



Workplace Division

AMERICAN HERITAGE LIFE INSURANCE COMPANY

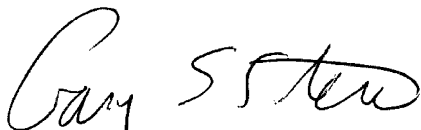
HOME OFFICE:
1776 AMERICAN HERITAGE LIFE DRIVE
JACKSONVILLE, FLORIDA 32224-6687
(904) 992-1776

A Stock Company

GROUP TERM LIFE INSURANCE CERTIFICATE

This certificate is issued to you as evidence of your insurance under the group policy issued to the group policyholder. This certificate summarizes and explains the parts of the group policy that apply to you. You may view the group policy at the group policyholder's office during normal business hours.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.


Secretary


President

**LEVEL PREMIUM GROUP TERM LIFE INSURANCE TO AGE 100
INITIAL DEATH BENEFIT PAYABLE TO YEAR 5
MINIMUM DEATH BENEFIT PAYABLE AFTER YEAR 5
NON-PARTICIPATING – NO DIVIDENDS**

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Any Riders and Endorsements and a copy of the enrollment form and/or evidence of insurability form for the coverage, follow Page 7.

DEFINITIONS

Active Employment. The employee is working for his or her employer for earnings that are paid regularly and that he or she is performing the material and substantial duties of his or her own occupation. For the purposes of this coverage:

1. he or she must be working at least the minimum number of hours as described under Eligible Class(es); and
2. he or she will be deemed to be in active employment on a day which is his or her employer's scheduled work days only if he or she was an active employee on the preceding scheduled work day.

His or her work site must be:

1. his or her employer's usual place of business; or
2. an alternative work site at the direction of his or her employer; or
3. a location to which his or her job requires him or her to travel.

Normal vacation is considered active employment. However, if vacation days are used to cover disability, sickness or injury, those days are not considered active employment.

Attained Age. The insured's age on his or her last birthday as of the most recent certificate anniversary (or the certificate date if this certificate has been in force less than one year).

Beneficiary. Any person, persons or entity named in our records to receive the death benefit after the insured dies.

Certificate. A document that describes the terms of the insurance made available to the eligible employees of the group policyholder and their eligible dependents. It provides evidence of the coverage provided to the insured under the group policy.

Certificateholder. The person who is allowed to exercise the rights given by this certificate. The certificateholder may be someone other than the insured. The certificateholder is the person designated on the enrollment form and/or evidence of insurability form as the owner.

Certificate Anniversary. The same day and month each year as the certificate date for each succeeding year the certificate remains in force.

Certificate Date. The effective date of coverage under this certificate and the date from which certificate years, anniversaries and premium due dates are determined. The certificate date is shown on the Certificate Specifications page.

Certificate Year. The period from the certificate date to the first certificate anniversary or from one certificate anniversary to the next. A certificate year does not include the certificate anniversary at the end of the certificate year.

Death Benefit. The amount payable to the beneficiary. The death benefit is the initial death benefit amount for the first 5 years and then the minimum death benefit amount plus any declared enhancement thereafter.

Employee. A person who is a citizen or resident of the United States or one of its territories in active employment with his or her employer.

Expiration Date. The date coverage terminates under this certificate.

Group Policy. The group contract whose provisions govern the insurance provided to the eligible employees of the group policyholder and their eligible family members.

Group Policyholder. The entity through which we make this insurance available.

In Force. The insured's life remains insured under the terms of this certificate.

Initial Death Benefit Amount. The amount shown on the Certificate Specifications page.

Insured. The person whose life is insured under the certificate. The insured is shown on the Certificate Specifications page.

Issue Age. The insured's age on his or her last birthday as of the certificate date.

DEFINITIONS (CONT.)

Material and Substantial Duties. Duties that:

1. are normally required for the performance of the employee's regular occupation; and
2. cannot be reasonably omitted or modified, except that if the employee is required to work on average in excess of 40 hours per week. We will consider the employee able to perform that requirement if he/she is working or has the capacity to work 40 hours per week.

Minimum Death Benefit. The amount shown on the Certificate Specifications page.

