

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 coloniallife.com
A Stock Company

WHOLE LIFE INSURANCE POLICY

THIS POLICY CONTAINS AN ACCELERATED DEATH BENEFIT

THE DEATH BENEFIT PAYABLE UNDER THE BASE POLICY, ANY CASH VALUE, AND ANY PREMIUM PAYMENTS WILL BE REDUCED IF A TERMINAL ILLNESS ACCELERATED DEATH BENEFIT IS PAID.

The accelerated death benefit paid may be taxable or may affect your eligibility for payments under state or federal law. You or your beneficiary may incur a tax obligation. As with all tax matters, you should consult your personal tax advisor to assess the impact of this benefit.

Upon receiving proof satisfactory to us that the insured died while this policy was in force and before the Maturity Date shown on the Policy Schedule, Colonial Life & Accident Insurance Company will pay the death benefit of this policy to the beneficiary, subject to the provisions of this policy.

We issued this policy in exchange for both the application and your first premium payment.

Your Right to Return This Policy

If for any reason you are dissatisfied with this policy, you may return it to our home office or to the agent through whom you bought it within 30 days after you receive it. We will cancel the policy and refund in full any premiums you have paid.

Read Your Policy Carefully

This policy is a legal contract between you and Colonial Life & Accident Insurance Company.

Signed for Colonial Life & Accident Insurance Company:



Secretary



President and Chief Executive Officer

LIFE PAID UP AT AGE 100
PREMIUMS PAYABLE FOR POLICY YEARS SHOWN ON POLICY SCHEDULE
NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

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SAMPLE POLICY

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

SECTION 3 POLICY SCHEDULE

Insured: Policy Number:
Owner: Beneficiary:
Face Amount: \$25,000 Premium: \$35.37
Age at Issue: 38 Premium Period: 62 Years
Coverage Effective Date: January 1, 2025 Annual Policy Fee: \$0.00
Premium Effective Date: January 3, 2025 Premium Frequency: Monthly
Maturity Date: January 3, 2087 Premium Class: Non-Tobacco
Minimum Loan Amount: \$250.00 Risk Rating: Standard

Note: Interest Rate Used to Calculate Surrender Values is 3.75% Per Year.

Telephone number of the insurance department for TN is (615) 741-2241

Schedule of Benefits and Premiums

Form No.	Description of Benefits	Benefit Amount	Premium Amount	Policy Years Payable
ICC19-IWL5000-100	Life Paid Up at age 100	\$25,000	\$ 35.37	62 Years

We may advance \$3,000 of the death benefit upon receipt of an Immediate Advance Payment Claim Form from the beneficiary.

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SAMPLE POLICY

SECTION 4 THE PARTIES IN THIS POLICY

The Parties

When used in this policy, the words **we**, **us** and **our** refer to Colonial Life & Accident Insurance Company, a stock company. **You** and **your** refer to the owner of this policy as shown on the Policy Schedule, unless changed by your written request. As the **owner**, you may exercise all the rights described in this policy while the insured is alive. The **insured** is the person specified on the Policy Schedule whose life is protected by this policy.

You may name a **contingent owner**. This is the person to whom ownership of the policy will pass should you die before the insured. If you die before the insured and have not named a contingent owner, ownership of this policy will pass to your estate.

Your Right to Name a Beneficiary

You have the right to name a **beneficiary**. This is the person or party who will receive the death benefit of this policy if the insured dies while it is in force. The beneficiary's name is shown on the Policy Schedule unless you have exercised your right to change the beneficiary. You also have the right to name an irrevocable beneficiary. This designation means that no one, including you, can change the beneficiary without written permission.

If there is more than one beneficiary, benefits will be distributed equally unless you designate otherwise. If a beneficiary is not living when the insured dies, we will pay any interest to any other beneficiaries you named in the order of their interest. If you did not name a beneficiary or if the person you named is not living at the insured's death, any benefits due will be paid to you if you are living or if you are not, in this order to:

- your spouse; or
- your children; or
- your parents; or
- your brothers and sisters; or
- your estate.

Your Right to Change the Owner

While the insured is living, you have the right to change the owner of this policy.

If you choose to do this, notify us and we will send you a form to complete. If the form is properly completed, the change will go into effect, unless otherwise specified by you, the day you signed the request. The change will not affect any action we took before we received and recorded the change.

Your Right to Change the Beneficiary

While the insured is living, you have the right to change the beneficiary.

If you choose to do this, notify us and we will send you a form to complete. If the form is properly completed, the change will go into effect, unless otherwise specified by you, the day you signed the request. The change will not affect any action we took before we received and recorded the change.

If you assigned this policy, you may have given up your right to change the beneficiary. If you named an irrevocable beneficiary, the irrevocable beneficiary must also sign the form.

Your Right to Assign This Policy

You may assign (transfer) all or some of your rights under this policy as security for a loan or for some other reason by sending us a properly completed assignment form. If the form is properly completed, the change will go into effect, unless otherwise specified by you, the day you signed the request. The change will not affect any payments made or action we took before we received and recorded the change.

Both your rights and those of your beneficiary are subject to the terms of the assignment. We are not responsible for the validity or sufficiency of any assignment.

SECTION 5 GENERAL PROVISIONS

Entire Contract

The entire contract consists of this policy, any riders attached, and a copy of your application form, which is attached. We issued this policy in exchange for both your application and first premium payment.

Any agreement to change the terms of this contract must appear in writing and must be signed by one of our authorized company officers at our home office. No one else has the right to authorize a change in your policy.

We issued this policy based on the statements made in the application by or on behalf of the insured. We consider these statements to be based on the applicant's present knowledge and belief. All statements made by the applicant for the issuance or reinstatement of a policy shall, in the absence of fraud, be deemed representations and not warranties.

Qualification Under Internal Revenue Code

This policy is intended to qualify as a life insurance contract for federal tax purposes. The death benefit under the policy is intended to qualify for the federal income tax exclusion. To that end, the provisions of the policy (including any amendment, or endorsement) are to be interpreted to ensure or maintain such tax qualification, despite any other provision to the contrary.

We reserve the right to amend the policy to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification, or to conform the policy to any applicable changes in the tax qualification requirements. We will send you a copy of any such amendment.

Non-participating Policy

This policy is non-participating. It will not share in our surplus earnings nor will we pay dividends on it.

Incontestability

We can contest this policy or deny a claim for any material misrepresentation of a fact. In order for us to do this, the misrepresentation must have been made in the application, and a copy of the application must have been attached to this policy. **Contest** means that we question the validity of coverage under this policy by letter to you. This contest is effective on the date we mail the letter and refund the premium to you. We cannot contest this policy after it has been in effect during the lifetime of the insured for two years from the coverage effective date or date of reinstatement, unless you fail to pay the premiums.

The end of the contestable period does not prevent us from legally terminating this policy as outlined in the grace period or other provisions.

Conformity with Interstate Insurance Product Regulation Commission Standards

This policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of the policy on the provision's effective date that is in conflict with Interstate Insurance Product Regulation Commission standards for this product type is hereby amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

Age

As used in this policy, **age** means the insured's age as of the premium effective date. **Attained age** is the insured's age on the premium effective date plus the number of years this policy has been in force.

Misstatement of Age

If there is a misstatement in the application of the insured's age or the age of any person insured by a rider, we will adjust the benefits payable to the amount of benefits which the most recent premiums paid would have purchased at the correct issue age.

If the correct age is outside the issue age ranges of the policy or rider, a premium and death benefit shall be extrapolated.

Misstatement of Tobacco Status

If there is a misstatement in the application of the insured's nicotine use, we will adjust the death benefit payable to the amount which would have been purchased at the correct tobacco status in consideration of the most recent premium. We will not make such an adjustment after this policy has been in force for two years from the coverage effective date.

Suicide Exclusion

If the insured dies by suicide, whether sane or insane, within two years from the coverage effective date or the date of reinstatement, we will not pay the death benefit. We will terminate this policy and return the premiums paid without interest, minus any loans, and loan interest to you.

Exemptions from Creditor's Claims

To the extent allowed by law, no amount payable under this policy will be subject to the claims of a beneficiary's creditors.

SECTION 6 IMPORTANT DATES

Policy Dates

The **coverage effective date** shown on the Policy Schedule is the day when coverage under this policy is put in force. It may precede or be the same as the premium effective date.

The **maturity date** is shown on the Policy Schedule. It is the day on which the policy matures and is the last day on which insurance provided by this policy can remain in force.

The **policy anniversary** occurs annually on the same date and in the same month as the premium effective date shown on the Policy Schedule.

The **premium effective date** for this policy and any riders attached is shown on the Policy Schedule. Premium due dates and policy anniversary dates are measured from the premium effective date.

SECTION 7 DEATH BENEFIT

Our Obligation

Upon receiving proof satisfactory to us that the insured died while this policy was in force, we will pay the death benefit of this policy to the beneficiary, subject to the provisions of this policy. The **death benefit** is the net amount payable to the beneficiary when the insured dies while this policy is in force. The **death benefit** may also be called the **proceeds** of the policy. It is equal to the policy's face amount shown on the Policy Schedule, minus any due and unpaid premiums, any loans, any accrued loan interest, and any amount advanced to you in an earlier payment. We will refund the unused portion of any premiums which were paid after the insured died.

We may advance \$3,000 of the death benefit upon receipt of an Immediate Advance Payment Claim Form from the beneficiary.

If this policy is in effect as extended term or reduced paid-up insurance, the death benefit may be different than the face amount shown on the Policy Schedule.

How We Pay the Proceeds

While the insured is living, you have the right to choose how we will pay the proceeds of this policy. If you do not make a choice before the insured dies, the beneficiary may choose how the proceeds are to be paid.

We will pay the proceeds in a lump sum or in any other way on which we mutually agree. If the beneficiary chooses to leave the proceeds on deposit with us, we will pay interest at a rate not less than the rate or rates applicable to the policy for funds left on deposit.

Payment of Interest on the Death Benefit

Interest will accrue and be payable from the date of death. Interest will accrue at the rate or rates applicable to the policy for funds left on deposit. In determining these effective annual rate or rates, we will use the rate in effect on the date of death.

Interest will accrue at the effective annual rate determined, plus additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of:

- the date that due proof is received by us;
- the date we receive sufficient information to determine our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- the date the legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us. Legal impediments to payment include, but are not limited to:
 - the establishment of guardianships and conservatorships;
 - the appointment and qualification of trustees, executors and administrators; and
 - the submission of information required to satisfy state and federal reporting requirements.

SECTION 8 TERMINAL ILLNESS ACCELERATED DEATH BENEFIT

Terminal Illness Accelerated Death Benefit

The Terminal Illness Accelerated Death Benefit is a benefit which allows a portion of the death benefit to be advanced to you if the insured is diagnosed with a terminal illness after the coverage effective date. **Terminal Illness** means an injury or sickness which results in the insured having a life expectancy of 12 months or less and from which there is no reasonable prospect for recovery.

We will pay this benefit to you, or your estate, during the insured's lifetime while the policy is in force, unless the benefit has been otherwise assigned or designated by you, immediately upon receipt of all of the following:

- a completed Accelerated Benefit Claim Form; and
- proof that the insured has been diagnosed with a terminal illness. Such proof will include a statement from the insured's licensed physician, and any other medical information we deem necessary to confirm the insured's health status; and
- written consent of any irrevocable beneficiary or any assignee, if applicable, agreeing that you may elect the death benefit advance.

If you request to accelerate the death benefit of the policy, we will provide the Accelerated Benefit Claim Form within 15 days of your request. If the claim form is not furnished within 15 days, you will be considered to have complied with the claim requirements if you submit written proof covering the occurrence, the character and the extent of the occurrence for which claim is made.

Payment of this benefit will be made only once. The death benefit, any cash value and premium will be reduced if an accelerated death benefit is paid.

We reserve the right to review the insured's medical records and to obtain a second medical opinion of the insured's medical condition at our expense. If there is a disagreement between your physician and the physician designated by us, a third medical opinion may be obtained, at our expense, by a mutually acceptable physician. Such third medical opinion will be binding on both parties.

We will waive premiums for the policy and any riders attached to the policy if the Terminal Illness Accelerated Death Benefit is paid. To avoid duplication of benefits, no waiver of premium benefits described in this provision will be applicable during any period of total disability of the insured as defined in any other provision of this policy, or any rider attached to it, that provides a waiver of premium benefit. Waiver will:

- begin the next month following the date we are provided with satisfactory evidence of terminal illness; and
- continue for the remaining life of the policy, provided that, if the insured is still living after 12 months, we reserve the right to investigate the insured's health condition to determine if the policy should remain on waiver or if premium payments should resume.

If an accelerated death benefit is paid, no new coverage can be added to the policy.

Physician means a person who:

- is licensed by the state to practice a healing art; and
- performs services for an insured which are allowed by the physician's license.

For purposes of this definition, Physician does not include any insured or owner or anyone related to any insured or owner by blood or marriage, a business or professional partner of any insured or owner, or any person who has a financial affiliation or a business interest with any insured or owner.

Terminal Illness Accelerated Death Benefit Amount

You may request an amount of up to 75% of the policy face amount (called the acceleration percentage), but not greater than \$150,000. The minimum Terminal Illness Accelerated Death Benefit payment is \$3,750 and this policy must be in force on the date of payment. The Terminal Illness Accelerated Death Benefit amount payable to you is reduced:

- first by any due but unpaid premiums; then
- by the amount of any outstanding policy loan multiplied by the acceleration percentage; then
- by the administrative fee charged by us for Terminal Illness Accelerated Death Benefit payments, in the amount in effect at the time of payment, not to exceed \$200; then
- the remaining sum is discounted for a time period of one year using an interest rate no greater than the greater of: (a) the current yield on 90-day treasury bills; or (b) the Moody's Corporate Bond Yield Average – Monthly Average Corporates or any successor thereto for the calendar month ending two months before the time of payment; or (c) the maximum nonforfeiture rate plus 1%.

How We Pay This Benefit

We will pay the Terminal Illness Accelerated Death Benefit in a lump sum. Payment of this benefit will be made only once.

We will send you a policy schedule addendum along with the Terminal Illness Accelerated Death Benefit payment specifying the amount of benefits paid and the effect of the payment on the death benefit amount.

Effect of Accelerated Death Benefit Payment on Other Benefit Provisions

Upon a request to accelerate this policy death benefit and upon payment of the accelerated death benefit, you and any

irrevocable beneficiary will be given a statement demonstrating the effect of the acceleration on the policy's cash value, death benefit, premium, and policy loans.

Upon payment of the Terminal Illness Accelerated Death Benefit:

- the face amount of the policy will be reduced by the amount of accelerated death benefit requested by you;
- no new coverage can be added to the policy;
- the premium for this policy and any riders attached to this policy will be waived as long as the insured remains terminally ill;
- the cash value, if any, will be reduced by the acceleration percentage;
- the policy loan value, if applicable, will be reduced by the acceleration percentage; and
- the outstanding policy loan balance, if applicable, will be reduced by the acceleration percentage.

If this benefit is paid and the insured is no longer eligible for waiver of premium, then the premium will be reduced to the amount that would apply had the policy been issued at the reduced face amount.

Any portion of the death benefit remaining after reduction due to payment of the accelerated death benefit will be paid upon the insured's death. The accelerated benefits, related charges, interest, discounts, and the balance of the death benefit of the life insurance contract will constitute full settlement of the death benefit of the policy. If the insured dies after election of the accelerated death benefit but before payment of the benefit is received, the election will be cancelled, and the death benefit will be paid pursuant to the policy.

The sum of all the Accelerated Death Benefits payable under the policy and any attached riders will not exceed the Face Amount shown on the Policy Schedule.

Taxability of Benefits

The amount paid under this benefit may be taxable. We are not responsible for any tax on or other effects of any benefit paid. As with all tax matters, consult your personal tax advisor to assess the impact of this benefit.

SECTION 9 MATURITY BENEFIT

Maturity Benefit

If the insured is living on the maturity date of this policy as shown on the Policy Schedule, we will pay the maturity proceeds of the policy to you. The maturity proceeds consist of the cash surrender value on the maturity date.

