

Chubb Life & Consolidated Billing Service Center  
17 Church Street, P.O. Box 506  
Keene, NH 03431-0506

O + 855.241.9891  
F + 603.357.0250

CHUBB®

Congratulations on your purchase of life insurance through Chubb Workplace Benefits. Your coverage is brought to you by Combined Insurance Company of America, a Chubb company, providing valuable benefits to individuals for over 90 years. To help you understand your LifeTime Benefit Term Coverage, we have provided additional information below.

#### LifeTime Benefit Term Product Information

Based on the assumption that the current crediting interest rate (2.50 %) and mortality premium charges continue to age 100, the policy death benefit will remain unchanged through age 99 with no premiums due after age 100. However, credited interest rates could very well increase above the current rate (2.50 %), which will provide paid-up benefits of the death benefit earlier than projected at current interest rates.

The Death Benefit has guarantees to protect the coverage. If the interest rate decreases to the guaranteed rate (2%) and never recovers to the current credited interest rate (2.50 %), the death benefit will remain at 100% of the face amount to the later of age 70 or 25 years from issue. Therefore, and as a worse-case scenario, the death benefit can be no less than 50% of the original death benefit amount through age 121 with no premiums due after age 100.

SAMPLE

**BENEFICIARY CHANGE FORM**

Certificate Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Name of Certificateholder(s) \_\_\_\_\_ Social Security or TIN No. (include dashes) \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**B. Beneficiary Changes. Please include the address and Social Security Number of beneficiary(s), if known**

\_\_\_\_\_ Change Beneficiary(ies).

I hereby revoke any and all prior beneficiary designations and existing settlement agreements, if any, and elect to change the beneficiary(ies) under the above numbered certificate as follows:

**Primary Beneficiary(ies):** For multiple beneficiaries, payment will be made in equal share unless otherwise stated below.Full Name (as it should appear on Company records) % Address (including City/State/Zip) Relationship Date of Birth Social Security #**Contingent Beneficiary(ies):** For multiple beneficiaries, payment will be made in equal share unless otherwise stated below.Full Name (as it should appear on Company records) % Address (including City/State/Zip) Relationship Date of Birth Social Security #

It is understood and agreed that, unless otherwise directed, proceeds will be paid in accordance with the certificate provisions.

**C. Signatures.**

_____	_____	_____	_____
Certificateholder's Signature	Date	Spouse (req. in community property states)	Date

SAMPLE



## **SUMMARY and DISCLOSURE STATEMENT for ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER**

### **Benefit**

According to the terms of the Accelerated Death Benefit For Terminal Illness Rider, We will pay a portion of the Death Benefit to the Certificateholder upon receiving acceptable proof that the Insured is terminally ill. The benefits of this Rider are available to the Certificateholder through a Rider attached to his or her Certificate. An Accelerated Death Benefit for Terminal Illness can only be paid one time under this Rider.

### **Consequences of Receiving an Accelerated Death Benefit for Terminal Illness**

Payment of benefits under this Rider may be taxable to the Certificateholder under the Internal Revenue Code. The receipt of an Accelerated Death Benefit may also affect the Certificateholder's eligibility to receive, or continue to receive Medicaid benefits, or other state or federal government benefits and entitlements. Before the Certificateholder elects to receive any benefits under this Rider, he or she should consult with his or her tax advisor.

### **Amount You May Elect**

After the Contestability Period is completed, the Certificateholder may elect the amount of the Accelerated Death Benefit to be paid. The limits are outlined in the Rider, but are generally limited to the lesser of 50% of the Death Benefit provided to the Insured by the Certificate after subtraction of any previous Accelerated Death Benefit paid to the Certificateholder, to a maximum of \$100,000. We have a right under the Rider to charge an administrative fee for processing an Accelerated Death Benefit. The maximum amount of the fee we will charge the Certificateholder is \$150. It will be deducted from any payment made.

### **When Eligible for Payment of Benefit**

The Certificateholder is entitled to receive the Accelerated Death Benefit for Terminal Illness when we have determined that the insured is terminally ill and has a life expectancy of 12 months or less.

### **Notice and Proof of Qualifying Event**

We will require proof that the Insured is terminally ill. The diagnosis must be made by a Physician as defined in the Rider. Any diagnosis must be the result of clinical, radiological, histological, or laboratory evidence of the terminal illness. We may require a second medical opinion by a Physician of our choice at Our expense. If there is a conflict of opinion, We reserve the right to make the final determination.

### **Effect of an Accelerated Death Benefit for Terminal Illness**

When payment of an Accelerated Death Benefit for Terminal Illness is made, it will be treated as a Lien against the Certificate Coverage. We will charge the Certificate Holder interest on the Accelerated Death Benefit paid to him or her. The maximum interest rate we may charge the Certificate Holder is the greater of:

1. 7%; or
2. the current 90 day U.S. Treasury Bill rate in effect on the date that the Accelerated Death Benefit is paid.

Premiums, without reduction, will still be payable, including any premiums for Riders. In the event that Coverage under a Certificate Lapses for nonpayment of premium, Coverage terminates and no repayment of the lien (including accrued interest) is required. Any named Irrevocable Beneficiaries or assignees must sign and date any request before we will release an Accelerated Death Benefit.

### **Benefit Premiums**

There are no separate premiums for benefits under this Rider.

Below is a **sample illustration** of the effect of an Accelerated Death Benefit for Terminal Illness on a Certificateholder's Coverage. This illustration shows the effect on the face amount of a Certificateholder's Coverage before the Accelerated Death Benefit for Terminal Illness is elected, immediately after the election is made, and twelve months after the election is made. This illustration also assumes:

1. the Face Amount is \$10,000;
2. annual premiums are \$500.00;
3. a 25% Accelerated Death Benefit is elected; and
4. We are charging 7% simple interest on the lien.

<u>Before Election is Made</u>	
Face Amount	\$10,000
Death Benefit Payable	\$10,000
Annual Premium	\$500.00

<u>Accelerated Death Benefit Election</u>	
Face Amount	\$10,000
25% Election	\$2,500
less administrative fee	\$150
Benefit Payable	\$2,350

<u>Immediately After Election is Made</u>	
Face Amount	\$10,000
Lien*	\$2,500
Death Benefit Payable	\$7,500
Annual Premium	\$500.00

\* Equal to the Accelerated Death Benefit

<u>12 Months After Election is Made</u>	
Face Amount	\$10,000
Lien**	\$2,675
Death Benefit Payable	\$7,325
Annual Premium	\$500.00

\*\* Equal to the Accelerated Death Benefit plus 12 months of interest

**Acknowledgement**

I acknowledge that I have received and read the Accelerated Death Benefit Rider Summary and Disclosure Statement which was furnished to me prior to signing the enrollment form.

---

Signature of Certificateholder	Date

---

Signature of Agent	Date

**ACCELERATED DEATH BENEFIT FOR LONG TERM CARE AND EXTENSION OF BENEFITS RIDER  
OUTLINE OF COVERAGE  
POLICY FORM NO. P34544CA; CERTIFICATE FORM NO. C34544CA;  
RIDER FORM NO. 34553CA AND FORM NO. 34554CA**

THIS CONTRACT FOR LONG-TERM CARE INSURANCE IS INTENDED TO BE A FEDERALLY QUALIFIED LONG-TERM CARE INSURANCE CONTRACT AND MAY QUALIFY YOU FOR FEDERAL AND STATE TAX BENEFITS.

**THIS RIDER IS AN APPROVED LONG-TERM CARE INSURANCE RIDER UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER, THE BENEFITS PAYABLE BY THIS RIDER WILL NOT QUALIFY FOR MEDI-CAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE.**

**FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER, 1 (800) 434-0222**

**NOTICE TO BUYER:** This Rider may not cover all of 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.

1. **RIDER DESIGNATION:** This Rider is a group Rider which has been issued in the state of California.
2. **PURPOSE OF OUTLINE OF COVERAGE:** This Outline of Coverage provides a very brief description of the important features of your Rider. You should compare this outline of coverage to outlines of coverage for other coverages available to you. This is not the insurance contract, but only a summary of coverage. Only the group Rider contains 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.
3. **TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED:**
  - a. You have the right to return this Rider within 30 days after You receive it, and we will refund any premium that You paid for the Rider, if after examination of the Rider You are not satisfied for any reason.
  - b. A pro-rata refund of any premium paid for this Rider beyond the death of the Insured, or termination of the Rider will be returned.
4. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company.
  - a. Combined Insurance Company is not representing Medicare, the federal government or any state government.
5. **LONG-TERM CARE COVERAGE.** Riders of this category are designed to provide coverage for one or more necessary or medically 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. This Rider provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to Rider limitations and requirements.
6. **BENEFITS PROVIDED BY THIS RIDER:**
  - a) **QUALIFIED LONG TERM CARE BENEFIT:** The benefit amount for Facility Care, Home Care, or Community-Based Services will be the greater of \$50 per day or 4% of the current Death Benefit, , minus any lien, of the Certificate as of the first of the month following the date the Insured became eligible for payment of the benefit. After We receive the required proof that the Insured has met the Conditions for Determination of Payment of Benefits that are described in this Rider, We will pay You the benefit amount. We will pay the benefit amount for each Certificate Month or fraction of a Certificate Month for as long as the Insured continues to meet the eligibility requirements. The benefit payments will be subject to the Remaining Accelerated Death Benefit Amount.
  - b) This Rider offers benefits for confinement in a Skilled Nursing and Residential Care Facility.
  - c) This Rider offers benefits for treatment for Home Care or Community Based Services.

