

Bankers Fidelity Life Insurance Company®

4370 Peachtree Road, NE, PO Box 105185, Atlanta, GA 30348-5185

404-266-5600 or 800-241-1439

Underwriting Guidelines – Vantage Flex *Plus*™

Hospital Indemnity Policy Form Series HI21BFLIC

Eligible Issue Ages

18 - 85 (Ages 64½ to 65½ are Guaranteed Issue)

Medical Questions on Application

Answer ALL questions completely as directed.

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 prescriptions 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 written date 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.

If the Proposed Insured is age 64½ - 65½, skip Questions 1 – 6 and Question 7.

Disqualifying Medications

Refer to the Disqualifying Medications list to determine eligibility.

Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Random Telephone Interview - Home Office ordered

Prescription Drug screen

Rate Structure

- Issue Age
- Unisex
- Uni-tobacco rates
- 4 rating tiers - Insured, Insured+ Spouse, Insured + Children, Insured+ Family

Base Benefits

Hospital Admission: \$100 - \$5,000, in \$100 increments
Benefit Period - 5 days

Daily Hospital Confinement: \$100 - \$750, in \$25 increments
Benefit Period - 3 - 10, 15, 21 or 31 days**

Emergency Room: \$200, Benefit Period - 4 days

Urgent Care: \$50, Benefit Period - 4 days

Observation Room: must be the same as Daily Hospital Confinement; Benefit Period - 5 days

Ambulance - Air: \$100 - \$400, in \$50 increments

Ground/Water: \$100 - \$400, in \$25 increments
Benefit Period - 4 days

Optional Benefits*

ICU Admission: \$500; Benefit Period - 1 day

Daily ICU Confinement: \$250; Benefit Period - 10 days

Rehabilitation Unit Confinement: \$50
Benefit Period - 15 or 31 days

Skilled Nursing Confinement: \$100 - \$200,
in \$50 increments; Benefit Period - 50 days

Outpatient Surgical (Hospital/Ambulatory Surgical Center): \$250 - \$1,000, in \$250 increments;
Benefit Period - 2 days

Minor Diagnostic Exam: \$25 - \$100, in \$25 increments
Benefit Period - 2 days

Major Diagnostic Exam: \$100 - \$500, in \$100 increments
Benefit period - 1 day

Invasive Diagnostic Exam: \$100 - \$500, in \$100 increments
Benefit Period - 1 day

Non-Local Transportation: \$100; Benefit Period - 5 trips

Family Member Lodging: \$100, Benefit Period - 30 nights

Health Screening (Wellness): \$50 - \$100; in \$25 increments
Max Screenings per Policy Year - 1 Individual / 4 Family

*Benefit Periods for Base and Optional Benefits are shown “per Policy Year”

**Benefit Period availability may vary by state

Premiums

Premium Payment Options:

Bank Draft, Check, Money Order or Credit Card

Premium Payment Modes*:

