

SERFF Tracking Number: BFLI-127162446 State: Arkansas
Filing Company: Bankers Fidelity Life Insurance Company State Tracking Number: 48736
Company Tracking Number: AR B 0212 HSR-2
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Health Screening Rider
Project Name/Number: /

Filing at a Glance

Company: Bankers Fidelity Life Insurance Company

Product Name: Health Screening Rider

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: BFLI-127162446

SERFF Status: Closed-Approved-Closed

Co Tr Num: AR B 0212 HSR-2

Authors: Jill Jones, Bridgett Williams, Tina Cunningham, Lyn Ezell, Sharon White, Ron Crow, Norma Christopher

Date Submitted: 05/10/2011

State: Arkansas

State Tr Num: 48736

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 05/12/2011

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Tina Cunningham

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

he enclosed rider is being submitted to your department for formal review and approval and will replace B 0212 HSR previously approved 04-05-2011 under SERFF Tracking # BFLI-127109197. The 12-month waiting period that had been on the previous rider form has been removed. The actuarial memorandum has also been updated: a) the loss ratio has

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Submitted to GA DOI 05-06-2011.

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 05/12/2011

State Status Changed: 05/12/2011

Created By: Tina Cunningham

Corresponding Filing Tracking Number: BFLI-127109197

SERFF Tracking Number: BFLI-127162446 State: Arkansas
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been increased from 50% to 55%; and b) more current statistical abstracts were utilized in the development of the memorandum.

This rider will be issued with various health insurance products that have been or will have been previously approved by your department. Solicitation will be performed by personally producing, licensed and contracted agents and brokers.

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: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bankers Fidelity Life Insurance Company	\$100.00	05/10/2011	47429042

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/12/2011	05/12/2011

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Disposition

Disposition Date: 05/12/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by 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	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	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Health Screening Rider	Approved-Closed	Yes
Form	Outline of Coverage	Approved-Closed	Yes
Rate	Actuarial Memorandum	Approved-Closed	Yes

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Form Schedule

Lead Form Number: B 0212 HSR-2

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/12/2011	B 0212 HSR-2	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Health Screening Rider	Initial		45.500	B 0212 HSR- 2.pdf
Approved-Closed 05/12/2011	B 0212 HSR-2 OC	Outline of Coverage	Outline of Coverage	Initial		46.600	B 0212 HSR- 2 OC.pdf

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

HEALTH SCREENING RIDER

This Rider is attached to and made a part of the Policy as of the Effective Date for this Rider shown on Page 3 of the Policy. It is issued in consideration of the answers contained in the application and the timely payment of premiums.

The benefits provided by this Rider are in addition to and exclusive of any of the benefits provided by the Policy to which this Rider is attached. With respect only to the specific benefits provided by this Rider, the terms and conditions of this Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to this Rider. The terms and conditions of this Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

DEFINITIONS

CALENDAR YEAR - the period beginning at 12:00 a.m. Standard Time January 1st at Your residence and ending at 11:59 p.m. Standard Time December 31st.

CALENDAR YEAR MAXIMUM BENEFIT - the total amount payable under this Rider during a Calendar Year for the specified benefit shown below. Once We have paid the Calendar Year Maximum Benefit no further benefits will be payable under this Rider for the remainder of the Calendar Year.

COVERED PERSON(S) - the person(s) insured under this Rider. This(These) person(s) is(are) named on Page 3 of the Policy as the Insured and other Covered Persons, if any. All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

EFFECTIVE DATE - is shown on Page 3 of the Policy. It is the date coverage begins. It starts at 12:00 a.m., Standard Time, at the Insured's residence.

BENEFITS

We will pay the actual charges up to the Calendar Year Maximum Benefit of \$[100-200] for each Covered Person, when the Covered Person is given any of the following examinations or tests while this Rider is in force, which has been recommended by or performed under the supervision of a Physician:

Blood Test for Triglycerides	Electrocardiogram
Bone Marrow Testing	Electroencephalogram
Breast Ultrasound	Endoscopy
CA 15-3 (blood test for breast cancer)	Fasting Blood Glucose Test
CA 125 (blood test for ovarian cancer)	Flexible Sigmoidoscopy
Cardiac Stress Test	Hemoccult Stool Analysis
CEA (blood test for colon cancer)	Mammography
Chest X-ray	Pap Smear
Colonoscopy	PSA (blood test for prostate cancer)
Complete Blood Count	Serum Cholesterol Test to determine level of HDL and LDL
Cystoscopy	Serum Protein Electrophoresis (blood test for myeloma)
Echocardiogram	Thermography

LIMITATIONS AND EXCLUSIONS

Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.

