

Bankers Fidelity Life Insurance Company®

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404-266-5600 or 800-241-1439

Underwriting Guidelines - Vantage Care™

Lump Sum Cancer Insurance Policy Form Series B 21904

Eligible Issue Ages

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

Children are covered up to age 26

Medical Questions on Application

Answer ALL questions completely, as directed.

Base plan: questions 3 – 5 are required.

Coverage over \$30,000: question 6 is required.

Heart-Stroke Benefit Rider: questions 7 – 8 are required.

Specified Disease Benefit Rider: questions 9 – 10 are required.

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

Note: Answering “No” to all of the medical questions on the application does not guarantee acceptance. The Underwriter reviews the applicant’s entire medical history when making their decision.

Requested issue date should be at least 30 days after the application is submitted to allow sufficient time to underwrite the applicant.

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application. Once the application is accepted, underwriting will use information such as prescription drug check and telephone interviews to assess the application. All policies will be issued as applied for or declined.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Prescription Drug Screen

Telephone Interview

Base Benefit Options

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

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

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

Waiting Period: 30 days

Pre-Existing: 12 months/12 months

* Cannot exceed the Cancer benefit amount

Optional Riders†

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

Benefit Builder Rider:** \$100 - \$2,000 (\$100/increments)

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

Cancer Radiation and Chemotherapy Rider: 1 – 10 units

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

Second Opinion and Travel Benefit Rider: 1 unit

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

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

† Riders and benefits may vary by state.

** The Proposed Insured must choose the version of the rider that matches the benefits chosen under the policy. If Heart-Stroke benefits are included, the Cancer and Heart-Stroke base benefits must be equal for this rider to be elected.

Rate Structure

Issue Age*

Unisex

Non-Tobacco and Tobacco distinct**

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

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

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

Premiums

Premium Payment Options:
Bank Draft, Credit Card, Check, or Money Order

Premium Payment Modes*:
Monthly, Quarterly, Semi-Annual, and Annual

* Draft date and effective date may not be on the 29th, 30th, or 31st of the month

Vantage Care Cancer Disqualifying Medications

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

Heart-Stroke Benefit Rider Disqualifying Medications

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

Specified Disease Benefit Rider Disqualifying Medications

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

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

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

In addition, the following are also considered uninsurable:

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

Note (Heart/Stroke Rider): The combination of an ACE Inhibitor or Beta Blocker prescription taken in conjunction with a diuretic in individuals with history of a heart attack, heart surgery, or a pacemaker is not acceptable unless accompanied with a doctor's note ruling out a diagnosis of congestive heart failure and/or cardiomyopathy.

See below for common examples of these medications: Ace Inhibitor, Beta Blocker, Diuretic combo

Ace Inhibitor

- Benazepril (Lotrel)
- Captopril (Capoten)
- Enalapril (Vasotec)
- Fosinopril (Monopril)
- Lisinopril (Prinivil,
Zestril)
- Moexipril (Univasc)
- Perindopril (Aceon)
- Quinapril (Accupril)
- Ramipril (Altace)
- Trandolapril (Mavik)

Beta Blocker

- Digoxin (Lanoxin)
- Carvedilol (Coreg)
- Metoprolol (Toprol)
- Bisoprolol (Zebeta)

Diuretics

- Furosemide (Lasix)
- Hydrochlorothiazide (Hydrodiuril)
- Bumetanide (Bumex)
- Torsemide (Demadex)
- Spironolactone (Aldactone)
- Metolazone (Zaroxolyn)

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

10-Day Right to Examine

The policyowner has 10 days after they have received the policy to examine it and return it to Bankers Fidelity or to the Producer if they are dissatisfied. Bankers Fidelity will refund the premium and void the policy. If replacement of an existing insurance policy is involved, the right to examine period is extended to 30 days.

Guaranteed renewable

The Policy is guaranteed renewable for life, as long as premiums are paid on time, either in advance or during the grace period.

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

Lump Sum Cancer Insurance Policy form series B 21904 underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series B 21904 OC) for additional product details. Application to determine eligibility required. Rates subject to change. Subject to availability; benefits may vary by state. Underwriting guidelines are subject to change by the Company at any time, without notice. The Company has sole discretion on any underwriting decision. These guidelines are in addition to the guidelines presented in any version of B 0157 UWG.