SECTION 10 SURRENDERS AND SURRENDER OPTIONS

Surrenders

If you choose to surrender this policy for its cash surrender value while the insured is still alive, you must send us written notice to that effect. If you choose a lump sum payment, we have the right to defer paying you the cash surrender value for the time period allowed by law, but at no time will the delay be longer than six months.

If the delay is longer than 30 days, we will pay you interest at the rate or rates applicable to the policy for funds left on deposit. Other payment methods may be available.

The **cash value** is the guaranteed cash value for this policy as shown in the Table of Surrender Values.

Surrender Options

If this policy ends as described under the premium unpaid at the end of the grace period section of this policy and the automatic premium loan provision is not in effect, you may choose from three surrender options. To do this, you must write to us within 60 days after the premium due date and notify us of your selection. You may choose to receive the cash surrender value, reduced paid-up insurance, or extended term insurance. The amount of cash surrender value, reduced paid-up insurance, or extended term insurance available under this policy will be calculated with allowance for the passage of time and the payment of fractional premiums from the last preceding policy anniversary.

The **cash surrender value** is the cash value minus any loans and accrued loan interest. It is the amount available to you if you surrender this policy and is also the amount used as a net single premium to calculate the amount of reduced paid-up or extended term insurance.

You may surrender the policy for the cash surrender value at any time. If the policy is surrendered within 30 days following a policy anniversary, the cash surrender value available will not be less than the anniversary value.

Reduced Paid-up Insurance

The cash surrender value of this policy is used to purchase a fully paid-up policy. The face amount of the paid-up policy will be less than the face amount of this policy. The cash surrender value of this policy will be used as a net single premium to buy the new policy. The net single premium for the paid-up policy will be based on the insured's attained age. Any optional riders attached to this policy will not be attached to the reduced paid-up policy.

If you selected reduced paid-up insurance and the insured dies within 31 days of the end of the grace period, we will provide extended term insurance if it would have produced a greater death benefit. However, we will only do this if you could have selected extended term insurance as your original surrender option.

Extended Term Insurance

The cash surrender value of this policy is used as a net single premium to purchase term insurance. The face amount of the term insurance is equal to the face amount of this policy minus any loans. The length of the term will be the maximum period of coverage which the cash surrender value will purchase on a net single premium basis using the insured's attained age.

Any optional benefit riders attached to this policy will not be attached to the extended term policy. All coverage stops when the extended term insurance ends.

If you do not notify us in writing by the end of 60 days after the premium due date, we will automatically provide you with extended term insurance. Both policies have cash values until the coverage ends and may be surrendered at any time.

SECTION 11 AUTOMATIC PREMIUM LOAN

The Automatic Premium Loan

If this policy ends as described under the premium unpaid at the end of the grace period section of this policy and this automatic premium loan provision is in effect, we will automatically lend you the amount needed to pay an overdue premium. The cash surrender value of this policy must be great enough to pay the premiums plus the interest due on the money to the end of the policy year in which we make the loan. If the premium due exceeds the cash surrender value of the policy, we cannot make an automatic premium loan. In this case, the surrender options will apply.

You may apply for this provision when you apply for this policy. If you did not, you may request it in writing before the end of a grace period. You may cancel this provision by sending us a written request.

SECTION 12 LOANS

Your Right to Request a Loan

You have the right to borrow against the cash surrender value of this policy as long as it is not in force as extended term insurance. Loans are evidenced by our check payable to and endorsed by you.

Amount of the Loan

The minimum amount we can lend you is shown on the Policy Schedule. The maximum amount we can lend you is the cash surrender value minus interest on the loaned amount to the next policy anniversary. If at any time the loan plus interest due exceeds the cash surrender value of this policy, the policy will end. We will mail a notice to your address and to the address of any assignee at least 31 days before this policy ends.

Security and Interest on the Loan

Unless you are going to use the money to pay a premium due to us, we may defer making your loan for up to 6 months from the date of your written request. Your policy will serve as the sole security for the loan.

Interest on the loan accrues daily at the rate of 8% per year. Loan interest should be paid on or before each policy anniversary. Interest that is not paid when due will be added to the total amount of the loan and will bear the same rate of interest.

Repayment of the Loan

At any time while this policy is in force, you may repay all or part of a loan, unless the policy was continued as extended term or reduced paid up insurance. In this case, you may not repay the loan unless the policy is reinstated on a premium paying basis.

If the insured dies while there is an outstanding loan, we will pay the death benefit minus the loan and accrued interest to the beneficiary.

SECTION 13 HOW TO PAY FOR YOUR POLICY

When and Where to Pay Premiums

The first premium is due on the premium effective date and must be paid no later than the coverage effective date. Each additional premium is payable at our home office on or before its due date, based on the premium frequency. We will provide you with a receipt signed by our authorized officer if you request it.

How Often to Pay Premiums

The premium frequency is shown on the Policy Schedule and indicates how often the premium must be paid. You may change the premium frequency, subject to our approval, by sending us your request in writing.

SECTION 14 GRACE PERIOD, TERMINATION, AND REINSTATEMENT

Grace Period

After you have paid the first premium, you have a 31-day grace period in which to pay any premium which is due. The grace period begins on the due date of the premium and ends 31 days later. The policy remains in force during the grace period. Should the insured die while the policy is in a grace period, we will reduce the death benefit payable to the beneficiary by the amount of the overdue premium.

Premium Unpaid at the End of the Grace Period

If by the end of the grace period you have not paid the premium, all coverage provided by both this policy and any optional riders will stop as of the premium due date, except as provided for by other provisions of this policy. Please refer to the automatic premium loan and surrender options provisions.

When This Policy Ends

All coverage provided by this policy will end on the first to occur of the following dates:

- the date we receive your written request to end this policy; or
- the date a grace period ends without payment of a premium either by you or under the automatic premium loan provision; or
- the date you surrender this policy for its cash surrender value or exercise a surrender option; or
- the maturity date shown on the Policy Schedule; or
- the date a loan plus interest due exceeds the cash value of this policy; or
- the date the death benefit has been exhausted due to the payment of the sum of all Accelerated Death Benefits; or
- the date the insured dies.

Your Right to Reinstate This Policy

If this policy ends after a grace period or as described under the loan provisions, you have the right to ask us to reinstate (put back in force) the policy, as well as any riders attached to the policy. We will consider doing this within five years of the date coverage stopped provided that the insured is still alive.

In order for us to reinstate the policy, you cannot have surrendered it for its cash surrender value or have exercised a surrender option. You must also fulfill the following requirements:

- the policy must have lapsed for nonpayment of premium;
- you must furnish us with proof that the insured to be covered is insurable and we may require a physical examination;
- you must pay all overdue premiums; and
- you must repay any loans and accrued loan interest.

Effective Date of Reinstated Policy

If you meet all of these requirements, we will reinstate the policy. The effective date of the reinstated policy will be the date we approve your written request. A new contestable period will begin on that date. Any policy loan will be reinstated upon reinstatement of the policy.

SECTION 15 BASIS OF CALCULATIONS

Basis of Calculations

Cash values and net single premiums are based on the 2017 Commissioner's Standard Ordinary 60% Male, Smoker-distinct, Ultimate Age Last Birthday Mortality Table with interest at the rate shown on the Policy Schedule. The cash value of the reduced paid up insurance and extended term insurance is the net single premium at the insured's attained age.

A detailed statement of the method of computing values and reserves has been filed with the Interstate Insurance Product Regulation Commission.

Cash values on this policy for policy years not shown in the table of cash values are calculated by the standard nonforfeiture method using the nonforfeiture factors shown in the table.

Any cash values and paid-up nonforfeiture benefits available under the policy are not less than the minimum values and benefits required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, model #808.

Table of Cash Values

The table of cash values shows the guaranteed values as of certain policy anniversaries. The values shown are for completed policy years and assume that all premiums have been paid to the end of the year and that there are no outstanding policy loans and loan interest. Values during a policy year will reflect any portion of that year's premium paid and the time elapsed that year. Within 31 days of a policy anniversary, the values will not be less than the values as of the policy anniversary.

The cash value and reduced paid up life insurance values are shown on the basis of \$1,000 face amount. If the face amount of this policy as shown on the Policy Schedule is greater than \$1,000, the cash value and reduced paid up insurance values will be increased proportionally. The period for extended term insurance does not vary by the face amount.

SAMPLE POLICY

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 18						AGE AT ISSUE 19				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
4	0.92	7.72	1	199	0.00	1.39	11.29	2	148	0.00
5	5.37	43.60	11	351	0.00	6.04	47.47	12	320	0.00
6	9.99	78.50	18	269	0.00	10.86	82.59	19	103	0.00
7	14.80	112.56	24	310	0.00	15.89	116.92	25	112	0.00
8	19.80	145.69	29	240	0.00	21.16	150.57	29	274	0.00
9	25.06	178.31	33	81	0.00	26.67	183.46	33	53	0.00
10	30.54	210.08	35	324	0.00	32.38	215.31	35	225	0.00
11	36.23	240.90	37	293	0.00	38.34	246.37	37	154	0.00
12	42.16	270.92	39	89	0.00	44.51	276.39	38	283	0.00
13	48.32	300.04	40	115	0.00	50.90	305.43	39	284	0.00
14	54.67	328.06	41	27	0.00	57.49	333.40	40	173	0.00
15	61.24	355.15	41	213	0.00	64.26	360.23	40	345	0.00
16	67.99	381.14	41	333	0.00	71.20	385.95	41	84	0.00
17	74.90	406.01	42	33	0.00	78.30	410.58	41	140	0.00
18	81.97	429.82	42	57	0.00	85.56	434.14	41	156	0.00
19	89.20	452.61	42	46	0.00	92.99	456.72	41	138	0.00
20	96.59	474.40	42	5	0.00	100.62	478.44	41	91	0.00
Age 65	409.43	854.07	27	140	0.00	407.08	849.17	27	85	0.00
Nonforfeiture Factor: 4.85696						Nonforfeiture Factor: 5.02076				

AGE AT ISSUE 20						AGE AT ISSUE 21				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
4	1.92	15.09	3	235	0.00	2.48	18.86	5	92	0.00
5	6.76	51.41	13	190	0.00	7.55	55.56	14	25	0.00
6	11.81	86.90	19	303	0.00	12.87	91.58	20	128	0.00
7	17.11	121.75	25	238	0.00	18.42	126.71	25	320	0.00
8	22.64	155.74	29	294	0.00	24.19	160.85	29	294	0.00
9	28.37	188.64	33	5	0.00	30.19	194.00	32	302	0.00
10	34.35	220.73	35	116	0.00	36.42	226.15	34	359	0.00
11	40.55	251.80	37	6	0.00	42.86	257.19	36	212	0.00
12	46.97	281.85	38	107	0.00	49.50	287.07	37	286	0.00
13	53.58	310.73	39	81	0.00	56.34	315.84	38	236	0.00
14	60.39	338.54	39	317	0.00	63.34	343.35	39	88	0.00
15	67.36	365.14	40	106	0.00	70.49	369.62	39	228	0.00
16	74.48	390.54	40	199	0.00	77.81	394.81	39	312	0.00
17	81.77	414.91	40	247	0.00	85.30	418.95	39	352	0.00
18	89.23	438.25	40	255	0.00	93.00	442.21	39	353	0.00
19	96.89	460.71	40	230	0.00	100.95	464.73	39	322	0.00
20	104.80	482.45	40	177	0.00	109.15	486.48	39	262	0.00
Age 65	404.62	844.04	27	26	0.00	402.05	838.68	26	334	0.00
Nonforfeiture Factor: 5.19131						Nonforfeiture Factor: 5.36943				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 22						AGE AT ISSUE 23				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
4	3.09	22.74	6	335	0.00	3.78	26.90	8	29	0.00
5	8.43	59.99	14	201	0.00	9.38	64.53	14	355	0.00
6	14.01	96.38	20	299	0.00	15.20	101.07	21	78	0.00
7	19.80	131.66	26	1	0.00	21.26	136.62	26	16	0.00
8	25.83	165.99	29	273	0.00	27.54	171.01	29	229	0.00
9	32.09	199.27	32	212	0.00	34.04	204.26	32	103	0.00
10	38.56	231.39	34	221	0.00	40.75	236.32	34	71	0.00
11	45.23	262.30	36	45	0.00	47.64	267.07	35	230	0.00
12	52.10	292.07	37	92	0.00	54.71	296.57	36	253	0.00
13	59.13	320.53	38	22	0.00	61.93	324.74	37	160	0.00
14	66.32	347.76	38	219	0.00	69.32	351.73	37	346	0.00
15	73.67	373.81	38	349	0.00	76.88	377.60	38	96	0.00
16	81.19	398.77	39	56	0.00	84.65	402.51	38	160	0.00
17	88.93	422.86	39	86	0.00	92.66	426.57	38	182	0.00
18	96.91	446.13	39	81	0.00	100.95	449.93	38	171	0.00
19	105.15	468.65	39	45	0.00	109.50	472.50	38	129	0.00
20	113.66	490.45	38	347	0.00	118.33	494.35	38	62	0.00
Age 65	399.37	833.09	26	278	0.00	396.54	827.19	26	218	0.00
Nonforfeiture Factor: 5.55598						Nonforfeiture Factor: 5.75187				

AGE AT ISSUE 24						AGE AT ISSUE 25				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
4	4.52	31.10	8	277	0.00	5.29	35.18	9	70	0.00
5	10.36	68.89	15	122	0.00	11.41	73.32	15	248	0.00
6	16.45	105.71	21	180	0.00	17.76	110.28	21	244	0.00
7	22.77	141.39	26	5	0.00	24.32	145.94	25	340	0.00
8	29.30	175.82	29	163	0.00	31.10	180.36	29	78	0.00
9	36.04	209.01	31	344	0.00	38.06	213.36	31	201	0.00
10	42.97	240.89	33	274	0.00	45.20	245.02	33	102	0.00
11	50.07	271.42	35	44	0.00	52.49	275.24	34	209	0.00
12	57.32	300.57	36	42	0.00	59.95	304.19	35	186	0.00
13	64.75	328.55	36	296	0.00	67.59	331.97	36	59	0.00
14	72.34	355.30	37	98	0.00	75.44	358.72	36	214	0.00
15	80.15	381.11	37	204	0.00	83.53	384.54	36	311	0.00
16	88.21	406.08	37	261	0.00	91.90	409.60	36	361	0.00
17	96.53	430.23	37	277	0.00	100.54	433.84	37	6	0.00
18	105.12	453.60	37	259	0.00	109.46	457.30	36	347	0.00
19	114.00	476.26	37	212	0.00	118.67	479.99	36	294	0.00
20	123.16	498.15	37	140	0.00	128.21	502.04	36	218	0.00
Age 65	393.58	821.01	26	156	0.00	390.47	814.52	26	91	0.00
Nonforfeiture Factor: 5.95763						Nonforfeiture Factor: 6.17337				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 26						AGE AT ISSUE 27				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	0.00	0.00	0	0	0.00	0.47	3.03	0	364	0.00
4	6.10	39.20	9	180	0.00	6.89	42.79	9	247	0.00
5	12.49	77.56	15	355	0.00	13.52	81.13	16	55	0.00
6	19.08	114.50	21	263	0.00	20.37	118.13	21	235	0.00
7	25.90	150.20	25	292	0.00	27.42	153.72	25	211	0.00
8	32.90	184.44	28	336	0.00	34.63	187.72	28	198	0.00
9	40.07	217.21	31	48	0.00	42.00	220.23	30	238	0.00
10	47.40	248.55	32	284	0.00	49.55	251.42	32	86	0.00
11	54.91	278.62	34	6	0.00	57.27	281.28	33	148	0.00
12	62.58	307.36	34	326	0.00	65.20	310.02	34	87	0.00
13	70.47	335.08	35	179	0.00	73.39	337.86	34	294	0.00
14	78.61	361.89	35	326	0.00	81.85	364.80	35	64	0.00
15	87.02	387.85	36	47	0.00	90.58	390.86	35	142	0.00
16	95.71	413.00	36	89	0.00	99.60	416.11	35	177	0.00
17	104.67	437.29	36	92	0.00	108.92	440.56	35	176	0.00
18	113.94	460.86	36	65	0.00	118.56	464.25	35	143	0.00
19	123.53	483.71	36	9	0.00	128.55	487.27	35	84	0.00
20	133.46	505.88	35	294	0.00	138.87	509.55	35	3	0.00
Age 65	387.20	807.70	26	22	0.00	383.73	800.46	25	318	0.00
Nonforfeiture Factor: 6.40059						Nonforfeiture Factor: 6.64176				