Rider. Additional benefits elected by the certificateholder and attached to the certificate. All riders elected by the certificateholder are attached to the certificate. No coverage is available under a rider unless elected and the rider is attached to the certificate.

We, Our, or Us. American Heritage Life Insurance Company.

Written Request. A request in writing acceptable to us. This request must be received by us at our Home Office and signed by you.

You, Your. The certificateholder, as shown on the enrollment form and/or evidence of insurability form, unless changed as provided by this certificate.

PREMIUMS

Premium. The amount and frequency of the premium are shown on the Certificate Specifications page.

Operation of the Certificate During a Grace Period. A grace period is a period of 31 days starting from the premium due date, where the certificate remains in force, but where the certificate will terminate if timely premium payments are not received by us at the end of the grace period. During the grace period, the death benefit and all certificate provisions remain in effect.

Non-Payment of Premium. Unless required payments are made, this certificate and all attached riders will terminate. In no case will a rider continue beyond its termination date. Any unpaid premium that is due from you may be deducted from the payment of any payable claim.

DEATH BENEFIT

Death Benefit. If the insured dies while this certificate is in force, we pay the death benefit in a lump sum to the beneficiary, subject to the terms and conditions of this certificate, upon receipt at our Home Office of proof of the death of the insured. Proof of death must be by a certified copy of the death certificate or by other written evidence satisfactory to us. We may also require the certificate to be submitted with the proof of death. Settlement under this certificate will be made not later than 2 months after the date of receipt of proof of the death; and the right of the claimant to the proceeds of this certificate.

We may provide an enhancement to the minimum death benefit amount. We have sole discretion to declare the amount and frequency of an enhancement to the minimum death benefit. Any enhancement to the minimum death benefit will be declared in advance, is not guaranteed and may vary. After the fifth certificate year, you will be notified of the death benefit if an enhancement to the minimum death benefit is to be provided. The minimum death benefit amount is shown on the Certificate Specifications page.

CERTIFICATEHOLDER, BENEFICIARY AND ASSIGNMENT

Certificateholder. All certificate rights and privileges belong to the certificateholder and may be exercised by the certificateholder during the lifetime of the insured. If the certificateholder dies before the insured, all the rights and privileges of the certificateholder pass to the insured.

Beneficiary. The beneficiary:

1. receives the death benefit when the insured dies; and
2. is named on the enrollment form and/or evidence of insurability form for this certificate; and
3. may be changed by you, as explained in this section.

If there is no named beneficiary, we will pay any benefits due at the insured's death in the following order:

1. to the insured's spouse, if living; otherwise
2. to the insured's children, in equal shares, if living; otherwise
3. to the insured's parents, in equal shares, if living; otherwise
4. to the insured's siblings, in equal shares, if living; otherwise
5. to the insured's estate.

If there is more than 1 beneficiary, we will split the amount in equal portions or in percentages as stated on the application or a later document changing the beneficiary designation.

Change of Beneficiary. Any change of beneficiary must be filed at our home office. It will not take effect unless so filed, but if so filed, will take effect on the date signed. This will be true whether or not the insured is living on the date it is filed. There will be no prejudice to us on account of any payment we make prior to its receipt by us at our home office.

You reserve the right to change a beneficiary. Consent of the beneficiary or beneficiaries shall not be required to assign benefits or to change a beneficiary or beneficiaries, or to make any other changes in this policy.

Assignment. An assignment of this certificate is not binding on us unless:

1. it is a written request; and
2. it is received by us at our Home Office.

An assignment will take effect when recorded at our Home Office. We are not responsible for the validity of any assignment.

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GENERAL CERTIFICATE PROVISIONS

Entire Certificate; Changes. The entire certificate consists of:

1. this certificate; and
2. the enrollment form and/or evidence of insurability form; and
3. any riders, amendments or endorsements attached to this certificate.

A change in this certificate will be binding on us only if:

1. the change is in writing; and
2. the change is made by our President, Vice President, Secretary or Assistant Secretary.

Continuation of Coverage or Conversion. If you lose eligibility for the coverage provided under the group policy as stated in items 3, 4, 5 and 6 of the **Termination** provision, you will have the option to continue the coverage or convert the amount of insurance that terminates under the group policy to an individual life insurance policy. Under the **Continuation of Coverage** feature, you will have the option to continue the coverage, including any riders, by paying the premiums directly to us at our Home Office. We will bill you for these premiums. If you stop paying premiums under this option, the coverage may enter its grace period.