- d) **ELIGIBILITY FOR PAYMENT OF BENEFITS:** Payment of benefits shall be determined based on the Insured being Chronically Ill, having a level of disability similar to the Insured's ability to perform 2 Activities of Daily Living; or being Cognitively Impaired, as defined in the Rider.

A Licensed Health Care Practitioner must certify that an Insured is unable to perform Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity and the Insured is in claim status.

**DEFINITIONS:** These are some of the important definitions that will help the Certificateholder understand the Conditions for Determination of Payment of Benefits. Please review the Rider for further information.

**ACTIVITIES OF DAILY LIVING.** For the purposes of this Rider, each of the following six (6) activities is considered an Activity of Daily Living:

**Bathing:** The Insured's ability to wash himself/herself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.

**Continence:** The Insured's 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:** The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

**Eating:** The Insured's ability to feed himself/herself by getting food into his/her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.

**Toileting:** The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.

**Transferring:** The Insured's ability to move into or out of a bed, chair or wheelchair.

**CHRONICALLY ILL INDIVIDUAL** means certified by a Licensed Health Care Practitioner as:

- I. being unable to perform, without Substantial Assistance, at least two Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, and Transferring) for a period of at least 90 days due to a loss of functional capacity;
- II. having a level of disability similar (as determined under regulations prescribed by the Secretary in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (I); **or**
- III. the Insured has a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

- e. **BENEFITS UNDER EXTENSION OF BENEFITS RIDER.** If the rider is in force, after we have paid out the entire certificate death benefit amount, as of the beginning of the period of claim, we will increase the death benefit amount of the certificate by the death benefit amount increase subject to our determination that all the following terms and conditions have been satisfied:

- i. the rider remains in force;
- ii. the insured is alive and continues to meet all conditions of the Monthly Accelerated Death Benefit Amount for Long Term Care Rider under the Eligibility provision;
- iii. the death benefit amount of the Certificate as of the monthly date immediately following the date the Insured first became eligible for payment of Long Term Care Benefits minus any death benefit advance has been paid;
- iv. the Certificate will not be eligible for any additional death benefit amount increase until the previous death benefit amount increase has been paid;
- v. the cumulative Monthly Increase in Death Benefit Amounts under this Rider will not exceed the Multiple of the Current Death Benefit of the Certificate determined as of the monthly Certificate date that the final monthly payment under the terms of the Accelerated Death Benefit for Long Term Care Rider was made. The Multiple is shown on the Certificate Schedule or Endorsement.

The effective date of each death benefit amount increase will be the monthly date preceding the monthly date that the entire death benefit amount of the certificate was paid.

The death benefit amount increase equals the death benefit amount of the Certificate on the monthly date immediately following the date the insured first becomes eligible for Long Term Care Benefits, minus any lien, times the confinement percentage shown on the Certificate Schedule or Endorsement.



7. **LIMITATIONS AND EXCLUSIONS:** This Rider may not limit or exclude coverage by type of illness, treatment, medical condition, or accident, except as follows:

We will not pay Rider benefits for care that is received or loss incurred as a result of:

1. an intentionally self-inflicted injury, or attempted suicide; or
2. war or any act of war, declared or undeclared, or service in the armed forces of any country or units auxiliary thereto; or
3. treatment of the Insured's alcoholism or drug addiction; or
4. the Insured's participation in a felony, riot, or insurrection.

We will not pay Rider benefits if the Facility Care, Home Care or Community-Based Services:

1. is received outside the United States and its territories; or
2. is provided by ineligible providers; or
3. is rendered by members of the Certificateholder's or the Insured's Immediate Family.

The following limits apply to payment of an Accelerated Death Benefit under this Rider:

1. We will not pay any Accelerated Death Benefit before the end of the Elimination Period.
2. We will not pay any Accelerated Death Benefit such that the total lifetime Accelerated Death Benefits payable plus any Terminal Illness benefit paid exceed the current life insurance death benefit Coverage provided by the Certificate.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM NEEDS.

8. **RELATIONSHIP OF COST OF CARE AND BENEFITS:** Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted.

- a. This Rider is level and will not increase over time.

9. **TERMS UNDER WHICH THIS RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED:**

a. **GUARANTEED RENEWABILITY: THIS POLICY (CERTIFICATE) IS GUARANTEED RENEWABLE.** This means you have the right, subject to the terms of your policy (certificate), to continue this policy as long as you pay your premiums on time. Combined Insurance Company of America cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY. Premiums may be adjusted based upon:

- a. the experience or demographics of the group to which you belong;
- b. smoking class to which You belong;
- c. the issue age of the Insured;
- d. the Coverage Date of the Certificate; or
- e. the Rider plan selected by the Policyholder.

Premiums on this Rider will not be increased based solely on the claims submitted for the Certificateholder of this Rider. New premium will be based on the Insured's age and Premium Class on the Rider's Coverage Date. We will notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

b. **CONTINUATION:** Regardless of the continuation or conversion options available under the base Certificate, a continuation option is available for this Rider. Only You can request termination of this Rider. Unless You do, it will remain in force as long as the Certificate remains in force. If the base Certificate is converted to an individual life policy, this Rider will then be attached to the converted individual life policy.

c. **WAIVER OF PREMIUM:** For each month You receive benefits under the Rider, Your premium for the Certificate and all Riders will be waived.

d. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We may change premium rates only if We change them on all Riders on this form in the state where the Rider was issued. The current premium is shown on the Certificate Schedule page. We will make no change in premiums solely because of claims made under this Rider, because of increased age or change in mental or physical health. While the Rider is in force, We cannot change any of its provisions, cancel it, or refuse renewal. After the first year, rates will not be adjusted more frequently than once every six (6) months and will be based on 12 months of experience.

**10. ALZHEIMER'S DISEASE, ORGANIC DISORDERS, AND RELATED MENTAL DISEASES:** This Rider provides coverage for insureds clinically diagnosed as Alzheimer's disease, organic disorders or related degenerative and dementing illnesses.

**11. PREMIUM:**

a. The total annual premium for this Rider is: \$156.00.

**12. ADDITIONAL FEATURES:**

- a. **UNDERWRITING:** Underwriting for this Rider will be done on the same basis as the underwriting for the Certificate to which this Rider may be attached.
- b. **IMPACT ON CERTIFICATE VALUES:** The death benefit that is payable at the death of the Insured will be reduced by the total of all Long Term Care Benefit payments. The Death Benefit will further be reduced by any Lien resulting from a Terminal Illness benefit paid. If the Insured dies while the Certificate is in force, the remaining Death Benefit proceeds will be paid to the Beneficiary. No further payments under this Rider will be made.
- c. **CONTINGENT NONFORFEITURE BENEFIT:** The contingent nonforfeiture benefit will be available on lapse should We increase the premium rates and you did not purchase the Nonforfeiture Benefit. The Contingent Nonforfeiture Benefit will be equal to the greater of 100 percent of the premium paid or 30 times the daily nursing home benefit at the time the Rider lapses.

Below is a graphic sample of nonforfeiture values with Inflation Rider:

\$50,000 Lifetime Benefit Term with Accelerated Death Benefit for Long-Term Care Rider (LTC)				
Issue Age 35 Non-Tobacco				
Year	Total LTC Premiums to End of Year	Monthly Premium Paying Claim Benefit	Minimum Paid Up LTC Face Amount	Monthly Nonforfeiture –Paid Up Claim Benefit with Inflation Protection
10	\$11,770.00	\$3,102.66	\$11,770.00	\$ 470.80
20	\$23,540.00	\$2,000.00	\$23,540.00	\$ 941.60
30	\$35,310.00	\$2,000.00	\$35,310.00	\$1,412.40
40	\$47,080.00	\$2,000.00	\$47,080.00	\$1,883.20

\*\*While Acceleration Benefits are paid, Premium for Coverage provided by the Certificate will be waived.

**13. INFORMATION AND COUNSELING.** The California Department of Insurance has prepared a Consumer Guide to Long-Term Care Insurance. This guide can be obtained by calling the Department of Insurance toll-free telephone number. This number is 1-800-927-HELP. Additionally, the Health Insurance Counseling and Advocacy Program (HICAP) administered by the California Department of Aging, provides long-term care insurance counseling to California senior citizens. Call the HICAP toll-free telephone number 1-800-434-0222 for a referral to your local HICAP office.

Combined Insurance Company of America  
Administrative Office: 17 Church St., Keene, NH 03431  
(855) 241-9891

### **Things You Should Know Before You Buy Long Term Care Insurance**

- A long term care insurance Rider may pay most of the costs for your care in a nursing home. Many Riders also pay for care at home or other community settings. Since Riders can vary in coverage, you should read this Rider and make sure you understand what it covers before you buy it.
- You should not buy this insurance Rider unless you can afford to pay the premiums every year. Remember that the company can increase premiums in the future.
- The personal worksheet includes questions designed to help you and the company determine whether this Rider is suitable for your needs.

#### Medicare

- Medicare does not pay for most long term care.

#### Medicaid

- Medicaid will generally pay for long term care if you have very little income and few assets. You probably should not buy this Rider if you are now eligible for Medicaid.
- Many people become eligible for Medicaid after they have used up their own financial resources by paying for long term care services.
- When Medicaid pays your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.
- Your choice of long term care services may be limited if you are receiving Medicaid. To learn more about Medicaid, contact your local or state Medicaid agency.