AGE AT ISSUE 28						AGE AT ISSUE 29				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	0.98	6.09	1	337	0.00	1.49	8.95	2	205	0.00
4	7.65	45.91	9	284	0.00	8.42	48.83	9	312	0.00
5	14.54	84.33	16	95	0.00	15.55	87.18	16	120	0.00
6	21.63	121.26	21	180	0.00	22.85	123.87	21	108	0.00
7	28.88	156.55	25	109	0.00	30.31	158.94	24	362	0.00
8	36.30	190.35	28	46	0.00	37.95	192.56	27	246	0.00
9	43.89	222.70	30	54	0.00	45.76	224.75	29	224	0.00
10	51.66	253.73	31	242	0.00	53.80	255.82	31	29	0.00
11	59.64	283.59	32	285	0.00	62.08	285.79	32	51	0.00
12	67.88	312.49	33	206	0.00	70.65	314.89	32	324	0.00
13	76.39	340.47	34	38	0.00	79.48	342.96	33	140	0.00
14	85.17	367.52	34	161	0.00	88.61	370.19	33	258	0.00
15	94.24	393.71	34	234	0.00	98.04	396.55	33	325	0.00
16	103.61	419.08	34	264	0.00	107.80	422.12	33	350	0.00
17	113.31	443.69	34	257	0.00	117.91	446.94	33	339	0.00
18	123.36	467.60	34	220	0.00	128.36	470.98	33	297	0.00
19	133.75	490.76	34	157	0.00	139.17	494.29	33	230	0.00
20	144.49	513.18	34	73	0.00	150.33	516.83	33	144	0.00
Age 65	380.06	792.81	25	248	0.00	376.21	784.78	25	174	0.00
Nonforfeiture Factor: 6.89638						Nonforfeiture Factor: 7.16389				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 30						AGE AT ISSUE 31				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	1.96	11.37	2	325	0.00	2.39	13.40	3	12	0.00
4	9.13	51.19	9	316	0.00	9.79	53.07	9	318	0.00
5	16.48	89.34	16	111	0.00	17.35	90.98	16	82	0.00
6	24.00	125.85	21	19	0.00	25.09	127.31	20	281	0.00
7	31.68	160.75	24	227	0.00	33.01	162.13	24	84	0.00
8	39.55	194.25	27	71	0.00	41.15	195.67	26	250	0.00
9	47.63	226.48	29	24	0.00	49.55	228.11	28	179	0.00
10	55.97	257.66	30	169	0.00	58.22	259.49	29	308	0.00
11	64.59	287.88	31	175	0.00	67.18	289.89	30	297	0.00
12	73.49	317.12	32	69	0.00	76.43	319.31	31	176	0.00
13	82.67	345.38	32	241	0.00	85.98	347.77	31	341	0.00
14	92.17	372.81	32	353	0.00	95.88	375.44	32	78	0.00
15	101.99	399.37	33	47	0.00	106.12	402.25	32	132	0.00
16	112.16	425.15	33	66	0.00	116.71	428.24	32	147	0.00
17	122.68	450.14	33	52	0.00	127.66	453.41	32	128	0.00
18	133.56	474.36	33	8	0.00	138.97	477.78	32	81	0.00
19	144.79	497.79	32	303	0.00	150.64	501.33	32	11	0.00
20	156.38	520.43	32	214	0.00	162.66	524.06	31	284	0.00
Age 65	372.14	776.29	25	95	0.00	367.87	767.38	25	13	0.00
Nonforfeiture Factor: 7.44602						Nonforfeiture Factor: 7.74279				

AGE AT ISSUE 32						AGE AT ISSUE 33				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	2.77	15.02	3	28	0.00	3.10	16.26	3	34	0.00
4	10.39	54.49	9	323	0.00	10.95	55.57	9	333	0.00
5	18.18	92.25	16	37	0.00	18.98	93.22	15	344	0.00
6	26.16	128.49	20	176	0.00	27.24	129.53	20	68	0.00
7	34.36	163.38	23	299	0.00	35.76	164.63	23	141	0.00
8	42.81	197.08	26	63	0.00	44.56	198.61	25	237	0.00
9	51.55	229.76	27	335	0.00	53.65	231.51	27	122	0.00
10	60.57	261.37	29	78	0.00	63.03	263.33	28	211	0.00
11	69.89	291.99	30	52	0.00	72.73	294.18	29	169	0.00
12	79.51	321.60	30	284	0.00	82.76	324.07	30	27	0.00
13	89.47	350.34	31	73	0.00	93.16	353.13	30	171	0.00
14	99.79	378.26	31	169	0.00	103.90	381.23	30	261	0.00
15	110.45	405.27	31	218	0.00	115.01	408.48	30	306	0.00
16	121.48	431.46	31	229	0.00	126.48	434.84	30	313	0.00
17	132.87	456.81	31	206	0.00	138.32	460.33	30	286	0.00
18	144.62	481.30	31	155	0.00	150.52	484.95	30	232	0.00
19	156.73	504.96	31	83	0.00	163.06	508.67	30	156	0.00
20	169.18	527.76	30	356	0.00	175.91	531.45	30	63	0.00
Age 65	363.39	758.04	24	297	0.00	358.70	748.25	24	212	0.00
Nonforfeiture Factor: 8.05373						Nonforfeiture Factor: 8.3793				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 34						AGE AT ISSUE 35				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	3.40	17.26	3	49	0.00	3.71	18.23	3	85	0.00
4	11.50	56.49	9	357	0.00	12.10	57.54	10	33	0.00
5	19.82	94.25	15	283	0.00	20.75	95.53	15	228	0.00
6	28.40	130.74	19	328	0.00	29.69	132.33	19	228	0.00
7	37.27	166.11	22	352	0.00	38.92	167.95	22	199	0.00
8	46.43	200.35	25	51	0.00	48.45	202.42	24	231	0.00
9	55.88	233.46	26	277	0.00	58.29	235.77	26	71	0.00
10	65.65	265.54	27	350	0.00	68.48	268.15	27	121	0.00
11	75.76	296.66	28	290	0.00	79.04	299.61	28	49	0.00
12	86.24	326.90	29	134	0.00	89.95	330.05	28	246	0.00
13	97.06	356.14	29	272	0.00	101.23	359.54	29	12	0.00
14	108.26	384.51	29	358	0.00	112.88	388.08	29	88	0.00
15	119.81	411.91	30	31	0.00	124.91	415.70	29	122	0.00
16	131.75	438.46	30	33	0.00	137.29	442.32	29	118	0.00
17	144.04	464.07	30	3	0.00	150.03	468.02	29	85	0.00
18	156.67	488.74	29	311	0.00	163.08	492.69	29	27	0.00
19	169.63	512.48	29	233	0.00	176.46	516.43	28	312	0.00
20	182.90	535.28	29	136	0.00	190.18	539.28	28	213	0.00
Age 65	353.81	738.05	24	124	0.00	348.72	727.43	24	32	0.00
Nonforfeiture Factor: 8.71906						Nonforfeiture Factor: 9.07252				

AGE AT ISSUE 36						AGE AT ISSUE 37				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	4.08	19.41	3	146	0.00	4.53	20.86	3	224	0.00
4	12.80	58.93	10	91	0.00	13.62	60.71	10	155	0.00
5	21.81	97.21	15	181	0.00	23.00	99.25	15	144	0.00
6	31.11	134.25	19	133	0.00	32.69	136.57	19	44	0.00
7	40.72	170.12	22	52	0.00	42.69	172.67	21	272	0.00
8	50.64	204.83	24	53	0.00	53.05	207.73	23	243	0.00
9	60.92	238.55	25	234	0.00	63.78	241.76	25	37	0.00
10	71.56	271.25	26	264	0.00	74.87	274.72	26	46	0.00
11	82.56	302.93	27	174	0.00	86.35	306.69	26	305	0.00
12	93.93	333.61	27	363	0.00	98.19	337.58	27	115	0.00
13	105.68	363.33	28	118	0.00	110.41	367.45	27	228	0.00
14	117.80	392.04	28	188	0.00	123.01	396.32	27	293	0.00
15	130.29	419.77	28	216	0.00	135.95	424.10	27	316	0.00
16	143.13	446.50	28	209	0.00	149.22	450.82	27	303	0.00
17	156.29	472.18	28	171	0.00	162.82	476.51	27	261	0.00
18	169.77	496.85	28	110	0.00	176.76	501.23	27	197	0.00
19	183.60	520.62	28	29	0.00	191.07	525.05	27	113	0.00
20	197.79	543.52	27	293	0.00	205.78	548.05	27	12	0.00
Age 65	343.43	716.40	23	303	0.00	337.93	704.93	23	208	0.00
Nonforfeiture Factor: 9.43966						Nonforfeiture Factor: 9.82142				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 38						AGE AT ISSUE 39				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	5.09	22.69	3	329	0.00	5.72	24.69	4	87	0.00
4	14.55	62.79	10	213	0.00	15.58	65.09	10	257	0.00
5	24.32	101.61	15	113	0.00	25.76	104.20	15	82	0.00
6	34.42	139.22	18	317	0.00	36.31	142.18	18	219	0.00
7	44.87	175.70	21	131	0.00	47.22	178.99	20	356	0.00
8	55.69	211.10	23	74	0.00	58.51	214.69	22	267	0.00
9	66.88	245.40	24	204	0.00	70.19	249.29	24	10	0.00
10	78.45	278.63	25	192	0.00	82.24	282.74	24	342	0.00
11	90.39	310.76	26	72	0.00	94.68	315.10	25	204	0.00
12	102.72	341.85	26	236	0.00	107.49	346.32	25	360	0.00
13	115.42	371.86	26	343	0.00	120.67	376.43	26	91	0.00
14	128.48	400.80	27	35	0.00	134.17	405.35	26	141	0.00
15	141.87	428.61	27	51	0.00	148.02	433.20	26	152	0.00
16	155.58	455.32	27	34	0.00	162.20	459.94	26	130	0.00
17	169.65	481.07	26	355	0.00	176.77	485.76	26	83	0.00
18	184.08	505.84	26	287	0.00	191.74	510.66	26	14	0.00
19	198.92	529.78	26	200	0.00	207.14	534.73	25	289	0.00
20	214.18	552.90	26	95	0.00	222.98	557.99	25	181	0.00
Age 65	332.20	692.97	23	108	0.00	326.22	680.50	23	4	0.00
Nonforfeiture Factor: 10.2188						Nonforfeiture Factor: 10.6344				

AGE AT ISSUE 40						AGE AT ISSUE 41				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	6.39	26.70	4	213	0.00	7.09	28.68	4	333	0.00
4	16.67	67.43	10	279	0.00	17.84	69.86	10	283	0.00
5	27.31	106.94	15	43	0.00	28.97	109.82	14	360	0.00
6	38.33	145.29	18	113	0.00	40.47	148.50	17	365	0.00
7	49.72	182.44	20	207	0.00	52.37	186.00	20	57	0.00
8	61.51	218.47	22	92	0.00	64.65	222.27	21	278	0.00
9	73.67	253.28	23	172	0.00	77.33	257.36	22	336	0.00
10	86.23	286.98	24	121	0.00	90.39	291.22	23	265	0.00
11	99.16	319.48	24	338	0.00	103.82	323.87	24	103	0.00
12	112.46	350.82	25	116	0.00	117.58	355.23	24	237	0.00
13	126.09	380.94	25	205	0.00	131.69	385.41	24	320	0.00
14	140.06	409.90	25	249	0.00	146.15	414.43	24	359	0.00
15	154.38	437.77	25	254	0.00	160.99	442.39	24	359	0.00
16	169.08	464.62	25	228	0.00	176.25	469.41	24	328	0.00
17	184.19	490.55	25	177	0.00	191.94	495.49	24	273	0.00
18	199.74	515.63	25	105	0.00	208.09	520.73	24	198	0.00
19	215.72	539.82	25	14	0.00	224.67	545.07	24	104	0.00
20	232.14	563.20	24	269	0.00	241.67	568.54	23	358	0.00
Age 65	319.93	667.38	22	261	0.00	313.31	653.57	22	148	0.00
Nonforfeiture Factor: 11.071						Nonforfeiture Factor: 11.5308				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 42						AGE AT ISSUE 43				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	7.87	30.82	5	82	0.00	8.71	33.02	5	174	0.00
4	19.11	72.44	10	278	0.00	20.46	75.08	10	263	0.00
5	30.73	112.76	14	295	0.00	32.60	115.79	14	218	0.00
6	42.75	151.84	17	241	0.00	45.14	155.19	17	112	0.00
7	55.15	189.61	19	265	0.00	58.09	193.33	19	106	0.00
8	67.96	226.17	21	94	0.00	71.42	230.11	20	273	0.00
9	81.16	261.49	22	129	0.00	85.13	265.57	21	286	0.00
10	94.72	295.48	23	43	0.00	99.18	299.64	22	182	0.00
11	108.62	328.16	23	232	0.00	113.58	332.41	22	364	0.00
12	122.87	359.59	23	361	0.00	128.34	363.93	23	115	0.00
13	137.48	389.84	24	69	0.00	143.49	394.31	23	182	0.00
14	152.47	418.98	24	100	0.00	159.07	423.65	23	208	0.00
15	167.88	447.12	24	95	0.00	175.09	451.99	23	198	0.00
16	183.74	474.32	24	62	0.00	191.57	479.39	23	162	0.00
17	200.05	500.61	24	6	0.00	208.49	505.82	23	102	0.00
18	216.79	525.96	23	292	0.00	225.86	531.34	23	24	0.00
19	233.97	550.42	23	195	0.00	243.60	555.85	22	289	0.00
20	251.53	573.94	23	82	0.00	261.71	579.39	22	173	0.00
Age 65	306.33	639.01	22	29	0.00	298.98	623.68	21	268	0.00
Nonforfeiture Factor: 12.0149						Nonforfeiture Factor: 12.5252				

AGE AT ISSUE 44						AGE AT ISSUE 45				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	9.62	35.30	5	243	0.00	10.56	37.51	5	279	0.00
4	21.90	77.79	10	242	0.00	23.38	80.38	10	207	0.00
5	34.57	118.86	14	132	0.00	36.62	121.88	14	34	0.00
6	47.66	158.62	16	344	0.00	50.26	161.93	16	201	0.00
7	61.14	196.99	18	307	0.00	64.28	200.53	18	136	0.00
8	75.00	233.97	20	83	0.00	78.65	237.62	19	252	0.00
9	89.21	269.52	21	75	0.00	93.38	273.29	20	224	0.00
10	103.77	303.70	21	323	0.00	108.48	307.61	21	94	0.00
11	118.69	336.56	22	126	0.00	123.98	340.69	21	254	0.00
12	134.01	368.26	22	235	0.00	139.91	372.62	21	358	0.00
13	149.76	398.86	22	297	0.00	156.29	403.46	22	46	0.00
14	165.96	428.43	22	317	0.00	173.15	433.30	22	60	0.00
15	182.62	456.99	22	304	0.00	190.46	462.08	22	44	0.00
16	199.74	484.59	22	264	0.00	208.22	489.84	22	2	0.00
17	217.29	511.18	22	201	0.00	226.36	516.51	21	301	0.00
18	235.23	536.75	22	119	0.00	244.89	542.15	21	215	0.00
19	253.54	561.30	22	18	0.00	263.77	566.74	21	112	0.00
20	272.21	584.88	21	265	0.00	283.01	590.36	20	359	0.00
Age 65	291.23	607.51	21	135	0.00	283.01	590.36	20	359	0.00
Nonforfeiture Factor: 13.0638						Nonforfeiture Factor: 13.6341				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 46						AGE AT ISSUE 47				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	11.52	39.61	5	290	0.00	12.53	41.70	5	286	0.00
4	24.92	82.94	10	161	0.00	26.51	85.41	10	104	0.00
5	38.73	124.78	13	287	0.00	40.87	127.50	13	167	0.00
6	52.92	165.09	16	55	0.00	55.61	168.01	15	267	0.00
7	67.46	203.81	17	327	0.00	70.70	206.91	17	145	0.00
8	82.37	241.07	19	54	0.00	86.18	244.38	18	215	0.00
9	97.65	276.90	20	9	0.00	102.06	280.46	19	153	0.00
10	113.34	311.46	20	229	0.00	118.39	315.31	20	1	0.00
11	129.46	344.79	21	17	0.00	135.19	348.99	20	141	0.00
12	146.05	377.03	21	110	0.00	152.47	381.55	20	229	0.00
13	163.11	408.17	21	158	0.00	170.21	412.95	20	272	0.00
14	180.63	438.23	21	168	0.00	188.41	443.24	20	278	0.00
15	198.60	467.21	21	148	0.00	207.01	472.36	20	255	0.00
16	216.97	495.08	21	103	0.00	226.00	500.33	20	207	0.00
17	235.72	521.85	21	37	0.00	245.36	527.19	20	137	0.00
18	254.83	547.54	20	314	0.00	265.08	552.96	20	48	0.00
19	274.30	572.19	20	208	0.00	285.17	577.71	19	306	0.00
20	294.15	595.91	20	89	0.00	305.65	601.53	19	186	0.00
Age 65	274.30	572.19	20	208	0.00	265.08	552.96	20	48	0.00
Nonforfeiture Factor: 14.2386						Nonforfeiture Factor: 14.8793				

