

SERFF Tracking Number: BFLI-125730595 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 39595  
Company Tracking Number: AR B 20626  
TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
Product Name: Accident Expense Policy  
Project Name/Number: /

## Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Accident Expense Policy SERFF Tr Num: BFLI-125730595 State: ArkansasLH

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 39595

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: AR B 20626 State Status: Disapproved-Closed  
Dismemberment

Filing Type: Form/Rate

Co Status:

Reviewer(s): Rosalind Minor

Authors: Jill Jones, Tina  
Cunningham

Disposition Date: 10/16/2008

Date Submitted: 07/11/2008

Disposition Status: Disapproved

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 08/22/2006

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/16/2008

State Status Changed: 10/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The enclosed forms are being submitted to your department for formal review and approval and will not replace any previously approved forms. The policies provide benefits for accident-related expenses.

The policies and applications are computer-generated, laser-printed and presented in final print with "JohnDoe"

SERFF Tracking Number: BFLI-125730595 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 39595  
 Company Tracking Number: AR B 20626  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Dismemberment  
 Product Name: Accident Expense Policy  
 Project Name/Number: /

information. An actuarial memorandum with rates, demonstrating cost and benefit structure is enclosed. Variable items are bracketed.

Please see the Cover Letter attachment under supporting documentation for further filing description.

## Company and Contact

### Filing Contact Information

Tina Cunningham, Compliance Analyst L1  
 4370 Peachtree Road NE  
 Atlanta, GA 30319

tcunningham@atlam.com  
 (404) 266-5723 [Phone]  
 (404) 926-4092[FAX]

### Filing Company Information

Bankers Fidelity Life Insurance Company  
 4370 Peachtree Rd NE  
 Atlanta, GA 30319  
 (404) 266-5600 ext. [Phone]

CoCode: 61239  
 Group Code: 587  
 Group Name: 61239  
 FEIN Number: 58-0658963  
 -----

State of Domicile: Georgia  
 Company Type: Life & Health  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$250.00  
 Retaliatory? Yes  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$250.00	07/11/2008	21366429

SERFF Tracking Number: BFLI-125730595 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 39595  
 Company Tracking Number: AR B 20626  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &  
 Dismemberment Dismemberment  
 Product Name: Accident Expense Policy  
 Project Name/Number: /

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	10/16/2008	10/16/2008

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted

Pending	Rosalind Minor	07/14/2008	07/14/2008			
Industry Response						

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Objection letter of 7/14/08	Note To Filer	Rosalind Minor	09/10/2008	09/10/2008

*SERFF Tracking Number:* BFLI-125730595      *State:* Arkansas  
*Filing Company:* Bankers Fidelity Life Insurance Company      *State Tracking Number:* 39595  
*Company Tracking Number:* AR B 20626  
*TOI:* H03I Individual Health - Accidental Death &      *Sub-TOI:* H03I.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Accident Expense Policy  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 10/16/2008

Implementation Date:

Status: Disapproved

Comment: This filing is being disapproved since a response was not received to my Objection.

Rate data does NOT apply to filing.

SERFF Tracking Number: BFLI-125730595 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 39595  
 Company Tracking Number: AR B 20626  
 TOI: H03I Individual Health - Accidental Death & Dismemberment Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Product Name: Accident Expense Policy  
 Project Name/Number: /

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Disapproved	Yes
<b>Supporting Document</b>	Application	Disapproved	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Disapproved	Yes
<b>Supporting Document</b>	Outline of Coverage	Disapproved	Yes
<b>Supporting Document</b>	Cover Letter	Disapproved	Yes
<b>Form</b>	Accident Expense Policy	Disapproved	Yes
<b>Form</b>	Outline of Coverage	Disapproved	Yes
<b>Form</b>	Accident Expense Policy	Disapproved	Yes
<b>Form</b>	Outline of Coverage	Disapproved	Yes
<b>Form</b>	Accident Expense Policy	Disapproved	Yes
<b>Form</b>	Outline of Coverage	Disapproved	Yes
<b>Form</b>	Accident Expense Policy	Disapproved	Yes
<b>Form</b>	Application	Disapproved	Yes
<b>Form</b>	Application	Disapproved	Yes
<b>Form</b>	Outline of Coverage	Disapproved	Yes
<b>Rate</b>	Actuarial Memorandum	Disapproved	No
<b>Rate</b>	Actuarial Memorandum	Disapproved	No

SERFF Tracking Number: BFLI-125730595 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 39595  
Company Tracking Number: AR B 20626  
TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &  
Dismemberment Dismemberment  
Product Name: Accident Expense Policy  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 07/14/2008  
Submitted Date 07/14/2008  
Respond By Date

Dear Tina Cunningham,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Accident Expense Policy (Form)

Comment: The definition of Accident may be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "EXTERNAL, violent, visible wounds" or similar words of description or characterization.

The definition shall not be more restrictive than the following: Injury or injuries, for which benefits are provided, means accidental bodily injury sustained by the insured person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs while the insurance is in force.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

*SERFF Tracking Number:* BFLI-125730595      *State:* Arkansas  
*Filing Company:* Bankers Fidelity Life Insurance Company      *State Tracking Number:* 39595  
*Company Tracking Number:* AR B 20626  
*TOI:* H03I Individual Health - Accidental Death &      *Sub-TOI:* H03I.000 Health - Accidental Death &  
Dismemberment      Dismemberment  
*Product Name:* Accident Expense Policy  
*Project Name/Number:* /

**Note To Filer**

**Created By:**

Rosalind Minor on 09/10/2008 01:55 PM

**Subject:**

Objection letter of 7/14/08

**Comments:**

As of this date, I have not had a response to my objection letter of 7/14/08. If a response is not received by 10/10/08, the filing will be disapproved.

SERFF Tracking Number: BFLI-125730595 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 39595  
 Company Tracking Number: AR B 20626  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Dismemberment  
 Product Name: Accident Expense Policy  
 Project Name/Number: /

## Form Schedule

Lead Form Number: B 20626 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Disapprove d	B 20626	Policy/Cont	Accident Expense ract/Fratern Policy al Certificate	Initial		56	AR B 20626 doe.pdf
Disapprove d	B 20626 OC AR	Outline of Coverage	Outline of Coverage	Initial		58	AR B 20626 OC.pdf
Disapprove d	B 20626 DR	Policy/Cont	Accident Expense ract/Fratern Policy al Certificate	Initial		56	AR B 20626 DR.pdf
Disapprove d	B 20626 DR OC AR	Outline of Coverage	Outline of Coverage	Initial		58	AR B 20626 DR OC.pdf
Disapprove d	B 20626-1	Policy/Cont	Accident Expense ract/Fratern Policy al Certificate	Initial		55	AR B 20626-1 doe.pdf
Disapprove d	B 20626-1 OC AR	Outline of Coverage	Outline of Coverage	Initial		57	AR B 20626-1 OC.pdf
Disapprove d	B 20626-1 DR	Policy/Cont	Accident Expense ract/Fratern Policy al Certificate	Initial		55	AR B 20626-1 DR doe.pdf
Disapprove d	B 20626 AP	Application/ Enrollment Form	Application Enrollment Form	Initial		51	B 20626 AP john doe.pdf
Disapprove d	B 20626 AP DR	Application/ Enrollment Form	Application Enrollment Form	Initial		51	B 20626 AP DR john doe.pdf
Disapprove d	B 20626-1 OC DR	Outline of Coverage	Outline of Coverage	Initial		57	AR B 20626-1 DR OC.pdf

# **BANKERS FIDELITY LIFE INSURANCE COMPANY**

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

## **ACCIDENT 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** - This policy is guaranteed renewable for life. We cannot cancel this policy. 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.

**THIS IS AN ACCIDENT EXPENSE ONLY POLICY AND  
IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.**

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.



Vice President



President

**ACCIDENT EXPENSE POLICY.**

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

**TABLE OF CONTENTS**

	Page
Beneficiary.....	8
Benefits .....	3B, 5
Claim Procedure .....	8
Definitions .....	4
Effective Date .....	3A
Eligibility .....	6
Exclusions.....	6
Grace Period .....	7
Limitations .....	6
Premiums; Renewal Premiums .....	1, 3A, 9
Reinstatement.....	7
Termination.....	7

Additional benefits or restrictions, if any, follow Page 9.

