Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Accident Expense Policy	SERFF Tr Num: BFLI-126277720	State: Arkansas
TOI: H03I Individual Health - Accidental Death & Dismemberment	SERFF Status: Closed-Approved-Closed	State Tr Num: 43331
Sub-TOI: H03I.000 Health - Accidental Death & Dismemberment	Co Tr Num: AR B 20626	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Rosalind Minor
	Authors: Jill Jones, Tina Cunningham	Disposition Date: 09/09/2009
	Date Submitted: 08/25/2009	Disposition Status: Approved-Closed
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: 09/09/2009	Explanation for Other Group Market Type:
	State Status Changed: 09/09/2009
Deemer Date:	Created By: Tina Cunningham
Submitted By: Tina Cunningham	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" 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 futher filing description.

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	

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	08/25/2009	30099381

SERFF Tracking Number:	*BFLI-126277720*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*43331*
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:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/09/2009	09/09/2009

Disposition

Disposition Date: 09/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*BFLI-126277720*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*43331*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Accident Expense Policy	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Accident Expense Policy	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Accident Expense Policy	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Accident Expense Policy	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes

Form Schedule

Lead Form Number: B 20626

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/09/2009	B 20626	Policy/Contract/Fraternal Certificate	Accident Expense Policy	Initial		55.600	AR B 20626 doe.pdf
Approved-Closed 09/09/2009	B 20626 OC AR	Outline of Coverage	Outline of Coverage	Initial		58.500	AR B 20626 OC.pdf
Approved-Closed 09/09/2009	B 20626 DR	Policy/Contract/Fraternal Certificate	Accident Expense Policy	Initial		55.500	AR B 20626 DR.pdf
Approved-Closed 09/09/2009	B 20626 DR OC AR	Outline of Coverage	Outline of Coverage	Initial		58.500	AR B 20626 DR OC.pdf
Approved-Closed 09/09/2009	B 20626-1	Policy/Contract/Fraternal Certificate	Accident Expense Policy	Initial		55.200	AR B 20626-1 doe.pdf
Approved-Closed 09/09/2009	B 20626-1 OC AR	Outline of Coverage	Outline of Coverage	Initial		56.900	AR B 20626-1 OC.pdf
Approved-Closed 09/09/2009	B 20626-1 DR	Policy/Contract/Fraternal Certificate	Accident Expense Policy	Initial		55.100	AR B 20626-1 DR doe.pdf
Approved-Closed 09/09/2009	B 20626-1 DR OC AR	Outline of Coverage	Outline of Coverage	Initial		56.900	AR B 20626-1 DR OC.pdf
Approved-Closed	B 20626 AP	Application/Enrollment	Application	Initial		51.160	B 20626 AP john doe.pdf

SERFF Tracking Number:	*BFLI-126277720*	*State:*	*Arkansas*
Filing Company:	*Bankers Fidelity Life Insurance Company*	*State Tracking Number:*	*43331*
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:	*/*		

09/09/2009 Approved-Closed 09/09/2009	B 20626 AP DR	Form Application/ Application Enrollment Form	Initial		51.160	B 20626 AP DR john doe.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!

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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)

Name:	Relationship to Insured:	Issue Age:	Sex:	Effective Date:
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:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[171.00]	$[88.92]	$[46.17]	$[14.88]

Policy Identification

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A

POLICY SPECIFICATIONS PAGE, continued
[JOHN D DOE; 005-2060850001]

Benefits

Description	Insured	Spouse	Child
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]

		Calendar Year Maximums	
	Benefit Amount	Each Insured	All Insureds Combined
Daily Hospital Confinement Benefit	$[50 units]	[31] Days	[62] Days

Lifetime Maximum per Accident per Insured
[62] Days

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

	Lifetime Maximum Each Insured
Prosthesis Benefit	$[300.00 units]

	Calendar Year Maximums	
	Each Insured	All Insureds Combined
Medical Expense Benefits	$[1,000.00 units]	$[2,000.00 units]

Lifetime Maximum per Accident per Insured
$[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 - injury sustained by the Covered Person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs 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.

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.

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.

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.

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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.

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

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!