AGE AT ISSUE 48						AGE AT ISSUE 49				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
3	13.53	43.60	5	268	0.00	14.54	45.36	5	246	0.00
4	28.09	87.63	10	34	0.00	29.68	89.67	9	318	0.00
5	43.02	129.97	13	42	0.00	45.19	132.26	12	276	0.00
6	58.32	170.68	15	109	0.00	61.09	173.23	14	315	0.00
7	74.00	209.84	16	329	0.00	77.41	212.72	16	140	0.00
8	90.10	247.59	18	12	0.00	94.19	250.86	17	167	0.00
9	106.64	284.02	18	298	0.00	111.45	287.71	18	77	0.00
10	123.67	319.25	19	133	0.00	129.20	323.32	18	267	0.00
11	141.17	353.27	19	268	0.00	147.43	357.68	19	30	0.00
12	159.15	386.12	19	351	0.00	166.13	390.83	19	104	0.00
13	177.60	417.81	20	22	0.00	185.24	422.68	19	136	0.00
14	196.45	448.26	20	24	0.00	204.75	453.29	19	135	0.00
15	215.69	477.50	19	364	0.00	224.64	482.67	19	107	0.00
16	235.30	505.57	19	313	0.00	244.90	510.87	19	55	0.00
17	255.28	532.52	19	240	0.00	265.55	537.97	18	345	0.00
18	275.65	558.43	19	148	0.00	286.59	564.02	18	251	0.00
19	296.40	583.32	19	41	0.00	308.03	589.07	18	142	0.00
20	317.54	607.26	18	285	0.00	329.85	613.16	18	21	0.00
Age 65	255.28	532.52	19	240	0.00	244.90	510.87	19	55	0.00
Nonforfeiture Factor: 15.5591						Nonforfeiture Factor: 16.2801				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 50						AGE AT ISSUE 51				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.15	0.47	0	24	0.00	0.47	1.42	0	69	0.00
3	15.51	46.86	5	220	0.00	16.45	48.15	5	190	0.00
4	31.24	91.43	9	226	0.00	32.83	93.10	9	131	0.00
5	47.38	134.36	12	141	0.00	49.64	136.41	12	7	0.00
6	63.94	175.71	14	150	0.00	66.92	178.23	13	352	0.00
7	80.96	215.62	15	317	0.00	84.70	218.66	15	125	0.00
8	98.47	254.20	16	325	0.00	102.99	257.73	16	115	0.00
9	116.48	291.48	17	219	0.00	121.77	295.43	17	2	0.00
10	134.98	327.48	18	38	0.00	141.03	331.78	17	172	0.00
11	153.95	362.17	18	156	0.00	160.72	366.73	17	285	0.00
12	173.34	395.53	18	225	0.00	180.81	400.29	17	349	0.00
13	193.14	427.58	18	253	0.00	201.30	432.52	18	8	0.00
14	213.31	458.33	18	249	0.00	222.17	463.45	18	1	0.00
15	233.87	487.86	18	217	0.00	243.44	493.18	17	332	0.00
16	254.82	516.23	18	162	0.00	265.11	521.74	17	273	0.00
17	276.17	543.51	18	86	0.00	287.19	549.22	17	193	0.00
18	297.92	569.74	17	356	0.00	309.67	575.65	17	98	0.00
19	320.06	594.96	17	246	0.00	332.51	601.03	16	353	0.00
20	342.55	619.18	17	124	0.00	355.65	625.35	16	231	0.00
Age 65	233.87	487.86	18	217	0.00	222.17	463.45	18	1	0.00
Nonforfeiture Factor: 17.0458						Nonforfeiture Factor: 17.8582				

AGE AT ISSUE 52						AGE AT ISSUE 53				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	0.76	2.23	0	101	0.00	1.07	3.04	0	131	0.00
3	17.40	49.34	5	160	0.00	18.43	50.65	5	130	0.00
4	34.48	94.75	9	34	0.00	36.28	96.63	8	300	0.00
5	52.04	138.60	11	234	0.00	54.65	141.08	11	101	0.00
6	70.10	180.97	13	184	0.00	73.53	184.01	13	22	0.00
7	88.68	221.92	14	301	0.00	92.93	225.46	14	112	0.00
8	107.76	261.44	15	273	0.00	112.82	265.41	15	69	0.00
9	127.33	299.55	16	145	0.00	133.16	303.85	15	296	0.00
10	147.33	336.18	16	311	0.00	153.92	340.76	16	86	0.00
11	167.75	371.37	17	51	0.00	175.07	376.16	16	184	0.00
12	188.56	405.15	17	108	0.00	196.63	410.17	16	236	0.00
13	209.76	437.56	17	128	0.00	218.60	442.85	16	252	0.00
14	231.37	468.72	17	118	0.00	240.98	474.25	16	239	0.00
15	253.39	498.68	17	81	0.00	263.79	504.47	16	199	0.00
16	275.83	527.50	17	21	0.00	287.01	533.53	16	136	0.00
17	298.66	555.18	16	305	0.00	310.59	561.41	16	54	0.00
18	321.86	581.78	16	208	0.00	334.50	588.16	15	322	0.00
19	345.38	607.29	16	98	0.00	358.64	613.72	15	211	0.00
20	369.12	631.66	15	340	0.00	382.95	638.12	15	89	0.00
Age 65	209.76	437.56	17	128	0.00	196.63	410.17	16	236	0.00
Nonforfeiture Factor: 18.7194						Nonforfeiture Factor: 19.6313				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 54						AGE AT ISSUE 55				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	1.43	3.93	0	163	0.00	1.86	4.96	0	198	0.00
3	19.59	52.18	5	98	0.00	20.88	53.91	5	62	0.00
4	38.27	98.80	8	204	0.00	40.44	101.20	8	109	0.00
5	57.48	143.84	10	336	0.00	60.53	146.86	10	203	0.00
6	77.21	187.32	12	222	0.00	81.14	190.89	12	61	0.00
7	97.45	229.26	13	291	0.00	102.20	233.20	13	106	0.00
8	118.14	269.57	14	231	0.00	123.70	273.86	14	33	0.00
9	139.26	308.30	15	83	0.00	145.61	312.86	14	237	0.00
10	160.78	345.46	15	229	0.00	167.94	350.33	15	12	0.00
11	182.71	381.14	15	321	0.00	190.69	386.31	15	95	0.00
12	205.06	415.42	16	4	0.00	213.87	420.90	15	137	0.00
13	227.83	448.38	16	16	0.00	237.50	454.19	15	146	0.00
14	251.04	480.09	15	365	0.00	261.54	486.18	15	126	0.00
15	274.65	510.55	15	321	0.00	285.97	516.91	15	81	0.00
16	298.65	539.83	15	255	0.00	310.73	546.36	15	14	0.00
17	322.97	567.89	15	172	0.00	335.73	574.52	14	294	0.00
18	347.53	594.71	15	74	0.00	360.91	601.40	14	195	0.00
19	372.26	620.31	14	328	0.00	386.18	626.98	14	84	0.00
20	397.08	644.68	14	207	0.00	411.49	651.33	13	327	0.00
Age 65	182.71	381.14	15	321	0.00	167.94	350.33	15	12	0.00
Nonforfeiture Factor: 20.5976						Nonforfeiture Factor: 21.6234				

AGE AT ISSUE 56						AGE AT ISSUE 57				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	2.37	6.12	0	236	0.00	2.93	7.34	0	270	0.00
3	22.30	55.81	5	20	0.00	23.80	57.75	4	335	0.00
4	42.77	103.77	8	16	0.00	45.22	106.39	7	282	0.00
5	63.77	150.02	10	73	0.00	67.10	153.11	9	304	0.00
6	85.22	194.46	11	263	0.00	89.44	198.01	11	99	0.00
7	107.13	237.17	12	288	0.00	112.21	241.10	12	104	0.00
8	129.46	278.16	13	199	0.00	135.41	282.47	13	5	0.00
9	152.21	317.51	14	30	0.00	159.05	322.21	13	187	0.00
10	175.39	355.32	14	158	0.00	183.14	360.43	13	309	0.00
11	199.01	391.66	14	236	0.00	207.69	397.19	14	17	0.00
12	223.08	426.62	14	275	0.00	232.67	432.51	14	50	0.00
13	247.58	460.23	14	281	0.00	258.06	466.46	14	52	0.00
14	272.47	492.50	14	257	0.00	283.78	498.98	14	25	0.00
15	297.70	523.45	14	208	0.00	309.76	530.08	13	338	0.00
16	323.17	553.02	14	139	0.00	335.92	559.75	13	268	0.00
17	348.83	581.27	14	54	0.00	362.19	588.03	13	182	0.00
18	374.58	608.15	13	319	0.00	388.49	614.92	13	83	0.00
19	400.37	633.73	13	209	0.00	414.79	640.49	12	337	0.00
20	426.16	658.05	13	89	0.00	441.08	664.84	12	219	0.00
Age 65	152.21	317.51	14	30	0.00	135.41	282.47	13	5	0.00
Nonforfeiture Factor: 22.7155						Nonforfeiture Factor: 23.8818				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 58						AGE AT ISSUE 59				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	3.49	8.47	0	297	0.00	4.04	9.51	0	311	0.00
3	25.35	59.64	4	277	0.00	26.87	61.32	4	214	0.00
4	47.69	108.82	7	181	0.00	50.17	111.07	7	78	0.00
5	70.49	156.06	9	165	0.00	73.92	158.83	9	27	0.00
6	93.74	201.42	10	300	0.00	98.12	204.68	10	132	0.00
7	117.42	244.94	11	286	0.00	122.78	248.74	11	103	0.00
8	141.55	286.76	12	171	0.00	147.92	291.11	11	344	0.00
9	166.15	326.99	12	348	0.00	173.52	331.84	12	142	0.00
10	191.20	365.65	13	95	0.00	199.58	371.00	12	248	0.00
11	216.71	402.85	13	162	0.00	226.06	408.62	12	311	0.00
12	242.62	438.55	13	192	0.00	252.89	444.66	12	338	0.00
13	268.88	472.78	13	190	0.00	280.00	479.15	12	331	0.00
14	295.40	505.50	13	159	0.00	307.29	512.05	12	297	0.00
15	322.11	536.74	13	107	0.00	334.68	543.37	12	243	0.00
16	348.92	566.49	13	35	0.00	362.12	573.18	12	171	0.00
17	375.76	594.77	12	313	0.00	389.56	601.53	12	84	0.00
18	402.62	621.70	12	215	0.00	416.98	628.51	11	349	0.00
19	429.45	647.31	12	105	0.00	444.33	654.17	11	242	0.00
20	456.22	671.67	11	351	0.00	471.55	678.54	11	127	0.00
Age 65	117.42	244.94	11	286	0.00	98.12	204.68	10	132	0.00
Nonforfeiture Factor: 25.1307						Nonforfeiture Factor: 26.4703				

AGE AT ISSUE 60						AGE AT ISSUE 61				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	4.52	10.32	0	315	0.00	4.93	10.92	0	310	0.00
3	28.36	62.79	4	149	0.00	29.81	64.06	4	83	0.00
4	52.66	113.15	6	338	0.00	55.16	115.07	6	227	0.00
5	77.41	161.48	8	248	0.00	81.00	164.10	8	105	0.00
6	102.64	207.94	9	332	0.00	107.33	211.23	9	165	0.00
7	128.35	252.60	10	286	0.00	134.15	256.55	10	106	0.00
8	154.54	295.54	11	148	0.00	161.45	300.12	10	323	0.00
9	181.20	336.84	11	305	0.00	189.19	341.97	11	104	0.00
10	208.29	376.50	12	40	0.00	217.31	382.10	11	198	0.00
11	235.74	414.51	12	97	0.00	245.70	420.45	11	252	0.00
12	263.46	450.85	12	119	0.00	274.29	457.06	11	269	0.00
13	291.38	485.54	12	109	0.00	302.99	491.92	11	255	0.00
14	319.40	518.56	12	73	0.00	331.73	525.08	11	218	0.00
15	347.47	549.99	12	18	0.00	360.48	556.63	11	161	0.00
16	375.54	579.88	11	309	0.00	389.20	586.64	11	88	0.00
17	403.59	608.33	11	223	0.00	417.86	615.19	10	365	0.00
18	431.57	635.38	11	125	0.00	446.38	642.32	10	269	0.00
19	459.42	661.09	11	17	0.00	474.63	668.01	10	166	0.00
20	487.00	685.42	10	270	0.00	502.47	692.25	10	54	0.00
Age 65	77.41	161.48	8	248	0.00	55.16	115.07	6	227	0.00
Nonforfeiture Factor: 27.9082						Nonforfeiture Factor: 29.453				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 62						AGE AT ISSUE 63				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	5.30	11.39	0	301	0.00	5.65	11.79	0	290	0.00
3	31.29	65.28	4	19	0.00	32.84	66.53	3	320	0.00
4	57.78	117.06	6	118	0.00	60.55	119.17	6	12	0.00
5	84.77	166.83	7	329	0.00	88.78	169.79	7	187	0.00
6	112.27	214.71	9	4	0.00	117.51	218.44	8	207	0.00
7	140.27	260.75	9	294	0.00	146.71	265.19	9	120	0.00
8	168.71	304.95	10	134	0.00	176.29	309.98	9	315	0.00
9	197.53	347.32	10	272	0.00	206.17	352.81	10	80	0.00
10	226.64	387.84	10	363	0.00	236.26	393.69	10	163	0.00
11	255.95	426.50	11	46	0.00	266.46	432.61	10	206	0.00
12	285.38	463.33	11	58	0.00	296.71	469.65	10	215	0.00
13	314.85	498.36	11	41	0.00	326.97	504.89	10	196	0.00
14	344.32	531.68	11	2	0.00	357.20	538.41	10	155	0.00
15	373.77	563.38	10	308	0.00	387.36	570.29	10	96	0.00
16	403.16	593.55	10	235	0.00	417.37	600.58	10	22	0.00
17	432.39	622.19	10	150	0.00	447.10	629.26	9	302	0.00
18	461.36	649.33	10	54	0.00	476.40	656.33	9	211	0.00
19	489.90	674.93	9	316	0.00	505.23	681.87	9	112	0.00
20	517.99	699.09	9	212	0.00	533.61	706.02	9	6	0.00
Age 65	31.29	65.28	4	19	0.00	5.65	11.79	0	290	0.00
Nonforfeiture Factor: 31.1103						Nonforfeiture Factor: 32.8904				

