

OUTLINE OF COVERAGE FOR LUMP SUM CANCER INSURANCE POLICY

Policy Form B 21904-CR WY

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!**

SPECIFIED DISEASE COVERAGE

Policies of this category are designed to provide, to persons insured, limited coverage paying benefits ONLY when certain losses occur as a result of specified diseases, subject to any limitations and waiting periods set forth in the policy. Coverage is not provided for basic hospital, basic medical-surgical, or major medical expenses.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the *Buyer's Guide to Health Insurance for People with Medicare* available from the insurance company. Bankers Fidelity Life Insurance Company® does not represent Medicare, the federal government or any state government.

THE POLICY PROVIDES SUPPLEMENTAL LIMITED COVERAGE FOR SPECIFIED DISEASES ONLY AND IS NOT A SUBSTITUTE FOR COMPREHENSIVE HEALTH OR MAJOR MEDICAL INSURANCE, NOT IS IT INTENDED TO COVER ALL MEDICAL EXPENSES.

30-DAY RIGHT TO EXAMINE AND RETURN THIS POLICY – It is important to Us that You are satisfied with Your Policy and that it meets Your insurance needs. If You are not satisfied, You may return the Policy to Us within thirty (30) 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.

BENEFITS

The following is a brief description of the benefits, additional options and optional riders that are available with the Policy. All benefits are subject to the conditions, definitions, exclusions, limitations and provisions of the actual Policy and applicable Rider.

LUMP SUM CANCER BENEFIT

A Lump Sum Cancer Benefit will be payable upon receipt of due proof of the Insured's Diagnosis with a Covered Cancer Condition. Benefits for Carcinoma In Situ may be elected at levels of 100% or/are payable at an amount equal to 25% of the benefit amount payable for all other Covered Cancer Conditions.

Payment of any benefits for Covered Cancer at an amount less than 100% will reduce any future payments for a Covered Cancer that would normally be covered at 100% by an amount equal to the partial payment that had been made; except; if the Covered Cancer Condition is payable at less than 100%, then any previous partial payment that has already been paid will not be deducted from the current payment due, unless payment of such would result in the total sum of benefits paid for all Covered Cancer Conditions exceeding 100% of the Lump Sum Benefit Amount. We will not pay more than a combined total of 100% of the Lump Sum Benefit Amount indicated in the Policy for any Covered Cancer Condition.

OPTIONAL ADDITIONAL BENEFIT RIDERS – May select as many as desired

Additional Occurrence Benefit Rider (Form B 21904 CAO R9 or B 21904 HSAO R10) – Requested: ☐ Yes ☐ No

If requested and included in the Policy, benefits will be payable for additional occurrences of a Covered Cancer Condition in accordance with the schedule below, if: 1) at least 24 consecutive months or more have elapsed since the Covered Persons' Diagnosis with a Cancer Condition; and 2) the Covered Person has been free of Treatment for a period of at least 24 consecutive months:

Time Period That Has Elapsed Since the Date of the Last Diagnosis of a Covered Cancer Condition	Restoration Percentage
Less than 24 months	0%
At least 24 months, but less than 5 years	25%
At least 5 years, but less than 10 years	75%
At least 10 years or more	100%

In addition to the Exclusions included in the Policy, no Benefits are provided for the following, nor will We pay any benefits for any Loss arising from or otherwise related to, directly or indirectly, any condition or disease which was not a Loss for which a valid benefit was previously paid under the Policy to which this Rider is attached. This includes a Loss for which a benefit was previously paid but was later determined to have been paid erroneously.

Benefit Builder Rider (Form B 21904 CBB R2 WY) – Applied for: ☐ Yes ☐ No

If, while the Rider is In Force, We pay a Lump Sum Benefit under the Policy for Cancer Condition, We will pay a benefit under the Rider subject to the conditions, definitions, exclusions and limitations of the Rider and the Policy equal to: 1) the Benefit Amount shown in the chart below for the corresponding number of complete Rider Years the Rider was In Force on the Date of Diagnosis of the first Cancer Condition; *multiplied by* 2) the Number of Units elected and shown in the Rider; *multiplied by* 3) the percentage payable for the Cancer Condition shown in the Policy.