TERMINATION

Benefits under this Rider will terminate for each Covered Person on their 65th birthday.

This Rider will terminate on the earliest of the following events:

1. the date on which benefits have terminated for all Covered Persons based on their attaining age 65;
2. termination of the Policy to which it is attached;
3. Your failure to pay any premium due for this Rider; or
4. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY has caused this Rider to be signed by its President.



President

Retain This
Outline For
Your Records

Bankers Fidelity Life Insurance Company®

4370 Peachtree Road, NE, Atlanta, Georgia 30319

404-266-5600 800-241-1439

OUTLINE OF COVERAGE – OPTIONAL RIDER Health Screening Rider – Form B 0212 HSR-2

- (1) **READ YOUR POLICY CAREFULLY** - This Outline of Coverage provides a very brief description of the important features of the optional Health Screening Rider. This is not the insurance contract and only the actual policy provisions, along with those in the Rider, 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!**

The benefits provided by the Rider are in addition to and exclusive of any of the benefits provided by the Policy to which the Rider is attached. With respect only to the specific benefits provided by the Rider, the terms and conditions of the Rider take precedence over any exclusion or limitation or maximum benefit amount in the Policy to which it is attached that would prevent, limit, change or reduce payment of the benefits herein. Otherwise, except as stated herein, the definitions and provisions of the Policy to which it is attached apply to the Rider. The terms and conditions of the Rider do not affect, change, reduce, limit or eliminate any of the benefits provided by the Policy.

- (2) **BENEFITS** - We will pay the actual charges up to the Calendar Year Maximum Benefit for each Covered Person, when the Covered Person is given any of the following examinations and tests while the Rider is in force, which has been recommended by or performed under the supervision of a Physician:

Calendar Year Maximum Benefit Applied For (check one only): \$100 \$200

Blood Test for Triglycerides	Electrocardiogram
Bone Marrow Testing	Electroencephalogram
Breast Ultrasound	Endoscopy
CA 15-3 (blood test for breast cancer)	Fasting Blood Glucose Test
CA 125 (blood test for ovarian cancer)	Flexible Sigmoidoscopy
Cardiac Stress Test	Hemoccult Stool Analysis
CEA (blood test for colon cancer)	Mammography
Chest X-ray	Pap Smear
Colonoscopy	PSA (blood test for prostate cancer)
Complete Blood Count	Serum Cholesterol Test to determine level of HDL & LDL
Cystoscopy	Serum Protein Electrophoresis (blood test for myeloma)
Echocardiogram	Thermography

All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

- (3) **LIMITATIONS AND EXCLUSIONS** - Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.
- (4) **PREMIUMS** - Premiums are subject to change in accordance with the terms of the Policy to which the Rider is attached.

Premium Amount: \$ _____ Mode: _____

- (5) **TERMINATION** - Benefits under the Rider will terminate for each Covered Person on their 65th birthday. The Rider will terminate on the earliest of the following events: (a) the date on which benefits have terminated for all Covered Persons based on their attaining age 65; (b) termination of the Policy to which it is attached; (c) Your failure to pay any premium due for the Rider; or (d) Your written request for termination.

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 Product Name: Health Screening Rider
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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 05/12/2011	Actuarial Memorandum	B 0212 HSR-2	New		B 0212 HSR Act Memo TAP 04-29-2011.pdf



T. ALLEN PARK & ASSOCIATES, INC.

9441 LBJ FREEWAY, SUITE 102 DALLAS, TX 75243
972-664-0272 Fax: 469-621-7385 tallenpark@aol.com

BANKERS FIDELITY LIFE INSURANCE COMPANY

HEALTH SCREENING BENEFIT RIDER FORM B 0212 HSR-2 Actuarial Memorandum

The following exhibits are hereby submitted on behalf of Bankers Fidelity Life Insurance Company of Atlanta, GA (NAIC # 61239) and include rates, actuarial assumptions and benefit descriptions. This memorandum has been prepared for the purpose of demonstrating the anticipated loss ratio of this product and may not be appropriate for other purposes.

