

**COLORADO BANKERS LIFE INSURANCE COMPANY
BANKERS LIFE INSURANCE COMPANY
SOUTHLAND NATIONAL INSURANCE CORPORATION**

FEDERAL DISASTER AREA HARDSHIP REQUEST

Updated November 1, 2022

This hardship request package is for those policyholders that have been impacted by a Federally declared disaster, and live in a federally declared disaster area that was declared on or after September 1, 2022. The Court has granted the Special Deputy Rehabilitator (the “Rehabilitator”) authority to consider hardship payment requests, as an exception to the court ordered moratorium placed upon cash surrenders and partial withdrawals, under Colorado Bankers Life Insurance Company, Bankers Life Insurance Company, and Southland National Insurance Corporation (the “Companies” or each a “Company”) policies or contracts. Disaster hardship requests can be for either Housing Assistance or Other Needs Assistance, or both, but your disaster losses must be in a Federally declared disaster area as noted above. The amount available under each disaster hardship type is up to \$41,000 each, for a potential total maximum of \$82,000, or the limit of your account value, whichever is less, and must be supported by documentation. To request a disaster hardship payment, you must complete and return the attached “**Disaster Hardship Request Form.**”

To qualify for disaster hardship payment consideration, you must include the following:

- **Notarized or Certified Statement of Facts** that the Annuitant, Owner, or someone with a Power of Attorney acting for the Owner or Annuitant has completed, made under the penalties of perjury. Briefly describe the basis of the disaster hardship, which must be based upon losses or damages caused by a Federally declared disaster. This Statement of Facts should outline the circumstances that support your claim of disaster hardship and should accompany the information sent to our office. **The disaster hardship request will not be processed unless the Statement of Facts is notarized (see exception below).** If you deliver the enclosed information by facsimile, then the Company must receive an identical, signed, and notarized original before final approval may be granted. **See the caution below about facsimile transmissions before sending anything by facsimile.** Please be as specific as possible, as the more information you give to the Rehabilitator, the easier it will be to process your request.
- **If you are unable to obtain a notarized statement due to restrictions in place from COVID-19 or disaster related limitations, a certified statement will be allowed. Please see Statement of Facts page.**
- **Proof or Evidence Supporting the Statement of Facts** – This would include, as applicable, repair bills or estimates, medical expenses, doctor’s statements, child care costs, or other disaster-related expenses, or Power of Attorney, Guardianship or Conservator paperwork.

[1] Please note that original documents **will not** be returned.

- **Disaster Hardship Request Form**
- **Disaster hardship assistance includes:**

[1] **Housing Assistance**

- Rental assistance – Financial assistance to rent temporary housing while disaster-related repairs are made to your primary residence, or while transitioning to permanent housing
- Lodging expense reimbursement – Reimbursement for short-term lodging expenses
- Home repair – Financial assistance for uninsured home damage to your primary residence caused by the disaster

Acceptable documentation includes repair bills and estimates, and short-term lodging bills or receipts.

- [2] **Personal Property** – A disaster hardship withdrawal may be used to repair or replace common household items such as furnishings, appliances, clothing, essential tools, and assistive equipment that supports daily living activities damaged in the disaster. The assistance is intended to meet the basic needs of the household, not to restore all personal property items to a pre-disaster condition. Acceptable documentation includes:
- Purchase price paid for the above items
 - For essential tools, these include schoolbooks or supplied for educational courses
 - Uniforms required for work or school
 - Computers required by work or school when the applicant is responsible for replacement
 - Essential tools and equipment not provided by employer by required as condition of employment
- [3] **Medical/Dental** – A disaster hardship withdrawal may be used for medical or dental expenses or losses caused by the disaster, such as:
- Replacement costs for prescriptions, eyeglasses, and lost or damaged medical supplies
 - If a replacement for the above, must include a written statement from medical or dental provider verifying;
 - that the prescription, medical, or dental equipment was required by the applicant prior to the disaster
 - that the loss of medication, medical, or dental equipment was lost or damaged as a direct result of the disaster
 - Bills or estimates from doctors, hospitals, laboratories, and ambulance services from injury or illness caused by the disaster
 - Medical or dental insurance deductibles and co-payments for eligible expenses
 - Repair or replacement of medically necessary assistive devices or technology
- [4] **Funeral expenses** – A disaster hardship withdrawal may be for expenses incurred due to a death or disinterment caused directly or indirectly by the disaster. Acceptable documentation includes:
- Death certificate clearly indicating the death was attributed to the disaster
 - Transfer costs
 - The cost of a casket or urn
 - The cost of burial plot or cremation niche; marker or headstone
 - Funeral services, including clergy or officiant
- [5] **Child care** – A disaster hardship withdrawal may be used to pay for increased child care costs for children aged 13 and under and/or children with a disability, as defined by Federal law, up to age 21, who need assistance with activities of daily living. Documentation must be able to support an increase in disaster-caused childcare expenses, by either showing the applicant's gross household income as decreased as a result of the disaster or the applicant's child care expenses have increased as a result of the disaster. Acceptable documentation includes:
- Pre- and post-disaster gross household income
 - Pre-disaster receipts, contract or signed letter from the child care provided for child care expenses
 - Post-disaster receipts or estimates for child care fees
 - A post-disaster child care contract or agreement

Assessment of the financial need by the Rehabilitator is based upon the proven existence of the disaster hardship (examples above) and adequate support of the financial need. By providing you with this information and these

forms, we are not indicating whether the Rehabilitator will approve your disaster hardship request. The Rehabilitator will review each request on its own merits.