Rider Years:	Benefit Amount Per Unit:	Rider Years:	Benefit Amount Per Unit:	Rider Years:	Benefit Amount Per Unit:
1	\$100.00	8	\$800.00	15	\$1,500.00
2	\$200.00	9	\$900.00	16	\$1,600.00
3	\$300.00	10	\$1,000.00	17	\$1,700.00
4	\$400.00	11	\$1,100.00	18	\$1,800.00
5	\$500.00	12	\$1,200.00	19	\$1,900.00
6	\$600.00	13	\$1,300.00	20	\$2,000.00
7	\$700.00	14	\$1,400.00		

In addition to the Exclusions included in the Policy, no Benefits are provided for the following, nor will We pay any benefits for any Loss arising from or otherwise related to, directly or indirectly, any condition or disease which was not a Loss for which a valid benefit was previously paid under the Policy to which this Rider is attached. This includes a Loss for which a benefit was previously paid but was later determined to have been paid erroneously.

Cancer Hospitalization Rider (Form B 21904 CHC R4 WY) – Applied for: ☐ Yes ☐ No

Hospital Confinement Benefit – Subject to the terms of the Rider, We will pay the Daily Hospital Confinement Benefit for each Day a Covered Person is Confined to a Hospital for the Medically Necessary Treatment of Cancer or a Complication of Cancer.

Intensive Care Unit Confinement Benefit – In lieu of the Hospital Confinement Benefit, We will pay a benefit equal to double the Daily Hospital Confinement Benefit for each Day a Covered Person is Confined to an Intensive Care Unit for the Medically Necessary Treatment of Cancer or a Complication of Cancer.

Benefits are payable for 30 Days in any one Period of Confinement, and not more than 30 Days during any one Policy Year. If the Covered Person is Confined to a Hospital and/or Intensive Care Unit on different days during the same Period of Confinement, all such Days will count towards the maximum numbers of Days payable for both the Period of Confinement and the Policy Year.

We will not pay a benefit for both Hospital Confinement and Intensive Care Unit Confinement on the same Day, regardless of whether You were Confined and received Medically Necessary Treatment in both a Hospital and an Intensive Care Unit on the same Day. On such a Day, We will pay one benefit for either Hospital Confinement or Intensive Care Unit Confinement, whichever is the larger of the two.

In addition to the Exclusions in the Policy, no Benefits are provided for the following, nor will We pay any benefits for any Loss arising from or otherwise related to, directly or indirectly, for any: 1) Confinement or Period of Confinement: a) which is not Medically Necessary for the Treatment of Cancer or a Complication of Cancer; b) during which the services or supplies received are considered to be experimental, investigational, or for research purposes only; c) for cosmetic surgery or other elective procedures that are not Medically Necessary, except for reconstructive surgery following a mastectomy or lumpectomy ; or d) for dental treatment, except when Medically Necessary because of damage or deterioration to sound, natural teeth caused by Cancer; or 2) Cancer Diagnosed or any Loss while the Rider is not In Force for the Covered Person, except as provided in the Extension of Benefits provision. No benefits are payable for any condition or disease which was not a Loss for which a valid benefit was concurrently or previously paid under the Policy. This includes a Loss for which a benefit was previously paid but was later determined to have been paid erroneously.

Cancer Radiation and Chemotherapy Benefit Rider (Form B 21904 CRCB R5 WY) – Applied for: ☐ Yes ☐ No

For each benefit listed below, the amount payable is equal to: 1) the Benefit Amount per Unit shown in the chart below; *multiplied by* 2) the Number of Units shown in the Rider.