# 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 Accident Expense Policy - Policy Form B 20626

### 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

### Premiums

---

Initial Premium: \$[171.00]

One-Time Policy Fee: \$[0]

Renewal Premium:

Annual:  
\$[171.00]

Semi-Annual:  
\$[88.92]

Quarterly:  
\$[46.17]

Monthly [Bank Draft]:  
\$[14.88]

### Policy Identification

---

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A

**POLICY SPECIFICATIONS PAGE, continued**

[JOHN D DOE; 005-2060850001]

**Benefits**

---

<u>Description</u>	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Accidental Death	[\$10,000.00 units]	[\$5,000.00 units]	[\$1,000.00 units]
Dismemberment			
Both hands or arms, feet or legs, or eyes	[\$5,000.00 units]	[\$2,500.00 units]	[\$500.00 units]
One hand or arm AND one foot or leg	[\$5,000.00 units]	[\$2,500.00 units]	[\$500.00 units]
One hand, arm, foot, leg or eye	[\$2,500.00 units]	[\$1,250.00 units]	[\$250.00 units]
One finger or toe	[\$1,000.00 units]	[\$500.00 units]	[\$100.00 units]

	<u>Benefit Amount</u>	<u>Calendar Year Maximums</u>	
		<u>Each Insured</u>	<u>All Insureds Combined</u>
Daily Hospital Confinement Benefit	[\$50 units]	[31] Days	[62] Days
		<u>Lifetime Maximum per Accident per Insured</u> [62] Days	

	<u>Calendar Year Maximums</u>	
	<u>Each Insured</u>	<u>All Insureds Combined</u>
Ambulance Benefit		
Ground	[\$50.00 units]	[\$100.00 units]
Air	[\$300.00 units]	[\$600.00 units]

	<u>Lifetime Maximum Each Insured</u>
Prosthesis Benefit	[\$300.00 units]

	<u>Calendar Year Maximums</u>	
	<u>Each Insured</u>	<u>All Insureds Combined</u>
Medical Expense Benefits	[\$1,000.00 units]	[\$2,000.00 units]
	<u>Lifetime Maximum per Accident per Insured</u> [\$2,000.00 units]	

Optional Rider(s); if chosen and indicated below:

## **DEFINITIONS**

---

When We use the following words this is what We mean:

**ACCIDENTAL BODILY INJURY** - any loss, independent of disease, bodily infirmity, or any other cause, resulting from injury to the body sustained through external and accidental means and occurring while this policy is in force. The injury must be the direct cause of the loss.

**BENEFICIARY** - the person designated by the Owner to receive the Death Benefits.

**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.

**CONFINEMENT** - admittance to a Hospital on an in patient basis as a resident bed patient for which a charge for room and board is made. A day of Confinement must be of twenty four (24) hour duration. Observation, emergency or out patient rooms are not considered Confinement.

**EFFECTIVE DATE** - is shown on Page 3A. 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 services and procedures directly related to or caused by Accidental Bodily Injury including: 1) Hospital room and board and miscellaneous charges; 2) anesthesia; 3) medical equipment; and 4) drugs. Treatment for the Accidental Bodily Injury must begin within 72 hours of the Accidental Bodily Injury.

**HOSPITAL** - a place which: (1) is legally operated for the care and treatment of sick and injured persons at their expense; (2) is primarily engaged in providing medical, diagnostic and surgical facilities (either on its own premises or in facilities available to the hospital on a formal prearranged basis); (3) has continuous 24-hour nursing services by or under the supervision of registered graduate professional nurses (RN); and (4) has a staff of one or more physicians available at all times. "Hospital" does not mean convalescent, nursing, rest, long-term mental facility or skilled nursing facility. It does not mean a place primarily operated for treatment of the aged, drug addiction or alcoholism nor a special unit of a hospital used by or for any of the above.

**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 3B, 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 an 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. The Physician must be acting within the scope of his or her license in treating an Accidental Bodily Injury. A Physician does not include You or a member of Your family.

**POLICY and CONTRACT** - the agreement between You and Us.

**PROSTHETIC DEVICE** - an artificial device designed to replace a part of the body that has been surgically removed due to an Accidental Bodily Injury.

**DEFINITIONS, continued**

**TREATMENT** - administration or application of remedies to a person for an Accidental Bodily Injury, including medicinal or surgical management and/or therapy.

**YOU, YOUR or YOURS** - the person (persons) who is (are) insured under this policy. This (These) person (persons) is (are) named on Page 3 as the Insured and other Covered Persons, if any.

---

**BENEFITS**

---

This Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of this policy, after the Effective Date and while this Policy is in force; and (2) incur the Loss within 90 days from the date of the Accidental Bodily Injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the death of the Insured's death, We will pay the Accidental Death Benefits of this Policy to the Beneficiary or Beneficiaries who are named in the application for this Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in this Policy.

**DISMEMBERMENT** - We will pay the amount shown on Page 3B if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit amount shown on Page 3B, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while this Policy is in force. If this Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the amount shown on Page 3B for expenses incurred for ambulance service as a result of Accidental Bodily Injury, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the amount shown on Page 3B, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum and Lifetime Maximum amounts shown on Page 3B for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and either the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit.

## EXCLUSIONS

---

This policy does not cover any loss:

- (1) caused by suicide or any intentionally self-inflicted injury while sane or insane;
- (2) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures;
- (3) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You);
- (4) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft;
- (5) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; or
- (6) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

## ELIGIBILITY AND TERMINATION

---

**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 the later of: 1) ninety (90) days after the child's date of birth; or, 2) on the next premium due date after the child's date of birth, unless We receive written notification and payment of the required premium.

**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 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.

**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 sixty (60) days after the date of birth; (b) adoption proceedings have been instituted or a petition to adopt has been filed within sixty (60) days after the date of birth; or (c) a written agreement to adopt such child has been entered into within sixty (60) 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.

## ***ELIGIBILITY AND TERMINATION, continued***

**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 12:00 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 12:00 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. While coverage is so continued, We will 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.

**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.

**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.

**GENERAL PROVISIONS, continued**

**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.

**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.

**BENEFICIARY** - If the Beneficiary dies before the Insured, that Beneficiary's interest in this Policy ends with that Beneficiary's death. Only those Beneficiaries who survive the Insured will be eligible to share in the Accidental Death Benefits. If no Beneficiary survives the Insured, We will pay the Accidental Death Benefits and any other benefits due and unpaid at the time of the Insured's death to the Insured's estate. If benefits are payable to the Insured's estate, We may pay up to \$1,000 to any relative of the Insured whom We find is entitled to them. Any payment made in good faith will fully discharge Us to the extent of such payment.

**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 date 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 Accident Expense Policy with Us. If, through an error, We issue more than one Policy, You, Your beneficiary or Your estate 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.**

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

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

**ACCIDENT EXPENSE POLICY**

Retain This  
Outline For  
Your Records

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

4370 Peachtree Road, NE, Atlanta, Georgia 30319

404-266-5600 or 800-241-1439; www.bflic.com

**OUTLINE OF COVERAGE FOR ACCIDENT EXPENSE - Policy Form B 20626**

- (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) **ACCIDENT EXPENSE** - is designed to provide, to persons insured, fixed benefits for expenses due to accidental bodily injury, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (3) **BENEFITS** - The Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of the Policy, after the Effective Date and while the Policy is in force; and (2) incur the Loss within 90 days from the date of the injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

	<b>Unit Amounts:</b>		
	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
<b>Accidental Death</b>	\$10,000.00	\$5,000.00	\$1,000.00
<b>Dismemberment</b>			
<b>Both hands, arms, feet, legs or eyes</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand or arm AND one foot or leg</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand, arm, foot, leg or eye</b>	\$2,500.00	\$1,250.00	\$250.00
<b>One finger or toe</b>	\$1,000.00	\$500.00	\$100.00
	<b>Calendar Year Maximums</b>		
	<b>Benefit Amount</b>	<b>Each Insured</b>	<b>All Insureds Combined</b>
<b>Daily Hospital Confinement Benefit</b>	\$50.00	[31] Days	[62] Days
	<b>Calendar Year Maximums</b>		
	<b>Each Insured</b>	<b>All Insureds Combined</b>	
<b>Medical Expense Benefits</b>	\$1,000.00	\$2,000.00	
<b>Ambulance: Ground</b>	\$50.00	\$100.00	
<b>Air</b>	\$300.00	\$600.00	
<b>Prosthetic Device</b>	<b>Lifetime Maximum Each Insured: \$300.00</b>		

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the Insured's death, We will pay the Accidental Death Benefits of the Policy to the Beneficiary or Beneficiaries who are named in the application for the Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in the Policy.

**DISMEMBERMENT** - We will pay the Dismemberment Benefit if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

***BENEFITS, continued***

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit, up to the Calendar Year Maximum, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while the Policy is in force. If the Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the Ambulance Benefit amount for expenses incurred for ambulance service as a result of Accidental Bodily Injury. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the Prosthetic Device Benefit amount, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and the Daily Hospital Confinement Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit.