The Companies and the Rehabilitator are not responsible for undelivered mail. To protect the personal information in your hardship request, the Rehabilitator recommends certified mail or some other delivery service such as FedEx or UPS. Do not send anything by unsecured email.

In order to expedite the process, you can transmit the form via facsimile; however, the Companies and the Rehabilitator shall not be responsible for any unintended disclosure or breach of such facsimile transmission. If you choose to send it by fax, and accept responsibility for any unintended disclosure or breach of such facsimile transmission, the fax number for Bankers Life is (727) 399-6965 and the fax number for Colorado Bankers Life is: (303) 220-8056. The original forms must be received prior to final approval.

Original Forms need to be mailed to one of the following addresses.

If using a delivery service such as FedEx or UPS:

**Colorado Bankers Life
Insurance Company
C/O Actuarial Management
Resources
4964 University Parkway
Suite 203
Winston-Salem, NC 27106**

**Bankers Life Insurance
Company
C/O Actuarial Management
Resources
4964 University Parkway
Suite 203
Winston-Salem, NC 27106**

**Southland National Insurance
Corporation
C/O Noble Consulting Services,
Inc.
211 N. Pennsylvania St
Suite 2350
Indianapolis, IN 46204**

If using the U.S. Postal Service:

**Colorado Bankers Life
Insurance Company
P.O. Box 11609
Winston-Salem, NC 27116**

**Bankers Life Insurance
Company
P.O. Box 11948
Winston-Salem, NC 27116**

**Southland National Insurance
Corporation
P.O. Box 168
New Palestine IN 46163**

Upon receipt of your completed hardship documents, the Rehabilitator will review them and reserves the right to request additional information and documentation, as he deems appropriate. You must cooperate with the Rehabilitator by providing all such requested documentation and information or your request will be denied.

If you have any questions, please contact the Companies by calling:

- **For Colorado Bankers Life Insurance Company policies: 1-833-658-2841**
- **For Bankers Life Insurance Company policies: 1-833-658-2840**
- **For Southland National Insurance Corporation policies: 1-800-842-8960**

Thank you in advance for your attention to these matters.

Michael Dinius
Special Deputy Rehabilitator

Disaster Hardship Application Checklist

Please make sure ALL requested documents are included in your submission. The Rehabilitator CANNOT review an application until all documentation and forms have been received.

Please do not staple any documents.

Disaster Hardship Request Form

Must be completed in its entirety, dated and signed by the owner, joint owner if applicable, and a witness.

Certified Statement of Facts

A brief statement explaining your disaster hardship. All pages of the statement MUST be notarized (see exception on Statement of Facts page).

Proof of Your Costs to Repair or Replace Disaster Related Losses, as noted above

These documents must support the amount you are requesting, and you must provide the actual statements. Costs to repair or replace housing, vehicles, personal property, medical/dental expenses, funeral costs, child care costs, and other miscellaneous expenses.

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P.O. Box 168
New Palestine IN 46163**

Disaster Hardship Request Form

Company Name: _____

Contract Number: _____

Owner: _____

I, _____, Owner of this contract, request a withdrawal of \$ _____.

Please acknowledge:

_____ I understand that this requested withdrawal amount may be reduced by any surrender charges, taxes withheld, or Market Value Adjustment, and as a result the net amount received may be smaller than the requested withdrawal amount.

Federal Income Tax Withholding - I understand if there is a reportable distribution as a result of the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. Unless waived by me, if there is a reportable distribution, then income tax will be withheld from the distribution at a flat 10% rate.

Federal Excise Tax - If you are under the age of 59½, a Federal excise tax may apply.

State Income Tax Withholding – If your address of record is within a mandatory withholding state, state taxes will be withheld from your distribution in accordance with the respective state rules. Other states allow an independent election, and, in these states, state tax will be withheld unless you elect otherwise. If your state does not allow withholding, no state tax can be withheld. Please contact the Company at the phone number on page 3 to confirm if your state has a mandatory state tax.

Reportable Distribution - I further understand that even if I elect not to have Federal income tax withheld, any reportable distribution will still be reported to the IRS.

- I elect NOT to have Federal income tax withheld.
- I elect to have Federal income tax withheld.

NOTE: TAX AUTOMATICALLY WITHHELD IF NO WITHHOLDING OPTION IS ELECTED

I am not under guardianship, nor have I made any assignment, pledge, or executed any document affecting ownership or right to any monies due or to become due under the contract, and I further certify that no proceedings in bankruptcy are pending to which I am a part.

This form is dated at _____ this _____ day of _____, 20_____.

Signature of Owner

Signature of Joint Owner (if applicable)

Signature of Witness

Owner's Telephone & Social Security Number

STATEMENT OF FACTS

This page must be completed and notarized. You may use a 2nd page, if necessary, but that page must also be notarized. If a notary cannot be obtained, complete and sign the statement at the bottom.

Printed Policyholder Name: _____ Signature _____

State of: _____ County of: _____

On this _____ day of _____, 2022, before me personally appeared, _____, to sign this document.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal in said County and State, the day and year last above written.

My commission expires: _____

Notary Public

To be completed if notary cannot be obtained:

I, [Printed Policyholder Name] _____ certify under the penalties of perjury that the foregoing is true and correct, pursuant to 28 U.S. Code § 1746.

Executed on: _____ (Date)

Signature: _____