We must receive a written request for this continuation of coverage option within 30 days of the date the certificate would otherwise terminate. No continuation of coverage will be provided if your insurance under the policy terminated due to the discovery of fraud or material misrepresentation or due to your failure to make required premium payments.

Alternatively, you have the right to convert the amount of insurance lost due to termination of the coverage under the group policy to an individual life insurance policy. The individual policy will be available without presenting evidence of insurability in an amount up to and including the amount of coverage that ceased. You may select from any non-term life policy that is available for sale by us. The premiums charged will be those applicable to the premium class and age at last birthday prior to the date of the selected individual policy. This right to convert to an individual policy may only be exercised within 31 days of the termination of coverage under the group policy.

If you were entitled to convert to an individual policy and the insured dies within the 31 day conversion period, the death benefit will be paid whether or not you applied for conversion. If the first premium was paid for the individual policy, the amount of premium paid will be refunded and the conversion will be void.

These options are mutually exclusive. You may not elect both the Continuation of Coverage and Conversion.

Incontestability. We rely on the statements made on the enrollment form and/or evidence of insurability form for this certificate and any application(s) for reinstatement. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this certificate, unless it is in such applications, and a copy of such has been furnished to the certificateholder or his or her beneficiary.

In the absence of fraud, we cannot contest payment of the death benefit after this certificate has been in force during the insured's life for 2 years from the certificate date.

Suicide Exclusion. If the insured commits suicide, while sane or insane, within 2 years after the certificate date, the death benefit is limited to the premiums paid.

Misstatement of Age, Sex or Tobacco Use Status. If the insured's age, sex or tobacco use status is misstated, the death benefit amount will be adjusted at the time of the insured's death using the correct age, sex or tobacco use status.

Payments by Us. All payments by us are made from our Home Office.

Non-Participating. This certificate does not share in surplus distribution.

GENERAL CERTIFICATE PROVISIONS (CONT.)

Termination. Subject to the **Continuation of Coverage or Conversion** provision, this certificate terminates on the earliest of:

1. the end of the grace period when premiums remain unpaid; or
2. the death of the insured; or
3. the date the group policy is canceled; or
4. the last day the employee is an active employee with your employer; or
5. the date the employee is no longer in an eligible class as defined by the group policyholder; or
6. the date the employee's class is no longer eligible as defined by the group policyholder; or
7. the certificate anniversary on or after you reach age 100; or
8. upon our discovery of fraud or material misrepresentation in the presentation of a claim under this certificate.

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Workplace Division

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AMENDMENT

The policy to which this Amendment is attached is amended as follows:

If this policy is issued as a replacement of an existing life insurance policy or annuity of ours or a subsidiary or affiliate under common ownership or control, you are hereby given credit under this policy for the expired portion of the contestability and suicide provisions of the replaced or previously existing policy or contract. This credit shall not exceed that earned under the replaced or previously existing policy. It will not place you or the insured in a more favorable position than would have been the case had a replacement policy not been issued.

This credit shall not apply to any amount of insurance provided by the replacement policy which exceeds the amount of insurance provided by the replaced policy.

This Amendment will not change, alter, or amend the policy it is attached to, except as stated.

This Amendment becomes effective as of the policy date of the policy to which it is attached.

Secretary



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NOTICE OF RIGHT TO RETURN POLICY

If this policy is issued as a replacement of an existing life insurance policy or annuity please note that you have the right to return the policy or contract within 30 days of delivery of the contract and receive an unconditional full refund of all premium or considerations paid on it, including any policy fees or charges.

This does not change, alter, or amend the policy it is attached to, except as stated.

A handwritten signature in black ink that reads "Gary S. Steu". The signature is written in a cursive, flowing style.

Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6688

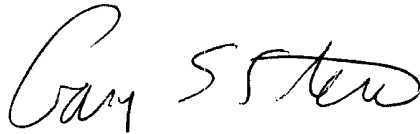
AMENDMENT

The following is added to the General Provisions of the policy/certificate to which it is attached:

Cooperation of Beneficiary. The beneficiary must reasonably cooperate during any investigation and/or adjudication of a claim. This includes the authorization for the release of medical records and other information.