**(4) EXCLUSIONS** - The policy does not cover any loss which is: (a) caused by suicide or any intentionally self-inflicted injury while sane or insane; (b) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures; (c) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You); (d) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft; (e) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; (f) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

**(5) GUARANTEED RENEWABLE** - The policy is guaranteed renewable for life. We cannot cancel the policy. We guarantee to renew the Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We may change the premium rates. A change will apply to all contracts with the same form number and issue state as yours. A minimum of 30 days advance written notice will be given. A change will apply on the next premium due date after We notify You. Each premium will be computed by the sex and age 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.

**(6) PREMIUMS** - Premiums are subject to change as stated in paragraph (6) above.

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

# BANKERS FIDELITY LIFE INSURANCE COMPANY

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

## ACCIDENT 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** - This policy is guaranteed renewable for life. We cannot cancel this policy. 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 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.

**THIS IS AN ACCIDENT EXPENSE ONLY POLICY AND  
IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.**

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.



Vice President



President

**ACCIDENT EXPENSE POLICY.**

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

**TABLE OF CONTENTS**

	Page
Beneficiary.....	8
Benefits .....	3B, 5
Claim Procedure .....	8
Definitions .....	4
Effective Date .....	3A
Eligibility .....	6
Exclusions.....	6
Grace Period .....	7
Limitations .....	6
Premiums; Renewal Premiums .....	1, 3A, 9
Reinstatement.....	7
Termination.....	7

Additional benefits or restrictions, if any, follow Page 9.

# 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 Accident Expense Policy - Policy Form B 20626

### 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

### Premiums

---

Initial Premium: \$[171.00]

One-Time Policy Fee: \$[0]

Renewal Premium:

Annual:  
\$[171.00]

Semi-Annual:  
\$[88.92]

Quarterly:  
\$[46.17]

Monthly [Bank Draft]:  
\$[14.88]

### Policy Identification

---

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A

**POLICY SPECIFICATIONS PAGE, continued**

[JOHN D DOE; 005-2060850001]

**Benefits**

---

<u>Description</u>	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Accidental Death	[\$10,000.00 units]	[\$5,000.00 units]	[\$1,000.00 units]
Dismemberment			
Both hands or arms, feet or legs, or eyes	[\$5,000.00 units]	[\$2,500.00 units]	[\$500.00 units]
One hand or arm AND one foot or leg	[\$5,000.00 units]	[\$2,500.00 units]	[\$500.00 units]
One hand, arm, foot, leg or eye	[\$2,500.00 units]	[\$1,250.00 units]	[\$250.00 units]
One finger or toe	[\$1,000.00 units]	[\$500.00 units]	[\$100.00 units]

	<u>Benefit Amount</u>	<u>Calendar Year Maximums</u>	
		<u>Each Insured</u>	<u>All Insureds Combined</u>
Daily Hospital Confinement Benefit	[\$50 units]	[31] Days	[62] Days
		<u>Lifetime Maximum per Accident per Insured</u> [62] Days	

	<u>Calendar Year Maximums</u>	
	<u>Each Insured</u>	<u>All Insureds Combined</u>
Ambulance Benefit		
Ground	[\$50.00 units]	[\$100.00 units]
Air	[\$300.00 units]	[\$600.00 units]

Prosthesis Benefit	<u>Lifetime Maximum Each Insured</u> [\$300.00 units]
--------------------	--

	<u>Calendar Year Maximums</u>	
	<u>Each Insured</u>	<u>All Insureds Combined</u>
Medical Expense Benefits	[\$1,000.00 units]	[\$2,000.00 units]
	<u>Lifetime Maximum per Accident per Insured</u> [\$2,000.00 units]	

Optional Rider(s); if chosen and indicated below:

## DEFINITIONS

---

When We use the following words this is what We mean:

**ACCIDENTAL BODILY INJURY** - any loss, independent of disease, bodily infirmity, or any other cause, resulting from injury to the body sustained through external and accidental means and occurring while this policy is in force. The injury must be the direct cause of the loss.

**BENEFICIARY** - the person designated by the Owner to receive the Death Benefits.

**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.

**CONFINEMENT** - admittance to a Hospital on an in patient basis as a resident bed patient for which a charge for room and board is made. A day of Confinement must be of twenty four (24) hour duration. Observation, emergency or out patient rooms are not considered Confinement.

**EFFECTIVE DATE** - is shown on Page 3A. 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 services and procedures directly related to or caused by Accidental Bodily Injury including: 1) Hospital room and board and miscellaneous charges; 2) anesthesia; 3) medical equipment; and 4) drugs. Treatment for the Accidental Bodily Injury must begin within 72 hours of the Accidental Bodily Injury.

**HOSPITAL** - a place which: (1) is legally operated for the care and treatment of sick and injured persons at their expense; (2) is primarily engaged in providing medical, diagnostic and surgical facilities (either on its own premises or in facilities available to the hospital on a formal prearranged basis); (3) has continuous 24-hour nursing services by or under the supervision of registered graduate professional nurses (RN); and (4) has a staff of one or more physicians available at all times. "Hospital" does not mean convalescent, nursing, rest, long-term mental facility or skilled nursing facility. It does not mean a place primarily operated for treatment of the aged, drug addiction or alcoholism nor a special unit of a hospital used by or for any of the above.

**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 3B, 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 an 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. The Physician must be acting within the scope of his or her license in treating an Accidental Bodily Injury. A Physician does not include You or a member of Your family.

**POLICY and CONTRACT** - the agreement between You and Us.

**PROSTHETIC DEVICE** - an artificial device designed to replace a part of the body that has been surgically removed due to an Accidental Bodily Injury.

**DEFINITIONS, continued**

**TREATMENT** - administration or application of remedies to a person for an Accidental Bodily Injury, including medicinal or surgical management and/or therapy.

**YOU, YOUR or YOURS** - the person (persons) who is (are) insured under this policy. This (These) person (persons) is (are) named on Page 3 as the Insured and other Covered Persons, if any.

---

**BENEFITS**

---

This Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of this policy, after the Effective Date and while this Policy is in force; and (2) incur the Loss within 90 days from the date of the Accidental Bodily Injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the death of the Insured's death, We will pay the Accidental Death Benefits of this Policy to the Beneficiary or Beneficiaries who are named in the application for this Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in this Policy.

**DISMEMBERMENT** - We will pay the amount shown on Page 3B if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit amount shown on Page 3B, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while this Policy is in force. If this Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the amount shown on Page 3B for expenses incurred for ambulance service as a result of Accidental Bodily Injury, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the amount shown on Page 3B, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum and Lifetime Maximum amounts shown on Page 3B for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and either the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit.

## EXCLUSIONS

---

This policy does not cover any loss:

- (1) caused by suicide or any intentionally self-inflicted injury while sane or insane;
- (2) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures;
- (3) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You);
- (4) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft;
- (5) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; or
- (6) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

## ELIGIBILITY AND TERMINATION

---

**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 the later of: 1) ninety (90) days after the child's date of birth; or, 2) on the next premium due date after the child's date of birth, unless We receive written notification and payment of the required premium.

**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 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.

**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 sixty (60) days after the date of birth; (b) adoption proceedings have been instituted or a petition to adopt has been filed within sixty (60) days after the date of birth; or (c) a written agreement to adopt such child has been entered into within sixty (60) 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.

## ***ELIGIBILITY AND TERMINATION, continued***

**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 12:00 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 12:00 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. While coverage is so continued, We will 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.

**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.

**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.

**GENERAL PROVISIONS, continued**

**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.

**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.

**BENEFICIARY** - If the Beneficiary dies before the Insured, that Beneficiary's interest in this Policy ends with that Beneficiary's death. Only those Beneficiaries who survive the Insured will be eligible to share in the Accidental Death Benefits. If no Beneficiary survives the Insured, We will pay the Accidental Death Benefits and any other benefits due and unpaid at the time of the Insured's death to the Insured's estate. If benefits are payable to the Insured's estate, We may pay up to \$1,000 to any relative of the Insured whom We find is entitled to them. Any payment made in good faith will fully discharge Us to the extent of such payment.

