

SERFF Tracking Number: BFLI-126931706 State: Arkansas  
 Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 47588  
 Company Tracking Number: AR B 0210 ADB  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Accidental Death Benefit Rider  
 Project Name/Number: /

## Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Accidental Death Benefit Rider SERFF Tr Num: BFLI-126931706 State: Arkansas  
 TOI: L08 Life - Other SERFF Status: Closed-Approved-Closed State Tr Num: 47588

Sub-TOI: L08.000 Life - Other Co Tr Num: AR B 0210 ADB State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird

Disposition Date: 01/05/2011  
 Authors: Jill Jones, Bridgett Williams, Tina Cunningham, Lyn Ezell, Sharon White, Ron Crow, Norma Christopher  
 Date Submitted: 12/27/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: Status of Filing in Domicile: Authorized  
 Project Number: Date Approved in Domicile: 12/15/2010  
 Requested Filing Mode: Review & Approval Domicile Status Comments: submitted to the GA DOI 12-03-2010  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 01/05/2011  
 State Status Changed: 01/05/2011  
 Deemer Date: Created By: Jill Jones  
 Submitted By: Tina Cunningham Corresponding Filing Tracking Number:

Filing Description:  
 The submitted rider provides benefits in the event of the accidental death of the insured. It will replace form BFL-ADB, which was approved by the Department on 01-18-1988. It will be issued with our whole life policies as indicated on the forms use chart attached to the Supporting Documentation tab.

## Company and Contact

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### Filing Contact Information

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

### Filing Company Information

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

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$50.00	12/27/2010	43223503

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/05/2011	01/05/2011

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## Disposition

Disposition Date: 01/05/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Forms Use List		Yes
Form	Accidental Death Benefit Rider		Yes

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## Form Schedule

Lead Form Number: B 0210 ADB

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	B 0210 ADB	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		51.400	B 0210 ADB.pdf

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

**ACCIDENTAL DEATH BENEFIT RIDER**

In consideration of the payment of the initial premium and in reliance on the statements contained in the application, this Rider is attached to and made a part of the Policy as of the Effective Date shown on Page 3 of the Policy. While this Rider is in effect, premiums are due according the terms of the Policy. Except as stated elsewhere in this Rider, all the definitions, provisions, conditions, exclusions and limitations of the Policy to which it is attached remain in effect.

**DEFINITIONS**

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**ACCIDENTAL BODILY INJURY** - injury to the body sustained through external and accidental means, independent of disease, bodily infirmity, or any other cause, and occurring while this Rider is in force.

**ACCIDENTAL DEATH** - death of the Insured caused by Accidental Bodily Injury and occurring within 90 days of such injury and while this Rider is in force. The Accidental Bodily Injury must be the direct cause of death.

**BENEFITS**

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The amount payable to the Beneficiary, determined on the date of the Insured's death and subject to the provisions and limitations of the Policy and this Rider, is equal to the Accidental Death Benefit amount shown on Page 3 of the Policy.

**EXCLUSIONS**

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We will not pay this benefit if the Accidental Bodily Injury or Accidental Death was:

1. caused by suicide or any attempt at suicide, 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 participating in combat-related activities, whether or not as an active member of the military or naval service of any country, during an insurrection or war or any act of war or any armed conflict;
4. sustained during ballooning, hang-gliding, or parachuting activity;
5. sustained while traveling in an aircraft as a pilot, officer or crew member or other person having duties in the aircraft;
6. caused by the voluntary inhalation, ingestion or injection of any drug, gas, chemical or narcotic, unless administered by or taken as directed by a physician;
7. sustained or contracted as a consequence of being under the influence of alcohol (as defined by the laws of the state in which death occurred) unless administered by or taken as directed by a physician;
8. sustained while committing or attempting to commit a felony or while being engaged in an illegal occupation.

We may request that an autopsy be performed, at our expense, where permitted by law.

**INCONTESTABILITY**

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This Rider may not be contested as to an Insured person after it has been in force during the lifetime of that person for two years, except for nonpayment of premiums.

## TERMINATION

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This Rider terminates on the earliest of the following dates:

- (1) on the first Policy Anniversary occurring on or after the Insured turns age 70;
- (2) when any premium for this Rider is not paid before the end of the Grace Period;
- (3) when premiums are no longer being paid for this Policy;
- (4) when You submit us a written request to do so. In this case, we may require the Policy for endorsement.

Signed for Bankers Fidelity Life Insurance Company, at Atlanta, Georgia.



President

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

**Attachments:**

Guaranty Association Notice B 0076 AR.pdf  
B 0210 ADB Flesch Cert.pdf  
Consumer Notice B 0034 AR.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Forms Use List

**Comments:**

**Attachment:**

AR B 0210 ADB Forms Use List.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

FLESCH SCORE CERTIFICATION

B 0210 ADB – Accidental Death Benefit Rider

Words: 515

Sentences: 14

Score: 51.4

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



Sharon A. White  
Vice President; Legal/Compliance



Date

# **BANKERS FIDELITY LIFE INSURANCE COMPANY**

Atlanta, Georgia

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

## **Bankers Fidelity Life Insurance Company**

Policyholder Service Department

4370 Peachtree Road, N.E.

Atlanta, Georgia 30319

Toll-Free: 866-458-7500

Fax: (404) 926-4033

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

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

## **Arkansas Department of Insurance**

Consumer Service Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

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

Fax: (501) 371-2749

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

### **Your Agent:**

{FId0240}

{FId0241} {FId0242}

{FId0243} {FId0244}

{FId0245}

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

**Accidental Death Benefit Rider: B 0210 ADB  
POLICY FORMS TO BE USED WITH**

**ARKANSAS**

The Accidental Death Benefit Rider may be issued with the following policy forms:

<b><u>Form Number</u></b>	<b><u>Description / Title</u></b>	<b><u>Approved by State</u></b>
B 20604	Endowment at Age 100	07-10-2006
B 20801	Level Whole Life Insurance	10-06-2008
B 20803	Level Whole Life Insurance	10-21-2008

The Accidental Death Benefit Rider may be underwritten from the following applications:

<b><u>Form Number</u></b>	<b><u>Approved by State</u></b>
B 20801 PRF AP2010	07-08-2010
B 20801 STND AP2010	07-08-2010
B 1027 PRF AP2008	04-28-2008
B 1027 STND AP2008	04-28-2008
B 1027 SM AP2008	04-11-2008
B 0182 SM AP2008	10-10-2008
B 9502 AP2009	02-18-2009
B 2-1086 AP2006	03-28-2006
B 0114 PRF AP2010	07-19-2010
B 0115 STND AP2010	07-19-2010
B 0093 AP2006	09-27-2006
B 0093 AP2007	03-23-2007