

SERFF Tracking Number: BFLI-125595562 State: Arkansas  
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 38636  
Company Tracking Number: AR B 1027 SM AP2008  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Application for Life Insurance  
Project Name/Number: /

## Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Application for Life Insurance SERFF Tr Num: BFLI-125595562 State: ArkansasLH  
TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 38636  
Sub-TOI: L08.000 Life - Other Co Tr Num: AR B 1027 SM AP2008 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Authors: Jill Jones, Tina Cunningham Disposition Date: 04/11/2008  
Date Submitted: 04/07/2008 Disposition Status: Approved  
Implementation Date Requested: Implementation Date:

State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Date Approved in Domicile:  
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: 04/11/2008  
State Status Changed: 04/11/2008 Deemer Date:  
Corresponding Filing Tracking Number:  
Filing Description:

The enclosed form is being submitted to your department for formal review and approval and will not replace any previously approved form. A flesch score certification is enclosed as required.

This application will be used to solicit various life insurance products that have been or will have been previously approved by your department; a representative sample of the products to be offered is shown in the selection area; the selection area is bracketed for future changes within the Department's approved forms. Solicitation will be performed by personally producing, licensed and contracts agents and brokers.

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## Company and Contact

### Filing Contact Information

Tina Cunningham, Compliance Analyst L1 tcunningham@atlam.com  
 4370 Peachtree Road NE (404) 266-5723 [Phone]  
 Atlanta, GA 30319 (404) 926-4092[FAX]

### Filing Company Information

Bankers Fidelity Life Insurance Company CoCode: 61239 State of Domicile: Georgia  
 4370 Peachtree Rd NE Group Code: 587 Company Type: Life & Health  
 Atlanta, GA 30319 Group Name: 61239 State ID Number:  
 (404) 266-5600 ext. [Phone] FEIN Number: 58-0658963  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? Yes  
 Fee Explanation: \$25.00 per form in domicile state (Georgia)  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$25.00	04/07/2008	19341645

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/11/2008	04/11/2008

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## Disposition

Disposition Date: 04/11/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Cover letter		Yes
<b>Form</b>	Application for Life Insurance		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	B 1027 SM AP2008	Application/ Enrollment Form	Application for Life Insurance	Initial		57	John Doe B 1027 SM AP2008.pdf

# BANKERS FIDELITY LIFE INSURANCE COMPANY

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

## APPLICATION FOR LIFE INSURANCE

PLEASE PRINT

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

Proposed Insured <b>John D. Doe</b>	Social Security No. <b>0000600001</b>	Sex <b>M</b>	Place (State) of Birth <b>GA</b>	Age <b>35</b>	Born Mo. <b>01</b> Day <b>01</b> Yr. <b>73</b>			Height & Weight Ft. <b>6</b> In. <b>2</b> Lbs. <b>180</b>		
Residence Address (Street or Route & Box No.) <b>#1 Main Street</b>	City <b>City</b>	County <b>County</b>	State <b>ST</b>	Zip Code <b>00000-0001</b>						
Telephone Number <b>(123) 456 7890</b>	Best Time to Call: <b>8</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	E-mail Address: <b>johnddoe@email.com</b>	Mail Policy To: <input checked="" type="checkbox"/> Insured <input type="checkbox"/> Agent							

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

**LEVEL WHOLE LIFE:**  
 Requested Face Amount: \$ 25,000.00  
 Monthly Money Purchase Amount: \$ \_\_\_\_\_

Automatic Premium Loan:  Yes  No  
 REQUESTED EFFECTIVE DATE: 04-01-08

1. (a) Does the Proposed Insured currently have any existing life insurance policies or annuities?.....  Yes  No  
 (b) Will any existing life insurance or annuities be replaced with this policy of whole life insurance?.....  Yes  No  
 If "Yes," which company? \_\_\_\_\_ Policy No \_\_\_\_\_

2. In the last 7 years, has the Proposed Insured had or been medically diagnosed with or treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive for the Human Immunodeficiency Virus (HIV)? .....  Yes  No  
 (If "Yes", coverage is not available.)