**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 date 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 Accident Expense Policy with Us. If, through an error, We issue more than one Policy, You, Your beneficiary or Your estate 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.**

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

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

**ACCIDENT EXPENSE POLICY**

Retain This  
Outline For  
Your Records

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

4370 Peachtree Road, NE, Atlanta, Georgia 30319

404-266-5600 or 800-241-1439; www.bflic.com

**OUTLINE OF COVERAGE FOR ACCIDENT EXPENSE - Policy Form B 20626 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) **ACCIDENT EXPENSE** - is designed to provide, to persons insured, fixed benefits for expenses due to accidental bodily injury, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (3) **BENEFITS** - The Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of the Policy, after the Effective Date and while the Policy is in force; and (2) incur the Loss within 90 days from the date of the injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

	<b>Unit Amounts:</b>		
	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
<b>Accidental Death</b>	\$10,000.00	\$5,000.00	\$1,000.00
<b>Dismemberment</b>			
<b>Both hands, arms, feet, legs or eyes</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand or arm AND one foot or leg</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand, arm, foot, leg or eye</b>	\$2,500.00	\$1,250.00	\$250.00
<b>One finger or toe</b>	\$1,000.00	\$500.00	\$100.00
		<b>Calendar Year Maximums</b>	
	<b>Benefit Amount</b>	<b>Each Insured</b>	<b>All Insureds Combined</b>
<b>Daily Hospital Confinement Benefit</b>	\$10.00	[31] Days	[62] Days
		<b>Calendar Year Maximums</b>	
	<b>Each Insured</b>	<b>All Insureds Combined</b>	
<b>Medical Expense Benefits</b>	\$1,000.00	\$2,000.00	
<b>Ambulance: Ground</b>	\$50.00	\$100.00	
<b>Air</b>	\$300.00	\$600.00	
<b>Prosthetic Device</b>	<b>Lifetime Maximum Each Insured: \$300.00</b>		

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the Insured's death, We will pay the Accidental Death Benefits of the Policy to the Beneficiary or Beneficiaries who are named in the application for the Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in the Policy.

**DISMEMBERMENT** - We will pay the Dismemberment Benefit if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

***BENEFITS, continued***

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit, up to the Calendar Year Maximum, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while the Policy is in force. If the Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the Ambulance Benefit amount for expenses incurred for ambulance service as a result of Accidental Bodily Injury. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the Prosthetic Device Benefit amount, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and the Daily Hospital Confinement Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit.

**(4) EXCLUSIONS** - The policy does not cover any loss which is: (a) caused by suicide or any intentionally self-inflicted injury while sane or insane; (b) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures; (c) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You); (d) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft; (e) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; (f) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

**(5) GUARANTEED RENEWABLE** - The policy is guaranteed renewable for life. We cannot cancel the policy. We guarantee to renew the Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We may change the premium rates. A change will apply to all contracts with the same form number and issue state as yours. A minimum of 30 days advance written notice will be given. A change will apply on the next premium due date after We notify You. Each premium will be computed by the sex and age 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.

**(6) PREMIUMS** - Premiums are subject to change as stated in paragraph (6) above.

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

# BANKERS FIDELITY LIFE INSURANCE COMPANY

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

## ACCIDENT 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** - This policy is guaranteed renewable for life. We cannot cancel this policy. 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.

**THIS IS AN ACCIDENT EXPENSE ONLY POLICY AND  
IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.**

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.



Vice President



President

**ACCIDENT EXPENSE POLICY.**

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

**TABLE OF CONTENTS**

	Page
Beneficiary.....	8
Benefits .....	3B, 5
Claim Procedure .....	8
Definitions .....	4
Effective Date .....	3A
Eligibility .....	6
Exclusions.....	6
Grace Period .....	7
Limitations .....	6
Premiums; Renewal Premiums .....	1, 3A, 9
Reinstatement.....	7
Termination.....	7

Additional benefits or restrictions, if any, follow Page 9.

# 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 Accident Expense Policy - Policy Form B 20626

### 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

### Premiums

---

Initial Premium: \$[171.00]

One-Time Policy Fee: \$[0]

Renewal Premium:

Annual:  
\$[171.00]

Semi-Annual:  
\$[88.92]

Quarterly:  
\$[46.17]

Monthly [Bank Draft]:  
\$[14.88]

### Policy Identification

---

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A



## DEFINITIONS

---

When We use the following words this is what We mean:

**ACCIDENTAL BODILY INJURY** - any loss, independent of disease, bodily infirmity, or any other cause, resulting from injury to the body sustained through external and accidental means and occurring while this policy is in force. The injury must be the direct cause of the loss.

**BENEFICIARY** - the person designated by the Owner to receive the Death Benefits.

**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.

**CONFINEMENT** - admittance to a Hospital on an in patient basis as a resident bed patient for which a charge for room and board is made. A day of Confinement must be of twenty four (24) hour duration. Observation, emergency or out patient rooms are not considered Confinement.

**EFFECTIVE DATE** - is shown on Page 3A. 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 services and procedures directly related to or caused by Accidental Bodily Injury including: 1) Hospital room and board and miscellaneous charges; 2) anesthesia; 3) medical equipment; and 4) drugs. Treatment for the Accidental Bodily Injury must begin within 72 hours of the Accidental Bodily Injury.

**HOSPITAL** - a place which: (1) is legally operated for the care and treatment of sick and injured persons at their expense; (2) is primarily engaged in providing medical, diagnostic and surgical facilities (either on its own premises or in facilities available to the hospital on a formal prearranged basis); (3) has continuous 24-hour nursing services by or under the supervision of registered graduate professional nurses (RN); and (4) has a staff of one or more physicians available at all times. "Hospital" does not mean convalescent, nursing, rest, long-term mental facility or skilled nursing facility. It does not mean a place primarily operated for treatment of the aged, drug addiction or alcoholism nor a special unit of a hospital used by or for any of the above.

**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 3B, 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 an 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. The Physician must be acting within the scope of his or her license in treating an Accidental Bodily Injury. A Physician does not include You or a member of Your family.

**POLICY and CONTRACT** - the agreement between You and Us.

**PROSTHETIC DEVICE** - an artificial device designed to replace a part of the body that has been surgically removed due to an Accidental Bodily Injury.

**DEFINITIONS, continued**

**TREATMENT** - administration or application of remedies to a person for an Accidental Bodily Injury, including medicinal or surgical management and/or therapy.

**YOU, YOUR or YOURS** - the person (persons) who is (are) insured under this policy. This (These) person (persons) is (are) named on Page 3 as the Insured and other Covered Persons, if any.

---

**BENEFITS**

---

This Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of this policy, after the Effective Date and while this Policy is in force; and (2) incur the Loss within 90 days from the date of the Accidental Bodily Injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the death of the Insured's death, We will pay the Accidental Death Benefits of this Policy to the Beneficiary or Beneficiaries who are named in the application for this Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in this Policy.

**DISMEMBERMENT** - We will pay the amount shown on Page 3B if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit amount shown on Page 3B, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while this Policy is in force. If this Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the amount shown on Page 3B for expenses incurred for ambulance service as a result of Accidental Bodily Injury, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the amount shown on Page 3B, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum and Lifetime Maximum amounts shown on Page 3B for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and either the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit.

## EXCLUSIONS AND LIMITATIONS

---

This policy does not cover any loss:

- (1) caused by suicide or any intentionally self-inflicted injury while sane or insane;
- (2) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures;
- (3) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You);
- (4) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft;
- (5) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; or
- (6) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

**LIMITATION FOR JOB-RELATED DISABILITY** - No benefits are payable for Total Disability due to Injuries sustained while performing Your regular occupation or any other occupation or activity for wage or profit.

## ELIGIBILITY AND TERMINATION

---

**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 the later of: 1) ninety (90) days after the child's date of birth; or, 2) on the next premium due date after the child's date of birth, unless We receive written notification and payment of the required premium.

**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 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.

**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 sixty (60) days after the date of birth; (b) adoption proceedings have been instituted or a petition to adopt has been filed within sixty (60) days after the date of birth; or (c) a written agreement to adopt such child has been entered into within sixty (60) 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.

## ***ELIGIBILITY AND TERMINATION, continued***

**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 12:00 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 12:00 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. While coverage is so continued, We will 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.

**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.

**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.

**GENERAL PROVISIONS, continued**

**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.

**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.

**BENEFICIARY** - If the Beneficiary dies before the Insured, that Beneficiary's interest in this Policy ends with that Beneficiary's death. Only those Beneficiaries who survive the Insured will be eligible to share in the Accidental Death Benefits. If no Beneficiary survives the Insured, We will pay the Accidental Death Benefits and any other benefits due and unpaid at the time of the Insured's death to the Insured's estate. If benefits are payable to the Insured's estate, We may pay up to \$1,000 to any relative of the Insured whom We find is entitled to them. Any payment made in good faith will fully discharge Us to the extent of such payment.