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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)

Name:	Relationship to Insured:	Issue Age:	Sex:	Effective Date:
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:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[171.00]	$[88.92]	$[46.17]	$[14.88]

Policy Identification

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A

POLICY SPECIFICATIONS PAGE, continued
[JOHN D DOE; 005-2060850001]

Benefits

Description	Insured	Spouse	Child
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]

		Calendar Year Maximums	
	Benefit Amount	Each Insured	All Insureds Combined
Daily Hospital Confinement Benefit	$[50 units]	[31] Days	[62] Days

Lifetime Maximum per Accident per Insured
[62] Days

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

	Lifetime Maximum Each Insured
Prosthesis Benefit	$[300.00 units]

	Calendar Year Maximums	
	Each Insured	All Insureds Combined
Medical Expense Benefits	$[1,000.00 units]	$[2,000.00 units]

Lifetime Maximum per Accident per Insured
$[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 - injury sustained by the Covered Person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs 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.

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.

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.

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.

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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.

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

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!

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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)

Name:	Relationship to Insured:	Issue Age:	Sex:	Effective Date:
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:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[171.00]	$[88.92]	$[46.17]	$[14.88]

Policy Identification

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A

POLICY SPECIFICATIONS PAGE, continued
[JOHN D DOE; 005-2060850001]

Benefits

Description	Insured	Spouse	Child
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]

		Calendar Year Maximums	
	Benefit Amount	Each Insured	All Insureds Combined
Daily Hospital Confinement Benefit	$[50 units]	[31] Days	[62] Days

Lifetime Maximum per Accident per Insured
[62] Days

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

	Lifetime Maximum Each Insured
Prosthesis Benefit	$[300.00 units]

	Calendar Year Maximums	
	Each Insured	All Insureds Combined
Medical Expense Benefits	$[1,000.00 units]	$[2,000.00 units]

Lifetime Maximum per Accident per Insured
$[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 - injury sustained by the Covered Person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs 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.

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.

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.

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.

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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.

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

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!

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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)

Name:	Relationship to Insured:	Issue Age:	Sex:	Effective Date:
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:	Semi-Annual:	Quarterly:	Monthly [Bank Draft]:
	$[171.00]	$[88.92]	$[46.17]	$[14.88]

Policy Identification

Policy Number: 005-[2060850001]

Issue State: [GA]

Industry Class: A

POLICY SPECIFICATIONS PAGE, continued
[JOHN D DOE; 005-2060850001]

Benefits

Description	Insured	Spouse	Child
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]

		Calendar Year Maximums	
	Benefit Amount	Each Insured	All Insureds Combined
Daily Hospital Confinement Benefit	$[50 units]	[31] Days	[62] Days

Lifetime Maximum per Accident per Insured
[62] Days

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

	Lifetime Maximum Each Insured
Prosthesis Benefit	$[300.00 units]

	Calendar Year Maximums	
	Each Insured	All Insureds Combined
Medical Expense Benefits	$[1,000.00 units]	$[2,000.00 units]

Lifetime Maximum per Accident per Insured
$[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 - injury sustained by the Covered Person which is the direct cause, independent of disease or bodily infirmity or any other cause and occurs 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.

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.

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.

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.

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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 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.

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

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., P. O. Box 105146, Atlanta, Georgia 30348-5146 (404) 266-5600

APPLICATION FOR ACCIDENT EXPENSE POLICY

(PLEASE PRINT)

Agent/Broker Name	Agent Number
Joe Agent	00001

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

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

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

SELECT THE COVERAGE YOU WANT BY CHECKING THE APPROPRIATE BOXES BELOW

Accident Expense 10 Units

Include On-the-Job Injuries ..... ☐ Yes ☑ No

Optional Rider(s):

☐ _____

☐ _____

REQUESTED EFFECTIVE DATE: 10-01-06

PREMIUM MODE:

☑ Annual ☐ Semi-Annual ☐ Quarterly

☐ Monthly Bank Draft* ☐ Monthly Credit Card*

*Requested Draft Date _____

BILLING TYPE:

☑ Individual ☐ Family*

*Complete Family Billing Form B 0129 FB/LB

PREMIUM COMPUTATION:

Accident Expense: ..... $ xxxxx

Rider: ..... $ _____

Rider: ..... $ _____

Total Premium: ..... $ xxx.xx

One-Time Policy Fee: ..... $ xx.xx

Total Amount Paid: ..... $ xxx.xx

☑ Check/money order included.