#### Shopper's Guide

- Make sure the insurance company or agent gives you a copy of a book called the National Association of Insurance Commissioners' "Shopper's Guide to Long Term Care Insurance". Read it carefully. If you have decided to apply for long term care insurance, you have the right to return the Rider within thirty (30) days and get back any premium you have paid if you are dissatisfied for any reason or choose not to purchase the Rider.

#### Counseling

- Free counseling and additional information about long term care insurance are available through your state's insurance counseling program. Contact your state insurance department or department on aging for more information about the senior health insurance counseling program in your state.

SAMPLE



**LIFETIME BENEFIT TERM INSURANCE CERTIFICATE OF COVERAGE**

We, Combined Insurance Company of America, certify that We have issued the Group Lifetime Benefit Term Insurance Policy ("The Policy") numbered below to the named Policyholder. The Policy is a contract between Us and the Policyholder. We issue this Certificate to You as evidence of Your insurance under The Policy. This Certificate summarizes and explains the parts of The Policy that apply to You. You may view The Policy at the Policyholder's office during normal business hours.

We will pay the Death Benefit if the Insured dies while The Policy and the Coverage evidenced by this Certificate are in force. To file a claim or ask a question, You may contact Our Administrative Office. The Death Benefit will be paid to the Beneficiary when due proof of the Insured's death is received at Our Administrative Office. We will also require completion of Our claim forms. All benefits are subject to the terms and conditions of The Policy.

The Lifetime Benefit Term Coverage provides:

- An Initial Guaranteed Death Benefit until the later of 25 years after the Coverage Date or age 70, but not beyond age 100. After this initial period, a Reduced Guaranteed Death Benefit of 50% of the Initial Guaranteed Death Benefit is provided until age 121.
- Guaranteed Paid-Up Term Benefits upon termination of premium payments after premiums have been paid for 10 full Coverage Years.
- Non-guaranteed Paid-Up Term Benefits that may increase the Guaranteed Paid-Up Term Benefit upon termination of premium payments after premiums have been paid for 10 full Certificate Years
- After the Initial Guaranteed Death Benefit Period, non-guaranteed One Year Term Insurance which may increase the Reduced Guaranteed Death Benefit up to the Initial Guaranteed Death Benefit.
- Level Guaranteed Premiums payable to Age 100.
- The Policy is non-participating and provides no cash surrender values or loan values.

**READ THIS CERTIFICATE CAREFULLY.**

**RIGHT TO EXAMINE CERTIFICATE: WE WANT THE CERTIFICATEHOLDER TO BE SATISFIED WITH HIS/HER COVERAGE UNDER THE POLICY. THE CERTIFICATEHOLDER MAY, WITHIN 30 DAYS AFTER THE CERTIFICATE IS DELIVERED, RETURN THE CERTIFICATE TO OUR ADMINISTRATIVE OFFICE, BY REGULAR MAIL OR OTHER DELIVERY METHODS AND WILL RECEIVE A FULL REFUND OF ANY PREMIUMS THAT HAVE BEEN PAID. ONCE RETURNED, THE COVERAGE WILL BE VOID FROM ITS BEGINNING AND ALL PARTIES SHALL BE IN THE SAME POSITION AS IF A CERTIFICATE HAD NOT BEEN ISSUED.**

**Policyholder:** Employer Name

**Policy Number:** XYZ-LBT

**Policy Effective Date:** January 1, 2023

Issued and signed by Combined Insurance Company of America at its Home Office.

Richard L. Williams, Jr., President

Brandon Peene, Secretary

**Home Office**

Combined Insurance Company of America  
111 East Wacker Drive, Suite 700  
Chicago, IL 60601

**Administrative Office**

Combined Insurance Company of America  
17 Church Street  
Keene, NH 03431

SAMPLE

<b>Table of Contents</b>	<b>Page No.</b>
Certificate Schedule.....	4
<b>Definitions</b> .....	6
Active Employee .....	6
Age .....	6
Beneficiary .....	6
Certificate, Certificate of Coverage .....	6
Certificateholder.....	6
Certificate Year .....	6
Coverage .....	6
Coverage Date.....	6
Date of Issue.....	6
Death Benefit .....	6
Deferred Paid-Up Term Death Benefit.....	6
Eligible Classes .....	6
Eligible Employee .....	6
Eligible Dependent.....	6
Evidence of Insurability .....	6
Expiry Date .....	6
Face Amount .....	6
Initial Guaranteed Death Benefit.....	7
Initial Guaranteed Death Benefit Period .....	7
Insured.....	7
Irrevocable Beneficiary .....	7
Issue Age.....	7
Lapse .....	7
Non-guaranteed Credits .....	7
The Policy .....	7
Policyholder .....	7
Reduced Guaranteed Death Benefit.....	7
Rider.....	7
Spouse.....	7
Vesting Period .....	7
We, Our, or Us.....	7
You or Your.....	7
<b>Certificate of Coverage Provisions</b> .....	7
The Policy.....	7
Statements Are Not Warranties .....	7
Contestability .....	8
Termination of Coverage on an Insured .....	8
Portability Privilege .....	8
Misstatement of Age .....	8
Suicide Exclusion.....	8
Certificateholder's Rights.....	8
Assignment.....	8
Change of Certificateholder or Beneficiary .....	8
Death of Beneficiary in Common Disaster.....	9
Legal Actions .....	9
<b>Premiums</b> .....	9
Payment of Premiums .....	9
Grace Period.....	9
Non-Payment of Premium Options .....	9
Reinstatement.....	9
<b>Death Benefit</b> .....	9
Guaranteed Death Benefit .....	9
Guaranteed Paid-Up Term Death Benefit.....	10
Decreasing Term Death Benefit .....	10
Deferred Paid-Up Term Death Benefit.....	10
Non-Guaranteed Credits.....	10

<b>Table of Contents cont.</b>	<b>Page No.</b>
One Year Term Insurance .....	11
Early Fully Paid-Up Coverage .....	11
Death Benefit Calculations .....	11
Payment of Proceeds .....	11
Death of Beneficiary, Multiple Beneficiaries .....	11
Facility of Payment .....	12
<b>Coverage Values</b> .....	12
Basis of Values .....	12
Certificate Schedule of Guaranteed Values.....	12

Any Riders, Endorsements, and enrollment data including a copy of the Enrollment Form for Coverage, follow Page 12

SAMPLE



CERTIFICATE SCHEDULE  
LIFETIME BENEFIT TERM INSURANCE

---

INSURED:	FIRST NAME LAST NAME	EXPIRY DATE:	JAN 1, 2112
CERTIFICATEHOLDER:	FIRST NAME LAST NAME	FACE AMOUNT:	\$100,000
ISSUE AGE:	32 FEMALE	GUARANTEED DEATH BENEFIT TO AGE 70:	\$100,000
RATE CLASS:	NON-TOBACCO	REDUCED GUARANTEED DEATH BENEFIT AFTER AGE 70:	\$50,000
DATE OF ISSUE:	JAN 1, 2023	VESTING PERIOD:	10 YEARS
COVERAGE DATE:	JAN 1, 2023		
CERTIFICATE NUMBER:	VC00#####		

---

BENEFICIARY: AS STATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED

---

CURRENT: ANNUAL PREMIUM: \$915.00 PLANNED PERIODIC PREMIUM: \$76.25

PREMIUMS ARE PAYABLE TO AGE 100.

---

CERTIFICATE SCHEDULE CONTINUED  
CERTIFICATE NUMBER: VC00#####  
RIDERS

BENEFIT	AMOUNT	ANNUAL PREMIUM	COVERAGE DATE	EXPIRY DATE
---------	--------	----------------	---------------	-------------

<b>BENEFIT:</b>	ACCELERATED DEATH BENEFIT FOR LONG TERM CARE			
AMOUNT:	MONTHLY BENEFIT FOR FACILITY CARE, HOME CARE OR COMMUNITY BASED SERVICES - Greater of \$50 per day or 4% of the Face Amount of the Certificate as of the first of the month following the date the Insured becomes eligible for this benefit.			
MAXIMUM LIFETIME BENEFIT:	\$200,000.00			
ANNUAL PREMIUM:	\$63.00			
COVERAGE DATE:	JAN 1, 2023			
ELIMINATION PERIOD:	90 Days			
<b>BENEFIT:</b>	EXTENSION OF BENEFITS RIDER			
AMOUNT:	Multiple of Current Death Benefit - 2			
ANNUAL PREMIUM:	\$93.00			
COVERAGE DATE:	JAN 1, 2023			

SAMPLE

CERTIFICATE SCHEDULE CONTINUED  
 SCHEDULE OF GUARANTEED VALUES  
 CERTIFICATE NUMBER: VC00#####

CERTIFICATE YEAR	ATTAINED AGE	ANNUAL PREMIUM (INCLUDES RIDERS)	DECREASING TERM DEATH BENEFIT**	PAID UP TERM DEATH BENEFIT**	GUARANTEED DEATH BENEFIT**
1	32	\$915.00	\$100,000	\$0	\$100,000
2	33	\$915.00	\$100,000	\$0	\$100,000
3	34	\$915.00	\$99,676	\$0	\$100,000
4	35	\$915.00	\$99,358	\$0	\$100,000
5	36	\$915.00	\$99,046	\$0	\$100,000
6	37	\$915.00	\$98,740	\$0	\$100,000
7	38	\$915.00	\$97,537	\$0	\$100,000
8	39	\$915.00	\$96,356	\$0	\$100,000
9	40	\$915.00	\$95,196	\$0	\$100,000
10	41	\$915.00	\$94,058	\$0	\$100,000
15	46	\$915.00	\$88,665	\$11,335	\$100,000
20	51	\$915.00	\$83,732	\$16,268	\$100,000
25	56	\$915.00	\$79,206	\$20,794	\$100,000
30	61	\$915.00	\$75,037	\$24,963	\$100,000
35	66	\$915.00	\$71,176	\$28,824	\$100,000
40	71	\$915.00	\$17,580	\$32,420	\$50,000
45	76	\$915.00	\$14,210	\$35,790	\$50,000
50	81	\$915.00	\$11,029	\$38,971	\$50,000
55	86	\$915.00	\$7,997	\$42,003	\$50,000
60	91	\$915.00	\$5,077	\$44,923	\$50,000
65	96	\$915.00	\$2,234	\$47,766	\$50,000
69-89	100-120	\$0.00	\$0	\$50,000	\$50,000

\*\*BEGINNING OF YEAR COVERAGE VALUES ARE SHOWN. THE ABOVE CALCULATIONS ASSUME THAT PREMIUMS ARE PAID ANNUALLY AND THAT DEATH BENEFITS ARE PAYABLE UNIFORMLY THROUGHOUT THE COVERAGE YEAR.