This Amendment does not change, alter, or amend the policy/certificate except as stated.

This Amendment becomes effective as of the policy/certificate date.

A handwritten signature in black ink, appearing to read "Gary S. Steu". The signature is fluid and cursive, with the first name "Gary" being more legible than the last name "Steu".

Secretary

AMERICAN HERITAGE LIFE INSURANCE COMPANY

Jacksonville, Florida 32224-6688

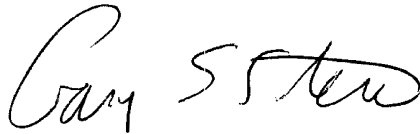
AMENDMENT

The following provision is added to the General Provisions of the policy to which this amendment is attached:

Receipt of Premiums. You will be given credit for premiums under this policy at the time the premiums are actually received by us or our authorized agent. Financial institutions (such as banks and credit unions) and employers who send your premiums to us directly at your request, are not our agents, and premiums paid by those parties are not credited until actually received by us.

This Amendment does not change, alter or amend the policy except as stated above.

This Amendment becomes effective as of the policy date.

A handwritten signature in black ink, appearing to read "Gary S. Steen". The signature is fluid and cursive, with the first name "Gary" and last name "Steen" clearly distinguishable.

Secretary



Workplace Division

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**LEVEL PREMIUM GROUP TERM LIFE INSURANCE TO AGE 100
INITIAL DEATH BENEFIT PAYABLE TO YEAR 5
MINIMUM DEATH BENEFIT PAYABLE AFTER YEAR 5
NON-PARTICIPATING – NO DIVIDENDS**

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

Provides for the Advance of a Portion of the Death Benefit due to Terminal Illness

Death benefits will be reduced if death benefit advance is paid.

The accelerated death benefits offered under this contract may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the accelerated death benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated death benefits are complex. In addition, receipt of the waiver of premium benefit may result in the cost of the coverage being considered income. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated death benefits excludable from income under federal law.

Receipt of accelerated death benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplemental social security income (SSI) and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such payment will affect you or your spouse and your family's eligibility for public assistance.

This rider is issued in consideration of the enrollment form and/or evidence of insurability form for this rider. Benefits are subject to the provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

DEFINITIONS

Current Discount Rate. The greater of the 90 day Treasury Bill or Moody's Corporate Bond Yield Average-Monthly Average, subject to a maximum of 10% annually.

Death Benefit Advance. The advance, during the insured's lifetime, of a portion of the death benefit amount.

Physician. A duly licensed physician other than the insured or a member of the insured's family, practicing within the scope of his or her license.

Certificate. The certificate to which this rider is attached.

Rider Date. The effective date of this rider. The rider date is the certificate date, unless this rider is applied for at a later date. If this rider is applied for at a later date, the rider date is the effective date assigned by our Home Office in accordance with our dating rules in effect at the time this rider is issued.

Terminal Illness. An illness or physical condition:

1. expected to result in the insured's death within 12 months; and
2. for which there is no reasonable prospect for recovery.

PAYMENT OF BENEFITS

If the insured incurs a terminal illness while coverage under this rider is in effect, you may request a death benefit advance. We agree to pay to you the death benefit advance amount upon our receipt of all of the following:

1. your written election of the death benefit advance; and
2. the written consent of any irrevocable beneficiary or any assignee, that you may elect the death benefit advance; and
3. a written opinion of the insured's physician that states the diagnosis of the insured's medical condition and that such medical condition is a terminal illness as defined in this rider; and
4. confirmation by the second opinion of a licensed and qualified physician based upon that physician's examination of the insured. The physician selected to provide a second opinion must be acceptable to both the certificateholder and us. Any second opinion shall be done at our expense and shall be conclusive as to whether the insured suffers from a terminal illness. We may, at our decision, waive the requirement of a second opinion.

The death benefit advance can only be elected once, per certificate, subject to the limits outlined in the Calculation of Payment provision.

Your election of the death benefit advance is automatically voided and no benefit is payable under this rider if the insured dies after the above requirements are met and before we have paid the benefit.

Any amount later payable under the certificate as a death benefit is reduced by the amount of the death benefit advance before reductions for the current discount.