3. In the last 2 years, has the Proposed Insured had or been medically diagnosed with or treated for or taken prescription medicine for:

(a) heart attack, stroke of any kind, coronary artery disease, or surgery for any heart or circulatory disease?.....  Yes  No  
 (b) emphysema, chronic obstructive pulmonary disease (COPD), or any chronic lung disease? .....  Yes  No  
 (c) internal cancer, leukemia, malignant melanoma or Hodgkin's disease? .....  Yes  No  
 (d) kidney/renal failure, cirrhosis of the liver, hepatitis (excluding Type A), or alcoholism or drug addiction? .....  Yes  No  
 (e) Alzheimer's or Parkinsons disease, multiple sclerosis, muscular dystrophy, schizophrenia or psychotic disorder, or seizure disorder? .....  Yes  No  
 (f) insulin-dependent diabetes or surgery for transplanting any organ (except corneal transplant)? .....  Yes  No

4. Please provide details for any "Yes," answers to any part of question 3.

Name	Details

5. Please provide the following information about your Primary Care Physician:

Physician's Name	Complete Address	Phone #
<b>Dr. Bob</b>	<b>#1 Physicians Ct City ST 00002</b>	<b>123-567-8901</b>

(Application continued on reverse side)

(Application continued)

5. Name of Primary Beneficiary(ies)	Relationship	Social Security No. (if known)	Address	Telephone No.
Jane D. Doe	wife	000 00-0002	Same	Same
Name of Contingent Beneficiary(ies)	Relationship	Social Security No. (if known)	Address	Telephone No.
John D. Doe Jr	Son	000 00 0003	Same	Same
Name of Owner (if other than Insured)	Relationship	Social Security No. (if known)	Address	Telephone No.
Name of Payor (if other than Insured)	Relationship	Social Security No. (if known)	Address	Telephone No.

6. I, the undersigned Applicant, 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 the Owner and the first premium paid and honored upon first presentation, all during the Proposed Insured's lifetime and before any change in the Proposed Insured's health as stated herein.

The undersigned Applicant and/or Proposed Insured and agent state that the Applicant and/or Proposed Insured have read or had read to him the completed application and that the Applicant and/or Proposed Insured realize that any false statement or material misrepresentation in the application may result in loss of coverage under the policy(ies), subject to the "Incontestability" 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 "Incontestability" 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 City ST (City and State), on 01-01-08 (Month, Day, Year) X John D. Doe Proposed Insured's signature. Please read item 6 before signing.  
 \*The Proposed Insured is the Applicant and Owner unless otherwise indicated.

X \_\_\_\_\_ X \_\_\_\_\_ X Joe Agent 00001  
 Owner (if other than Proposed Insured) Applicant (if other than Proposed Insured) Agent's signature Agent's number

Is any of this insurance being purchased to replace or change any existing insurance or annuities?.....  Yes  No  
 If "YES" complete replacement notice 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 a "Life Insurance Buyers Guide."

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: Number 1234567 State ST  
 Passport: Number \_\_\_\_\_ Country \_\_\_\_\_  
 Identification card: Number \_\_\_\_\_ Type \_\_\_\_\_  
 Other \_\_\_\_\_

Dated at City ST (City and State), on 04-01-08 (Month, Day, Year) X Joe Agent Agent's signature 00001 Agent's number  
 X \_\_\_\_\_ Co-signature (if required)

WRITING AGENT COMPLETE

*SERFF Tracking Number:*      *BFLI-125595562*                      *State:*                      *Arkansas*  
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## **Rate Information**

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## Supporting Document Schedules

**Review Status:**  
**Bypassed -Name:** Certification/Notice 04/04/2008  
**Bypass Reason:** N/A this filing is for a application only  
**Comments:**

**Review Status:**  
**Bypassed -Name:** Application 04/04/2008  
**Bypass Reason:** N/A as this filing is for a application and not a policy  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Cover letter 04/07/2008  
**Comments:**  
**Attachment:**  
AR B 1027 SM AP2008 4-7-08 pdf.pdf



April 7, 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  
New Form: B 1027 SM AP2008 - Application for Life Insurance

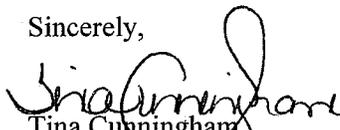
Dear Mr. Musgrove:

The enclosed form is being submitted to your department for formal review and approval and will not replace any previously approved form. A flesch score certification is enclosed as required.

This application will be used to solicit various life insurance products that have been or will have been previously approved by your department; a representative sample of the products to be offered is shown in the selection area; the selection area is bracketed for future changes within the Department's approved forms. Solicitation will be performed by personally producing, licensed and contracts agents and brokers.

Thank you for your time in review of this filing. If you should have any questions or need any additional information, please do not hesitate to contact me at: (404) 266-5673; toll-free 1-800-241-1439, ext. 5723; fax (404) 926-4092; email [tcunningham@atlam.com](mailto:tcunningham@atlam.com).

Sincerely,

  
Tina Cunningham  
Compliance Analyst I  
Legal/Compliance