Benefit	Benefit Amount per Unit
Anti-Nausea Drugs	\$25 per Month
Experimental Drugs	\$25 per Day
Immunotherapy	\$100 per Month
Injected Chemotherapy	\$100 per Week
Hormonal Oral Chemotherapy	\$100 per Month
Non-Hormonal Oral Chemotherapy	\$100 per Month
Radiation Therapy	\$150 per Week

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Anti-Nausea Drugs – We will pay the benefit amount described above for each Month that a Covered Person incurs a charge for Anti-Nausea Drugs as prescribed by a Physician during the Treatment of Cancer. The Covered Person must also be concurrently receiving a form of Chemotherapy or Radiation Therapy for this benefit to be payable. This benefit is payable only once per Month that Anti-Nausea Drugs are received, even if a charge is incurred for more than one (1) Anti-Nausea Drug in that Month. This benefit is limited to ten (10) Months per Covered Person per Policy Year.

Experimental Drugs – We will pay the benefit amount described above for each Day a Covered Person incurs a charge for and receives Experimental Drugs as Treatment for Cancer. For a benefit to be payable, the Experimental Drugs and Treatment must be received in the United States. This benefit does not pay for laboratory tests, diagnostic X-rays, immunoglobulins, Immunotherapy, colony-stimulating factors, and therapeutic devices or other procedures related to these Experimental Drugs or Treatments. This benefit is limited to thirty (30) Days per Covered Person per Policy Year.

Immunotherapy – We will pay the benefit amount described above for each Month in which a Covered Person incurs a charge for and receives Immunotherapy as prescribed by a Physician for the Treatment for Cancer. This benefit is payable only once per Month that Immunotherapy is received, even if Immunotherapy is received multiple times in that Month. This benefit is limited to five (5) Months per Covered Person per Policy Year.

Injected Chemotherapy – We will pay the benefit amount described above for each Week in which a Covered Person incurs a charge for and receives Injected Chemotherapy as prescribed by a Physician for the Treatment of Cancer. This benefit is payable only once per Week that Injected Chemotherapy is received, even if Injected Chemotherapy is received multiple times in that Week.

Hormonal Oral Chemotherapy – We will pay the benefit amount described above for each Month in which a Covered Person incurs a charge for and receives Hormonal Oral Chemotherapy as prescribed by a Physician for the Treatment of Cancer. This benefit is payable only once per Month that Hormonal Oral Chemotherapy is received, even if Hormonal Oral Chemotherapy is received multiple times in that Month. This benefit is limited to (36) Months per Covered Person.

Non-Hormonal Oral Chemotherapy – We will pay a benefit amount described above for each Month in which a Covered Person incurs a charge for and receives Non-Hormonal Oral Chemotherapy as prescribed by a Physician for the Treatment of Cancer. This benefit is payable only once per Month that Non-Hormonal Oral Chemotherapy is received, even if Non-Hormonal Oral Chemotherapy is received multiple times in that Month.

Radiation Therapy – We will pay the benefit amount described above for each Week a Covered Person incurs a charge for and receives Radiation Therapy as prescribed by a Physician for the Treatment of Cancer.

Benefit Payments - Once we have paid a specific benefit for a Covered Person within a Policy Year, no further benefits will be payable for that benefit during the remainder of that Policy Year for that Covered Person. Once We have paid the Hormonal Oral Chemotherapy for a Covered Person, no further benefits are payable for Hormonal Oral Chemotherapy for that Covered Person.

In addition to the Exclusions included in the Policy, no Benefits are provided for the following, nor will We pay any benefits for any Loss arising from or otherwise related to, directly or indirectly: 1) Skin Cancer; or 2) any condition or disease which was not a Loss for which a valid benefit was previously paid under the Policy to which this Rider is attached. This includes a Loss for which a benefit was previously paid but was later determined to have been paid erroneously.

Second Opinion and Travel Benefit Rider (Form B 21904 TRVL R7 WY) – Applied for: ☐ Yes ☐ No

We will pay the following benefits, subject to the conditions, definitions, exclusions and limitations of the Rider and the Policy, when a Covered Person incurs a Loss due to Cancer. No benefits are payable under the Rider for the treatment of a Cancer except those expressly stated.