AGE AT ISSUE 64						AGE AT ISSUE 65				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	6.03	12.22	0	281	0.00	6.46	12.72	0	274	0.00
3	34.51	67.92	3	257	0.00	36.31	69.44	3	193	0.00
4	63.52	121.48	5	268	0.00	66.70	123.99	5	160	0.00
5	93.05	172.98	7	51	0.00	97.58	176.38	6	280	0.00
6	123.06	222.44	8	52	0.00	128.86	226.58	7	264	0.00
7	153.46	269.84	8	316	0.00	160.47	274.61	8	148	0.00
8	184.17	315.16	9	133	0.00	192.29	320.42	8	322	0.00
9	215.09	358.41	9	257	0.00	224.23	364.05	9	73	0.00
10	246.13	399.61	9	336	0.00	256.22	405.56	9	144	0.00
11	277.22	438.80	10	8	0.00	288.22	445.05	9	176	0.00
12	308.31	476.07	10	12	0.00	320.19	482.62	9	177	0.00
13	339.38	511.55	9	355	0.00	352.09	518.37	9	153	0.00
14	370.38	545.29	9	312	0.00	383.82	552.30	9	110	0.00
15	401.22	577.34	9	253	0.00	415.27	584.47	9	50	0.00
16	431.78	607.70	9	181	0.00	446.25	614.80	8	342	0.00
17	461.89	636.34	9	98	0.00	476.75	643.43	8	263	0.00
18	491.52	663.37	9	5	0.00	506.75	670.48	8	178	0.00
19	520.68	688.91	8	278	0.00	536.14	695.97	8	87	0.00
20	549.24	712.97	8	182	0.00	564.52	719.68	7	356	0.00
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
Nonforfeiture Factor: 34.8038						Nonforfeiture Factor: 36.8651				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 66						AGE AT ISSUE 67				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	6.92	13.24	0	266	0.00	7.40	13.76	0	257	0.00
3	38.24	71.09	3	130	0.00	40.24	72.74	3	64	0.00
4	70.06	126.64	5	54	0.00	73.51	129.26	4	313	0.00
5	102.30	179.88	6	147	0.00	107.13	183.33	6	19	0.00
6	134.87	230.80	7	114	0.00	140.97	234.91	6	333	0.00
7	167.65	279.36	7	350	0.00	174.94	284.03	7	188	0.00
8	200.57	325.64	8	148	0.00	208.96	330.75	7	344	0.00
9	233.54	369.66	8	258	0.00	242.99	375.21	8	82	0.00
10	266.51	411.53	8	323	0.00	276.99	417.51	8	139	0.00
11	299.46	451.38	8	350	0.00	310.92	457.75	8	161	0.00
12	332.33	489.27	8	347	0.00	344.67	495.97	8	156	0.00
13	365.03	525.27	8	321	0.00	378.12	532.18	8	129	0.00
14	397.44	559.37	8	277	0.00	411.07	566.33	8	84	0.00
15	429.36	591.53	8	218	0.00	443.50	598.56	8	25	0.00
16	460.79	621.89	8	149	0.00	475.41	629.01	7	323	0.00
17	491.71	650.58	8	70	0.00	506.67	657.71	7	251	0.00
18	521.99	677.60	7	350	0.00	536.85	684.41	7	175	0.00
19	551.24	702.75	7	269	0.00	565.77	709.11	7	95	0.00
20	579.26	726.02	7	186	0.00	593.44	731.97	7	12	0.00
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
Nonforfeiture Factor: 39.0916						Nonforfeiture Factor: 41.504				

AGE AT ISSUE 68						AGE AT ISSUE 69				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	7.84	14.18	0	244	0.00	10.61	18.66	0	294	0.00
3	42.24	74.28	2	361	0.00	46.50	79.58	2	336	0.00
4	76.99	131.75	4	205	0.00	82.64	137.71	4	139	0.00
5	111.97	186.58	5	254	0.00	118.92	193.08	5	158	0.00
6	147.09	238.81	6	185	0.00	155.25	245.74	6	69	0.00
7	182.26	288.49	7	31	0.00	191.59	295.84	6	263	0.00
8	217.44	335.76	7	177	0.00	227.90	343.51	7	34	0.00
9	252.59	380.73	7	273	0.00	264.13	388.87	7	117	0.00
10	287.66	423.51	7	324	0.00	300.18	431.95	7	161	0.00
11	322.55	464.14	7	342	0.00	335.89	472.75	7	175	0.00
12	357.12	502.62	7	334	0.00	371.08	511.24	7	164	0.00
13	391.19	538.94	7	306	0.00	405.71	547.56	7	134	0.00
14	424.71	573.20	7	262	0.00	439.79	581.89	7	90	0.00
15	457.70	605.58	7	207	0.00	473.17	614.23	7	34	0.00
16	490.01	636.09	7	143	0.00	505.40	644.31	6	337	0.00
17	521.22	664.48	7	72	0.00	536.28	672.15	6	275	0.00
18	551.11	690.74	6	361	0.00	565.84	697.93	6	211	0.00
19	579.72	715.05	6	293	0.00	593.89	721.64	6	147	0.00
20	606.87	737.41	6	227	0.00	620.33	743.36	6	84	0.00
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
Nonforfeiture Factor: 44.1251						Nonforfeiture Factor: 46.7762				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 70						AGE AT ISSUE 71				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	13.88	23.76	0	342	0.00	17.18	28.63	1	8	0.00
3	51.25	85.40	2	313	0.00	56.05	91.00	2	284	0.00
4	88.77	144.13	4	77	0.00	94.97	150.33	4	13	0.00
5	126.35	200.00	5	68	0.00	133.90	206.76	4	340	0.00
6	163.93	253.13	5	321	0.00	172.81	260.48	5	208	0.00
7	201.48	303.69	6	136	0.00	211.62	311.56	6	11	0.00
8	238.95	351.80	6	258	0.00	250.24	360.09	6	119	0.00
9	276.23	397.49	6	332	0.00	288.50	406.05	6	184	0.00
10	313.17	440.77	7	4	0.00	326.20	449.41	6	215	0.00
11	349.56	481.59	7	12	0.00	363.30	490.32	6	219	0.00
12	385.38	520.12	6	362	0.00	399.82	529.00	6	203	0.00
13	420.63	556.54	6	331	0.00	435.57	565.42	6	173	0.00
14	455.14	590.82	6	289	0.00	470.11	599.32	6	132	0.00
15	488.48	622.74	6	238	0.00	503.19	630.67	6	83	0.00
16	520.41	652.26	6	183	0.00	534.86	659.72	6	28	0.00
17	550.98	679.60	6	123	0.00	564.91	686.43	5	340	0.00
18	579.99	704.75	6	62	0.00	593.24	710.89	5	293	0.00
19	607.34	727.79	6	1	0.00	619.93	733.34	5	247	0.00
20	633.10	748.92	5	317	0.00	645.19	754.05	5	203	0.00
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
Nonforfeiture Factor: 49.6133						Nonforfeiture Factor: 52.6933				

AGE AT ISSUE 72						AGE AT ISSUE 73				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	20.51	33.30	1	28	0.00	23.91	37.85	1	39	0.00
3	60.90	96.40	2	251	0.00	65.90	101.76	2	216	0.00
4	101.30	156.42	3	309	0.00	107.85	162.57	3	240	0.00
5	141.67	213.54	4	245	0.00	149.72	220.43	4	153	0.00
6	181.94	267.86	5	98	0.00	191.37	275.38	4	355	0.00
7	222.02	319.48	5	249	0.00	232.63	327.41	5	125	0.00
8	261.72	368.36	5	347	0.00	273.29	376.51	5	212	0.00
9	300.84	414.47	6	39	0.00	313.31	422.85	5	262	0.00
10	339.34	457.98	6	64	0.00	352.69	466.64	5	282	0.00
11	377.22	499.10	6	64	0.00	391.26	507.90	5	281	0.00
12	414.33	537.85	6	47	0.00	428.50	546.28	5	264	0.00
13	450.16	573.89	6	15	0.00	464.18	581.78	5	237	0.00
14	484.49	607.24	5	342	0.00	498.33	614.66	5	203	0.00
15	517.35	638.12	5	300	0.00	530.74	644.91	5	165	0.00
16	548.53	666.53	5	256	0.00	561.30	672.62	5	126	0.00
17	577.93	692.55	5	213	0.00	590.08	698.03	5	88	0.00
18	605.62	716.41	5	171	0.00	617.33	721.49	5	51	0.00
19	631.83	738.43	5	130	0.00	643.50	743.50	5	13	0.00
20	657.01	759.11	5	89	0.00	669.19	764.62	4	347	0.00
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
Nonforfeiture Factor: 56.0375						Nonforfeiture Factor: 59.6688				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

AGE AT ISSUE 74						AGE AT ISSUE 75				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	27.43	42.36	1	46	0.00	31.17	46.99	1	49	0.00
3	71.12	107.20	2	179	0.00	76.63	112.82	2	140	0.00
4	114.70	168.87	3	170	0.00	121.86	175.36	3	103	0.00
5	158.07	227.46	4	64	0.00	166.67	234.58	3	341	0.00
6	201.04	282.95	4	247	0.00	210.83	290.46	4	140	0.00
7	243.37	335.29	5	4	0.00	254.29	343.20	4	250	0.00
8	285.04	384.70	5	81	0.00	297.05	393.03	4	318	0.00
9	326.04	431.38	5	124	0.00	338.93	439.97	4	355	0.00
10	366.19	475.36	5	141	0.00	379.38	483.66	5	2	0.00
11	404.97	516.28	5	139	0.00	418.12	524.05	4	364	0.00
12	442.12	554.13	5	123	0.00	455.21	561.47	4	350	0.00
13	477.68	589.19	5	97	0.00	490.41	595.90	4	329	0.00
14	511.42	621.43	5	66	0.00	523.59	627.43	4	306	0.00
15	543.24	650.98	5	32	0.00	554.85	656.35	4	284	0.00
16	573.20	678.06	4	364	0.00	584.44	683.05	4	262	0.00
17	601.57	703.07	4	337	0.00	612.85	708.08	4	241	0.00
18	628.82	726.54	4	311	0.00	640.75	732.12	4	222	0.00
19	655.56	749.04	4	287	0.00	669.20	756.09	4	207	0.00
20	682.84	771.50	4	268	0.00	699.87	781.34	4	201	0.00
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
Nonforfeiture Factor: 63.6141						Nonforfeiture Factor: 67.9044				

AGE AT ISSUE 76						AGE AT ISSUE 77				
Year	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
2	35.12	51.71	1	48	0.00	39.23	56.46	1	43	0.00
3	82.39	118.56	2	100	0.00	88.26	124.22	2	58	0.00
4	129.21	181.86	3	37	0.00	136.57	188.16	2	336	0.00
5	175.35	241.58	3	252	0.00	184.12	248.50	3	165	0.00
6	220.76	297.95	4	36	0.00	230.91	305.52	3	298	0.00
7	265.45	351.22	4	134	0.00	276.73	359.23	4	21	0.00
8	309.21	401.39	4	195	0.00	320.98	409.21	4	75	0.00
9	351.48	448.09	4	228	0.00	363.37	455.43	4	105	0.00
10	391.97	491.28	4	240	0.00	403.95	498.25	4	117	0.00
11	430.72	531.27	4	239	0.00	442.46	537.64	4	118	0.00
12	467.50	568.07	4	228	0.00	478.77	573.72	4	111	0.00
13	502.18	601.78	4	213	0.00	512.96	606.80	4	101	0.00
14	534.84	632.68	4	196	0.00	545.34	637.35	4	91	0.00
15	565.76	661.22	4	181	0.00	576.42	665.99	4	82	0.00
16	595.45	687.98	4	165	0.00	606.94	693.49	4	73	0.00
17	624.60	713.67	4	151	0.00	638.08	720.93	4	67	0.00
18	654.33	739.29	4	140	0.00	671.63	749.81	4	70	0.00
19	686.38	766.28	4	138	0.00	709.34	781.46	4	0	87.78
20	722.40	795.85	4	0	147.84	753.68	817.63	3	0	445.07
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00
Nonforfeiture Factor: 72.5817						Nonforfeiture Factor: 77.6951				

SECTION 16 TABLE OF SURRENDER VALUES

NON-TOBACCO

Year	AGE AT ISSUE 78					AGE AT ISSUE 79					
	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	Cash Value	Paid Up Ins.	ETI Years	ETI Days	ETI Maturity Amount	
1	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00	
2	43.37	61.05	1	32	0.00	47.40	65.31	1	18	0.00	
3	94.06	129.59	2	16	0.00	99.85	134.76	1	338	0.00	
4	143.95	194.28	2	267	0.00	151.48	200.43	2	198	0.00	
5	193.04	255.41	3	77	0.00	202.03	262.26	2	356	0.00	
6	241.12	313.00	3	198	0.00	250.85	319.80	3	100	0.00	
7	287.55	366.59	3	277	0.00	297.62	373.03	3	172	0.00	
8	332.03	416.15	3	325	0.00	342.39	422.32	3	217	0.00	
9	374.60	462.05	3	350	0.00	384.87	467.66	3	244	0.00	
10	415.01	504.28	3	362	0.00	424.93	509.21	3	258	0.00	
11	453.10	542.96	3	364	0.00	462.66	547.30	3	266	0.00	
12	488.98	578.43	3	362	0.00	498.38	582.47	3	272	0.00	
13	522.95	611.18	3	360	0.00	532.68	615.46	3	277	0.00	
14	555.57	641.90	3	358	0.00	566.35	647.11	3	282	0.00	
15	587.59	671.38	3	355	0.00	600.70	678.70	3	288	0.00	
16	620.26	700.80	3	355	0.00	637.71	711.94	3	301	0.00	
17	655.46	731.76	3	361	0.00	679.32	748.39	3	328	0.00	
18	695.03	765.70	4	0	21.98	728.24	790.03	3	0	361.10	
19	741.55	804.47	3	0	405.03	789.97	840.80	2	0	656.38	
20	800.26	851.75	2	0	680.02	874.41	907.21	1	0	861.86	
Age 65	0.00	0.00	0	0	0.00	0.00	0.00	0	0	0.00	
Nonforfeiture Factor:			83.2997			Nonforfeiture Factor:			89.4522		

SAMPLE

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

1200 Colonial Life Boulevard, P.O. Box 1365
Columbia, South Carolina 29202

Policy Number:
Prepared: 12/19/2024
For:
Age:
Policy Loan Interest Rate: 8.00 %

Agent: Ho Harmony Self Enrolled
Home Office
Colonial Life
Columbia, SC 29202

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FIXED PREMIUM WHOLE LIFE INSURANCE

Policy Year	Premium	Cash Value	Death Benefit
1	424.50	0.00	25000.00
2	424.50	0.00	25000.00
3	424.50	127.25	25000.00
4	424.50	363.75	25000.00
5	424.50	608.00	25000.00
10	424.50	1961.25	25000.00
15	424.50	3546.75	25000.00
20	424.50	5354.50	25000.00

LIFE INSURANCE COST INDEXES*

	NET PAYMENT COST INDEX	SURRENDER COST INDEX
Year 10	16.9800	11.0399
Year 20	16.9799	10.8110

*(An Explanation Of the Intended Use Of These Indexes Is Provided In The Life Insurance Buyer's Guide.)

STATEMENT OF POLICY COST AND BENEFIT INFORMATION (Cont'd)

Policy Number:

Age:

Long-Term Care Benefit Rider

Long-Term Care Benefit Rider: The Long-Term Care Benefit Rider accelerates your policy's Death Benefit, in monthly indemnity payments, to help you pay for Qualified Long-Term Care Services needed as a result of a Chronic Illness or Severe Cognitive Impairment. Long-Term Care benefits are payable after a 90-day elimination period. No benefits will be paid for any Benefit Period that results from a Pre-existing Condition or any other limitation or exclusion listed in your rider. Your policy's Death Benefit, cash value and any outstanding loan balance, plus interest, will be reduced proportionally by the percentage of the Death Benefit paid to you.

Policy Year	Age	Annual Premiums	Year	Age	Annual Premium
1	38	\$ 11.25	10	47	\$ 11.25
2	39	11.25			
3	40	11.25	20	57	11.25
4	41	11.25			
5	42	11.25		Age 65	11.25

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 coloniallylife.com
A Stock Company

**LONG-TERM CARE BENEFIT RIDER
NON-PARTICIPATING**

This rider is made a part of the policy to which it is attached for the Insured shown on the Rider Schedule. References to "you" or "your" means the Owner of the policy. All terms, definitions of terms, conditions, exclusions and limitations stated in the policy will also apply to this rider unless we state otherwise in this rider.

This is a long-term care insurance rider that covers Long-Term Care Facility, Assisted Living Facility, Home Health Care and Adult Day Care services.

THIS 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.