Calculation of Payment. The amount available for death benefit advance is 75% of the death benefit amount for the certificate (excluding any term riders and accidental death benefit rider) on the insured's life subject to a maximum of \$100,000.

The death benefit advance amount payable to you is discounted at the current discount rate.

The death benefit advance and any remaining death benefit amount for the certificate will be determined at the time the claim is made.

The death benefit advance, related charges, interest, discounts or loans, if applicable, and the balance of the death benefit of the life insurance contract shall constitute full settlement on maturity of the face amount of the contract.

If a death benefit advance is paid to you, we will send you a statement specifying the amount of death benefits paid and the effect of the death benefit payment on the death benefit.

Waiver of Premiums Benefit. We waive premiums for the certificate and any riders attached to the certificate if the death benefit advance is paid. This waiver of premium benefit is in lieu of any other premium waiver benefit provided by the certificate or a rider attached to the certificate.

Waiver of premiums will:

1. begin on the premium due date on or next following the date you provide us with satisfactory evidence of terminal illness as defined in this rider; and
2. continue until the certificate terminates.

TERMINATION

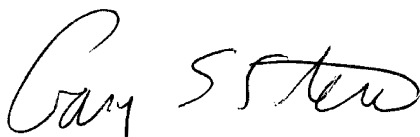
This rider terminates and is no longer in force on the earliest of:

1. the monthly date on or next following the date we receive your written termination request; or
2. the date the certificate terminates.

GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value.

Signed for American Heritage Life Insurance Company at its Home Office in Jacksonville, Florida.


Secretary


President

AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687

ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER SUMMARY AND DISCLOSURE STATEMENT

TAX QUALIFICATION NOTICE: THE RIDER IS INTENDED TO BE A FEDERALLY TAX-QUALIFIED LONG-TERM CARE INSURANCE CONTRACT UNDER SECTION 7702B(b) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. The benefit you receive under the rider may be taxable. Consult with a personal tax advisor.

If the accelerated death benefits qualify for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated death benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated death benefits excludable from income under federal law.

Receipt of an accelerated death benefit may affect eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect eligibility for public assistance.

DEFINITIONS

Activities of daily living (ADLs) mean activities used to measure the insured's impairment due to being chronically ill. ADLs are any of the following:

- **Bathing** means washing oneself by sponge bath; or in either a tub or shower, including the act of getting into and out of the tub or shower.
- **Continence** means the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag).
- **Dressing** means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **Eating** means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **Toileting** means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **Transferring** means sufficient mobility to move into or out of a bed, chair, or wheelchair or to move from place to place, either via walking, a wheelchair, or other means.

Chronically ill means the insured has been certified by a licensed health care practitioner within the preceding 12-month period as:

- being unable to perform, without substantial assistance from another individual, at least 2 ADLs for a period of at least 90 days due to a loss of functional capacity;
- being disabled at a level similar to the level described in the above item, as determined by rules promulgated by the United States Secretary of the Treasury, in consultation with the United States Secretary of Health and Human Services, under section 7702B of the Internal Revenue Code of 1986, as amended by the Health Insurance Portability and Accountability Act of 1996; or
- requiring substantial supervision to protect oneself from threats to health and safety due to severe cognitive impairment.

Elimination period means the number of days at the beginning of a period of care for which benefits are not payable under the rider. The number of days in the elimination period for the rider is 90. In order for a day to count as a day in the elimination period, the following requirements must be met:

- the insured must be chronically ill; and
- charges must be incurred for the qualified long-term care services of the insured.

Qualified confined care services mean qualified long-term care services provided by a licensed health care practitioner in an assisted living facility or nursing care facility.

Qualified long-term care services mean services that meet the requirements of Section 7702B(c)(1) of the Internal Revenue Code of 1986, as amended, as follows: necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, which:

- are required by a chronically ill individual; and
- are provided pursuant to a plan of care prescribed by a licensed health care practitioner.

DEFINITIONS *(continued)*

Qualified non-confined care services mean qualified long-term care services provided by a home health care practitioner by means of home health care or adult day care.