Second Opinion Benefit – We will pay \$500.00 when a Covered Person is recommended by a Physician to have surgery or Treatment for Cancer, and the Covered Person chooses to obtain the second opinion of a second Physician, who is at least a board-certified Oncologist. This second opinion must be: 1) rendered prior to surgery or Treatment being performed; and 2) obtained from a Physician not in practice with the Physician rendering the original recommendation. This benefit is payable only once per Covered Person, per Cancer.

Transportation Benefit – We will pay \$0.50 per mile when a Covered Person is transported by motor vehicle or common carrier (bus, rail, air) to and from a Hospital or other medical facility if the Covered Person must travel more than 100 miles away from their primary residence to receive Specialized Cancer Treatment. Mileage is measured from the Covered Person's primary residence to the nearest facility. Benefits are not payable for transportation by ambulance or any other type of licensed medical transport vehicle. This benefit is limited to seven hundred (700) miles per trip.

Lodging Benefit – We will pay \$100.00 for each night a Covered Person incurs a charge for Lodging in order to receive Specialized Cancer Treatment at a medical facility that is located more than one hundred (100) miles from the Covered Persons' primary residence. This benefit is limited to a Maximum of thirty (30) nights per Covered Person, per Policy Year.

In addition to the Exclusions included in the Policy, no Benefits are provided for the following, nor will We pay any benefits for any Loss arising from or otherwise related to, directly or indirectly: 1) Skin Cancer; or 2) any condition or disease which was not a Loss for which a valid benefit was previously paid under the Policy to which this Rider is attached. This includes a Loss for which a benefit was previously paid but was later determined to have been paid erroneously.

Skin Cancer Benefit Rider (Form B 21904 SCB R8 WY) – Applied for: ☐ Yes ☐ No

Upon receipt of due proof satisfactory to Us of the Covered Person's Diagnosis with Skin Cancer, We will pay the Skin Cancer Benefit, subject to the conditions, definitions, exclusions and limitations of the Rider and the Policy. Benefits are payable one (1) time per Diagnosis, even if Skin Cancer is Diagnosed in multiple locations on the same occasion. Benefits are payable for subsequent upon receipt of due proof satisfactory to Us that: 1) at least twenty-four (24) consecutive months have elapsed since a Diagnosis of Skin Cancer; and 2) the Covered Person has not received Treatment for any Skin Cancer for a period of at least twenty-four (24) consecutive months.

PRE-EXISTING CONDITIONS LIMITATION

For benefits payable under the Policy, benefits are not payable during the first twelve (12) months the Policy is In Force for Losses incurred due to a Pre-Existing Condition. For benefits payable under any optional benefit rider attached to the Policy, benefits are not payable during the first 6 months the rider is In Force for Losses incurred due to a Pre-Existing Condition.

EXCLUSIONS AND LIMITATIONS

The Policy does not provide any benefits for any Loss arising from or otherwise related to, directly or indirectly, any: 1) illness, disease, condition not specifically and exclusively a Diagnosis of a Covered Cancer Condition and as defined within the Policy; 2) attempted suicide or intentionally self-inflicted injury; or 3) voluntary administration of any narcotic, poison, gas or fumes, unless prescribed by or taken under the direction of a Physician and taken in accordance with the prescribed dosage.

In addition to any exclusions noted in the description of the Riders, the Riders also do not provide benefits for any Loss arising from or otherwise related to, directly or indirectly, any Diagnosis that is made or Loss while the Rider is not In Force for the Covered Person.

RENEWAL CONDITIONS

The Policy is guaranteed renewable for life, as long as renewal premiums are paid on time, either in advance or during the Grace Period. However, the Policy will Terminate on the earliest of the following events: 1) at the end of the Grace Period in which a renewal premium remains unpaid; 2) on the date that all Covered Persons have exhausted all benefits under this Policy and any attached riders; or 3) on the date of death of the Insured. Coverage under the Policy will end for a Covered Person on the date that: 1) the Covered Person has exhausted all their benefits under the Policy and any attached riders, 2) the date the Policy Terminates, 3) the date of death of that Covered Person.