NOTICE TO BUYER: This rider may not cover all the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all rider limitations.

Benefits as specified under the life insurance policy to which this rider is attached will be reduced upon receipt of long-term care benefits.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE; IT IS NOT DESIGNED TO FILL THE GAPS OF MEDICARE. If the Insured is eligible for Medicare, review the [Guide To Health Insurance for People with Medicare](#) available from the company. Neither Colonial Life & Accident Insurance Company nor its agents represent Medicare, the federal government or any state government.

Caution: The issuance of this Long-Term Care Benefit rider is based upon responses to the questions on the application. A copy of your application is attached. If the answers are incorrect or untrue, we have the right to deny benefits or rescind this rider. The best time to clear up any question is now, before a claim arises. If for any reason, any of the answers are incorrect, contact us at this address: Colonial Life & Accident Insurance Company, P.O. Box 1365, Columbia, South Carolina 29202.

Your Right to Return This Rider

If, for any reason you are dissatisfied with this rider, you can return it to our home office or to the agent through whom you bought it within 30 days after you receive it. We will cancel the rider and refund in full any premiums you have paid.

You may contact the Tennessee Department of Commerce & Insurance at (615) 741-2241 for information, inquiries or complaints.

Renewability

Coverage under this rider is guaranteed renewable. We may not cancel or reduce coverage under this rider. We reserve the right to change premiums for this rider. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Premiums cannot be increased because of a change in the age or health of the Insured. We will send you written notice of any change in premiums at least 60 days in advance. Only you can request that we terminate this rider. Unless you request termination, it will remain in force as long as the policy remains in force and required premiums for this rider are paid when due.

Preexisting Conditions Limitation

No benefits will be paid for any benefit period that results from a Preexisting Condition that starts during the first six months after the effective date of this rider. A Preexisting Condition means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within the six months preceding the effective date of this rider.

Signed for Colonial Life & Accident Insurance Company.



President and Chief Executive Officer



Secretary

SECTION 2 RIDER GUIDE

SECTION 1 RIDER INFORMATION

SECTION 2 RIDER GUIDE

SECTION 3 RIDER SCHEDULE

SECTION 4 DEFINITIONS

SECTION 5 MONTHLY PREMIUM INFORMATION

SECTION 6 ELIGIBILITY FOR THE PAYMENT OF BENEFITS

SECTION 7 PAYMENT OF BENEFITS

SECTION 8 LIMITATIONS AND EXCLUSIONS

SECTION 9 CLAIM INFORMATION

SECTION 10 GENERAL PROVISIONS

SAMPLE POLICY

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY

Long-Term Care Benefit Rider Schedule

Insured:

Policy Number:

Issue State: Tennessee

This Rider Provides The Coverage Shown on the Schedule below:

Long-Term Care Benefit Rider

Age At Issue:

Premium Class: Non-Tobacco

Rider Effective Date: January 01, 2025

Monthly Rider Premium: \$0.94

Elimination Period 90 days

BENEFITS

Long-Term Care Facility Benefit

The monthly Long-Term Care Facility Benefit amount is 4% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

Assisted Living Facility Benefit

The monthly Assisted Living Facility Benefit amount is 4% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

Home Health Care Benefit

The monthly Home Health Care Benefit amount is 4% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

Adult Day Care Benefit

The monthly Adult Day Care Benefit amount is 4% of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

SAMPLE POLICY

SECTION 4 DEFINITIONS

Activities of Daily Living (ADLs) mean the following activities:

- *Bathing* means washing oneself by sponge bath or, in either a tub or shower, including the task of getting into or 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 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 the ability to move in or out of a bed, chair or wheelchair.

The Insured will not be considered unable to perform the ADL if the Insured can perform the ADL using equipment or adaptive devices and does not require Substantial Assistance in order to do so.

Adult Day Care means a state licensed or certified program for a specified number of individuals providing social or health-related or both types of services during the day in a community group setting for the purpose of supporting frail, impaired elderly or other disabled adults who can benefit from care in a group setting outside the home.

Adult Day Care Facility means a facility that provides Adult Day Care and meets all of the following requirements:

- operates under state licensing laws (if licensing is required) and any other laws that apply;
- operates at least five days per week for at least six hours per day and is not an overnight facility;
- maintains a written record for each client which includes a Plan of Care and a record of services provided;
- has a staff that includes a full-time director and at least one registered nurse (RN) who is there during operating hours for at least four hours per day;
- maintains a full-time staff to client ratio of at least one to eight respectively;
- has established procedures for obtaining appropriate aid in the event of a medical emergency; and
- provides a range of physical and social support services to adults including formal arrangements to provide the services of a Physician, dietician, licensed physical therapist, licensed speech therapist, and licensed occupational therapist.

Assisted Living Facility means a facility that is licensed by the appropriate federal or state agency (if licensing is required) or operates under the law as an Assisted Living Facility to engage primarily in providing care and services sufficient to support the needs of the Insured resulting from a Chronic Illness.

An Assisted Living Facility must also:

- provide care 24 hours per day;
- provide Qualified Long-Term Care Services for a charge, including room and board; and
- have formal arrangements for services of a Physician or nurse in the event of a medical emergency.

Assisted Living Confinement means the Insured's confinement in an Assisted Living Facility due to Chronic Illness.

Benefit Period means continuous or successive periods of Long-Term Care Confinement, Assisted Living Confinement, Home Health Care Services, and Adult Day Care services that:

- are due to the same or related condition;
- are not separated by more than six months; and
- occur while this rider is in force.

A Benefit Period may include, in any sequence, any or all of the following: Long-Term Care Confinement, Assisted Living Confinement, Home Health Care Services, and Adult Day Care. If separated by more than six months, a new Benefit Period begins, subject to a new Elimination Period.

Benefit Period Maximum means the maximum amount of benefits that may be paid during a Benefit Period. This amount equals 100% of the Death Benefit of the policy, less any indebtedness, at the end of the Elimination Period of each Benefit Period. No benefits will be paid under this rider once the Benefit Period Maximum has been reached.

A payment or advance of any part of the Death Benefit under any provision of the policy, or any rider other than this rider, will reduce the amount payable under this rider by the requested amount of such payment or advance. The Benefit Period Maximum will be reduced by any policy loan made after benefits have begun. In no event will the benefits paid under any provision of the

policy, or any rider attached thereto providing a payment or advance of any part of the Death Benefit, ever exceed the Death Benefit, except as otherwise explicitly stated.

Chronic Illness or Chronically Ill has the meaning prescribed for this term by 7702B (c) (2) of the Internal Revenue Code of 1986 as amended. Under this provision, a Chronically Ill Insured means the Insured has been certified within the last 12 months by a Licensed Health Care Practitioner as:

- being unable to perform, without Substantial Assistance from another individual, at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
- requiring Substantial Supervision to protect the individual from threats to health and safety due to Severe Cognitive Impairment.

Death Benefit is equal to the policy's face amount shown on the Policy Schedule, minus any due and unpaid premiums, any loans, any accrued loan interest, and any amount advanced to you in an earlier payment.

Elimination Period means the first 90 days of the Benefit Period. No benefits are payable for care or services received during this time.

Family Member means your spouse or domestic partner, the insured or insured's spouse or domestic partner; and any persons related to the aforementioned, including children, parents, grandparents, grandchildren, brothers, sisters, in-law and step relatives and their respective spouses.

Home Health Care Agency means:

- An organization that is either:
 - licensed or certified by the appropriate licensing agency of the state (if licensing or certification is required) or operates under the law as a Home Health Care Agency where Qualified Long-Term Care Services will be provided; or
 - certified as a home health care organization as defined under Medicare; or
- Any organization that meets all of the following tests:
 - primarily provides Nursing Care and other therapeutic services;
 - has standards, policies and rules established by a professional group which is associated with the organization;
 - includes at least one Physician or one registered nurse on staff; and
 - requires a Plan of Care and a written record of care or services provided to be maintained for each person served by the organization.

Home Health Care Services means medical and non-medical services, provided to ill, disabled or infirm persons in their residences. Such services may include homemaker services, assistance with Activities of Daily Living and respite care services.

Insured means the person named as the Insured on the Policy Schedule. It does not include other persons who may be covered by riders under the policy.

Licensed Health Care Practitioner means a Physician, as defined in 1861 (r)(1) of the Social Security Act, a registered professional nurse, licensed social worker or other individual who meets requirements prescribed by the Secretary of the Treasury.

Licensed Health Care Practitioner's Certification means a written certification provided by a Licensed Health Care Practitioner that the Insured:

- is unable to perform (without Substantial Assistance) at least two Activities of Daily Living for a period of at least 90 days; or
- requires Substantial Supervision due to Severe Cognitive Impairment.

Licensed Home Health Care Professional means a licensed therapist, practical nurse or vocational nurse or a registered nurse, or a certified hospice caregiver operating within the scope of their license and/or certification. A Licensed Home Health Care Professional must provide services pursuant to a Plan of Care and maintain patient records. We will not recognize a Family Member as a Licensed Home Health Care Professional under this rider.

Long-Term Care Confinement means the Insured's confinement in a Long-Term Care Facility due to Chronic Illness.

Long-Term Care Facility means a facility (including nursing, hospice, rehabilitation, Alzheimer's or residential care facilities) that is licensed by the appropriate federal or state agency (if licensing is required) or operates under the law as a Long-Term Care facility to engage primarily in providing care and services sufficient to support the needs of the insured resulting from a Chronic Illness.

A Long-Term Care Facility must also:

- provide care 24 hours per day;
- provide three meals per day, including special dietary requirements;
- have at least one employee on duty at all times who is awake, trained and ready to provide care;
- have formal arrangements for services of a Physician or nurse in the event of a medical emergency;
- be authorized to administer medication to patients on the order of a Physician;
- have accommodations for at least three inpatients in one location; or be a facility that provides a formal program of care for terminally ill patients whose life expectancy is less than six months, provided on an inpatient basis and directed by a Physician, such as a hospice facility; and
- be Medicare certified, or be a similar facility approved by us.

NOTE: If a facility has multiple licenses or purposes, a portion, ward, wing or unit thereof will qualify as a Long-Term Care Facility only if it:

- meets all the above criteria;
- is authorized by its license, to the extent that licensing is required by law to provide such care to inpatients; and
- is primarily engaged in providing not only room and board, but also care and services, which meet all of the above criteria.

A Long-Term Care Facility is not:

- a hospital or clinic;
- a sub-acute hospital or unit;
- a place which operates primarily for the treatment of alcoholism or drug addiction;
- the Insured's primary place of residence in an area used principally for independent residential living (including, but not limited to, boarding homes and adult foster care facilities); or
- a substantially similar establishment.

Maintenance or Personal Care Services means any care the primary purpose of which is the provision of needed assistance with any of the disabilities as a result of which the individual is a Chronically Ill individual (including the protection from threats to health and safety due to Severe Cognitive Impairment).

Medicaid means the reimbursement system under Title XIX of the Federal Social Security Act, as amended.

Medicare means "The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended," or "Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act as then constituted and any later amendments or substitutes thereof.

Nursing Care means services provided on an in-patient basis by a state licensed or certified facility, other than a hospital (except for an area of a hospital or unit that is licensed or certified as a nursing care facility and that is not providing acute care).

Physician means a person, other than the Insured or a Family Member, who:

- is licensed by the state to practice a healing art; and
- performs services for an Insured which are allowed by the Physician's license and the services are appropriate to the care of the Insured's Chronic Illness.

Plan of Care means a written plan prescribed by a Licensed Health Care Practitioner, based upon an evaluation of the Insured's level of functional capacity. The Plan of Care must describe the necessary services to be performed, the frequency, the type of care, and the most appropriate providers for such care. The care described must be in accordance with acceptable medical and nursing standards of practice and must be appropriate for the Chronic Illness of the Insured.

Preexisting Condition means a condition for which medical advice or treatment was recommended by, or received from a provider of health care services, within the six months preceding the effective date of this rider.

Qualified Long-Term Care Services means services that meet the requirements of 7702B (c) (1) of the Internal Revenue Code of 1986, as amended as follows: necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation 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.

Severe Cognitive Impairment means severe deterioration or loss in:

- short or long-term memory;
- orientation as to person, place, or time; or
- deductive or abstract reasoning or judgment as it relates to safety awareness.

Substantial Assistance means hands-on or stand-by assistance without which the insured would not be able to safely and completely perform the activities of daily living. Hands-on Assistance means physical assistance (minimal, moderate or maximal) without which the insured would not be able to perform the activities of daily living. Stand-by Assistance means the presence of another person within arm's reach of the insured while the Activities of Daily Living are performed.

Substantial Supervision means constant direction and management (which may include cueing by verbal prompting, gestures or other demonstrations) by another person for the purpose of protecting the Insured from threats to his health or safety.

SECTION 5 MONTHLY PREMIUM INFORMATION

Monthly Rider Premium

The Monthly Rider Premium for this rider is on the Rider Schedule.

We reserve the right to change premiums for this rider. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Premiums cannot be increased because of a change in the age or health of the insured. We will send you written notice of any change in premiums at least 60 days in advance.

Waiver of Premium

If benefits are payable under this rider and if the premiums are not being waived under another waiver benefit under the policy, we will waive any premium made on the policy. If benefits are no longer payable under this rider and you have not exhausted the Death Benefit, premium payments must resume.

Refund of Premium Due to Death or Termination

If the insured dies or this rider is terminated, we will refund the premium paid for any period beyond the date of death or termination. The refund will be made within 30 days of the effective date of such termination. Such payments will be made to you, unless you specify otherwise.

SECTION 6 ELIGIBILITY FOR THE PAYMENT OF BENEFITS

Eligibility for the Payment of Benefits

In order to determine the Insured's Eligibility for the Payment of Benefits we require the following information:

- the date the Insured became Chronically III;
- a written certification provided by a Licensed Health Care Practitioner that the insured is unable to perform (without Substantial Assistance) at least two Activities of Daily Living for a period of at least 90 days or requires Substantial Supervision due to Severe Cognitive Impairment;
- a written plan prescribed by a Licensed Health Care Practitioner, based upon an evaluation of the insured's level of functional capacity. The Plan of Care must describe the necessary services to be performed, the frequency, the type of care, and the most appropriate providers for such care. The care described must be in accordance with acceptable medical and nursing standards of practice and must be appropriate for the condition of the Insured; and
- proof of Qualified Long-Term Care Services provided in a Long-Term Care Facility, Assisted Living Facility, the Insured's residence or an Adult Day Care Facility.

SECTION 7 PAYMENT OF BENEFITS

Long-Term Care Facility Benefit

We will pay the monthly Long-Term Care Facility Benefit shown on the Rider Schedule if:

- we receive a Licensed Health Care Practitioner certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Long-Term Care Confinement.

Assisted Living Facility Benefit

We will pay the monthly Assisted Living Facility Benefit shown on the Rider Schedule if:

- we receive a Licensed Health Care Practitioner certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Assisted Living Confinement.

Home Health Care Benefit

We will pay the monthly Home Health Care Benefit shown on the Rider Schedule if:

- we receive a Licensed Health Care Practitioner Certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Home Health Care Services.

Adult Day Care Benefit

We will pay the monthly Adult Day Care Benefit shown on the Rider Schedule if:

- we receive a Licensed Health Care Practitioner Certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives Adult Day Care.

Payment of Monthly Benefit Amounts

For a partial month of Qualified Long-Term Care Services, benefits are payable on a prorated basis. 1/30th of the monthly benefit amount will be paid for each 24-hour day of Qualified Long-Term Care Services. We will also prorate for any change during the month from a Long-Term Care Facility Benefit amount (4%) or an Assisted Living Facility Benefit amount (4%), to the Home Health Care Benefit amount (4%), or the Adult Day Care Benefit amount (4%), as well as if the situation were reversed.

If a new term of Qualified Long-Term Care Services occurs within the same benefit period as a previous term, benefits are resumed at the appropriate monthly benefit amount. Such benefits are subject to the benefit period maximum.

If more than one Chronic Illness contributes to the long-term care, the monthly benefit amount payable remains the same as for a single cause.

We will not pay benefits that exceed the maximum allowed by the Federal government for favorable tax treatment.