Severe cognitive impairment means the deterioration or loss in intellectual capacity requiring substantial supervision for protection of self or others, as established by the clinical diagnosis of any licensed practitioner in the state authorized to make such a diagnosis. Such diagnosis shall include the patient's history and physical, neurological, psychological and/or psychiatric evaluations, and laboratory findings.

Substantial supervision means continual supervision (which may include cueing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired individual from threats to the individual's health or safety.

CONDITIONS ON ELIGIBILITY FOR BENEFITS

Eligibility for benefits under the rider is satisfied when all of the following conditions are met:

- the insured is chronically ill, which means the insured has been certified by a licensed health care practitioner within the preceding 12-month period as:
 - being unable to perform, without substantial assistance from another individual, at least 2 ADLs for a period of at least 90 days due to a loss of functional capacity;
 - being disabled at a level similar to the level described in the above item, as determined by rules promulgated by the United States Secretary of the Treasury, in consultation with the United States Secretary of Health and Human Services, under section 7702B of the Internal Revenue Code of 1986, as amended by the Health Insurance Portability and Accountability Act of 1996; or
 - requiring substantial supervision to protect oneself from threats to health and safety due to severe cognitive impairment;
- the certificate and rider are in force, subject to the Non-Forfeiture Benefit provision;
- the insured has satisfied the elimination period;
- the insured has used qualified long-term care services and been chronically ill for at least one day during the last 180 consecutive days;
- the insured is receiving qualified long-term care services while the rider is in force;
- the insured is in a period of care that begins while the rider is in force;
- the insured incurred charges for qualified long-term care services which are included in the insured's plan of care; and
- all irrevocable beneficiaries and assignees have signed the written request for this benefit, if applicable.

If the insured goes 180 consecutive days or more without using qualified long-term care services or being chronically ill, we will consider this to be the end of the current period of care. If the insured subsequently starts using qualified long-term care services or being chronically ill again, we will consider this to be a new period of care and the insured must satisfy a new elimination period.

BENEFIT DESCRIPTION

Accelerated Death Benefit: You may request a monthly accelerated death benefit payment for each month the insured satisfies the conditions stated in the Conditions on Eligibility for Benefits provision, or in lieu of the monthly accelerated death benefit, you may request a one-time lump sum accelerated death benefit payment (*if included in your coverage*).

We will pay a benefit to you upon our receipt of:

- your written request for the accelerated death benefit;
- written certification from a licensed health care practitioner that the insured is chronically ill; and
- signed consent from any irrevocable beneficiary or assignee, if applicable.

The accelerated death benefit amount payable to you will be reduced by any due and unpaid premium.

The death benefit available for acceleration does not include the amount of any Accidental Death Benefit or Term Rider(s), nor does it include any restored death benefit amount or extended death benefit amount (*if included in your coverage*).

The total amount of the accelerated death benefit payable under the rider will not exceed the death benefit amount in force on the day the elimination period is first satisfied.

BENEFIT DESCRIPTION *(continued)*

Inflation Protection: Any long-term care inflation protection option required by law may not be available under the rider. Review your certificate.

If the inflation protection benefit is elected, we will annually increase the monthly benefit payable under the rider by 5% per year while the rider is in force, up to the maximum remaining death benefit amount. The annual increase will occur automatically on the certificate anniversary date unless you specifically reject the increase in writing within 30 days following the certificate anniversary date.

Restoration of Accelerated Death Benefits *(if included in your coverage)*: If the death benefit is accelerated under the Accelerated Death Benefit provision of the rider, we will restore the death benefit by an amount equal to the accelerated death benefit we paid.

The total amount of restoration under the rider will not exceed 100% of the total reduction in the death benefit amount for accelerated death benefits paid under the Accelerated Death Benefit provision of the rider. No restoration is provided for accelerated death benefits under the Monthly Extension of Accelerated Death Benefits provision *(if included in your coverage)*.

The restored death benefit amount is not available for acceleration.

Restoration of Accelerated Death Benefits will not restore an acceleration of death benefit made under any other rider.

Monthly Extension of Accelerated Death Benefits *(if included in your coverage)*:

After the monthly accelerated death benefit has been exhausted, we will increase the death benefit and simultaneously accelerate this incremental death benefit amount for monthly benefit periods, or fractions thereof, during which the insured continues to be eligible for benefits. The monthly extension of accelerated death benefits is not available if you elected the one-time lump sum accelerated death benefit payment in lieu of the monthly accelerated death benefit *(if included in your coverage)*.