PREMIUMS SUBJECT TO CHANGE

The premium rates may be changed. A change will apply to all policies with the same form number, issue age group, tobacco status and state of issue as the Policy issued to the Insured. A minimum of 30 days advance written notice will be given. A change will apply on the next premium due date after notification is given. Each premium will be computed by the issue age and tobacco status shown in the application. We will not change the rates because of the Insured's physical condition or on account of any claims paid.

\$_____ Annual \$_____ Semi-Annual \$_____ Quarterly

\$_____ Monthly Bank Draft \$_____ Monthly Credit Card

IMPORTANT TERMS

When we use the following terms from the Policy, this is what we mean:

CARCINOMA IN SITU – for the purposes of the Policy, means a pre-malignant neoplasm limited to the epithelium which has not invaded the basement membrane. It is a group of abnormal cells that show cytological characteristics of cancer and has the potential to become cancer, but has so far stayed in place where it began and has not spread to surrounding tissues. "Carcinoma In Situ" may be referred to as "Stage 0" cancer and includes: 1) early prostate Cancer Diagnosed as T1N0M0 or equivalent staging; and 2) melanoma not invading the dermis. Carcinoma In Situ does not include: 1) other skin malignancies; 2) pre-malignant lesions (such as intraepithelial neoplasia); or 3) benign tumors or polyps.

DIAGNOSIS; DIAGNOSED; DATE OF DIAGNOSIS – the definitive establishment of a specified condition through the use of clinical and/or laboratory findings. The Diagnosis must be made: 1) after the Effective Date of the Policy 2) during the lifetime of the Covered Person and while the Policy is in force; 2) by a Physician who is a board-certified specialist where required under the Policy.

DIAGNOSIS; DIAGNOSED; DATE OF DIAGNOSIS, continued – The Date Of Diagnosis is the earliest of: 1) the date the specimen used to Diagnose a condition was taken; 2) the date any test was run that was used to establish the Diagnosis of a condition; or 3) the date a condition was positively Diagnosed. Diagnosis of any condition will be considered to have been made prior to the Effective Date of the Policy if medical advice or Treatment received prior to the Effective Date results in a Diagnosis of that condition.

In addition, Diagnosis of Invasive Cancer or Carcinoma In Situ must be: 1) made by a Physician who is board certified by the American Board of Pathology to practice Pathologic Anatomy, or by Physician who is a board-certified Osteopathic Pathologist; and 2) established by Pathological Diagnosis. The Physician establishing the Diagnosis shall base his or her judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue or specimen. A Clinical Diagnosis will be accepted only if: 1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; 2) there is medical evidence to support the Diagnosis; and 3) a Physician is treating the Insured for Invasive Cancer or Carcinoma In Situ.

Diagnosis of Invasive Cancer or Carcinoma In Situ includes a Diagnosis of a recurrence of an Invasive Cancer or Carcinoma In Situ that was previously Diagnosed before the Effective Date of the Policy if, after the previous Diagnosis and before the date of Diagnosis of the recurrence, the Covered Person is free of any symptoms and treatment of the Invasive Cancer or Carcinoma In Situ for the six (6) months immediately preceding the Effective Date of coverage or any twelve (12) months thereafter

INVASIVE CANCER – 1) a disease manifested by the presence of a malignant neoplasm characterized by the uncontrolled growth and spread of malignant cells, the invasion of tissue; 2) Carcinoma, Hodgkin's Disease, Leukemia, Lymphoma, Multiple Myeloma, and Sarcoma. "Invasive Cancer" does not include: 1) pre-malignant tumors or polyps; 2) pre-malignant lesions, Carcinoma In Situ, or 3) any skin cancer (except invasive malignant melanoma in the dermis or deeper skin malignancies that have become metastatic).

Invasive Cancer must be Diagnosed pursuant to Pathological Diagnosis. A Clinical Diagnosis will be accepted only if: 1) a Pathological Diagnosis cannot be made because it is medically inappropriate or life-threatening; 2) there is medical evidence to support the Diagnosis; and 3) a Physician is treating the Covered Person for Invasive Cancer.