THE PORTION OF THE ANNUAL PREMIUM USED TO PURCHASE PAID-UP INSURANCE IS \$524.74. THE PREMIUM LOADS USED FOR CALCULATING THE PAID UP TERM DEATH BENEFIT IS 100 % FOR COVERAGE YEAR 1, 75 % FOR COVERAGE YEARS 2 -5 AND 0 % FOR SUBSEQUENT COVERAGE YEARS.

THE ABOVE VALUES ARE DETERMINED ACCORDING TO THE POLICY COVERAGE VALUES SECTION. VALUES ARE BASED ON THE 2017 CSO ULTIMATE , COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE, UNISEX 50% MALE / 50% FEMALE, NONSMOKER AT 2% INTEREST. WE WILL FURNISH ANY VALUES NOT SHOWN ABOVE UPON REQUEST. THE METHOD OF COMPUTATION OF COVERAGE VALUES HAS BEEN FILED WITH THE INSURANCE SUPERVISORY OFFICIAL IN THE STATE WHERE THE POLICY IS DELIVERED.

## DEFINITIONS

**Active Employee** means an employee who is actively at work for eighteen (18) hours or more per week, performing the regular duties of their job in the usual manner and at the usual place of employment at the time of enrollment, and has completed (0) days of employment as of the enrollment date.

**Age** is equal to the Issue Age, of the Insured, on the Date of Issue. The Age increases by one year on each Date of Issue anniversary date.

**Beneficiary** means the person, persons or entity designated by the Certificateholder to receive the Death Benefit provided under The Policy.

**Certificate or Certificate of Coverage** means a document that describes the terms of the insurance made available under The Policy to Eligible Classes.

**Certificateholder** refers to the person who is allowed to exercise the rights given by The Policy and allowed by Us. The Certificateholder may be someone other than the Insured. The Certificateholder is shown in the Certificate Schedule.

**Certificate Year** is the period from the Date of Issue to the first Date of Issue anniversary or from one Date of Issue anniversary to the next. A Certificate Year does not include the Date of Issue anniversary at the end of the Certificate Year.

**Coverage** means the insurance provided under The Policy.

**Coverage Date** is the date on which an Insured's Coverage under The Policy begins. The Coverage Date is shown in the Certificate Schedule.

**Date of Issue** of a Certificate of Coverage is used to determine the suicide and Contestability periods. The Date of Issue is also the date from which anniversaries, years, months, and premium due dates are determined. The Date of Issue is shown in the Certificate Schedule.

**Death Benefit** is the amount payable to the Beneficiary upon death of the Insured. The Death Benefit calculations are explained in the Death Benefit provision.

**Deferred Paid-Up Term Death Benefit** is paid-up term insurance purchased with Non-Guaranteed Credits that are payable upon termination of premium payments after premium payments have been paid through the Vesting Period.

**Eligible Classes** means the class(es) of people eligible to apply for Coverage under The Policy. Eligible Classes are shown on Page 1 of The Policy.

**Eligible Employee** means a person who is an Active Employee of The Policyholder.

**Eligible Dependent** means a person who is:

1. The Insured's Spouse;
2. The Insured's newborn child;
3. The Insured's unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the Insured, or stepchild under age 26; or
4. The Insured's unmarried grandchild under age 26.

**Evidence Of Insurability** is statement of history that, when applicable, We may use to determine if the person is approved for Coverage.

**Expiry Date** is the date when Coverage and benefits expire without value. This Date is shown in the Certificate Schedule.

**Face Amount** is the amount of insurance on which premium calculations are made. The Face Amount is shown in the Certificate Schedule.

**Initial Guaranteed Death Benefit** means the Guaranteed Death Benefit that will be provided during the Initial Guaranteed Death Benefit Period. It is shown in the Certificate Schedule.

**Initial Guaranteed Death Benefit Period** is the initial period where a level guaranteed death benefit equal to the Face Amount is provided so long as premiums are paid when due. The Initial Guaranteed Death Benefit Period for the Insured is shown in the Certificate Schedule.

**Insured** is the person whose life is insured under The Policy. The Insured is shown in the Certificate Schedule.

**Irrevocable Beneficiary** is a Beneficiary whose consent is needed to change that Beneficiary. Also, an Irrevocable Beneficiary must consent to the exercise of certain rights under The Policy. See Certificateholder's Rights for exceptions. Any Beneficiary may be named an Irrevocable Beneficiary.

**Issue Age** means the Insured's age last birthday on the Date of Issue. The Insured's Issue Age is shown on the Certificate Schedule.

**Lapse** means the Coverage has terminated, or been placed on paid-up term insurance because a premium was not paid when due.

**Non-guaranteed Credits** may be credited on each Certificate Anniversary based upon current interest and mortality rates, declared in advance by Us that are more favorable than the guaranteed rates. Credits are used to purchase additional Deferred Paid-Up Term Insurance.

**The Policy** means the group contract whose provisions govern the insurance provided to the Eligible Classes.

**Policyholder** is the entity through which We make this insurance available to Eligible Classes. The Policyholder is shown on page 1.

**Reduced Guaranteed Death Benefit** means the Guaranteed Death Benefit provided after the Initial Guaranteed Death Benefit Period. It is shown on the Certificate Schedule.

**Rider** means additional Coverage made available under The Policy. All Riders elected by The Policyholder are attached to The Policy. No Coverage is available under a Rider unless also attached as a Rider to the Certificate.

**Spouse** means the person to whom you are legally married or the Eligible Employee's Domestic Partner or Civil Union Partner, as defined in the individual Certificates. He/she does not qualify as a Spouse, if he/she is individually eligible as an Eligible Employee under The Policy.

**Vesting Period** is the number of years that premiums must be paid by You, before paid-up term insurance becomes available in the event of discontinuation of premium payments. The Vesting Period is shown in the Certificate Schedule.

**We, Our, or Us** refers to Combined Insurance Company of America.

**You or Your** refer to the Certificateholder.

## CERTIFICATE PROVISIONS

### The Policy

The Policy is the group contract between Us and the Policyholder whose provisions govern the insurance provided to the Insured. This Certificate is not an insurance policy. It is evidence of the Coverage provided to the Insured. In case of differences or errors, the provisions of The Policy control. The Policy may be changed at any time by a written agreement between Us and the Policyholder.

### Statements Are Not Warranties

All statements made by or for the Insured in the enrollment are considered to be representations and not warranties. No statement will be used in any contest unless a copy of the enrollment data has been furnished to You or the Insured or to the Insured's Beneficiary.

**Contestability**

Except for failure to pay premiums, We will not contest the validity of Coverage under The Policy after two years:

- a. from the Date of Issue; or
- b. from the effective date of the last reinstatement, if any.

**Termination of Coverage on an Insured**

Coverage on an Insured will terminate:

1. If any premium payable by You is not paid within the grace period. The Coverage will terminate the day after the 31 day grace period.
2. On the date We receive Your written request to terminate the Coverage.
3. On the date the Insured dies.
4. When the Insured reaches age 121.
5. On the date The Policy terminates subject to the Portability Privilege.

**Portability Privilege**

We will provide portability Coverage subject to these provisions.

Such Coverage will not be available for a Covered Person unless:

- 1) The Insured's Lifetime Benefit Term Insurance under the Policy terminated because the Policy was cancelled or the Insured is no longer eligible for payroll deduction; and
- 2) We receive a written request and payment of the first premium for the portability Coverage no later than 60 days after such termination; and
- 3) The request is made on a form we furnish or approve for that purpose.

No portability Coverage will be provided if Your Coverage terminated due to failure to pay premium.

**Misstatement of Age or Tobacco Usage**

If the Insured's age or tobacco usage has been misstated, the amount payable will be the amount that the premium paid would have purchased at the correct age and/or tobacco usage.

**Suicide Exclusion**

If the Insured commits suicide within two years from the Date of Issue, and while this Coverage is in force, We will pay in one sum to the Beneficiary, the amount of premiums paid for this Coverage.

**Certificateholder's Rights**

The Policy provides that while the Insured is living, You may exercise all rights given to You by The Policy or allowed by Us. These rights include assigning this Coverage, changing the Beneficiary, changing the Certificateholder, enjoying all The Policy benefits and exercising all The Policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any right except the right to:

- a. Change the frequency of premium payments, or;
- b. Reinstate this Coverage after Lapse.