**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 date 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 Accident Expense Policy with Us. If, through an error, We issue more than one Policy, You, Your beneficiary or Your estate 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.**

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

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

**ACCIDENT EXPENSE POLICY**

Retain This  
Outline For  
Your Records

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

4370 Peachtree Road, NE, Atlanta, Georgia 30319

404-266-5600 or 800-241-1439; www.bflic.com

**OUTLINE OF COVERAGE FOR ACCIDENT EXPENSE - Policy Form B 20626-1**

- (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) **ACCIDENT EXPENSE** - is designed to provide, to persons insured, fixed benefits for expenses due to accidental bodily injury, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (3) **BENEFITS** - The Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of the Policy, after the Effective Date and while the Policy is in force; and (2) incur the Loss within 90 days from the date of the injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

	<b>Unit Amounts:</b>		
	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
<b>Accidental Death</b>	\$10,000.00	\$5,000.00	\$1,000.00
<b>Dismemberment</b>			
<b>Both hands, arms, feet, legs or eyes</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand or arm AND one foot or leg</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand, arm, foot, leg or eye</b>	\$2,500.00	\$1,250.00	\$250.00
<b>One finger or toe</b>	\$1,000.00	\$500.00	\$100.00
		<b>Calendar Year Maximums</b>	
	<b>Benefit Amount</b>	<b>Each Insured</b>	<b>All Insureds Combined</b>
<b>Daily Hospital Confinement Benefit</b>	\$50.00	[31] Days	[62] Days
		<b>Calendar Year Maximums</b>	
	<b>Each Insured</b>	<b>All Insureds Combined</b>	
<b>Medical Expense Benefits</b>	\$1,000.00	\$2,000.00	
<b>Ambulance: Ground</b>	\$50.00	\$100.00	
<b>Air</b>	\$300.00	\$600.00	
<b>Prosthetic Device</b>	<b>Lifetime Maximum Each Insured: \$300.00</b>		

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the Insured's death, We will pay the Accidental Death Benefits of the Policy to the Beneficiary or Beneficiaries who are named in the application for the Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in the Policy.

**DISMEMBERMENT** - We will pay the Dismemberment Benefit if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

***BENEFITS, continued***

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit, up to the Calendar Year Maximum, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while the Policy is in force. If the Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the Ambulance Benefit amount for expenses incurred for ambulance service as a result of Accidental Bodily Injury. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the Prosthetic Device Benefit amount, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and the Daily Hospital Confinement Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit.

**(4) EXCLUSIONS AND LIMITATIONS** - The policy does not cover any loss which is: (a) caused by suicide or any intentionally self-inflicted injury while sane or insane; (b) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures; (c) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You); (d) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft; (e) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; or (f) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

**LIMITATION FOR JOB-RELATED DISABILITY** - No benefits are payable for Total Disability due to Injuries sustained while performing Your regular occupation or any other occupation or activity for wage or profit.

**(5) GUARANTEED RENEWABLE** - The policy is guaranteed renewable for life. We cannot cancel the policy. We guarantee to renew the Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We may change the premium rates. A change will apply to all contracts with the same form number and issue state as yours. A minimum of 30 days advance written notice will be given. A change will apply on the next premium due date after We notify You. Each premium will be computed by the sex and age 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.

**(6) PREMIUMS** - Premiums are subject to change as stated in paragraph (6) above.

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

# **BANKERS FIDELITY LIFE INSURANCE COMPANY**

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

## **ACCIDENT 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** - This policy is guaranteed renewable for life. We cannot cancel this policy. 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 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.

**THIS IS AN ACCIDENT EXPENSE ONLY POLICY AND  
IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.**

The provisions on the following pages are a part of this policy, which was signed at Atlanta, Georgia, on the policy date.



Vice President



President

**ACCIDENT EXPENSE POLICY.**

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

**TABLE OF CONTENTS**

	Page
Beneficiary.....	8
Benefits .....	3B, 5
Claim Procedure .....	8
Definitions .....	4
Effective Date .....	3A
Eligibility .....	6
Exclusions.....	6
Grace Period .....	7
Limitations .....	6
Premiums; Renewal Premiums .....	1, 3A, 9
Reinstatement.....	7
Termination.....	7

Additional benefits or restrictions, if any, follow Page 9.

# 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 Accident Expense Policy - Policy Form B 20626

### 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

### Premiums

---

Initial Premium: \$[171.00]

One-Time Policy Fee: \$[0]

Renewal Premium:

Annual:  
\$[171.00]

Semi-Annual:  
\$[88.92]

Quarterly:  
\$[46.17]

Monthly [Bank Draft]:  
\$[14.88]

### Policy Identification

---

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A

**POLICY SPECIFICATIONS PAGE, continued**

[JOHN D DOE; 005-2060850001]

**Benefits**

<u>Description</u>	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Accidental Death	[\$10,000.00 units]	[\$5,000.00 units]	[\$1,000.00 units]
Dismemberment			
Both hands or arms, feet or legs, or eyes	[\$5,000.00 units]	[\$2,500.00 units]	[\$500.00 units]
One hand or arm AND one foot or leg	[\$5,000.00 units]	[\$2,500.00 units]	[\$500.00 units]
One hand, arm, foot, leg or eye	[\$2,500.00 units]	[\$1,250.00 units]	[\$250.00 units]
One finger or toe	[\$1,000.00 units]	[\$500.00 units]	[\$100.00 units]
		<u>Calendar Year Maximums</u>	
	<u>Benefit Amount</u>	<u>Each Insured</u>	<u>All Insureds Combined</u>
Daily Hospital Confinement Benefit	[\$50 units]	[31] Days	[62] Days
			<u>Lifetime Maximum per Accident per Insured</u>
			[62] Days
		<u>Calendar Year Maximums</u>	
	<u>Each Insured</u>	<u>All Insureds Combined</u>	
Ambulance Benefit			
Ground	[\$50.00 units]	[\$100.00 units]	
Air	[\$300.00 units]	[\$600.00 units]	
		<u>Lifetime Maximum Each Insured</u>	
Prosthesis Benefit		[\$300.00 units]	
		<u>Calendar Year Maximums</u>	
	<u>Each Insured</u>	<u>All Insureds Combined</u>	
Medical Expense Benefits	[\$1,000.00 units]	[\$2,000.00 units]	
			<u>Lifetime Maximum per Accident per Insured</u>
			[\$2,000.00 units]

Optional Rider(s); if chosen and indicated below:

## DEFINITIONS

---

When We use the following words this is what We mean:

**ACCIDENTAL BODILY INJURY** - any loss, independent of disease, bodily infirmity, or any other cause, resulting from injury to the body sustained through external and accidental means and occurring while this policy is in force. The injury must be the direct cause of the loss.

**BENEFICIARY** - the person designated by the Owner to receive the Death Benefits.

**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.

**CONFINEMENT** - admittance to a Hospital on an in patient basis as a resident bed patient for which a charge for room and board is made. A day of Confinement must be of twenty four (24) hour duration. Observation, emergency or out patient rooms are not considered Confinement.

**EFFECTIVE DATE** - is shown on Page 3A. 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 services and procedures directly related to or caused by Accidental Bodily Injury including: 1) Hospital room and board and miscellaneous charges; 2) anesthesia; 3) medical equipment; and 4) drugs. Treatment for the Accidental Bodily Injury must begin within 72 hours of the Accidental Bodily Injury.

**HOSPITAL** - a place which: (1) is legally operated for the care and treatment of sick and injured persons at their expense; (2) is primarily engaged in providing medical, diagnostic and surgical facilities (either on its own premises or in facilities available to the hospital on a formal prearranged basis); (3) has continuous 24-hour nursing services by or under the supervision of registered graduate professional nurses (RN); and (4) has a staff of one or more physicians available at all times. "Hospital" does not mean convalescent, nursing, rest, long-term mental facility or skilled nursing facility. It does not mean a place primarily operated for treatment of the aged, drug addiction or alcoholism nor a special unit of a hospital used by or for any of the above.

**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 3B, 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 an 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. The Physician must be acting within the scope of his or her license in treating an Accidental Bodily Injury. A Physician does not include You or a member of Your family.

**POLICY and CONTRACT** - the agreement between You and Us.

**PROSTHETIC DEVICE** - an artificial device designed to replace a part of the body that has been surgically removed due to an Accidental Bodily Injury.

**DEFINITIONS, continued**

**TREATMENT** - administration or application of remedies to a person for an Accidental Bodily Injury, including medicinal or surgical management and/or therapy.

**YOU, YOUR or YOURS** - the person (persons) who is (are) insured under this policy. This (These) person (persons) is (are) named on Page 3 as the Insured and other Covered Persons, if any.

---

**BENEFITS**

---

This Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of this policy, after the Effective Date and while this Policy is in force; and (2) incur the Loss within 90 days from the date of the Accidental Bodily Injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the death of the Insured's death, We will pay the Accidental Death Benefits of this Policy to the Beneficiary or Beneficiaries who are named in the application for this Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in this Policy.

**DISMEMBERMENT** - We will pay the amount shown on Page 3B if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit amount shown on Page 3B, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while this Policy is in force. If this Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the amount shown on Page 3B for expenses incurred for ambulance service as a result of Accidental Bodily Injury, up to the Calendar Year and Lifetime Maximum amounts shown on Page 3B. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the amount shown on Page 3B, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum and Lifetime Maximum amounts shown on Page 3B for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and either the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit, Ambulance Benefit or Prosthetic Device Benefit.