1. Scope and Purpose: This is a new benefit. The rates are for new business.

2. Benefit Description: We will pay the actual charges up to the Calendar Year Maximum purchased if a covered person named in the Policy Schedule undergoes any of the following examinations listed below. Service must be under the supervision of, or recommended by, a Physician and received while Your Policy and this Rider are in force. A charge must be incurred. This benefit is payable for each Covered Person. Only one of these riders may be in force on any insured at one time. All eligible dependent children are counted as one Covered Person.

- Blood Test for Triglycerides
- Bone Marrow Testing
- Breast Ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Cardiac Stress Test
- Chest X-ray
- Colonoscopy
- Complete Blood Count
- Cystoscopy
- Echocardiogram
- Electrocardiogram
- Electroencephalogram
- Endoscopy
- Fasting Blood Glucose Test
- Flexible Sigmoidoscopy
- Hemoccult Stool Analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum Cholesterol Test to Determine Level of HDL and LDL
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography

3. Renewability Clause: Guaranteed renewable to age 65.

4. Applicability: This is a new benefit. There are no insureds in force at this time.

5. Morbidity: It was assumed that the package would be used with a frequency of .297 of the maximum benefit.

6. Mortality: 1980 CSO Table

7.Persistency, Expenses & Risk Margin:

All Plans/All Ages	PY 1	PY 2-5	PY 6-10	PY 11+
Lapse Rates (incl. mortality) all ages	33.3%	17.0%	13.0%	5.0%
Commissions*	65.0%	15.0%	12.0%	5.0%
General Expenses: Percent of Premium	30.0%	5.0%	5.0%	5.0%
Premium Tax	3.0%	3.0%	3.0%	3.0%
Interest Rate	4.0%	4.0%	4.0%	4.0%

*Renewal commissions are based on originally issued premiums.

8. Marketing: The products are marketed to individuals through independent agents, generally at the worksite on payroll deduction plans, using an application with minimal health questions.

9. Underwriting: Pre-existing conditions are covered after twelve months from the effective date of coverage.

10. Premium Classes and Distributions: Issue Ages: 18 to 64. There are no area factors by state. Expected average age of insureds at issue is 43. Expected distribution by sex is 40% male/60% female.

11. Estimated Annualized Ave. Premium: \$ 76.50 per unit

Average monthly premium per unit = [.60 x \$4.50+.25 x \$9.00+.10 x \$8.00+.05 x \$12.50] = \$6.38

12. Premium Mode Rules: Monthly mode only.

13. Claim Liability: Method used to calculate such reserve is claim run-off factors.

14. Active Life Reserves: None

15. Trend Assumptions: None

16. Anticipated Loss Ratios: Premium rates are expected to produce a loss ratio of 55.0% over the lifetime of the issued benefits.

17. Experience: This is a new benefit. There is no experience history.

18. History of Rate Adjustments: This is a new benefit. There have been no rate adjustments.

19. Policyholders: This is a new benefit. There are no insureds in force at this time.

20. Rate Increase Effective Date: This is a new benefit.

21. Actuarial Certification: I certify that, to the best of my knowledge and judgment: (1) the assumptions present our best judgment as to the expected value for each assumption and are consistent with the issuer's business plan at the time of this filing; (2) the filing complies with Actuarial Standard of Practice #8; (3) the filing is in compliance with applicable laws and regulations of this state and the rules of the Department of Insurance; and (4) the premiums charged for the benefits provided are adequate and (5) the premiums charged are reasonable in relation to the benefits provided.

April 29, 2011

Date

T. Allen Park

Digitally signed by T. Allen Park
DN: cn=T. Allen Park, o=T A Park
and Associates, Inc., ou,
email=tallenpark@aol.com, c=US
Date: 2011.04.29 14:24:24 -05'00'