**Assignment**

The Policy provides that You may assign Your rights to the Coverage under the Certificate. For any assignment to be binding on Us, We must receive the original Assignment, or a signed certified copy at Our Administrative Office and it must be recorded by Us. Once We receive the original Assignment, or a signed certified copy, Your rights and the interest of any Beneficiary or any other person will be subject to the assignment. We will not be responsible for the validity of any assignment. We are not liable for any payment made by Us before We record the assignment.

**Change of Certificateholder or Beneficiary**

The Policy provides that the Certificateholder or any Beneficiary may be changed during the Insured's lifetime. We do not limit the number of changes that may be made. To make a change, a written request must be received at Our Administrative Office. Such request should include the name of the prior Certificateholder or Beneficiary, the name and address of the new Certificateholder or Beneficiary and the social security number of the new Certificateholder or Beneficiary. The request should be signed and dated by the prior Certificateholder and any assignee or irrevocable beneficiary. The change will take effect as of the date the request is signed by all required

parties, even if the Insured dies before We receive it. Each change will be subject to any payment We made or other action We took before receiving the request. If the Certificateholder dies prior to the Insured, the Insured will become the Certificateholder.

### **Death of Beneficiary in Common Disaster**

If any Beneficiary dies with the Insured in a common disaster, death benefits will be paid as if the Beneficiary predeceased the Insured.

### **Legal Actions**

You cannot bring a legal action to recover benefits under Your Certificate for at least 60 days after You have given Us written Proof of Loss. You cannot start such an action after the expiration of the applicable statute of limitations from the date Proof of Loss is required.

## **PREMIUMS**

### **Payment of Premiums**

Premiums are payable in advance to Us. The first premium is due on the Date of Issue. Each subsequent premium is due when the period covered by the preceding premium ends. The amount and frequency of premium payments are shown in the Certificate Schedule.

### **Grace Period**

You have a grace period of 60 days from each premium due date, except the first, in which to pay the premium then due. Coverage will continue during the grace period. You are liable for the premium due during the grace period.

### **Non-Payment of Premium Options**

If You do not pay the premium due by the end of the Grace Period, the Coverage will Lapse. If the Coverage Lapses and premiums have not been paid through the Vesting Period, Coverage will terminate without value. If the Coverage Lapses and premiums have been paid through the Vesting Period it will Lapse with paid-up term insurance Coverage equal to the sum of the Guaranteed and Deferred Paid-Up Term insurance as described in the Death Benefit provision.

### **Reinstatement**

Coverage may be reinstated, while the Insured is alive, at any time within five years after the date of Lapse subject to Our acceptance of Your application for reinstatement. However, the Coverage cannot be reinstated on or after the Expiry Date.

If You pay the premium due within 60 days of the due date (within 29 days after the end of the Grace Period) and during the Insured's lifetime, the Coverage will be reinstated without Evidence of Insurability.

If You do not pay the premium due within 60 days of the due date (within 29 days after the end of the Grace Period) Reinstatement will be subject to proof that the Insured is still insurable based on current company underwriting guidelines-. All overdue premiums must be paid with interest compounded annually at 6% from their due dates to the date of reinstatement.

## **THE DEATH BENEFIT**

Subject to a written claim form as furnished by Us, We will pay the Death Benefit within 30 days of when We receive due proof at Our Administrative Office that the Insured died while the Coverage was in force. If payment is delayed for 30 days or more, We will pay interest at a rate of 2.5% on the amount We owe.

Death Benefits available to an Insured are determined in accordance with the Death Benefit provision of this Certificate. The Guaranteed Death Benefit, Deferred Paid-Up Term Death Benefits and One Year Term Insurance for a given Insured will vary according to Issue Age, Mortality Table, Rate Class, Premium and Non-Guaranteed Credits described in the Certificate. Given the variability of these factors, the Guaranteed Death Benefit, Deferred Paid-Up Term Death Benefits and One Year Term Insurance for a given Insured are only illustrated in the Certificate Schedule and Illustration issued to You. The following provisions govern the calculation of the Death Benefit:

### **Guaranteed Death Benefit**

While premiums are being paid, the Policy provides for an initial level Guaranteed Death Benefit. After the Initial Guaranteed Death Benefit Period, the Guaranteed Death Benefit is reduced. The Guaranteed Death Benefits and Periods are shown in the Certificate Schedule.

The Guaranteed Death Benefit is equal to the sum of the Guaranteed Paid-Up Term Death Benefit and the Decreasing Term Death Benefit. The Guaranteed Death Benefit Coverage terminates without value at the Expiry Date shown in the Certificate Schedule.

### **Guaranteed Paid-Up Term Death Benefit**

The Guaranteed Paid-Up Term Death Benefit is equal to the accumulated amount of paid-up term insurance purchased by a level portion of the Coverage annual premium. This premium is shown on the Certificate Schedule. During the Vesting Period, the premium loads shown in the Certificate Schedule reduce this level portion of the premium. The table of Guaranteed Paid-Up Term Death Benefits is shown in the Certificate Schedule.

If the Coverage lapses during the Vesting Period, the Coverage will terminate with no value. If the Coverage lapses after the Vesting Period accumulated paid-up term insurance Coverage will remain in force until the Expiry Date.

### **Decreasing Term Death Benefit**

The Decreasing Term Death Benefit is equal to the Guaranteed Death Benefit minus the Guaranteed Paid-Up Term Death Benefit. The Decreasing Term Death Benefit terminates when premiums are no longer being paid.

### **Deferred Paid-Up Term Death Benefit**

We may purchase a non-guaranteed Deferred Paid-Up Term Death Benefit on each Coverage Anniversary while the Coverage is premium paying. A Deferred Paid-Up Term Death Benefit will not provide an increase in the death benefit while the Coverage is premium paying except as noted in the One Year Term Death Benefit provision. It will increase the paid-up death benefit available upon termination of premium payments, provided that premium payments are paid through the Vesting Period. The company will declare Non-guaranteed Credits in advance of each Certificate Year that will be used to purchase the Deferred Paid-Up Term Death Benefit.

### **Non-guaranteed Credits**

Credits are based upon interest and mortality more favorable than that guaranteed by The Policy. The total credit on each anniversary is equal to the sum of the Mortality, Survivor and the Excess Interest Credits. These Credits may not be less than zero.

The Mortality Credit is equal to i times ii times iii divided by iv:

- i. The Guaranteed Death Benefit.
- ii. The guaranteed mortality rate minus the current mortality rate.
- iii. One plus the current interest rate raised to the one half power.
- iv. One minus the current mortality rate.

The Survivor Credit is equal to i times ii times iii divided by iv:

- i. The Deferred Paid-Up Term Death Benefit on the prior anniversary.
- ii. The current mortality rate.
- iii. One plus the current interest rate raised to the one half power.
- iv. One minus the current mortality rate.

The Excess Interest Credit is equal to i times ii times iii:

- i. The sum of the Guaranteed and non-guaranteed Deferred Paid-Up Term Death Benefit on the prior anniversary.
- ii. The current interest rate minus the guaranteed interest rate.
- iii. The net single premium rate for paid-up term insurance.

The Guaranteed Death Benefit, current mortality rate, net single premium rate and interest rate for calculating the above Credits are determined as of the prior anniversary and are based upon rates declared in advance of the Certificate Year. Current rates are based upon Our future expectations of mortality and interest and are not calculated to recover past losses or distribute past profits. If We change current rates on in force Coverage under



The Policy, the changes will be made uniformly for all insureds for a given age, Duration, Mortality Table and Rate Class as shown in the Certificate Schedule.

The additional Deferred Paid-Up Term Death Benefit as of the current anniversary is equal to the amount of Deferred Paid-Up Term Death Benefit on the prior anniversary plus the sum of the total Credits divided by the net single premium rate for paid-up term insurance on the current anniversary. If at any anniversary the sum of the Guaranteed Paid-Up Term Death Benefit and the Deferred Paid-Up Term Death Benefit would exceed the Initial Guaranteed Death Benefit, then premiums will be refunded to the point that the sum is equal to the Initial Guaranteed Death Benefit.

Once earned, the Deferred Paid-Up Term Death Benefit is guaranteed and will not decrease except in years where it is used to purchase One Year Term insurance.

### **One Year Term Insurance**

After the Initial Guaranteed Death Benefit Period, a portion of the value of the non-guaranteed Deferred Paid-Up Term Death Benefit will be used on each anniversary to purchase One Year Term Insurance equal to the reduction in the Guaranteed Death Benefit. If there is not enough value to purchase One Year Term Insurance equal to the reduction in the Guaranteed Death Benefit then as much One Year Term Insurance as the value will allow will be purchased.

The One Year Term Insurance premium is equal to i divided by ii:

- i. Current mortality rate
- ii. One plus the current interest rate raised to the one half power,

Where the current mortality rate and interest rate is determined as of the current anniversary.

The amount of Deferred Paid-Up Term Death Benefit will be reduced by the amount needed to pay the One Year Term Insurance Premium based upon the net single premium rate for paid-up term insurance.

### **Early Fully Paid-Up Coverage**

If the sum of the Guaranteed and Deferred Paid-Up Term Death Benefit is greater than or equal to the Initial Guaranteed Death Benefit prior to age 100, the Coverage will become paid-up for an amount equal to the Initial Guaranteed Death Benefit. Premiums will be refunded to the point in time that the sum of the Guaranteed and Deferred Paid-Up Term Death Benefit was equal to the Initial Guaranteed Death Benefit. No further premium payments will be due.

