90

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625 DR

Non-Tobacco – Band 1

**Band 1: Principal Calendar Year Maximum Amounts of \$1,000 to \$20,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	12.60	23.00	23.90	37.30
45 to 54	32.20	42.60	61.20	74.60
55 to 64	55.30	65.70	105.10	118.50
65 to 85	70.00	80.40	133.00	146.40

Payroll Market – Annual Premium Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	12.00	23.00	22.50	36.50
45 to 54	31.00	42.00	58.75	72.75
55 to 64	52.00	63.00	99.00	113.00
65 to 85	70.00	81.00	132.00	146.00

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	18.00	31.00	34.20	50.90
45 to 54	46.00	59.00	87.40	104.10
55 to 64	79.00	92.00	150.10	166.80
65 to 85	100.00	113.00	190.00	206.70

Payroll Market – Annual Premium Per Unit				
	Single Parent		Individual	Two Parent
<u>Issue Ages</u>	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	17.00	31.00	32.00	50.00
45 to 54	44.00	58.00	84.00	102.00
55 to 64	74.50	88.50	141.00	159.00
65 to 85	99.75	113.75	189.00	207.00

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625 DR

Non-Tobacco – Band 2

**Band 2: Principal Calendar Year Maximum Amounts of \$25,000 to \$50,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	11.30	21.70	21.50	34.90
45 to 54	29.00	39.40	55.10	68.50
55 to 64	49.80	60.20	94.60	108.00
65 to 85	63.00	73.40	119.70	133.10

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	10.10	20.50	19.20	32.60
45 to 54	26.50	36.90	50.30	63.70
55 to 64	44.70	55.10	85.00	98.40
65 to 85	59.90	70.30	113.80	127.20

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	16.20	29.20	30.80	47.50
45 to 54	41.40	54.40	78.70	95.40
55 to 64	71.10	84.10	135.10	151.80
65 to 85	90.00	103.00	171.00	187.70

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	14.40	27.40	27.40	44.10
45 to 54	37.80	50.80	71.80	88.50
55 to 64	63.90	76.90	121.40	138.10
65 to 85	85.50	98.50	162.50	179.20

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625 DR

Tobacco – Band 1

**Band 1: Principal Calendar Year Maximum Amounts of \$1,000 to \$20,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	16.00	26.40	29.50	42.90
45 to 54	39.50	49.90	74.30	87.70
55 to 64	67.20	77.60	126.90	140.30
65 to 85	84.80	95.20	160.40	173.80

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	15.00	26.00	28.00	42.00
45 to 54	38.00	49.00	71.00	85.00
55 to 64	63.50	74.50	120.00	134.00
65 to 85	84.50	95.50	160.00	174.00

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	22.80	35.80	42.20	58.90
45 to 54	56.40	69.40	106.10	122.80
55 to 64	96.00	109.00	181.30	198.00
65 to 85	121.20	134.20	229.20	245.90

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	21.50	35.50	39.50	57.50
45 to 54	54.00	68.00	102.00	120.00
55 to 64	90.75	104.75	171.00	189.00
65 to 85	121.00	135.00	228.50	246.50

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Actuarial Memorandum

Cancer Expense Policy Forms B 20625 and B 20625 DR

Policy Form B 20625 DR

Tobacco – Band 2

**Band 2: Principal Calendar Year Maximum Amounts of \$25,000 to \$50,000
Per \$1,000 Calendar Year Maximum Benefit**

3-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	14.40	24.80	26.70	40.10
45 to 54	35.60	46.00	66.90	80.30
55 to 64	60.60	71.00	114.30	127.70
65 to 85	76.40	86.80	144.50	157.90

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	13.00	23.40	23.90	37.30
45 to 54	32.60	43.00	61.20	74.60
55 to 64	54.50	64.90	102.80	116.20
65 to 85	72.70	83.10	137.30	150.70

All 3-Times policies add a \$21.00 annual policy load.

5-Times PCYM Premium Rates

Individual Market – Annual Premiums Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	20.60	33.60	38.20	54.90
45 to 54	50.90	63.90	95.60	112.30
55 to 64	86.50	99.50	163.30	180.00
65 to 85	109.20	122.20	206.40	223.10

Payroll Market – Annual Premium Per Unit				
<u>Issue Ages</u>	Single Parent		Individual	Two Parent
	<u>Individual</u>	<u>Family</u>	<u>And Spouse</u>	<u>Family</u>
18 to 44	18.50	31.50	34.10	50.80
45 to 54	46.60	59.60	87.40	104.10
55 to 64	77.90	90.90	146.90	163.60
65 to 85	103.80	116.80	196.20	212.90

All 5-Times policies add a \$31.20 annual policy load.

BANKERS FIDELITY LIFE INSURANCE COMPANY
Atlanta, Georgia

FLESCH SCORE CERTIFICATION

B 20625 – Cancer Expense Policy

Words: 3,350
Sentences: 150
Syllables: 5,275
Score: 50.9

B 20625 DR – Cancer Expense Policy

Words: 3,283
Sentences: 146
Syllables: 5,012
Score: 54.8

B 20625 OC3 – Outline of Coverage

Words: 625
Sentences: 21
Score: 57.8

B 20625 OC3 DR - Outline of Coverage

Words: 625
Sentences: 21
Score: 57.8

B 20625 AP - Application

Words: 205
Sentences: 10
Syllables: 322
Score: 53.1

B 20625 AP DR - Application

Words: 205
Sentences: 10
Syllables: 322
Score: 53.1

I hereby certify that the Flesch reading ease score of the above forms is as shown.



Sharon White
Vice President Legal/Compliance

June 14, 2012 _____
Date

STATEMENT OF VARIABILITY

B 20625, B 20625 DR

<u>Policy:</u>	<u>Page #</u>	<u>Description of Variability</u>
Name	3	Insured's or Covered Person's Name
Relationship to Insured	3	Covered Persons relationship to Insured
Issue Age	3	Covered Person's Issue Age
Sex	3	Covered Person's Sex
Effective Date	3	Date the Covered Person's coverage becomes effective
Cancer Expense (Calendar Year Per Insured)	3	Based on Benefits selected by insured
Cancer Expense (Lifetime Per Insured)	3	Based on Benefits selected by insured
Wellness Benefit (Calendar Year Per Insured)	3	Based on Benefits selected by insured
Wellness Benefit (Family)	3	Based on Benefits selected by insured
Travel Benefit (Calendar Year Per Insured)	3	Based on Benefits selected by insured
Travel Benefit, (Lifetime Per Insured)	3	Based on Benefits selected by insured
Optional Riders	3	Will show any optional riders issued with policy
Initial Premium	3	Initial Premium paid for policy
One Time Policy Fee	3	Fee paid for initial policy
Annual	3	Annual premium for policy
Semi-Annual	3	Semi-annual premium for policy
Quarterly	3	Quarterly premium for policy
Monthly	3	Monthly premium for policy
Policy Number	3	Unique identifying number for the Insured's policy
Issue State	3	State in which policy was issued