Prior Rider Benefits Paid

In determining the monthly benefit amount payable, the Death Benefit at the end of the Elimination Period is reduced by the total amount of Qualified Long-Term Care Services benefits paid during all previous benefit periods.

Change in Benefit Amount

During a benefit period the monthly benefit amount will be unaffected by changes in the Death Benefit, except that if a policy loan occurs during a benefit period at your request, the monthly benefit amount will be re-determined. The revised benefit, and future payments in this benefit period, will be based on the Death Benefit as it exists immediately following the policy loan. The monthly benefit payable during a benefit period will not change on account of any increase in the Death Benefit of the policy.

Extension of Benefits

Termination of this rider will not affect payment of any benefits payable for Long-Term Care Confinement or Assisted Living Facility confinement if such confinement began while this rider was in force and continues without interruption after termination. Such extension of benefits beyond the period this rider was in force is subject to the benefit period maximum and may be subject to any Elimination Period, and all other applicable provisions of this rider.

Effects of Long-Term Care Benefit Payments on the Policy

Each monthly or partial payment under this rider will reduce the following items under the policy, as applicable:

- Death Benefit;
- cash value;
- any indebtedness;
- amount available for policy loans; and
- amount available for advance of any part of the Death Benefit under any provision of the policy or any rider other than this rider.

Each monthly benefit payment will reduce each of the items listed above by a proportional amount. This proportion will equal the monthly benefit payment divided by the Death Benefit in effect under the policy on the date the Elimination Period ends. A pro-rata reduction will be made for a partial month of payment.

During the benefit period you may not exercise guaranteed purchase options or rider additions under the policy.

Cross Border Rules

We will pay benefits for similar services obtained in a state other than the policy state of issue if benefits for those services would have been paid in the policy state of issue, irrespective of any facility licensing, certification or registration requirement differences between the states.

All services and facilities required to be available in the state where this rider is issued will be covered even if the state licenses, certifies or registers the provider of services under another name.

SECTION 8 LIMITATIONS AND EXCLUSIONS

Preexisting Conditions Limitation

No benefits will be paid for any benefit period that results from a Preexisting Condition and that starts during the first six months after the Rider Effective Date.

Other Limitations or Conditions on Eligibility for Benefits

We will not pay benefits for confinement or services:

- resulting from alcoholism, or drug addiction;
- for which there is no charge in the absence of insurance;
- provided by a Family Member;
- provided by unlicensed providers;
- received while residing or confined outside the United States or Canada; and
- due to Chronic Illnesses resulting from:
 - war or any act of war, whether declared or undeclared, or active duty in the armed forces of any nation or international governmental authority or units auxiliary thereto or the National Guard or similar government organizations;
 - intentionally self-inflicted injuries, or attempted suicide;
 - participation in a felony, riot, or insurrections; and
 - aviation (if a non-fare paying passenger).

Non-Duplication of Benefits

Qualified Long-Term Care Services do not include services for which charges are covered under any of the following:

- treatment provided in a government facility (unless otherwise required by law);
- services for which benefits are available under Medicare or other government program (except Medicaid); and
- any state or federal worker's compensation, employer's liability or occupational disease law, or under any motor vehicle no-fault law.

SECTION 9 CLAIM INFORMATION

Notice of Claim

Notice of claim must be given to us at our home office within 30 days of the date the Insured first receives Qualified Long-Term Care Services or as soon as reasonably possible. The notice should include the Insured's name and policy number as shown on the Policy Schedule.

Claim Forms

When we receive your notice of claim, we will send you claim forms within 15 days. If you do not receive claim forms, a written statement along with Proof of Loss will be used to process your claim.

Proof of Loss

You must give us written Proof of Loss within 90 days after the date the Insured first receives Qualified Long-Term Care Services.

Written Proof of Loss, provided at your expense, must include:

- the date the Chronic Illness began;
- the cause and extent of the Chronic Illness, including restrictions and limitations preventing the Insured from performing the Activities of Daily Living or causing Severe Cognitive Impairment;
- a Licensed Health Care Practitioner's Certification;
- a copy of the Insured's Plan of Care;
- a Physician's statement and/or copies of relevant medical records from any Physician or health care provider involved in the Insured's care;
- the name and address of any hospital or institution where the Insured received treatment, and/or the name and address of any health care provider who treated the Insured, including all attending Physicians; and
- proof of Qualified Long-Term Care Services provided.

If you are not able to give us written Proof of Loss within 90 days, it will not have a bearing on your claim if proof is given to us as soon as it is reasonably possible. In any event, proof must be given no later than one year from the time stated unless you are legally unable to do so.

In addition, we may require, at our expense, that the Insured or the Insured's caregiver provide or participate in one or more of the following as Proof of Loss:

- a personal interview with the Insured and/or a review of the Insured's records by our representative at such time and with such frequency as we reasonably require;
- an independent medical examination or functional capacity evaluation. This may include related tests that are reasonably necessary to the performance of the examination or evaluation by a Physician or specialist appropriate for the condition and at such time and such frequency as we reasonably require. We reserve the right to select the examiner. We will pay for the examination; and/or
- such other proof as we deem necessary.

We reserve the right to request additional information necessary to our claim determination from you, the Insured, the Insured's Physician, or other health care providers. You must promptly sign and return any forms we require in order to process your claim.

We will request proof of continued Chronic Illness or an updated written Plan of Care at intervals not less than 90 days.

You must respond within 30 days of the request for an updated Plan of Care, proof of continued Chronic Illness or additional information for us to continue to evaluate and process your claim. We reserve the right to deny your claim or stop sending payment if the appropriate information is not submitted.

You must notify us immediately when the Insured is no longer Chronically Ill or is no longer receiving Qualified Long-Term Care Services.

Time of Payment of Claim

After we receive written Proof of Loss and process the Insured's claim, we will immediately pay any monthly benefits due for Qualified Long-Term Care Services that have been rendered.

Payment of Claim

Benefits will be paid to you unless we receive a written authorization to pay them elsewhere.

You may assign (transfer) all or some of your rights under this rider by sending us a properly completed assignment form. If the form is properly completed, the change will go into effect, unless otherwise specified by you, the day you signed the request. The change will not affect any payments made or action we took before we received and recorded the change. We are not responsible for the validity or sufficiency of any assignment.

Any accrued benefits unpaid at the Insured's death will be paid according to the Your Right to Name a Beneficiary provision in the policy.

Questions Concerning Your Claim

If you have questions concerning your claim, you can call us at our home office at 1.800.325.4368. We are open Monday through Friday, from 8:30 am until 5:00 pm Eastern Time.

Claim Overpayment

If, for any reason, benefits have been paid for a period for which benefits were not due, repayment of the overpayment must be made to us within 45 days of notice to you. We may recover any amounts not repaid by offsetting them against any amount otherwise payable to you under this rider or by other reasonable means.

Right of Appeal

We will notify you in writing if we do not approve your claim or any part of a claim, and provide you with a written explanation of the reasons for the denial.

Internal and external review of the benefit determinations and resolving benefit disputes will be consistent with the applicable laws and regulations where this rider is delivered.

If you are not satisfied with the reason for the denial, you have the right to appeal any claim decision. Your appeal must be in writing and must be sent to us within 90 days of your denial notice. You should include all supporting materials or information that will help us to review the claim. We will review your appeal and all new information submitted and notify you of our decision within 60 days of receiving your appeal. If special circumstances require an extension of time for our processing, you will be notified of the reasons for the extension and the date by which we expect to make a decision.

A decision shall be made no later than 120 days following receipt of the initial request for appeal. We can extend the time period if we have not received needed information from you. In some cases, we may request that you provide additional information to assist in the review. With proper authorization, you may request copies of the pertinent relevant documents we used to review your claim.

Legal Action

We will conform to the laws of the state in which this rider was delivered or issued for delivery relating to a legal cause of action.

SECTION 10 GENERAL PROVISIONS

Entire Contract

This rider is a legal contract between you and us. We provide the insurance coverage stated, subject to the terms of this rider. We issue this rider in exchange for both your application and your first premium payment. Any agreement to change the terms of this rider must appear in writing and must be signed by one of our authorized company officers at our home office. No one else has the right to authorize a change in your rider.

Incontestability Period

If this rider has been in force for less than six months, we may rescind it or deny a long-term care insurance claim upon a showing of misrepresentation that is material to the acceptance of the application.

If this rider has been in force for at least six months but less than two years, we may rescind a long-term care claim upon a showing of misrepresentation that is *both* material to the acceptance for coverage and which pertains to the Chronic Illness condition for which benefits are sought.

If this rider has been in force for two years or more, it may be contested only upon a showing you knowingly and intentionally misrepresented relevant facts relating to the Insured's health.

If we have paid benefits under this Long-Term Care Benefit rider, the benefit payments may not be recovered by us in the event that the rider is rescinded.

Conformity with Federal Statutes

We designed this rider to be tax-qualified long-term care insurance under Section 7702B(b) of the Internal Revenue Code of 1986, as amended. If in the future changes are needed to maintain the tax status of this rider, we will make every reasonable effort to amend this rider to maintain its tax status. You will be given the opportunity to amend this rider in order to preserve its favorable income tax treatment. If the required changes are not made, this rider may lose its status as tax-qualified long-term care insurance.

Conformity with Interstate Insurance Product Regulation Commission Authority

This rider was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission standards. Any provision of the rider on the provision's effective date that is in conflict with Interstate Insurance Product Regulation Commission standards for this product type is hereby amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

Misstatement of Age

If there is an error in the Insured's age, we will adjust the Death Benefit to the amount of Death Benefit that the most recent premium paid would have bought at the correct issue age.

If the correct age is outside the issue age ranges of the policy or rider, a premium and Death Benefit shall be extrapolated.

Unintentional Lapse (Third Party Notice)

You have the right to designate in writing at least one person, in addition to yourself, who is to receive notice of lapse or termination of this rider for nonpayment of premium, unless you have dated and signed a written waiver electing not to designate additional persons to receive notice. You have the right to designate at least one person who is to receive the notice of termination, in addition to the Insured. Designation shall not constitute acceptance of any liability on the third party for services provided to the Insured.

The notice will be sent 30 days before the effective date of the lapse or termination to the Insured and the secondary addressee by United States Postal Service postage prepaid. The notice will be given 30 days after a premium is due and unpaid.

We will notify you of the right to change your authorized designee no less often than once every two years.

Benefits Termination

Benefit payments under this rider will end upon the earliest of the following;

- the date the Insured is no longer Chronically III;
- the date the Insured's Licensed Health Care Practitioner Certification expires;
- the date the Insured is no longer receiving Qualified Long-Term Care Services; or
- the date the Benefit Period Maximum is reached.

Rider Termination

This rider will terminate on the first date that any of the following occurs:

- the date the Benefit Period Maximum is reached;
- the date the policy to which this rider is attached terminates; or
- the date we receive your written request to terminate this rider.

Grace Period

After you have paid the first premium, you have a 31 day grace period in which to pay any premium which is due. The grace period begins on the due date of the premium and ends 31 days later. The policy remains in force during the grace period. At least 30 days before the end of the grace period, we will mail an overdue premium notice to your last address as shown in our records and to the address of any assignee. Should the Insured die while the policy to which this rider is attached is in a grace period, we will reduce the Death Benefit payable to the beneficiary by the amount of the overdue premium.

Reinstatement

If the policy to which this rider is attached is reinstated, you may have the right to reinstate this rider. We will consider reinstating the rider within five years of the date coverage stopped, provided that the Insured is still alive.

You must fulfill the following requirements:

- you must furnish us with proof that the Insured is insurable. We may require a physical examination; and
- you must pay enough premiums to keep the policy and this rider in force for two months that follow the reinstatement date, plus the minimum monthly premium for the two months of coverage provided in the Grace Period provision in the policy.

When these conditions are met, we will reinstate this rider as of the policy's reinstatement date. The reinstated rider will only cover Qualified Long-Term Care Services for Severe Cognitive Impairment or loss of functional capacity that occurs after the reinstatement date.

If we do not act to approve the application, this rider will be reinstated on the 45th day following the date of the conditional receipt or interim insurance agreement unless we have given notice to you of our disapproval of the application previous to the expiration of the 45 day time limit.

In the event of lapse we will reinstate the coverage, if we are provided proof that the Insured was severely cognitively impaired or had a loss of functional capacity before the grace period contained in the policy expired. This option will be available to you if reinstatement is requested within five months after termination and will allow for the collection of past due premium, where appropriate.

A new contestable period will begin from the date of reinstatement. Contestability will be limited to statements made on the application reinstating the rider.

SAMPLE POLICY

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 Colonial Life Boulevard, P. O. Box 1365, Columbia, South Carolina 29202
1.800.325.4368 coloniallife.com
A Stock Company

**LONG-TERM CARE BENEFIT RIDER
NON-PARTICIPATING**

OUTLINE OF COVERAGE
(Applicable to Rider form, ICC23-IWL5000-LTC)

NOTICE TO BUYER: The rider may not cover all of the costs associated with your Qualified Long-Term Care Services incurred by the buyer during the period of coverage. The buyer is advised to carefully review all rider limitations.

Benefits as specified under the life insurance policy to which the rider is attached will be reduced upon receipt of long-term care benefits.

Caution: The issuance of the Long-Term Care Benefit Rider is based upon your responses to the questions on your application. A copy of your application will be attached to any issued rider. If your answers are incorrect or untrue, we have the right to deny benefits or rescind your rider. The best time to clear up any question is now, before a claim arises. If, for any reason, any of your answers are incorrect, contact us at this address: Colonial Life & Accident Insurance Company, P.O. Box 1365, Columbia, South Carolina 29202.

The rider is attached to an individual policy of insurance.

PURPOSE OF OUTLINE OF COVERAGE

This outline of coverage provides a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other riders available to you. This is not an insurance contract, but only a summary of coverage. Only the individual rider contains governing contractual provisions. This means that the rider sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR RIDER CAREFULLY!**

FEDERAL TAX CONSEQUENCES

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.

TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED

RENEWABILITY: THE RIDER IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your rider, to continue the rider as long as you pay your Premiums on time. Colonial Life & Accident Insurance Company cannot change any of the terms of your rider on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.

Waiver of Premium

If benefits are payable under the rider and if the premiums are not being waived under another waiver benefit under the policy, we will waive any premium made on the policy. If benefits are no longer payable under the rider and you have not exhausted the Death Benefit, premium payments must resume.

TERMS UNDER WHICH COMPANY MAY CHANGE PREMIUMS

We reserve the right to change premiums for the rider. The premium can be changed only if we change it on all riders of this kind in force in the state where the rider was issued. Premiums cannot be increased because of a change in the age or health of the insured. We will send you written notice of any change in premiums at least 60 days in advance.

TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND PREMIUM REFUNDED

Your Right to Return The Rider

If, for any reason you are dissatisfied with the rider, you can return it to our home office or to the agent through whom you bought it within 30 days after you receive it. We will cancel the rider and refund in full any premiums you have paid.

Refund of Premium Due to Death or Termination

If the insured dies or the rider is terminated, we will refund the premium paid for any period beyond the date of death or termination. The refund will be made within 30 days of the effective date of such termination. Such payments will be made to you, unless you specify otherwise.

THIS IS NOT MEDICARE SUPPLEMENT COVERAGE

If you are eligible for Medicare, review the Guide To Health Insurance for People with Medicare available from the company. Neither Colonial Life & Accident Insurance Company nor its agents represent Medicare, the federal government or any state government.

LONG-TERM CARE COVERAGE

Riders of this category are designed to provide coverage for one or more necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home.

The rider provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to rider limitations.

BENEFITS PROVIDED BY THE RIDER

When we receive satisfactory proof that the insured receives care, services or confinement while the rider and the policy to which it is attached are in force, we will pay you the benefits according to the terms and conditions of the rider.

The rider provides benefits for long-term care facility benefit, assisted living facility benefit, home health care and adult day care services for the insured. We have issued the rider as a part of the policy to which it is attached. It is issued in consideration of the application and the payment of the additional premium shown on the Rider Schedule. All terms of the policy apply to the rider except as provided herein.

BENEFITS

The rider provides benefits for Qualified Long-Term Care Services for the insured.

Qualified Long-Term Care Services means services that meet the requirements of 7702B (c) (1) of the Internal Revenue Code of 1986, as amended as follows: necessary diagnostic, preventive, therapeutic, curative, treatment, mitigation 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.