Monthly, Quarterly, Semi-Annual and Annual

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

Vantage Flex Plus™ Disqualifying Medications

- | | | |
|--------------------------------|--|---|
| • Afrezza (insulin) | • Heparin (Calciparine) | • Pramipexole (Mirapex) |
| • Aggrastat | • Humulin (insulin)**** | • acceptable for restless legs syndrome |
| • Albuterol** | • Hydroxychloroquine (Plaquenil)*** | • Prolastin C |
| • Amantadine (Symmetrel) | • Hydroxyurea (Hydrea) | • Prostigmin |
| • Aminophylline** | • Ibrance | • Pulmozyme |
| • Anastrozole (Arimidex) | • Incruse Ellipta | • Pyridostigmine |
| • Angiomax | • Infliximab (Remicade)*** | • Rivastigmine |
| • Anoro Ellipta | • Inspira | • Ropinirole (Requip) |
| • Apidra (insulin)**** | • Insulin**** | • acceptable for restless legs syndrome |
| • Aricept | • Ivacaftor (Kalydeco) | • Seebri |
| • Atrovent** | • Letrozole (Femara) | • Selegiline |
| • Azathioprine (Imuran) | • Levemir (insulin)**** | • Sensipar |
| • Balsalazide (Giazo, Colazol) | • Lucentis | • Sovaldi |
| • Benztropine (Cogentin) | • Lupron | • Spiriva |
| • Bicalutamide (Casodex) | • Megestrol Acetate (Megace) | • Stiolto |
| • Breo Ellipta** | • Mesalamine (Asacol, Canasa, Pentasa) | • Striverdi |
| • Brovana | • Mestinon | • Suboxone |
| • Calcitriol | • Methadone | • Sulfasalazine (Azulfidine)*** |
| • Carbidopa/Levodopa | • Methotrexate*** | • Tamoxifen (Nolvadex) |
| • Carvedilol (Coreg)* | • Mytelase | • Tenofovir (Viread) |
| • Chloroquine (Aralen) | • Naltrexone | • Theophylline** |
| • Combivent | • Namenda | • Toujeo (insulin)**** |
| • Cordarone | • Nimodipine | • Trental |
| • Digoxin (Lanoxin, Digitek) | • Nimotop | • Trihexyphenidyl |
| • Disopyramide | • Nitroglycerin | • Truvada |
| • Dobutrex | • Nulojix | • Ventolin** |
| • Donepezil | • Olsalazine (Dipentum) | • Volmax** |
| • Enoxaparin | • Orkambi | • Vorapaxar |
| • Entresto | • Paricalcitol | • Warfarin |
| • Exemestane (Aromasin) | • Parlodel | • Xgeva |
| • Formoterol | • Pentoxifylline | • Zontivity |
| • Furosemide (Lasix)* | • Persantine | |
| • Galantamine | | |
| • Harvoni | | |
| • Hecitorol | | |

* Not disqualifying if taken for high blood pressure and 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.

*** Not disqualifying if taken for rheumatoid arthritis. A doctor's note may be requested by the underwriter for verification.

**** Not disqualifying if less than 50 units of insulin is taken per day for diabetes. A doctor's note may be requested by the underwriter for verification.

In addition, the following are also considered uninsurable:

- Use of supplemental oxygen
- Advised to have surgery, treatments or therapy
- Opioid medication in combination with anti-depressant medication
- Opioid medication in combination with anti-psychotic medication

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) | • Moexipril (Univasc) |
| • Captopril (Capoten) | • Perindopril (Aceon) |
| • Enalapril (Vasotec) | • Quinapril (Accupril) |
| • Fosinopril (Monopril) | • Ramipril (Altace) |
| • Lisinopril (Prinivil, Zestril) | • 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 Flex Plus™ 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	Decline if Over
4'2	< 65	65 - 125	> 125
4'3	< 67	67 - 130	> 130
4'4	< 70	70 - 135	> 135
4'5	< 72	72 - 140	> 140
4'6	< 75	75 - 146	> 146
4'7	< 78	78 - 151	> 151
4'8	< 81	81 - 157	> 157
4'9	< 84	84 - 162	> 162
4'10	< 87	87 - 168	> 168
4'11	< 90	90 - 174	> 174
5'0	< 93	93 - 180	> 180
5'1	< 96	96 - 186	> 186
5'2	< 99	99 - 192	> 192
5'3	< 102	102 - 198	> 198
5'4	< 105	105 - 204	> 204
5'5	< 109	109 - 211	> 211
5'6	< 112	112 - 217	> 217
5'7	< 115	115 - 224	> 224
5'8	< 119	119 - 231	> 231
5'9	< 122	122 - 238	> 238
5'10	< 126	126 - 244	> 244
5'11	< 130	130 - 251	> 251
6'0	< 133	133 - 259	> 259
6'1	< 137	137 - 266	> 266
6'2	< 141	141 - 273	> 273
6'3	< 145	145 - 281	> 281
6'4	< 148	148 - 288	> 288
6'5	< 152	152 - 296	> 296
6'6	< 156	156 - 303	> 303
6'7	< 160	160 - 311	> 311
6'8	< 164	164 - 319	> 319
6'9	< 168	168 - 327	> 327
6'10	< 173	173 - 335	> 335
6'11	< 177	177 - 343	> 343

Hospital Indemnity policy form series HI21BFLIC underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series HI21BFLIC-00C) 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 HI21BFLIC UWG.

Notes: _____

HI21BFLIC UWG IS