## EXCLUSIONS AND LIMITATIONS

---

This policy does not cover any loss:

- (1) caused by suicide or any intentionally self-inflicted injury while sane or insane;
- (2) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures;
- (3) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You);
- (4) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft;
- (5) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; or
- (6) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

**LIMITATION FOR JOB-RELATED DISABILITY** - No benefits are payable for Total Disability due to Injuries sustained while performing Your regular occupation or any other occupation or activity for wage or profit.

## ELIGIBILITY AND TERMINATION

---

**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 the later of: 1) ninety (90) days after the child's date of birth; or, 2) on the next premium due date after the child's date of birth, unless We receive written notification and payment of the required premium.

**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 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.

**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 sixty (60) days after the date of birth; (b) adoption proceedings have been instituted or a petition to adopt has been filed within sixty (60) days after the date of birth; or (c) a written agreement to adopt such child has been entered into within sixty (60) 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.

## ***ELIGIBILITY AND TERMINATION, continued***

**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 12:00 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 12:00 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. While coverage is so continued, We will 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.

**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.

**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.

**GENERAL PROVISIONS, continued**

**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.

**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.

**BENEFICIARY** - If the Beneficiary dies before the Insured, that Beneficiary's interest in this Policy ends with that Beneficiary's death. Only those Beneficiaries who survive the Insured will be eligible to share in the Accidental Death Benefits. If no Beneficiary survives the Insured, We will pay the Accidental Death Benefits and any other benefits due and unpaid at the time of the Insured's death to the Insured's estate. If benefits are payable to the Insured's estate, We may pay up to \$1,000 to any relative of the Insured whom We find is entitled to them. Any payment made in good faith will fully discharge Us to the extent of such payment.

**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 date 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 Accident Expense Policy with Us. If, through an error, We issue more than one Policy, You, Your beneficiary or Your estate 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.**

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

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

**ACCIDENT 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 ACCIDENT EXPENSE POLICY

(PLEASE PRINT)

Agent/Broker Name <b>Joe Agent</b>	Agent Number <b>00001</b>
---------------------------------------	------------------------------

PROPOSED INSURED(S) (First Name, Middle Initial, Last Name)	Relationship To Insured	Social Security Number	Sex	Place (State) of Birth	Age	Born			Height & Weight		
						Month	Day	Year	Feet	Inches	Lbs.
<b>John D. Doe</b>	Primary Insured	<b>000 00 0001</b>	<b>M</b>	<b>GA</b>	<b>35</b>	<b>01</b>	<b>01</b>	<b>71</b>	<b>6</b>	<b>2</b>	<b>180</b>
	Spouse										

Residence Address (Street or Route & Box No.) **#1 Main St.** City **Atlanta** County **DeKalb** State **GA** Zip Code **30000-0001**

Telephone Number **(404) 123 4567** Best Time To Call **8**  AM  PM Proposed Insured E-Mail Address **johnddoe@atlam.com** Mail policy to:  Insured  Agent

**SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW**

Accident Expense <u>10</u> Units	<b>PREMIUM MODE:</b> <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Bank Draft* <input type="checkbox"/> Monthly Credit Card* *Requested Draft Date _____	<b>PREMIUM COMPUTATION:</b> Accident Expense:.....\$ <u>XXXXXX</u> Rider:.....\$ _____ Rider:.....\$ _____ Total Premium:.....\$ <u>XXXXXX</u> One-Time Policy Fee:.....\$ <u>XXXX</u> Total Amount Paid:.....\$ <u>XXXXXX</u> <input checked="" type="checkbox"/> Check/money order included. <input type="checkbox"/> Charge credit card for initial premium. <input type="checkbox"/> Draft initial premium.
Include On-the-Job Injuries ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Optional Rider(s): <input type="checkbox"/> _____ <input type="checkbox"/> _____ REQUESTED EFFECTIVE DATE: <b>10-01-06</b>		

1. Occupation(s): **Manager** Duties: **manage** Years Employed: **15**  
 Employers' Name(s) and Address(es): **ABC Offices #1 Office Ave Atlanta GA 30001**  
 Employed full-time?  Yes  No Average Monthly Earnings Last 12 Months for all income (after business expenses)? \$ **5000**

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

If "No," Name	Permanent Resident	If Permanent Resident: INS #	Category	Resident Since	Card Expires
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

If not a Permanent Resident, coverage is not available for that person.

3. (a) Does any Proposed Insured currently have any accident or health insurance policies in force or pending? .....  Yes  No  
 If "Yes," name of company(s), policy number(s) and type of coverage: \_\_\_\_\_

(b) Will any insurance be replaced with this policy? .....  Yes  No  
 If "Yes," which company? \_\_\_\_\_ Policy No \_\_\_\_\_

4. Name of Primary Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.
<b>Jane Does</b>	<b>Spouse</b>	<b>000 00 0002</b>	<b>same</b>	<b>same</b>
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.

(Application Continued)

5. Has any Proposed Insured:

- (a) ever applied for or received a pension or disability benefit for a sickness or injury? .....  Yes  No
- (b) ever received or is currently receiving benefits from a state welfare program, Medicaid or Social Security disability? .....  Yes  No
- (c) ever had life, disability or hospital insurance issued other than as applied for, issued at a rate higher than applied for, modified, rejected, cancelled or not renewed? .....  Yes  No
- (d) ever had or applied for and was issued any coverage with Bankers Fidelity Life? .....  Yes  No
- (e) ever applied for and was declined any coverage with Bankers Fidelity Life? .....  Yes  No

If "Yes," give details: \_\_\_\_\_

6. Within the last 3 years, has the Proposed Insured:

- (a) had three or more moving violations? .....  Yes  No
- (b) been charged with driving while intoxicated or under the influence? .....  Yes  No
- (c) had their driver's license suspended or revoked? .....  Yes  No

If "Yes," provide your Driver's License Number and State of Issue:

Proposed Insured Driver's License # \_\_\_\_\_ Issue State \_\_\_\_\_

7. Has any Proposed Insured, within the last two years, engaged in: skydiving; hang-gliding; underwater diving; organized racing events; rodeo; mountaineering; professional sports; or piloting a plane; or are any such activities contemplated? .....

Yes  No

If "Yes," state activity and average number of times per year. \_\_\_\_\_

Complete if applying for coverage for on-the-job injuries:

- 8. Are you actively at work for at least 30 hours a week earning a wage or profit? .....  Yes  No
- 9. In the last 12 months did you earn income of at least \$200 a week (\$100 if applying for a half unit)? .....  Yes  No
- 10. Are you currently under treatment or have you ever been advised to have treatment for hernia of any kind? .....  Yes  No
- 11. Are you currently under treatment or have you been advised in the last 5 years to have treatment for a back or spinal condition? .....  Yes  No

If you answer "No" to either question 8 or 9 or "Yes" to question 10 or 11, the "on-the-job injuries" benefit will not be available.

12. I, the undersigned Proposed Insured, 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 and honored upon first presentation, all during my lifetime and before any change in my health as stated herein. I have received an outline of coverage and a "Guide To Health Insurance For People With Medicare" (if age 65 or older).

The undersigned Proposed Insured and agent state 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 material 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 materially incorrect or untrue, Bankers Fidelity Life Insurance Company may have the right to deny benefits or contest your policy, subject to the "Time Limit On Certain Defenses" provision of the 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, on Atlanta GA 10-01-06 X [Signature]  
(City and State) (Month, Day, Year) Proposed Insured's signature. Please read item 12 before signing.

X [Signature] 00001  
Agent's signature Agent's number

WRITING AGENT COMPLETE

Is any of this insurance being purchased to replace or change any existing insurance? .....  Yes  No

Complete Replacement Notice(s) as required.

I, the undersigned agent, certify that: (1) I have personally interviewed the Proposed Insured; (2) I have accurately recorded the information supplied by the Applicant and/or Proposed Insured; and (3) I have given the Applicant and/or Proposed Insured an outline of coverage for the policy applied for and a "Guide To Health Insurance For People With Medicare" (if age 65 or older).

Is the Proposed Insured related to you?  Yes  No If "Yes," explain relationship:  Self  \_\_\_\_\_  
If "Yes," the co-signature of an independent third party is required.