### **Death Benefit Calculations**

In any Certificate Year, while premiums continue to be paid, the amount payable upon death of the Insured will be:

- a. Guaranteed Death Benefit in effect, in that year; plus
- b. After the Initial Guaranteed Death Benefit Period, One Year Term Insurance, if any; plus
- c. the premium paid beyond the date of death; plus
- d. interest, not less than required by law, from the date proof of death is received by Us to the date the claim is paid; minus
- e. any unpaid premium due and unpaid at the date of death.

In any Certificate Year after premiums have been paid thru the Vesting Period and the Coverage has Lapsed due to nonpayment of premiums, the amount payable upon death of the Insured will be:

- a. the Guaranteed Paid Up Term Death Benefit; plus
- b. the Deferred Paid Up Term Benefit, if any; plus
- c. interest, not less than required by law, from the date proof of death is received by Us to the date the claim is paid.

No Death Benefit is payable in the event that death occurs after Coverage has Lapsed, and the Lapse occurred prior to the end of the Vesting Period.

### **Payment of Proceeds – Settlement of the death benefit shall be made by payment in one sum.**

Subject to a written claim form as furnished by Us, We will pay the death benefit within 30 days of when We receive due proof at Our Administrative Office that the Insured died while the Coverage was in force. If payment is delayed for 30 days or more, We will pay interest at a rate of at least 2.5% a year on the amount We owe. The

Proceeds are subject to any adjustments provided in the Misstatement of Age or Tobacco Usage, Contestability and Suicide provisions.

**Death of Beneficiary**

If any Beneficiary dies prior to the Insured, the portion of the proceeds that would have gone to that Beneficiary shall be paid to the Insured's Estate.

**Multiple Beneficiaries**

If there is more than one Beneficiary, proceeds shall be divided equally among the Beneficiaries, unless the Beneficiary designation specifies the amount to be paid to each Beneficiary.

**Facility of Payment**

We may pay all or part of the Death Benefit to any person who paid any expense in connection with the Insured's last illness or death. That person must give us a copy of the receipt describing the expense and the amount paid for such expense. The amount paid will not exceed \$1,000. The Death Benefit will be reduced by any payment made under this provision.

**COVERAGE VALUES**

**Basis of Values**

All paid-up term insurance amounts, present values and net single premiums for The Policy are based on the Mortality Table and interest rate shown on the Certificate Schedule. Calculations take into account that premiums are paid annually and that Death Benefits are payable uniformly throughout the Certificate Year. Any additional benefits provided by Riders shall be excluded from these calculations.

**Certificate Schedule of Guaranteed Values**

The Certificate Schedule of Guaranteed Values shows the guaranteed values at the beginning of the Certificate Year on the assumption that premiums have been fully paid in cash for the completed years stated.

If premiums for this Coverage are paid other than annually, adjustments will be made in calculating guaranteed Paid-Up term insurance values for that portion of the Certificate Year for which premiums were actually paid.

Guaranteed paid-up term insurance values for the end of any Coverage Year not shown in the table will be furnished upon written request to the Administrative Office.

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

*There is no additional premium charge for this Rider.*

**RIDER PART OF COVERAGE:** This Rider is part of Your Coverage provided in response to Your enrollment form and payment of premiums. Those premiums are shown on the Certificate Schedule or Endorsement. All the provisions of the Certificate apply to this Rider unless otherwise stated herein.

**THIS RIDER IS RENEWABLE FOR THE LIFE OF THE UNDERLYING GROUP LIFE INSURANCE POLICY, PROVIDED THE PREMIUMS ARE TIMELY PAID.**

**RIGHT TO EXAMINE RIDER: IF THE CERTIFICATEHOLDER PURCHASED THIS RIDER AT THE SAME TIME AS THE UNDERLYING GROUP LIFE INSURANCE POLICY AND THE CERTIFICATEHOLDER IS NOT SATISFIED WITH THIS RIDER FOR ANY REASON, THE CERTIFICATEHOLDER MAY RETURN IT BY FIRST-CLASS UNITED STATES MAIL TO OUR ADMINISTRATIVE OFFICE NO LATER THAN [THIRTY (30)] DAYS AFTER THE RIDER IS DELIVERED. UPON OUR RECEIPT, WE WILL REFUND ANY FEES PAID. ONCE RETURNED, THIS RIDER WILL BE VOID FROM THE BEGINNING AND YOU AND WE WILL BE IN THE SAME POSITION AS IF NO RIDER HAD BEEN ISSUED. WE WILL FULLY REFUND DIRECTLY TO YOU ALL PREMIUMS PAID AND ANY FEE FOR PAID FOR THE ACCELERATED DEATH BENEFIT WITHIN 30 DAYS AFTER THE RIDER IS RETURNED.**

### IMPORTANT DISCLOSURES

**Death benefits, cash-values, and loan values, if any, will be reduced if an Accelerated Death Benefit for Terminal Illness is paid.** The Accelerated Death Benefit for Terminal Illness, related charges, interest, discounts or liens, if applicable and the balance of the Death Benefit of the life insurance contract shall constitute full settlement on maturity of the face amount of the contract. For term contracts, no maturity payment is available at the end of the term period.

The Accelerated Benefit offered under this Rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as the Insured's life expectancy at the time benefits are accelerated or whether You use the benefits to pay for the Insured's necessary long-term care expenses, such as nursing home care. If the Accelerated Benefit qualifies for favorable tax treatment, the benefit will be excludable from Your income and not subject to federal taxation. Tax laws relating to Accelerated Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive Accelerated Benefits excludable from income under federal law.

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

### DEFINITIONS

- Accelerated Death Benefit: This is the amount of the Death Benefit that You can elect to receive when the Insured is determined to be Terminally Ill. We will pay this Accelerated Death Benefit for Terminal Illness less the amount of the current administrative fee.
- Terminally Ill: This is when the Insured has a life expectancy of 12 months or less due to an illness or physical condition. We will require proof that the Insured is Terminally Ill. This proof will include, but is not limited to, certification by a Physician.
- Physician: A licensed, medical practitioner performing within the scope of his or her license. A Physician may not be You, the Insured, or related to either by blood or marriage.

### ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS

- The Accelerated Death Benefit is fixed at the time We approve the request for the Accelerated Death Benefit.
- Payment of the Accelerated Death Benefit is not conditioned on the receipt of long-term care or medical services.

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

*Continued from previous page.*

- You have the option to take the Accelerated Death Benefit in a lump sum on the occurrence of a qualifying event, as well as an option to receive the benefit in periodic payments as provided for a certain period only.
- The Accelerated Death Benefit does not restrict Your use of the proceeds.
- Payment of the Accelerated Death Benefit is due immediately upon receipt of the due written proof of eligibility.

After the Contestability Period is completed, You may elect to have a portion of the Death Benefit accelerated. The Insured must be found to be Terminally Ill subject to the terms and conditions described in this Rider.

The Maximum Accelerated Death Benefit for Terminal Illness is determined as of the date proof of life expectancy is received, and is the lessor of:

- 50% of the Death Benefit provided to the insured by the Certificate after subtraction of any previous accelerated Death Benefits paid to You; or
- \$100,000

The minimum amount You may elect as an advance under the Accelerated Death Benefit for Terminal Illness is \$2,500. The total amount you may elect from all accelerated death benefit provisions available from coverage issued by Combined Insurance Company of America on the life of the Insured is \$100,000.

### EXCLUSIONS

We will not pay the Accelerated Death Benefit provided by this Rider if the Insured's terminal illness results directly or indirectly from any of the following causes:

1. Condition or loss caused or substantially contributed to by any attempt at suicide or intentionally self-inflicted injury, while sane or insane.
2. Condition or loss caused or substantially contributed to by war or an act of war, as defined in the exclusion provisions of the contract.
3. Condition or loss caused or substantially contributed to by active participation in a riot, insurrection, or terrorist activity.
4. Condition or loss caused or substantially contributed to by committing or attempting to commit a felony.

### LIEN

We will treat the Accelerated Death Benefit for Terminal Illness payment as a lien against Your Coverage. We will charge monthly interest on the Accelerated Death Benefit for Terminal Illness that will be added to the Lien. The maximum annual rate of interest we will charge will be the greater of:

- 7%, or;
- The current 90 day US Treasury Bill rate in effect on the date that the Accelerated Death Benefit for Terminal Illness is paid.

In the event that Coverage under a Certificate lapses for nonpayment of premium, Coverage will terminate and no repayment of the Lien is required.

### ADJUSTMENTS

We will charge an administrative fee of not more than the limit set by law, for processing an Accelerated Death Benefit for Terminal Illness. This fee will be deducted from any payment made.

### EFFECT ON THE CERTIFICATEHOLDER'S COVERAGE

The Death Benefit payable under the Certificate will be reduced by the total amount of the Lien against Your Coverage.

If any death benefit remains after payment of an accelerated death benefit, the accidental death provision, if any, in the Policy will not be affected by the payment of the accelerated death benefit.

The premiums payable for the Certificate and any attached Riders will not be reduced and will continue to be payable by You.

**CONDITIONS:** Payment of an Accelerated Death Benefit for Terminal Illness under this Rider is subject to these conditions:

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

*Continued from previous page.*

This Rider is subject to the terms and conditions of the Certificate.

1. The Insured must not be Terminally Ill due to an attempt of suicide for as long as the suicide provision of the Certificate is in effect. This benefit may be reinstated subject to the same terms which apply to the Certificate.
2. Your written request to elect the Accelerated Death Benefit for Terminal Illness available under this Rider must be received at Our Administrative Office. Upon receipt of Your request, We will mail a claim form for completion by the Insured, to your address of record within 10 working days.
3. If you have named an Irrevocable Beneficiary or assignee, they must also sign the written request for this benefit.
4. You must provide Us with certification by a Physician, that the Insured is Terminally Ill. We reserve the right to obtain a second medical opinion at Our expense. If there is a conflict of opinions, a third diagnosis will be obtained by a Physician acceptable to both You and Us. The third diagnosis will be binding on both You and Us.

