

Bankers Fidelity Life Insurance Company®
Bankers Fidelity Assurance Company®
Atlantic Capital Life Assurance Company™
[d/b/a Bankers Fidelity®]

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404-266-5600 or 800-241-1439

Underwriting Guidelines – Medicare Supplement

Policy Form Series B 21092 (BFLIC), B 21492 (BFAC) or A 22392 (ACLAC)

Eligible Issue Ages

65+

Under age 65 & disabled: 0-64

(U65 not available in all states)

Medical Questions on Application

Answer ALL questions completely, as directed.

For Open Enrollment or 63-Day Guaranteed Issue, DO NOT answer health/medical Questions or provide the applicants Height and Weight. The tobacco question is required for any Open Enrollments or Guarantee Issue applications in the following states:

Disqualifying Medications

Refer to the Disqualifying Medications list to determine eligibility.

BFLIC, BFAC and ACLAC OE/GI TOBACCO

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

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

List any and all prescription medications the proposed insured is taking or has been told to take. If no medications are being taken or have been prescribed, write “None”; do not use N/A. (If additional space is needed for details or to list prescription drugs, use the additional sheet provided in the application package.)

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

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

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application. Once the application is accepted, underwriting will use information such as prescription drug check and telephone interviews to assess the application. Telephone Interviews are done on a random basis and will be ordered by the Home Office.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Random Telephone Interview – Home Office ordered

Prescription Drug screen

Medical Claims Data

Available Plans

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

Plan availability varies by state, refer to rate sheet

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

Optional Rider

Household Premium Discount: 7%, 9% or 10%

Available discount varies by state, may not be available in all states, refer to rate sheet

Discount only available on B 21092, B 21492 and A 22392 policies issued to persons age 65+.

Rate Structure

Attained Age, Issue Age, Community rated; (refer to rate sheet)

Unisex or Sex Distinct; (refer to rate sheet)

Risk Classes: Preferred and Standard

Standard rating: Tobacco usage, standard only medications and Height/Weight

Medicare Supplement rates are based on the resident state of the applicant. Applications must be written and signed in the applicant’s resident state.

Premiums

Premium Payment Options:

Bank Draft, Credit Card, Check, or Money Order

Premium Payment Modes*:

Monthly, Quarterly, Semi-Annual and Annual

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

Medicare Supplement Disqualifying Medications

- Abilify (Aripiprazole)
- Amantadine (Symmetrel)
- Anoro Ellipta
- Atrovent (Ipratropium)**
- Azathioprine (Imuran)
- Balsalazide
- Bicalutamide (Casodex)
- Breo Ellipta**
- Brovana
- Calcitriol
- Carbidopa/Levodopa
- Carvedilol (Coreg)*
- Cilostazol
- Cogentin (Benztropine)
- Combivent
- Depakote (Divalproex)
- Digoxin (Lanoxin)
- Donepezil (Aricept)
- Entresto
- Fentanyl
- Furosemide (Lasix)*
- Galantamine
- Hectorol
- Humulin R U-500
- Hydromorphone
- Hydroxychloroquine (Plaquenil)
- Hydroxyurea (Hydrea)
- Ibrance
- Incruse Ellipta
- Inspra (Eplerenone)
- Lamotrigine (Lamictal)
- Lithium
- Lupron
- Megestrol Acetate (Megace)
- Memantine (Namenda)
- Mesalamine (Asacol, Canasa, Pentasa)
- Methadone
- Methotrexate
- Morphine
- Naloxone
- Naltrexone
- Nucynta (Tapentadol)
- Olanzapine
- Osalazine (Dipentum)
- Oxycodone (Oxycontin)
- Oxymorphone
- Paricalcitol
- Pentoxifylline (Trental)
- Pramipexole(Mirapex)
acceptable for restless legs
- Pyridostigmine (Mestinon)
- Remicade
- Risperidone
- Rivastigmine
- Ropinirole(Requip)
acceptable for restless legs
- Seebri
- Selegiline
- Sensipar
- Seroquel (Quetiapine)
- Simponi Aria
- Spiriva
- Stiolto
- Striverdi
- Suboxone
- Tacrolimus (Prograf)
- Theophylline**
- Usodiol
- Xgeva
- Xolair

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

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

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

In addition, the following are also considered uninsurable:

- Use of supplemental oxygen
- Asthma requiring the use of three or more medications, including inhalers
- Taking any medications, infusions or injections that are required to be administered in a physician's office
- Advised to have surgery, treatments or therapy
- 4 or more medications for blood pressure
- 4 or more non-insulin diabetes medications
- Requiring Insulin with more than 2 non-insulin diabetes medications
- Opioid medication in combination with anti-depressant medication
- Opioid medication in combination with anti-psychotic medication
- Prescribed 2 or more Opioids
- Tobacco usage in conjunction with asthma

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

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

Ace Inhibitor

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

Beta Blocker

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

Diuretics

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

Medicare Supplement *Preferred* Disqualifying Medications

- Fludrocortisone (Floraneft)
- Hydrocortisone (Cortef)
- Insulin[†]
- Reclast
- Warfarin (Coumadin, Jantoven)

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

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

30-day right to examine

The policyholder has 30 days after they have received the policy to examine it and return it to Bankers Fidelity or to the Producer if they are dissatisfied. Bankers Fidelity will refund the premium and void the policy.

Guaranteed renewable

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

Build Chart

| Height | Decline if Under | Preferred Range | Standard Range | Decline if Over |
|--------|------------------|-----------------|----------------|-----------------|
| 4'2 | < 65 | 65 - 124 | 125 - 146 | > 146 |
| 4'3 | < 67 | 67 - 129 | 130 - 152 | > 152 |
| 4'4 | < 70 | 70 - 134 | 135 - 158 | > 158 |
| 4'5 | < 72 | 72 - 139 | 140 - 164 | > 164 |
| 4'6 | < 75 | 75 - 145 | 146 - 171 | > 171 |
| 4'7 | < 78 | 78 - 150 | 151 - 177 | > 177 |
| 4'8 | < 81 | 81 - 156 | 157 - 183 | > 183 |
| 4'9 | < 84 | 84 - 161 | 162 - 190 | > 190 |
| 4'10 | < 87 | 87 - 167 | 168 - 197 | > 197 |
| 4'11 | < 90 | 90 - 173 | 174 - 204 | > 204 |
| 5'0 | < 93 | 93 - 179 | 180 - 210 | > 210 |
| 5'1 | < 96 | 96 - 185 | 186 - 218 | > 218 |
| 5'2 | < 99 | 99 - 191 | 192 - 225 | > 225 |
| 5'3 | < 102 | 102 - 197 | 198 - 232 | > 232 |
| 5'4 | < 105 | 105 - 203 | 204 - 239 | > 239 |
| 5'5 | < 109 | 109 - 210 | 211 - 247 | > 247 |
| 5'6 | < 112 | 112 - 216 | 217 - 255 | > 255 |
| 5'7 | < 115 | 115 - 223 | 224 - 262 | > 262 |
| 5'8 | < 119 | 119 - 230 | 231 - 270 | > 270 |
| 5'9 | < 122 | 122 - 237 | 238 - 278 | > 278 |
| 5'10 | < 126 | 126 - 243 | 244 - 286 | > 286 |
| 5'11 | < 130 | 130 - 250 | 251 - 294 | > 294 |
| 6'0 | < 133 | 133 - 258 | 259 - 303 | > 303 |
| 6'1 | < 137 | 137 - 265 | 266 - 311 | > 311 |
| 6'2 | < 141 | 141 - 272 | 273 - 320 | > 320 |
| 6'3 | < 145 | 145 - 280 | 281 - 329 | > 329 |
| 6'4 | < 148 | 148 - 287 | 288 - 337 | > 337 |
| 6'5 | < 152 | 152 - 295 | 296 - 346 | > 346 |
| 6'6 | < 156 | 156 - 302 | 303 - 355 | > 355 |
| 6'7 | < 160 | 160 - 310 | 311 - 364 | > 364 |
| 6'8 | < 164 | 164 - 318 | 319 - 374 | > 374 |
| 6'9 | < 168 | 168 - 326 | 327 - 383 | > 383 |
| 6'10 | < 173 | 173 - 334 | 335 - 393 | > 393 |
| 6'11 | < 177 | 177 - 342 | 343 - 402 | > 402 |

Medicare Supplement policy form series B 21092 underwritten by Bankers Fidelity Life Insurance Company; Medicare Supplement policy form series B 21492 underwritten by Bankers Fidelity Assurance Company; Medicare Supplement policy form series A 22392 underwritten by Atlantic Capital Life Assurance Company. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series B 21092 OC, B 21492 OC or A 22392 OC23, respectively) for additional product details. Application to determine eligibility required. Rates subject to change. Subject to availability; benefits may vary by state. Underwriting guidelines are subject to change by the Company at any time, without notice. The Company has sole discretion on any underwriting decision. These guidelines are in addition to the guidelines presented in any version of B 0157 UWG.