

# Bankers Fidelity Life Insurance Company®

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404-266-5600 or 800-241-1439

## Underwriting Guidelines – Vantage Recovery®

Short Term Care Nursing Facility Confinement - Policy Form Series B 21702

### Eligible Issue Ages

18 - 85

### Medical Question on Application

Answer ALL questions completely, as directed;

Provide complete details for any “Yes” answer, where directed.

List any and all prescriptions medications the proposed insured is taking or has been told to take. If no medications are being taken or have been prescribed, write “None”; do not use N/A. (If additional space is needed for details or to list prescriptions drugs, use the additional sheet provided in the application package.)

**Note:** Answering ‘NO’ to all of the medical questions on the application does not guarantee acceptance. The Underwriter reviews the applicant’s entire medical history when making their decision.

Requested issue date should be at least 30 days after the date the application is submitted to allow sufficient time to underwrite the applicant.

The underwriting decision will be accepted/rejected based on the answers to the medical questions on the application. Once the application is accepted, underwriting will use information such as prescription drug check and telephone interviews to assess the application. All policies will be issued as applied for or will be declined.

### Disqualifying Medications

Refer to the Disqualifying Medications list to determine eligibility.

### Underwriting & Eligibility Requirements

Simplified Issue Application

Build Chart

Random Telephone Interview

Prescription Drug screen

### Base Benefit Options

Nursing Home Confinement: \$30 - \$300,  
\$10 increments

Elimination Period (days): 0 or 20

Benefit Period (days): 90, 180, 270 or 360\*  
*\*270 and 360 not available in all states*

### Optional Riders\*

Home Healthcare: Equal to the Base Benefit

Cancer First Occurrence: \$1,000 - \$5,000,  
\$1,000 increments

Household Premium Discount: 10%  
*(may not be available in all states)*

Discount only available on B 21702 policies. B 9305 policies may be used to qualify an applicant for the discount, but only the individual with the B 21702 policy will receive the discount.

*\*Rider availability may vary by state.*

### Rate Structure

Issue Age

Unisex

Risk Classes: Preferred and Standard

Standard rating: Tobacco usage; insulin dependent diabetes requiring <50 units daily; weight within Standard range

### Premiums

Premium Payment Options:  
Bank Draft, Credit Card, Check, or Money Order

Premium Payment Modes\*:  
Monthly, Quarterly, Semi-Annual and Annual

*\*draft date and effective date may not be on the 29th, 30th or 31st of the month*

## Vantage Recovery Disqualifying Medications

- Abilify (Aripiprazole)
- Afrezza (insulin)<sup>†</sup>
- Aggrastat
- Albuterol\*\*
- Amantadine (Symmetrel)
- Aminophylline\*\*
- Anastrozole (Arimidex)
- Angiomax
- Anoro Ellipta
- Apidra (insulin)<sup>†</sup>
- Aricept
- Atrovent\*\*
- Azathioprine (Imuran)
- Balsalazide (Giazo, Colazol)
- Bzotropine (Cogentin)
- Bicalutamide (Casodex)
- Breo Ellipta\*\*
- Brovana
- Calcitriol
- Carbidopa/Levodopa
- Carvedilol (Coreg)\*
- Chloroquine (Aralen)
- Clozapine
- Combivent
- Cordarone
- Digoxin (Lanoxin, Digitek)\*
- Disopyramide
- Dobutrex
- Donepezil
- Enoxaparin
- Entresto
- Exemestane (Aromasin)
- Formoterol
- Furosemide (Lasix)\*
- Galantamine
- Harvoni Geodon (Ziprasidone)
- Hectorol
- Heparin (Calciparine)
- Humulin (insulin)<sup>†</sup>
- Hydroxychloroquine (Plaquenil)\*\*\*
- Hydroxyurea (Hydrea)
- Ibrance
- Incruse Ellipta
- Infliximab (Remicade)\*\*\*
- Inspra
- Insulin<sup>†</sup>
- Ivacaftor (Kalydeco)
- Letrozole (Femara)
- Levemir (insulin)<sup>†</sup>
- Lithium
- Lucentis
- Lupron
- Megestrol Acetate (Megace)
- Mesalamine (Asacol, Canasa, Pentasa)
- Mestinon
- Methadone
- Methotrexate\*\*\*
- Mytelase
- Naltrexone
- Namenda
- Nimodipine
- Nimotop
- Nitroglycerin
- Nulojix
- Olanzapine (Zyprexa)
- Olsalazine (Dipentum)
- Orkambi
- Paricalcitol
- Parlodel
- Pentoxifylline
- Perphenazine
- Persantine
- Pramipexole (Mirapex) acceptable for restless legs syndrome
- Prolastin C
- Prostigmin
- Pulmozyme
- Pyridostigmine
- Risperidone
- Rivastigmine
- Ropinirole (Requip) acceptable for restless legs syndrome
- Seebri
- Selegiline
- Sensipar
- Seroquel (Quetiapine)
- Sovaldi
- Spiriva
- Stiolto
- Striverdi
- Suboxone
- Sulfasalazine (Azulfidine)\*\*\*
- Tamoxifen (Nolvadex)
- Tenofovir (Viread)
- Theophylline\*\*
- Toujeo (insulin)<sup>†</sup>
- Trental
- Trihexyphenidyl Truvada
- Truvada
- Ventolin\*\*
- Volmax\*\*
- Vorapaxar
- Xgeva
- Zontivity