### **CERTIFICATEHOLDER'S RIGHTS**

The request for payment of any Accelerated Death Benefit for Terminal Illness is voluntary. This Rider is not intended to allow third parties to cause You to involuntarily reduce Your Coverage Proceeds that would be payable to Your Beneficiary. Therefore, any election that is forced by creditors or government agencies will be honored only to the extent required by law.

You have the right to appeal to Us a decision regarding benefit eligibility.

### **TERMINATION**

This Rider will terminate on the earliest of:

1. the date We pay the Maximum Accelerated Death Benefit for Terminal Illness;
2. the date You ask Us to do so and send Us the Certificate;
3. the date Your Coverage Lapses.

### **ENTIRE CONTRACT; CHANGES**

The underlying group life insurance policy, this Rider, and any papers attached thereto by Us, including the application if attached, constitute the entire insurance contract. No agent has the authority to change the contract or to waive any of its provisions.

### **INCONTESTABILITY**

We will not contest this Rider after it has been in force during the lifetime of the insured for two years from its date of issue. This Rider may only be contested based on a statement made in the application for the Rider, if the statement is attached to the contract and if the statement was material to the risk accepted or the hazard assumed by Us.

### **GRACE PERIOD**

A grace period of 31 days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force.

### **REINSTATEMENT**

Reinstatement of this Rider shall be on the same or more favorable terms as reinstatement of the underlying life insurance policy. Following reinstatement, the insured and We shall have the same rights under reinstatement as we each had under this Rider immediately before the due date of the defaulted premium, subject to any provisions endorsed in the Rider or attached to the Rider in connection with the reinstatement.

### **NOTICE OF CLAIM**

Written notice of claim shall be submitted no less than 20 days after an occurrence covered by this Rider, or commencement of any loss covered by this Rider, or as soon after the due date as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary, as applicable, to Us at Our Administrative Office located at [17 Church St., Keene, NH 03431] or telephone number [1-855-241-9891], or to any agent authorized by Us, with information sufficient to identify the insured, shall be deemed notice to Us.

### **CLAIM FORMS**

Upon receipt of a notice of claim, We will furnish to the claimant such forms as are usually furnished by Us for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied with the requirements of this Rider as to proof of loss upon submitting, within the time fixed in the Rider for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss.

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

*Continued from previous page.*

### PROOFS OF LOSS

Written proof of loss must be given within 90 days after the date of the loss. Failure to furnish proof within the time required shall not invalidate or reduce the claim if it was not reasonably possible to give proof within the time, provided proof is furnished as soon as reasonably possible and, except in the absence of legal capacity, no later than one year from the time proof is otherwise required.

### TIME OF PAYMENT OF CLAIM

Indemnities payable under this Rider will be paid immediately upon receipt of due written proof of such loss.

### PAYMENT OF CLAIMS

Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the insured. Any other accrued indemnities unpaid at the insured's death may, at Our option, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the insured.

If any indemnity of this policy shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, We may pay such indemnity, up to an amount not exceeding \$1,000.00, to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by Us to be equitably entitled thereto. Any payment made by Us in good faith pursuant to this provision shall fully discharge Us to the extent of such payment.

Subject to any written direction of the insured in the application or otherwise all or a portion of any indemnities provided by this policy on account of hospital, nursing, medical, or surgical services may, at Our option and unless the insured requests otherwise in writing not later than the time of filing proofs of that loss, be paid directly to the person or persons having paid for the hospitalization or medical or surgical aid, or to the hospital or person rendering those services; but it is not required that the service be rendered by a particular hospital or person.

### PHYSICAL EXAMINATIONS

At Our own expense We shall have the right and opportunity to examine the person of the insured when and as often as We may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.

### LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this Rider prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

### CHANGE OF BENEFICIARY

Unless the insured makes an irrevocable designation of beneficiary, the right to change of beneficiary is reserved to the insured and the consent of the beneficiary or beneficiaries shall not be requisite to surrender or assignment of this policy or to any change of beneficiary or beneficiaries, or to any other changes in this policy.

## COMBINED INSURANCE COMPANY OF AMERICA



Richard L. Williams, Jr., President



Juliet Schweidel, Secretary

### Home Office

Combined Insurance Company of America  
[111 East Wacker Drive, Suite 700  
Chicago, IL 60601]

### Administrative Office

Combined Insurance Company of America  
[17 Church Street  
Keene, NH 03431]

# COMBINED INSURANCE COMPANY OF AMERICA

## ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER

THIS CONTRACT FOR LONG-TERM CARE INSURANCE IS INTENDED TO BE A FEDERALLY QUALIFIED LONG-TERM CARE INSURANCE CONTRACT AND MAY QUALIFY YOU FOR FEDERAL AND STATE TAX BENEFITS.

**TAX QUALIFICATION NOTICE:** The Accelerated Benefits offered under this Rider are intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal income tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this Rider is issued. To that end, the provisions of this Rider and the Certificate are to be interpreted to ensure or maintain such tax qualification, notwithstanding any other provision to the contrary. We reserve the right, with Your consent, to amend this Rider or the Certificate to reflect any clarifications that may be needed or are appropriate to maintain such tax qualification or to conform this Rider or the Certificate to any applicable changes in such tax qualification requirements. We will send You a copy of any such amendment. Whether any tax liability may be incurred when benefits are paid under this Rider could depend on how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. Tax laws relating to Accelerated Benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which You could receive Accelerated Benefits excludable from income under federal law.

Receipt of an Accelerated Benefit may affect You and Your spouse or family's eligibility for public assistance programs such as medical assistance (Medicaid, called Medi-Cal in California), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect You, Your spouse and family's eligibility for public assistance.

**THIS RIDER IS AN APPROVED LONG-TERM CARE INSURANCE RIDER UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER, THE BENEFITS PAYABLE BY THIS RIDER WILL NOT QUALIFY FOR MEDI-CAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE.**

**FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER, 1 (800) 434-0222**

**NOTICE TO BUYER:** This Rider may not cover all of the costs associated with long term care incurred by the Insured during the period of coverage. We advise that You carefully review all limitations of this Rider as well as those of the Certificate to which it is attached in relation to the costs of long term care.

**NOTICE TO PERSONS ELIGIBLE FOR MEDICARE:** This is not a Medicare Supplement Rider. If the Insured is eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.

**COVERAGE DATE:** New coverage under this Rider is effective on the Date of Issue shown on the Certificate Schedule or Endorsement.

**GUARANTEED RENEWABILITY:** As long as Coverage Under this Rider is in force while:

1. You pay the premium on time, or
2. The Certificate, to which this Rider is attached, is paid-up,

this Rider is guaranteed renewable, subject to the Rider's terms. We can amend this Rider, with the Insured's consent, as indicated in the Tax Qualification Notice, or increase the premium. The current premiums are shown on the Certificate Schedule. Any change in premium will be made on a Coverage anniversary date and change will be made on a class basis. Premiums may be adjusted based upon:

- a. the experience or demographics of the group to which you belong;
- b. smoking class to which You belong;
- c. the issue age of the Insured;
- d. the Coverage Date of the Certificate; or
- e. the Rider plan selected by the Policyholder.

Premiums on this Rider will not be increased based solely on the claims submitted for the Certificateholder of this Rider. New premiums will be based on the Insured's age and Premium Class on the Rider's Coverage Date. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

**RIGHT TO EXAMINE:** If the Certificateholder is not satisfied with this rider for any reason the Certificateholder may return this rider by first-class United States mail to our administrative office no later than thirty (30) days after the rider is delivered. Upon our receipt, we will refund any premiums paid. Once returned, this rider will be void from the beginning and you and we will be in the same position as if no rider had been issued. We will fully refund directly to you all premiums paid and any fee paid for the accelerated death benefit within 30 days after the rider is returned.

**DEATH BENEFITS WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID.** The Accelerated Death Benefit or lien, if applicable, and the balance of the death benefit provided by the Certificate shall constitute full settlement on death of the Insured as provided under the Certificate.

**RIDER PART OF COVERAGE:** This Rider is part of Your Coverage provided in response to Your enrollment form and payment of premiums for this Rider. Those premiums are shown on the Certificate Schedule or Endorsement. All the provisions of the Certificate apply to this Rider, unless otherwise stated herein.

**LONG TERM CARE BENEFIT:** This Rider provides that You may elect to receive a portion of the Death Benefit provided by the Certificate and shown on the Certificate Schedule. You can make this election when the Insured becomes eligible for benefits. The Insured must be certified as Chronically Ill and be confined to a Skilled Nursing or Residential Care Facility or be receiving Home Health Care, Adult Day Care, Personal Care, Homemaker Services, Hospice Services or Respite Care. All other conditions of this Rider must also be met. Benefits are not payable under this Rider once the Insured has died.

**WHERE TO GET MORE INFORMATION, CORRECT INFORMATION ON THE ENROLLMENT FORM, MAKE A COMPLAINT, OR APPEAL DECISIONS REGARDING BENEFIT ELIGIBILITY, CARE PLANS, SERVICES AND PROVIDERS, AND REIMBURSEMENT PAYMENTS:** You can write Us at Our Administrative Office: 17 Church St., Keene, NH 03431 or call 1-855-241-9891

## DEFINITIONS

In addition to the definitions contained in the Certificate, the following definitions apply.