The death benefit available for acceleration does not include the amount of any Accidental Death Benefit or Term Rider(s), nor does it include any restored death benefit amount *(if included in your coverage)*.

The monthly benefit payable to you as a result of the extension of accelerated death benefits will be reduced by any due and unpaid premium.

The total amount of the increased and accelerated death benefit amounts under the Monthly Extension of Accelerated Death Benefits provision will not exceed 100% the death benefit amount on the day the elimination period is first satisfied.

PREMIUM

The premium for the rider is shown in the certificate.

WAIVER OF PREMIUM

For each certificate month the insured receives monthly benefits under the rider, we will waive the premium for the certificate and any attached riders, if applicable. This waiver is in lieu of any other premium waiver benefit provided by the certificate or any other attached riders, if applicable. Waiver of premium is not available if you elected the one-time lump sum accelerated death benefit payment in lieu of the monthly accelerated death benefit *(if included in your coverage)*.

EFFECT OF PAYMENT

When the accelerated death benefit is paid:

- the death benefit amount will be reduced by the accelerated death benefit amount; and
- the life insurance premium will be reduced in proportion to the reduction of the death benefit amount.

When the Restoration of Accelerated Death Benefits *(if included in your coverage)* is paid, the death benefit will be unaffected because the death benefit amount will be decreased and then restored by the same amount.

When the Monthly Extension of Accelerated Death Benefits *(if included in your coverage)* is paid, the death benefit will be unaffected because the death benefit amount will be increased and then accelerated by the same amount.

While the insured is eligible for benefits under the rider, no change to existing riders may be requested nor may new riders be added.

The payment of benefits under the rider will not affect any Accidental Death Benefit or Term Rider(s).

EFFECT OF PAYMENT *(continued)*

The accelerated death benefit under the rider and the balance of the death benefit of the life insurance contract will constitute full settlement on maturity of the certificate.

EXCLUSIONS

We will not pay benefits under the rider for qualified long-term care services that are:

- provided as a result of mental or nervous disorder, except for:
 - Alzheimer's Disease, or similar forms of senility or senile dementia that are of organic origin;
 - biologically based brain diseases/serious mental illness, including schizophrenia, paranoid and other psychotic disorders, bipolar disorders (mixed, manic, and depressive);
 - major depressive disorders (single episode or recurrent); or
 - schizo-affective disorders (bipolar or depressive);
- provided as a result of alcoholism or drug addiction;
- provided as a result of illness, treatment, or medical conditions arising out of:
 - participation in a felony, riot, or insurrection;
 - service in the armed forces or units auxiliary thereto; or
 - attempted suicide or intentionally self-inflicted injury;
- provided in a government facility (unless otherwise required by law);
- services for which benefits are available under Medicare (this includes services for which benefits would have been available under Medicare but for the application of a deductible or coinsurance amount) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
- received outside the United States or its territories.

SAMPLE ILLUSTRATION

Below is a sample* illustration of the effect of the monthly accelerated death benefit on the certificate. This illustration shows the effect on the death benefit amount and premium for the certificate before the monthly accelerated death benefit is elected and immediately after the election is made.

Certificate Value:	Before Acceleration	After Acceleration
Initial Death Benefit Amount	\$100,000.00	\$100,000.00
Accelerated Death Benefit Amount	N/A	\$4,000.00
Death Benefit Amount	\$100,000.00	\$96,000.00
Life Insurance Annual Premium**	\$490.00	\$490.00

* The values shown above are for illustrative purposes only and assume the monthly accelerated death benefit of 4% is exercised at the beginning of the 10th year for a male, non-tobacco, age 35 at issue.

** Life insurance annual premium does not reflect premiums payable for any riders. Premiums are waived while the insured receives monthly benefits. Once the insured is no longer eligible to receive benefits under the rider, any remaining premiums resume.

ACKNOWLEDGEMENT

I acknowledge that I have received and read the summary and disclosure statement for the Accelerated Death Benefit for Long-Term Care Rider, which was furnished to me prior to signing the enrollment form.

Signature of Certificate holder

Date