I certify that I have independently verified the Proposed Insureds identity as required by the USA Patriot Act (PL 107-56) by viewing or through a U.S. Federal or state government-issued photo I.D.:

Drivers License  Passport  Government-issued identification card  Other \_\_\_\_\_

Dated at Atlanta GA, on 10-01-06 X Joe August 0000  
City and State Month, Day, Year Agent's signature Agent's number  
X \_\_\_\_\_  
Co-signature (if required)

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

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

**APPLICATION FOR ACCIDENT EXPENSE**

PLEASE PRINT

**SECTION A: Please provide the following information about yourself and other applicants:**

Name: (First Name, Middle Initial, Last Name) <u>John D. Doe</u>			Build Height <u>6'2"</u> Weight <u>180</u>		Social Security Number <u>000 00 0001</u>
Date of Birth: (Month / Day / Year) <u>01-01-77</u>	Age <u>35</u>	Place of Birth <u>GA</u>	Sex (Check one) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		E-mail Address <u>johnddoe@email.com</u>
Address: (No. & Street, City, County, State, Zip Code) <u>#1 Main St - Atlanta GA 30000</u>				Daytime Phone #: (Include Area Code) <u>404 123 4567</u>	

OTHER PERSONS TO BE COVERED (First Name, Middle Initial, Last Name)	Relationship	Sex	Age	Born			State of Birth	Build		Social Security Number
				Mo.	Day	Yr.		Height	Weight	
1.										- -
2.										- -
3.										- -
4.										- -
5.										- -

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

If "No," Name	Permanent Resident	If Permanent Resident: INS #	Category	Resident Since	Card Expires
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

If not a Permanent Resident, coverage is not available for that person.

Occupation(s) of Applicant: <u>Manager</u>	Duties: <u>manage</u>	Years Employed <u>15</u>
Employers' Name(s) and Address(es): <u>ABC Offices #1 Office Ave Atlanta GA 30000</u>		

Employed full-time?  Yes  No Average Monthly Earnings Last 12 Months for all income (after business expenses)? \$5000

Do you currently have any accident or health insurance policies in force or pending? .....  Yes  No

If "Yes," give Name of Company(s) or Other Insurer, Policy Number(s) and type of coverage:

Will any insurance be replaced with this policy? .....  Yes  No

If "Yes," which company? \_\_\_\_\_ Policy No \_\_\_\_\_

**SECTION B: Select your benefits:**

Accident Expense: <u>10</u> units	Payment Method: <input checked="" type="checkbox"/> Bank Draft <input type="checkbox"/> Credit Card	Premium Included with Application: Policy..... \$ <u>22.22</u> Rider..... \$ _____
Include On-the-job Injuries..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Check here if initial premium is to be paid by credit card.	

Name of Primary Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.
<u>Jane D. Doe</u>	<u>spouse</u>	<u>000 00 0001</u>	<u>Same</u>	<u>Same</u>
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (If known)	Address	Telephone No.

(Application continued)

**SECTION C: Please answer the following questions about yourself:**

- 1. Have you:
  - (a) ever applied for or received a pension or disability benefit for a sickness or injury? .....  Yes  No
  - (b) ever received or is currently receiving benefits from a state welfare program, Medicaid or Social Security disability? .....  Yes  No
  - (c) ever had life, disability or hospital insurance issued other than as applied for, issued at a rate higher than applied for, modified, rejected, cancelled or not renewed? .....  Yes  No
  - (d) ever had or applied for and was issued any coverage with Bankers Fidelity Life? .....  Yes  No
  - (e) ever applied for and was declined any coverage with Bankers Fidelity Life? .....  Yes  No

If "Yes," give details: \_\_\_\_\_

- 2. Have you, within the last two years, engaged in: skydiving; hang-gliding; underwater diving; organized racing events; rodeo; mountaineering; professional sports; or piloting a plane; or are any such activities contemplated? .....  Yes  No
- If "Yes," state activity and average number of times per year. \_\_\_\_\_

- 3. Within the last 3 years, have you:
    - (a) had three or more moving violations? .....  Yes  No
    - (b) been charged with driving while intoxicated or under the influence? .....  Yes  No
    - (c) had your driver's license suspended or revoked? .....  Yes  No
- If "Yes," provide your Driver's License Number and State of Issue:  
 Driver's License # \_\_\_\_\_ Issue State \_\_\_\_\_

- 4. Are you actively at work for at least 30 hours a week earning a wage or profit? .....  Yes  No
  - 5. In the last 12 months did you earn income of at least \$200 a week (\$100 if applying for a half unit)? .....  Yes  No
  - 6. Are you currently under treatment or have you ever been advised to have treatment for hernia of any kind? .....  Yes  No
  - 7. Are you currently under treatment or have you been advised in the last 5 years to have treatment for a back or spinal condition? .....  Yes  No
- If you answer "No" to either question 4 or 5 or "Yes" to question 6 or 7, the "on-the-job injuries" benefit will not be available.

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

8. 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 may have the right to deny benefits or rescind your policy, subject to the "Time Limit on Certain Defenses" provision of the 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 Atlanta GA, on 10-01-06 X [Signature]  
(City and State) (Month, Day, Year) Signature. Please read item #8 before signing.

Retain This  
Outline For  
Your Records

**BANKERS FIDELITY LIFE INSURANCE COMPANY**

4370 Peachtree Road, NE, Atlanta, Georgia 30319

404-266-5600 or 800-241-1439; www.bflic.com

**OUTLINE OF COVERAGE FOR ACCIDENT EXPENSE - Policy Form B 20626-1 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) **ACCIDENT EXPENSE** - is designed to provide, to persons insured, fixed benefits for expenses due to accidental bodily injury, subject to any limitations set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.
- (3) **BENEFITS** - The Policy provides benefits for loss of life, limb, sight, and certain expenses resulting from Accidental Bodily Injuries. Benefits for specified Losses are described below. You must: (1) sustain the Accidental Bodily Injury during the term of the Policy, after the Effective Date and while the Policy is in force; and (2) incur the Loss within 90 days from the date of the injury. The Loss must have resulted directly from such Accidental Bodily Injury and must be independent of all other causes. With respect to Accidental Death Benefits and Dismemberment Benefits, not more than one of the benefits (the largest) shall be payable as a result of any one (1) Accidental Bodily Injury.

	<b>Unit Amounts:</b>		
	<b>Insured</b>	<b>Spouse</b>	<b>Child</b>
<b>Accidental Death</b>	\$10,000.00	\$5,000.00	\$1,000.00
<b>Dismemberment</b>			
<b>Both hands, arms, feet, legs or eyes</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand or arm AND one foot or leg</b>	\$5,000.00	\$2,500.00	\$500.00
<b>One hand, arm, foot, leg or eye</b>	\$2,500.00	\$1,250.00	\$250.00
<b>One finger or toe</b>	\$1,000.00	\$500.00	\$100.00
	<b>Calendar Year Maximums</b>		
	<b>Benefit Amount</b>	<b>Each Insured</b>	<b>All Insureds Combined</b>
<b>Daily Hospital Confinement Benefit</b>	\$10.00	[31] Days	[62] Days
	<b>Calendar Year Maximums</b>		
	<b>Each Insured</b>	<b>All Insureds Combined</b>	
<b>Medical Expense Benefits</b>	\$1,000.00	\$2,000.00	
<b>Ambulance: Ground</b>	\$50.00	\$100.00	
<b>Air</b>	\$300.00	\$600.00	
<b>Prosthetic Device</b>	<b>Lifetime Maximum Each Insured: \$300.00</b>		

**ACCIDENTAL DEATH** - When We receive due written proof satisfactory to Us of the Insured's death, We will pay the Accidental Death Benefits of the Policy to the Beneficiary or Beneficiaries who are named in the application for the Policy unless You had subsequently changed the Beneficiary. In that event, We will pay the Accidental Death Benefits to the Beneficiary named in Your last change of Beneficiary Request as provided for in the Policy.

**DISMEMBERMENT** - We will pay the Dismemberment Benefit if You incur a Loss as a result of an Accidental Bodily Injury. Loss as used for dismemberment means complete severance at or above the wrist or ankle joint. Loss in relation to sight means the complete and irrecoverable loss of sight.

***BENEFITS, continued***

**DAILY HOSPITAL CONFINEMENT BENEFIT** - We will pay the Daily Hospital Confinement Benefit, up to the Calendar Year Maximum, if You are confined to the Hospital as a result of an Accidental Bodily Injury. Benefits will begin on the first day of Hospital Confinement. The Confinement must be: (1) for the treatment of such Accidental Bodily Injury; (2) for 24 hours or more; and (3) as a resident bed patient. The initial period of hospital Confinement must begin within 90 days from the date of the Accidental Bodily Injury. Successive periods of hospital Confinement for the same Accidental Bodily Injury must commence while the Policy is in force. If the Policy terminates while You are confined to a Hospital as a result of a covered Accidental Bodily Injury, this benefit will continue until the first of these events takes place: (1) You are no longer continuously confined to a Hospital; or (2) We have paid this benefit for the Maximum number of days shown on Page 3.