Elimination Period is the first 90 days of the benefit period. No benefits are payable for care or service received during this time.

Benefit Period Maximum means the maximum amount of benefits that may be paid during a benefit period. This amount equals 100% of the Death Benefit of the policy, less any indebtedness, at the end of the Elimination Period of each benefit period. No benefits will be paid under the rider once the Benefit Period Maximum has been reached.

A payment or advance of any part of the Death Benefit under any provision of the policy, or any rider other than the Long-Term Care Benefit Rider, will reduce the amount payable under the Long-Term Care Benefit Rider by the requested amount of such payment or advance. The benefit period maximum will be reduced by any policy loan made after benefits have begun. In no event will the benefits paid under any provision of the policy, or any rider attached thereto providing a payment or advance of any part of the Death Benefit, ever exceed the Death Benefit, except as otherwise explicitly stated

Long-Term Care Facility Benefit

The monthly Long-Term Care Facility Benefit amount is a percentage of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

Assisted Living Facility Benefit

The monthly Assisted Living Facility Benefit amount is a percentage of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

Home Health Care Benefit

The monthly Home Health Care Benefit amount is a percentage of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

Adult Day Care Benefit

The monthly Adult Day Care Benefit amount is a percentage of the Death Benefit in effect under the policy on the date the Elimination Period ends less any outstanding policy loans and any accrued loan interest.

Eligibility for the Payment of Benefits

In order to determine your eligibility for the payment of benefits we require the following information:

- the date the insured became Chronically Ill;
- a written certification provided by a Licensed Health Care Practitioner that the insured is unable to perform (without substantial assistance) at least two Activities of Daily Living for a period of at least 90 days or requires substantial supervision due to Severe Cognitive Impairment;
- a written plan prescribed by a Licensed Health Care Practitioner, based upon an evaluation of the insured's level of functional capacity. The Plan of Care must describe the necessary services to be performed, the frequency, the type of care, and the most appropriate providers for such care. The care described must be in accordance with acceptable medical and nursing standards of practice and must be appropriate for the condition of the Insured; and
- proof of Qualified Long-Term Care Services provided in a Long-Term Care Facility, Assisted Living Facility, your residence or an Adult Day Care Facility.

Payment of Benefits

Long-Term Care Facility Benefit

We will pay the monthly Long-Term Care Facility Benefit if:

- we receive a Licensed Health Care Practitioner certification dated within the last 12 months;
- the Insured has satisfied the Elimination Period; and
- the Insured receives long-term care confinement.

Assisted Living Facility Benefit

We will pay the monthly Assisted Living Facility Benefit if:

- we receive a licensed health care practitioner certification dated within the last 12 months;
- the insured has satisfied the Elimination Period; and
- the insured receives assisted living confinement.

Home Health Care Benefit

We will pay the monthly Home Health Care Benefit if:

- we receive a licensed health care practitioner certification dated within the last 12 months;
- the insured has satisfied the Elimination Period; and
- the insured receives home health care services.

Adult Day Care Benefit

We will pay the monthly Adult Day Care Benefit if:

- we receive a licensed health care practitioner certification dated within the last 12 months;
- the insured has satisfied the Elimination Period; and
- the insured receives adult day care.

Activities of Daily Living (ADLs) mean the following activities:

- *Bathing* means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or 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 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 the ability to move in or out of a chair, bed or wheelchair.

Severe Cognitive Impairment means severe deterioration or loss in:

- short or long-term memory;
- orientation as to person, place, or time; or
- deductive or abstract reasoning or judgment as it relates to safety awareness.

Payment of Monthly Benefit Amounts

For a partial month of Qualified Long-Term Care Services, benefits are payable on a prorated basis. 1/30th of the monthly benefit amount will be paid for each 24-hour day of Qualified Long-Term Care Services. We will also prorate for any change during the month from a LTC Facility Benefit amount or an Assisted Living Facility Benefit amount, to the Home Health Care Benefit amount, or the Adult Day Care Benefit amount, as well as if the situation were reversed.

If a new term of Qualified Long-Term Care Services occurs within the same benefit period as a previous term, benefits are resumed at the appropriate monthly benefit amount. Such benefits are subject to the Benefit Period Maximum.

If more than one Chronic Illness contributes to the long-term care, the monthly benefit amount payable remains the same as for a single cause.

We will not pay benefits that exceed the maximum allowed by the Federal government for favorable tax treatment.

Prior Rider Benefits Paid

In determining the monthly benefit amount payable, the death benefit at the end of the Elimination Period is reduced by the total amount of Qualified Long-Term Care Services benefits paid during all previous benefit periods.

Change in Benefit Amount

During a benefit period the monthly benefit amount will be unaffected by changes in the Death Benefit, except that if a policy loan occurs during a benefit period at your request, the monthly benefit amount will be re-determined. The revised benefit, and future payments in this benefit period, will be based on the Death Benefit as it exists immediately following the policy loan. The monthly benefit payable during a benefit period will not change on account of any increase in the Death Benefit of the policy.

Extension of Benefits

Termination of the rider will not affect payment of any benefits payable for long-term care confinement or assisted living facility confinement if such confinement began while the rider was in force and continues without interruption after termination. Such extension of benefits beyond the period the rider was in force is subject to the benefit period maximum and may be subject to any Elimination Period, and all other applicable provisions of the rider.

Effects of Long-Term Care Benefit Payments on the Policy

Each monthly or partial payment under the rider will reduce the following items under the policy, as applicable:

- Death Benefit;
- cash value;
- any indebtedness;
- amount available for policy loans; and
- amount available for advance of any part of the Death Benefit under any provision of the policy or any rider other than the rider.

Each monthly benefit payment will reduce each of the items listed above by a proportional amount. This proportion will equal the monthly benefit payment divided by the Death Benefit at that time. A pro-rata reduction will be made for a partial month of payment.

During the benefit period you may not exercise guaranteed purchase options or rider additions under the policy.

Cross Border Rules

We will pay benefits for similar services obtained in a state other than the policy state of issue if benefits for those services would have been paid in the policy state of issue, irrespective of any facility licensing, certification or registration requirement differences between the states.

All services and facilities required to be available in the state where the rider is issued will be covered even if the state licenses, certifies or registers the provider of services under another name.

LIMITATIONS AND EXCLUSIONS

Preexisting Conditions Limitation

No benefits will be paid for any benefit period that results from a preexisting condition and that starts during the first six months after the Rider Effective Date.

Other Limitations or Conditions on Eligibility for Benefits

We will not pay benefits for confinement or services:

- resulting from alcoholism, or drug addiction;
- for which there is no charge in the absence of insurance;
- provided by a family member;

- provided by unlicensed providers;
- received while residing or confined outside the United States or Canada; and
- due to chronic illnesses resulting from:
 - war or any act of war, whether declared or undeclared, or active duty in the armed forces of any nation or international governmental authority or units auxiliary thereto or the National Guard or similar government organizations;
 - intentionally self-inflicted injuries, attempted suicide or suicide;
 - participation in a felony, riot, or insurrections; and
 - aviation (if a non-fare paying passenger).

Non-Duplication of Benefits

Qualified Long-Term Care Services do not include services for which charges are covered under any of the following:

- treatment provided in a government facility (unless otherwise required by law);
- services for which benefits are available under Medicare or other government program (except Medicaid); and
- any state or federal worker's compensation, employer's liability or occupational disease law, or under any motor vehicle no-fault law.

THE RIDER MAY NOT COVER ALL OF THE EXPENSES ASSOCIATED WITH YOUR LONG-TERM CARE NEEDS.

RELATIONSHIP OF COST OF CARE AND BENEFITS

Because the cost of long-term care services will likely increase over time, you should consider whether and how the benefits of the plan may be adjusted.

The level of benefits under the rider is directly related to the Death Benefit under the policy, excluding any term rider. The level of benefit may be increased by increasing the Death Benefit of the policy to which the rider is attached, but only before benefits begin. Any increase in the policy Death Benefit is subject to the terms of the policy. The cost for any additional benefit added as described above will be calculated on the same basis as the level of benefits prior to the increase.

ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS

The rider provides coverage for insureds clinically diagnosed as having Alzheimer's disease and related degenerative and dementing illnesses.

PREMIUM

The monthly premium for the rider is on the Rider Schedule. Multiply the monthly premium by 12 to determine the annual premium.

ADDITIONAL FEATURES

Issue of the rider is subject to the insured furnishing evidence of insurability satisfactory to us.

CONTACT THE STATE AGENCY LISTED IN THE NAIC'S *A SHOPPER'S GUIDE TO LONG-TERM CARE INSURANCE* IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE RIDER.

SAMPLE POLICY



Life Insurance Buyer's Guide

Prepared by the
National Association
of Insurance
Commissioners and
reprinted by Colonial
Life & Accident
Insurance Company

This guide can help
you when you shop
for life insurance.

It discusses how to:

- Find a policy that meets your needs and fits your budget.
- Decide how much insurance you need.
- Make informed decisions when you buy a policy.

Before you buy life insurance...

Understand what life insurance is

Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from content.naic.org/consumer/life-insurance.htm.

If you need life insurance, decide how much coverage to buy

How much life insurance to buy depends on the financial needs that will continue after your death. Examples include supporting your family, paying for child(ren)'s education, and paying off a mortgage. Some questions you may want to ask about your own needs include:

- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

The answers to these questions can help you decide how much coverage you need. An insurance agent, financial advisor, or insurance company representative can help you evaluate your insurance needs and give you information about available policies.

If you already have life insurance, assess your current life insurance policy

It's important to compare your current policy with any new policy you might buy. Keep in mind that you may be able to change your current policy to get benefits you want. Also, know that any changes in your health may impact your ability to get a new policy or the premium you'll pay. Don't cancel your current policy until you get the new one.

Also, while you may have free or low-cost life insurance through your employer, the death benefit usually is less than you need. And if you leave the employer, you may not be able to take this coverage with you.

Compare the different types of insurance policies

There are many types of life insurance policies. You should choose a policy with features that fit your individual needs. Some things to consider are:

Term vs. cash value: Term insurance is intended to provide lowercost coverage for a specific period of time (“a term”). If you want coverage for a longer period of time, such as for your lifetime, cash value insurance may be more cost effective. Most term policies don’t build up cash values that you can use in the future.

Renewable term vs. nonrenewable term: Most term life insurance coverage can be continued (“renewed”) at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you’ll lose the right to renew the policy at a certain age. A nonrenewable term policy can’t be continued. You’ll have to apply for a new policy if you still want coverage.

Whole life vs. universal life: Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.

Variable life vs. non-variable life: The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable life policies.

Be sure you can afford the premium

Before you buy a life insurance policy, be sure you can pay the premiums. Can you afford the initial premium? If the premium increases later, will you still be able to afford it? The premiums for many life insurance policies are sensitive to changes in the company’s investment earnings, claims costs, and other expenses. If those are worse than expected, you may have to pay a much higher premium. Ask what might be the highest premium you’d have to pay to keep your coverage.

Understand the application process

You can apply for life insurance through life insurance agents, the mail, and online. In addition to basic information, such as your name, address, employer, job title, and date of birth, you’ll be asked for more personal information. Depending on the type of policy, the insurer may require you to see a doctor, answer health-related questions, or have a medical professional come to your home or office to assess your health. Usually a policy that doesn’t require detailed health information will cost more and provide less coverage than one that does.

It’s important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.

Choose a beneficiary

A beneficiary is the person(s) or organization(s) you name to receive your life insurance policy’s death benefit. You’ll need to know the Social Security or tax identification number for all beneficiaries. Experts advise you not to name a minor child as a beneficiary. Insurance companies won’t pay a minor. Instead, consider leaving the money to your estate or trust.

Evaluate the future of your policy

Does your policy have a cash value? In some cash value policies, the values are low in the early years but build later on. In other policies the values build up gradually over the years. Most term policies have no cash value. Ask your insurance agent, financial advisor, or an insurance company representative for an illustration showing future values and benefits.

After you buy life insurance...

Read your policy carefully

After you carefully read your policy, you should be able to answer the following important questions:

- Is your personal information correct?
- Do premiums or policy values vary from year to year?
- What part of the premium or policy value isn’t guaranteed?
- How will the timing of money paid and received affect any interest the policy might earn?

Your insurance agent, financial advisor, or an insurance company representative can help you understand anything that isn't clear.

If you're not satisfied with your new policy, you can return it for a full refund within a certain period, usually 10 days after you receive it. The review period usually is stated on the first page of the policy.

Review your life insurance policy every few years

Review your policy with your insurance agent, financial advisor, or an insurance company representative every few years to keep up with changes in your policy and your needs.

- Have the premiums or benefits changed since your policy was issued?
- Do the death benefits still meet your needs?
- Do you need more or less coverage after life events, such as birth, adoption, marriage, job change, death, or divorce?

The insurance company can provide policy statements and illustrations to help with this review. As the policy owner, you can change beneficiaries at no cost. Be sure to review your beneficiaries every few years, especially after major life events that affect your life insurance needs.

SAMPLE POLICY

As part of our state-based system of insurance regulation in the United States, the National Association of Insurance Commissioners (NAIC) provides expertise, data, and analysis for insurance commissioners to effectively regulate the industry and protect consumers. The U.S. standard-setting organization is governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer reviews, and coordinate regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. For more information, visit www.naic.org.

This guide does not endorse any company or policy.

Coverage is subject to policy exclusions and limitations that may affect benefits payable. See your benefits counselor for complete details.

Insurance products are underwritten by Colonial Life & Accident Insurance Company, Columbia, SC.

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SAMPLE POLICY

COLONIAL LIFE & ACCIDENT INSURANCE COMPANY
1200 Colonial Life Boulevard, P.O. Box 1365, Columbia, South Carolina 29202

**NOTICE CONCERNING COVERAGE UNDER THE TENNESSEE
LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Insurance companies and health maintenance organizations (HMOs) licensed in this state to write life insurance, annuities or health insurance are members of the Tennessee Life and Health Insurance Guaranty Association. The purpose of this association is to provide a safety-net of coverage, within 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 insured persons who live in the state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Insurance Guaranty Association Act. The following is a brief summary of this law's coverage, exclusions and limits. **This summary does not cover all provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not 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 Life and Health Insurance Guaranty Association if they live in this state and hold a life or health insurance contract, HMO contract, or an annuity, or if they are insured under a group insurance contract, issued by a member insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. The beneficiaries, payees or assignees of insured persons are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons holding such policies are not protected by this Guaranty Association if:

- (1) 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);
- (2) the insurer was not authorized to do business in this state;
- (3) their policy was issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does not provide coverage for:

- (1) any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- (2) any policy of reinsurance (unless an assumption certificate was issued);
- (3) interest rate yields that exceed an average rate;
- (4) dividends;
- (5) credits given in connection with the administration of a policy by a group contractholder;
- (6) employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- (7) unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

- \$300,000 for policies and contracts of all types, except as described in the next point
- \$500,000 for basic hospital, medical and surgical insurance and major medical insurance issued by companies that become insolvent after January 1, 2010

Within these overall limits, the Guaranty Association cannot guarantee payment of benefit greater than the following:

- life insurance death benefits - \$300,000
- life insurance cash surrender value - \$100,000
- present value of annuity benefits for companies insolvent before July 1, 2009 - \$100,000
- present value of annuity benefits for companies insolvent after June 30, 2009 - \$250,000
- health insurance benefits for companies declared insolvent before January 1, 2010 - \$100,000
- health insurance benefits for companies declared insolvent on or after January 1, 2010:
 - \$100,000 for limited benefits and supplemental health coverages
 - \$300,000 for disability and long term care insurance
 - \$500,000 for basic hospital, medical and surgical insurance or major medical insurance

NOTE

The Tennessee Life and Health Insurance 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 Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance companies or their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Tennessee Life and Health Insurance Guaranty Association
P.O. Box 190434
Nashville, TN 37219
Website: www.tnlifega.org

Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243

NOTICE:

As our policyholder, your satisfaction is very important to us. If you have any questions about your Colonial Life coverage(s), please contact us at our Home Office.

Colonial Life & Accident Insurance Company

P.O. Box 1365

Columbia, South Carolina 29202

1.800.325.4368 (Policyholder Services)

SAMPLE POLICY

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