T. Allen Park, FSA, MAAA
Consulting Actuary

BANKERS FIDELITY LIFE INSURANCE COMPANY
HEALTH SCREENING BENEFIT RIDER FORM B 0212 HSR-2

Monthly Premiums

For Each \$100 Calendar Year Maximum Benefit

<u>Employee</u>	<u>Spouse</u>	<u>Children</u>
\$ 4.50	\$ 4.50	\$ 3.50

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 Product Name: Health Screening Rider
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Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments: B 0212 HSR-2 Flesch Cert.pdf Guaranty Association Notice B 0076 AR.pdf Consumer Notice B 0034 AR.pdf</p>	Approved-Closed	05/12/2011
<p>Satisfied - Item: Application</p> <p>Comments:</p> <p>Attachment: AR B 0212 HSR-2 Forms Use List.pdf</p>	Approved-Closed	05/12/2011
<p>Satisfied - Item: Outline of Coverage</p> <p>Comments:</p> <p>Attachment: B 0212 HSR-2.pdf</p>	Approved-Closed	05/12/2011
<p>Bypassed - Item: PPACA Uniform Compliance Summary</p> <p>Bypass Reason: N/A as this filing is not PPACA related.</p> <p>Comments:</p>	Approved-Closed	05/12/2011

BANKERS FIDELITY LIFE INSURANCE COMPANY

4370 Peachtree Road, N.E., Atlanta, Georgia 30319
(404) 266-5683

FLESCH SCORE CERTIFICATION

B 0212 HSR-2 – Health Screening Rider

Words: 496
Sentences: 20

Score: 45.5

B 0212 HSR OC-2 – Outline of Coverage

Words: 325
Sentences: 10

Score: 46.6

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



Jill M. Jones; FLMI, AIRC, FLHC, ACS, AIAA, ARA
Director; Legal/Compliance

05-06-11

Date

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.

Health Screening Rider: B 0212 HSR - 2

FORMS USE LIST

Arkansas

The Health Screening Rider may be issued with the following policies:

<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

This Rider will be solicited on application form B 0093 AP2011, which is being submitted to the Department for prior review and approval under a separate SERFF filing.

BANKERS FIDELITY LIFE INSURANCE COMPANY

Atlanta, Georgia

HEALTH SCREENING RIDER

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DEFINITIONS

CALENDAR YEAR - the period beginning at 12:00 a.m. Standard Time January 1st at Your residence and ending at 11:59 p.m. Standard Time December 31st.

CALENDAR YEAR MAXIMUM BENEFIT - the total amount payable under this Rider during a Calendar Year for the specified benefit shown below. Once We have paid the Calendar Year Maximum Benefit no further benefits will be payable under this Rider for the remainder of the Calendar Year.

COVERED PERSON(S) - the person(s) insured under this Rider. This(These) person(s) is(are) named on Page 3 of the Policy as the Insured and other Covered Persons, if any. All eligible dependent children are counted as one Covered Person for the purposes of this Rider.

EFFECTIVE DATE - is shown on Page 3 of the Policy. It is the date coverage begins. It starts at 12:00 a.m., Standard Time, at the Insured's residence.

BENEFITS

We will pay the actual charges up to the Calendar Year Maximum Benefit of \$[100-200] for each Covered Person, when the Covered Person is given any of the following examinations or tests while this Rider is in force, which has been recommended by or performed under the supervision of a Physician:

Blood Test for Triglycerides	Electrocardiogram
Bone Marrow Testing	Electroencephalogram
Breast Ultrasound	Endoscopy
CA 15-3 (blood test for breast cancer)	Fasting Blood Glucose Test
CA 125 (blood test for ovarian cancer)	Flexible Sigmoidoscopy
Cardiac Stress Test	Hemoccult Stool Analysis
CEA (blood test for colon cancer)	Mammography
Chest X-ray	Pap Smear
Colonoscopy	PSA (blood test for prostate cancer)
Complete Blood Count	Serum Cholesterol Test to determine level of HDL and LDL
Cystoscopy	Serum Protein Electrophoresis (blood test for myeloma)
Echocardiogram	Thermography

LIMITATIONS AND EXCLUSIONS

Benefits are not payable for examinations or tests for which no charge is normally made in the absence of insurance.

TERMINATION

Benefits under this Rider will terminate for each Covered Person on their 65th birthday.

This Rider will terminate on the earliest of the following events:

1. the date on which benefits have terminated for all Covered Persons based on their attaining age 65;
2. termination of the Policy to which it is attached;
3. Your failure to pay any premium due for this Rider; or
4. Your written request for termination.

In witness of the above, BANKERS FIDELITY LIFE INSURANCE COMPANY has caused this Rider to be signed by its President.



President