

SERFF Tracking Number: BFLI-127102700 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 48409
Company Tracking Number: AR B 0093 AP2011
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Application for Insurance
Project Name/Number: /

Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Application for Insurance

SERFF Tr Num: BFLI-127102700

State: Arkansas

TOI: H21 Health - Other

SERFF Status: Closed-Approved-Closed

State Tr Num: 48409

Sub-TOI: H21.000 Health - Other

Co Tr Num: AR B 0093 AP2011

State Status: Approved-Closed

Filing Type: Form

Authors: Jill Jones, Bridgett Williams, Tina Cunningham, Lyn Ezell, Sharon White

Reviewer(s): Rosalind Minor

Disposition Date: 04/11/2011

Date Submitted: 04/04/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Submitted to GA DOI 03/24/2011

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact:

Filing Status Changed: 04/11/2011

State Status Changed: 04/11/2011

Deemer Date:

Created By: Tina Cunningham

Submitted By: Tina Cunningham

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

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

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Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? Yes
 Fee Explanation: 1 @ 25.00 each form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$25.00	04/04/2011	46231848
Bankers Fidelity Life Insurance Company	\$50.00	04/06/2011	46334744

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/11/2011	04/11/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/06/2011	04/06/2011	Tina Cunningham	04/06/2011	04/06/2011

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Disposition

Disposition Date: 04/11/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	No
Supporting Document	Application	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	No
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	No
Form	Application for Insurance	Approved-Closed	No

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 04/06/2011

Submitted Date 04/06/2011

Respond By Date

Dear Tina Cunningham,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application for Insurance, B 0093 AP2011 (Form)

Comment: Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$25.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/06/2011
Submitted Date 04/06/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: An additional \$25.00 has been submitted.

Related Objection 1

Applies To:

- Application for Insurance, B 0093 AP2011 (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$50.00. Please submit an additional \$25.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Bridgett Williams, Jill Jones, Lyn Ezell, Sharon White, Tina Cunningham

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Form Schedule

Lead Form Number: B 0093 AP2011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 04/11/2011	B 0093 AP2011	Application/ Enrollment Form	Application for Insurance	Initial		74.410	B 0093 AP2011 john doe.pdf

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: B 0093 AP2011 Flesch Cert.pdf Guaranty Association Notice B 0076 AR.pdf Consumer Notice B 0034 AR.pdf	Approved-Closed	04/11/2011
Satisfied - Item: Application Comments: Attachment: AR B 0093 AP2011 Forms Use List.pdf	Approved-Closed	04/11/2011
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A as this filing is for an application. Comments:	Approved-Closed	04/11/2011
Bypassed - Item: Outline of Coverage Bypass Reason: N/A as this filing is for an application. Comments:	Approved-Closed	04/11/2011
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	04/11/2011

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Bypass Reason: N/A
Comments:

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	04/11/2011
Comments:		
Attachment:		
B 0093 AP2011 Statement of Variability.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:

{FId0240}

{FId0241} {FId0242}

{FId0243} {FId0244}

{FId0245}

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

**Application for Insurance: B 0093 AP2011
POLICY FORMS TO BE USED WITH**

Arkansas

The Application for Insurance may be used to solicit the following policies or riders:

HEALTH INSURANCE

<u>Form Number</u>	<u>Description / Title</u>	<u>Approved by State</u>
B 20626 AR	Accident Expense Policy	09-09-2009
B 20626-1 AR	Accident Expense Policy	09-09-2009
B 8790-1	Accident Expense Policy	02-06-1991
B 8790-2	Accident Expense Policy	02-06-1991
B 9401	Cancer Expense Policy	10-04-1995
BFL 8710 (10-87)	Cancer Expense Policy	06-30-1988
B 8721	Disability Income Policy	05-31-2006
B 8722	Disability Income Policy	10-25-2006
B 20702	Disability Income Policy	10-15-2007
B 20620	Hospital Indemnity Policy	07-31-2007
B 9305	Short-Term Care Policy	05-16-1995

LIFE INSURANCE

<u>Form Number</u>	<u>Description / Title</u>	<u>Approved by State</u>
B 20601	Level Term Life Insurance	01-11-2006
B 20604	Endowment at Age 100	07-10-2006
B 20801	Level Whole Life Insurance	10-06-2008
B 20802	Modified Whole Life Insurance	12-02-2008
B 20803	Level Whole Life Insurance	10-21-2008
B 0109 TI ADB 50 (R09)	Accelerated Death Benefit Rider	11-08-2010
B 0108 WP NHC	Waiver of Premium Rider	07-01-1997
B 0210 ADB	Accidental Death Benefit Rider	01-05-2011
BFL-CIR	Children's Insurance Rider	01-18-1988
BFL-WPD	Waiver of Premium for Disability Rider	01-18-1988

STATEMENT OF VARIABILITY

Application for Insurance

Forms: B 0093 AP2011

ITEM

VARIABILITY

Checkboxes for Accident Expense

ability to add or remove options as allowed by the approved policy form

Checkboxes for Cancer Expense

ability to add or remove options as allowed by the approved policy form

Checkboxes for Disability Income

ability to add or remove options as allowed by the approved policy form

Checkboxes for Hospital Indemnity

ability to add or remove options as allowed by the approved policy form

Checkboxes for Optional Riders

ability to add or remove riders

Checkboxes for Short-Term Care

ability to add or remove options as allowed by the approved policy form

Checkboxes for Life Insurance

ability to add or remove life insurance plans and/or riders