\* Not disqualifying if taken for high blood pressure with no heart history. A doctor's note may be requested by the underwriter for verification.

\*\* Not disqualifying if taken for asthma and not diagnosed with COPD. A doctor's note may be requested by the underwriter for verification.

\*\*\* Not disqualifying if taken for rheumatoid arthritis. A doctor's note may be requested by the underwriter for verification.

<sup>†</sup> Any insulin usage will disqualify an applicant from the Preferred rate. Under 50 units per day of insulin usage is acceptable for the Standard rate. 50 units or above per day will disqualify from any coverage.

In addition, the following are also considered uninsurable:

- Use of supplemental oxygen
- Advised to have surgery, treatments or therapy
- Opioid medication in combination with anti-psychotic medication

**Note - The above list contains the more common medications that are disqualifying for the Vantage Recovery product but is not meant to be all inclusive. Other medications that are not listed may disqualify an applicant for coverage.**

### 30-day right to examine

The policyholder has 30 days after they have received the policy to examine it and return it to Bankers Fidelity or to the Producer if they are dissatisfied. Bankers Fidelity will refund the premium and void the policy.

### Guaranteed renewable

The Policy is guaranteed renewable for life or until the Lifetime Maximum Benefit Periods are reached, as long as premiums are paid on time, either in advance or during the grace period.

**Build Chart**

Height	Decline if Under	Preferred Range	Standard Range	Decline if Over
4'2	< 65	65 - 110	111 - 125	> 125
4'3	< 67	67 - 114	115 - 130	> 130
4'4	< 70	70 - 119	120 - 135	> 135
4'5	< 72	72 - 123	124 - 140	> 140
4'6	< 75	75 - 128	129 - 146	> 146
4'7	< 78	78 - 133	134 - 151	> 151
4'8	< 81	81 - 138	139 - 157	> 157
4'9	< 84	84 - 143	144 - 162	> 162
4'10	< 87	87 - 148	149 - 168	> 168
4'11	< 90	90 - 153	154 - 174	> 174
5'0	< 93	93 - 158	159 - 180	> 180
5'1	< 96	96 - 164	165 - 186	> 186
5'2	< 99	99 - 169	170 - 192	> 192
5'3	< 102	102 - 175	176 - 198	> 198
5'4	< 105	105 - 180	181 - 204	> 204
5'5	< 109	109 - 186	187 - 211	> 211
5'6	< 112	112 - 192	193 - 217	> 217
5'7	< 115	115 - 197	198 - 224	> 224
5'8	< 119	119 - 203	204 - 231	> 231
5'9	< 122	122 - 209	210 - 238	> 238
5'10	< 126	126 - 216	217 - 244	> 244
5'11	< 130	130 - 222	223 - 251	> 251
6'0	< 133	133 - 228	229 - 259	> 259
6'1	< 137	137 - 234	235 - 266	> 266
6'2	< 141	141 - 241	242 - 273	> 273
6'3	< 145	145 - 248	249 - 281	> 281
6'4	< 148	148 - 254	255 - 288	> 288
6'5	< 152	152 - 261	262 - 296	> 296
6'6	< 156	156 - 268	269 - 303	> 303
6'7	< 160	160 - 275	276 - 311	> 311
6'8	< 164	164 - 282	283 - 319	> 319
6'9	< 168	168 - 289	290 - 327	> 327
6'10	< 173	173 - 296	297 - 335	> 335
6'11	< 177	177 - 303	304 - 343	> 343

Short-Term Care Nursing Facility Confinement policy form series B 21702 underwritten by Bankers Fidelity Life Insurance Company®. Limitations and exclusions apply; actual policy provisions control. Refer to Outline of Coverage (form series B 21702 OC) for additional product details. Application to determine eligibility required. Rates subject to change. Subject to availability; benefits may vary by state. Underwriting guidelines are subject to change by the Company at any time, without notice. The Company has sole discretion on any underwriting decision. These guidelines are in addition to the guidelines presented in any version of B 0157 UWG.