**AMBULANCE BENEFIT** - We will pay the Ambulance Benefit amount for expenses incurred for ambulance service as a result of Accidental Bodily Injury. Such service must occur within 72 hours from the date of the Accidental Bodily Injury. The service must be for transport to or from a hospital for the Accidental Bodily Injury.

**PROSTHETIC DEVICE BENEFIT** - We will pay the Prosthetic Device Benefit amount, up to the Lifetime Maximum Benefit for each Insured, for a Prosthetic Device.

**MEDICAL EXPENSES** - We will pay the actual charges, up to the Calendar Year Maximum for Eligible Expenses incurred as a result of an Accidental Bodily Injury.

If benefits are payable for the same Eligible Expense under this benefit provision and the Daily Hospital Confinement Benefit, the amount payable under this benefit provision will be reduced by the Daily Hospital Confinement Benefit amount paid. You are not entitled to concurrent benefits for Eligible Expenses under both this benefit provision and the Daily Hospital Confinement Benefit.

- (4) EXCLUSIONS AND LIMITATIONS** - The policy does not cover any loss which is: (a) caused by suicide or any intentionally self-inflicted injury while sane or insane; (b) caused by, whether directly or indirectly, disease, bodily or mental infirmity or medical or surgical treatment thereof, including diagnostic procedures; (c) sustained while engaged in military or naval service of any country (any premium paid to Us for any period not covered by reason of Your military or naval service will be returned pro-rata to You); (d) sustained while participating in parachuting, professional sports, scheduled speed contests, rodeos or piloting of any aircraft; (e) sustained or contracted in consequence of being under the influence of alcohol or any narcotic unless administered under the advice of a physician; or (f) sustained while committing or attempting to commit a felony or being engaged in an illegal occupation.

**LIMITATION FOR JOB-RELATED DISABILITY** - No benefits are payable for Total Disability due to Injuries sustained while performing Your regular occupation or any other occupation or activity for wage or profit.

- (5) GUARANTEED RENEWABLE** - The policy is guaranteed renewable for life. We cannot cancel the policy. We guarantee to renew the Policy as long as You pay Your renewal premiums on time, either in advance or during the grace period. We may change the premium rates. A change will apply to all contracts with the same form number and issue state as yours. A minimum of 30 days advance written notice will be given. A change will apply on the next premium due date after We notify You. Each premium will be computed by the sex and age 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.

- (6) PREMIUMS** - Premiums are subject to change as stated in paragraph (6) above.

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



SERFF Tracking Number: BFLI-125730595 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 39595  
 Company Tracking Number: AR B 20626  
 TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment  
 Dismemberment  
 Product Name: Accident Expense Policy  
 Project Name/Number: /

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Certification/Notice	<b>Review Status:</b>	Disapproved	10/16/2008
<b>Comments:</b>				
<b>Attachments:</b>				
	Consumer Notice.pdf			
	Guaranty Association.pdf			
	B 20626 Flesch Cert.pdf			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Disapproved	10/16/2008
<b>Bypass Reason:</b>	please see applications under the form schedule tab			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Disapproved	10/16/2008
<b>Bypass Reason:</b>	please see the actuarial memorandums under the rate/rule schedule tab.			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Disapproved	10/16/2008
<b>Bypass Reason:</b>	please see the outline of coverages under the form schedule tab			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Cover Letter	<b>Review Status:</b>	Disapproved	10/16/2008
<b>Comments:</b>				
<b>Attachment:</b>				
	AR B 20626 et al cvr ltr 7-11-08.pdf			

# **BANKERS FIDELITY LIFE INSURANCE COMPANY**

Atlanta, Georgia

The following information is being provided to you in accordance with Act 197 of the Arkansas Department of Insurance Regulations:

## **Bankers Fidelity Life Insurance Company**

Policyholder Service Department

4370 Peachtree Road, N.E.

Atlanta, Georgia 30319

Toll-Free: 866-458-7500

Fax: (404) 926-4033

[bflphs@atlam.com](mailto:bflphs@atlam.com)

If we at Bankers Fidelity Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

## **Arkansas Department of Insurance**

Consumer Service Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

(510) 371-2640, (800) 852-5494

Fax: (501) 371-2749

[insurance.consumers@arkansas.gov](mailto:insurance.consumers@arkansas.gov)

### **Your Agent:**

{FId0240}

{FId0241} {FId0242}

{FId0243} {FId0244}

{FId0245}

This notice is for information only and does not become a part or condition of your policy.

## **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are member of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting the insurance companies that are well managed and financially stable.

### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice.

The Arkansas Life and Health Insurance Guaranty Association  
C/o The Liquidation Division  
1023 West Capitol, Suite 2  
Little Rock, Arkansas 72202

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliated benefit plan or its trustees).

## LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different type of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**BANKERS FIDELITY LIFE INSURANCE COMPANY**  
Atlanta, Georgia

**FLESCH SCORE CERTIFICATION**

B 20626 - Accident Expense Policy

Words: 3,739  
Sentences: 163  
Score: 55.6

B 20626 OC DR - Outline of Coverage

Words: 815  
Sentences: 40  
Score: 58.5

B 20626 DR - Accident Expense Policy

Words: 3,694  
Sentences: 161  
Score: 55.5

B 20626-1 OC - Outline of Coverage

Words: 841  
Sentences: 41  
Score: 56.9

B 20626-1 - Accident Expense Policy

Words: 3,764  
Sentences: 164  
Score: 55.2

B 20626-1 OC DR - Outline of Coverage

Words: 841  
Sentences: 41  
Score: 56.9

B 20626-1 DR - Accident Expense Policy

Words: 3,720  
Sentences: 162  
Score: 55.1

B 20626 AP - Application

Words: 874  
Sentences: 61  
Score: 51.16

B 20626 OC - Outline of Coverage

Words: 815  
Sentences: 40  
Score: 58.5

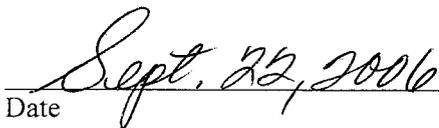
B 20626 AP DR - Application

Words: 874  
Sentences: 61  
Score: 51.16

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



Sharon Busch  
Vice President Legal/Compliance



Date



July 11, 2008

Mr. Joe Musgrove  
 Department of Insurance  
 1200 W Third Street  
 Little Rock, AR 72201-1904

RE: Bankers Fidelity Life Insurance Company NAIC # 587-61239 FEIN # 58-0658963  
 Accident Expense Product  
 New Forms: B 20626 - Accident Expense Policy  
 B 20626 OC AR - Outline of Coverage  
 B 20626 DR - Accident Expense Policy  
 B 20626 DR OC AR - Outline of Coverage  
 B 20626-1 - Accident Expense Policy  
 B 20626-1 OC AR - Outline of Coverage  
 B 20626-1 DR - Accident Expense Policy  
 B 20626-1 DR OC AR - Outline of Coverage  
 B 20626 AP - Application  
 B 20626 AP DR - Application

Dear Mr. Musgrove:

The enclosed forms are being submitted to your department for formal review and approval and will not replace any previously approved forms. The policies provide benefits for accident-related expenses. The following is some brief outline of the differences in the forms:

	<u>B 20626</u>	<u>B 20626 DR</u>	<u>B 20626-1</u>	<u>B 20626-1 DR</u>
Covers accidents:	on or off job	on or off job	off job only	off job only
Marketing method:	agent written	direct response	agent written	direct response
Application:	B 20626 AP	B 20626 AP DR	B 20626 AP	B 20626 AP DR

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, along with a readability certification.

The following items are bracketed for future variability:

- Address and telephone number of insurer - in the event the insurer should move, change Post Office boxes or change telephone number
- Signatures of company officers - in the event the persons filling the position changes
- Department title on Page 3 - in the event the department responsible for servicing the policy changes its name or if the responsibility is transferred to another department
- Personal data and benefit amounts which are determined by the individual purchasing the product and the choices he/she makes

Mr. Joe Musgrove

Arkansas Department of Insurance

RE: Bankers Fidelity Life Insurance Company NAIC # 587-61239 FEIN # 58-0658963  
Accident Expense Product; New Forms: B 20626; et al.

July 11, 2008

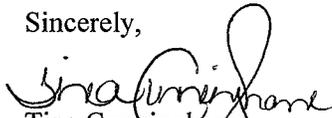
Page 2

*Variability, continued*

- Premium options on Outline of Coverage and Application - in the event the insurer chooses to change the modes available on a particular plan by eliminating a particular mode or adding one
- Product choices on Application - to allow changes in the products offered, for instance if a new rider is approved, or if we decide to offer pre-determined benefit options (as determined by the actuarial memorandum)

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

Sincerely,

  
Tina Cunningham  
Compliance Analyst I  
Legal/Compliance