☐ Charge credit card for initial premium.

☐ Draft initial premium.

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
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ 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.
Jane Does	Spouse	000 000002	Same	Same

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 (City and State) 10-01-06 (Month, Day, Year) X [signature] Proposed Insured's signature. Please read item 12 before signing.

X [signature] Agent's signature 00001 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 (PL107-56) 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 (City and State), on 10-01-06 (Month, Day, Year) X Joe Agent (Agent's signature) 0001 (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 PLEASE PRINT

APPLICATION FOR ACCIDENT EXPENSE

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

Name: (First Name, Middle Initial, Last Name)	Build Height	Build Weight	Social Security Number
John D. Doe	6'2"	180	000 00 0001

Date of Birth: (Month / Day / Year)	Age	Place of Birth	Sex (Check one)	E-mail Address
01-01-71	35	GA	☑ Male ☐ Female	johnddoe@email.com

Address: (No. & Street, City, County, State, Zip Code)	Daytime Phone #: (Include Area Code)
#1 Main St - Atlanta GA 30000	404 123 4567

OTHER PERSONS TO BE COVERED (First Name, Middle Initial, Last Name)	Relationship	Sex	Age	Born Mo.	Born Day	Born Yr.	State of Birth	Build Height	Build Weight	Social Security Number
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
	☐ Yes ☐ No				
	☐ Yes ☐ No				
	☐ Yes ☐ No				

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

Occupation(s) of Applicant:	Duties:	Years Employed
Manager	Manage	15

Employers' Name(s) and Address(es): ABC Offices #1 Office Ave Atlanta GA 3000

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: 10 units

Include On-the-job Injuries..... ☐ Yes ☑ No

Payment Method:
☑ Bank Draft
☐ Credit Card

Premium Included with Application: Policy..... $ XXXX
Rider..... $ _____

☐ 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.
Jane D. Doe	spouse	000 00 0001	Same	Same

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 (City and State), on 10-01-06 (Month, Day, Year) X [signature] Signature. Please read item #8 before signing.

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/09/2009

Comments:

Attachments:

Guaranty Association.pdf
Consumer Notice.pdf
B 20626 Flesch Cert.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/09/2009

Bypass Reason: Please see applications under the Form Schedule Tab.

Comments:

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	09/09/2009

Bypass Reason: Please see the Outline of Coverage under the Form Schedule Tab.

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter	Approved-Closed	09/09/2009

Comments:

Attachment:

AR B 20626 et al cvr ltr 8-24-09.pdf

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

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

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

Your Agent:
{Fld0240}
{Fld0241} {Fld0242}
{Fld0243} {Fld0244}
{Fld0245}

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

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 DR - Accident Expense Policy
Words: 3,694
Sentences: 161
Score: 55.5

B 20626-1 - Accident Expense Policy
Words: 3,764
Sentences: 164
Score: 55.2

B 20626-1 DR - Accident Expense Policy
Words: 3,720
Sentences: 162
Score: 55.1

B 20626 OC - Outline of Coverage
Words: 815
Sentences: 40
Score: 58.5

B 20626 OC DR - Outline of Coverage
Words: 815
Sentences: 40
Score: 58.5

B 20626-1 OC - Outline of Coverage
Words: 841
Sentences: 41
Score: 56.9

B 20626-1 OC DR - Outline of Coverage
Words: 841
Sentences: 41
Score: 56.9

B 20626 AP - Application
Words: 874
Sentences: 61
Score: 51.16

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
Sharon Busch
Vice President Legal/Compliance

Sept. 22, 2006
Date

BANKERS FIDELITY
AN ATLANTICAMERICAN
LIFE AND HEALTH COMPANY

August 24, 2009

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:

	B 20626	B 20626 DR	B 20626-1	B 20626-1 DR
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

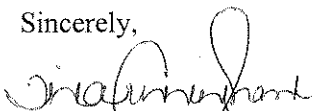
4370 Peachtree Road, N.E. • Atlanta, GA 30319 • (404) 266-5500 • (404) 266-5699 FAX • www.bankersfidelitylife.com

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.

Sincerely,



Tina Cunningham
Compliance Analyst I
Legal/Compliance