**ACTIVITIES OF DAILY LIVING** For the purposes of this Rider, each of the following six (6) activities is considered an Activity of Daily Living:

1. **Bathing:** The Insured's ability to wash himself/herself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.
2. **Continence:** The Insured's 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).
3. **Dressing:** The Insured's ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. **Eating:** The Insured's ability to feed himself/herself by getting food into his/her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. **Toileting:** The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. **Transferring:** The Insured's ability to move into or out of a bed, chair or wheelchair.

**ADULT DAY CARE** means medical or nonmedical care on a less than 24 hour- basis, provided in a licensed facility outside the residence, for persons in need of personal services, supervision, protection, or assistance in sustaining daily needs, including eating, bathing, dressing, ambulating, transferring, toileting, and taking medications.

**ADULT DAY CARE CENTER** means a facility, or part of a facility that provides Adult Day Care and is appropriately licensed or certified to provide such services, if required by the jurisdiction in which it is operating.



**ALZHEIMER'S FACILITY:** A separate and distinct unit or facility within a Long Term Care facility that segregates and provides a special program for residents with a diagnosis of Alzheimer's disease.

**CHRONICALLY ILL INDIVIDUAL** means an Insured who has been certified by a Licensed Health Care Practitioner as:

1. being unable to perform, without Substantial Assistance, at least two Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, and Transferring) for a period of at least 90 days due to a loss of functional capacity;
2. having a level of disability similar (as determined under regulations prescribed by the Secretary in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (1); **or**
3. the Insured has a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

**ELIMINATION PERIOD** means the number of days during which the Insured must meet the definition of "Chronically Ill Individual" as certified by a Licensed Health Care Practitioner as defined in the "Eligibility for Payment of Rider Benefits" provision and in a Long Term Care Facility or receiving Home Care or Community Based Services. No benefits are payable under this Rider during the Elimination Period. The Elimination Period starts from the first day that the Insured is certified by a Licensed Health Care Practitioner as being Chronically Ill. The Elimination Period for this Rider is shown in the Certificate Schedule. The Elimination Period needs to be satisfied only once during the Insured's lifetime. The Elimination Period is 90 days.

**FACILITY CARE** includes; Residential Care Facility and Skilled Nursing Facility.

**HANDS-ON ASSISTANCE** means the physical assistance of another person without which the individual would be unable to perform the Activities of Daily Living.

**HOME** means any place where the Insured resides other than a Skilled Nursing Facility, or Hospital.

**HOME CARE OR COMMUNITY-BASED SERVICES** includes: Home Health Care, Adult Day Care, Personal Care, Homemaker Services, Hospice Services, and Respite Care.

**HOME HEALTH CARE AGENCY** means an agency or organization that provides Home Health Care in the Insured's Home and meets all of the following criteria:

1. It is, where required, licensed, certified, and/or accredited as a Home Health Care Agency; and
2. It provides Home Health Care services; and
3. It is, where required by its licensure, certification and/or accreditation, supervised by a Registered Professional Nurse or a Licensed Social Worker; and
4. It has employees who have appropriately specialized training; and
5. It keeps Plan of Care records, including Physician's orders where appropriate, on all patients; and
6. If providing Home Health Care services, it keeps clinical records on all patients.

**HOMEMAKER SERVICES** means assistance with activities necessary to or consistent with the Insured's ability to remain in his or her residence that is provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction.

**HOME HEALTH CARE:** means a skilled nursing or other professional services in the residence, including, but not limited to, part-time and intermittent skilled nursing services, home health aid services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker.

**HOSPICE SERVICES** means outpatient services not paid by Medicare that are designed to provide palliative care, alleviate the physical and emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and provide supportive care to the primary care giver and the family. Care may be provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction.

**HOSPITAL** means an institution which:

1. is licensed as a Hospital and is operating within the scope of its license; and

2. is accredited as a Hospital by the Joint Commission on Accreditation of Health Care Organizations, or by the American Osteopathic Association; and
3. is primarily and continuously engaged in providing or operating medical, diagnostic and major surgical facilities which are located either on the Hospital's premises or in facilities controlled by such Hospital; and
4. is under the supervision of a duly licensed Physician; and
5. provides medical care and treatment of sick or injured persons on an inpatient basis for which a charge is made; and
6. provides 24-hour nursing service by or under the supervision of a Registered Professional Nurse.

**Hospital does not mean a place that is operated mainly for: rest; convalescence; care of the aged; custodial care; treatment and care of mental disorders, tuberculosis, alcoholism, or drug addiction; rehabilitation; or occupational therapy.**

**IMMEDIATE FAMILY** means the Certificateholder's or the Insured's spouse, domestic partner, child, brother, sister, or parent.

**INSURED** means the person who is the Insured under the Certificate to which this Rider is attached.

**LICENSED HEALTH CARE PRACTITIONER** means any Physician, Registered Nurse, Licensed Social Worker, or other individual whom the United States Secretary of the Treasury may prescribe by regulation.

**LICENSED SOCIAL WORKER** means a health care professional who is licensed by the state in which he or she practices and who is practicing within the scope of that license. It does **not** include a member of the Certificateholder's or the Insured's Immediate Family, or anyone who normally resides in the Certificateholder's or the Insured's Home or residence.

**MONTHLY ACCELERATED DEATH BENEFIT AMOUNT** means the maximum amount that We will pay in any one calendar month while the Insured is confined in a Nursing or Residential Care Facility or receiving Home Care or Community-Based Services and otherwise satisfies the terms set forth in the "Conditions on Eligibility for Payment of Rider Benefits" provision.

**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 89<sup>th</sup> 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, or words of similar import.

**PERSONAL CARE** means assistance with the activities of daily living, including the instrumental activities of daily living, provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction. "Instrumental activities of daily living include using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, laundry, and light housekeeping.

**PHYSICIAN** means an individual licensed to practice medicine and treat injury or illness in the state in which treatment is received and who is acting within the scope of that license. A Physician must be someone other than:

1. the Insured;
2. the Certificateholder;
3. a person who lives with the Certificateholder or the Insured;
4. a person who is part of the Certificateholder or the Insured's Immediate Family; or
5. anyone who has an ownership interest in a facility in which the Insured is Confined.

**PLAN OF CARE** means a written description of the Insured's needs and a specification of the type, frequency, and providers of all formal and informal long-term care services required by the Insured, and the cost, if any.

**REGISTERED PROFESSIONAL NURSE** means a health care professional who is licensed or registered as a nurse by the state in which he or she practices and who is practicing within the scope of that license. It does not include a member of the Certificateholder's or the Insured's Immediate Family, or anyone who normally resides in the Certificateholder's or the Insured's Home or residence.

**RESIDENTIAL CARE FACILITY** means a facility licensed as a residential care facility for the elderly or a residential care facility as defined in the California Health and Safety Code. Outside California, eligible providers are facilities that meet applicable licensure standards, if any, and are engaged primarily in providing ongoing care and related services sufficient to support needs resulting from impairment in activities of daily living or impairment in cognitive ability and which also provide care and services on a 24-hour basis, have a trained and ready-to-respond employee on duty in the facility at all times to provide care and services, provide three meals a day and accommodate special dietary needs, have agreements to ensure that residents receive the medical care services of a physician or nurse in case of emergency, and, have appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications.

**THE FOLLOWING ENTITIES CANNOT QUALIFY AS A RESIDENTIAL CARE FACILITY:**

1. a Hospital; or
2. a facility that is operated mainly for the treatment and care of:
  - (a) mental, nervous, psychotic or psychoneurotic deficiencies or disorders;
  - (b) or tuberculosis;
  - (c) or alcoholism;
  - (d) or drug addiction;
  - (e) or rehabilitation;
  - (f) or occupational therapy.

Determination of whether an Insured's Confinement to an Residential Care Facility causes the Insured to be eligible for benefits is based on whether the facility meets the requirements set forth in this Rider.

**RESPITE CARE** is short-term care provided in an institution, in the home, or in a community-based program, that is designed to relieve a primary care giver in the home. This is a separate benefit with its own conditions for eligibility and maximum benefit levels.

**RIDER MONTH** is the period from the Rider Coverage Date to the first monthly anniversary or from one Rider monthly anniversary to the next. A Rider Month does not include the Rider monthly anniversary day at the end of the Rider Month.

**SEVERE COGNITIVE IMPAIRMENT** means a loss or deterioration in intellectual capacity that is:

1. comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, and
2. measured by clinical evidence and standardized tests that reliably measure impairment in the individual's
  - a. short-term or long-term memory,
  - b. orientation as to people, places, or time, and
  - c. deductive or abstract reasoning.

**SKILLED NURSING FACILITY** means a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program. Nursing Facility also means Skilled Nursing Facility.

**STANDBY ASSISTANCE** means the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury to the individual while the individual is performing the Activities of Daily Living (such as being ready to catch the individual if the individual falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the individual's throat if the individual chokes while eating).

**SUBSTANTIAL ASSISTANCE** means hands-on assistance and standby assistance.

**SUBSTANTIAL SUPERVISION** means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the severely cognitively impaired individual from threats to his or her health or safety (such as may result from wandering)..

**ELIGIBILITY**

The eligibility for benefits under this Rider are determined as follows:

1. A Licensed Health Care Practitioner, independent of the insurer, shall certify that the insured meets the definition of "Chronically Ill Individual. If the Practitioner does not make a determination that the Insured meets the definition of "Chronically Ill Individual" We will notify the Insured that the Insured is entitled to a second assessment by a Licensed Health Care Practitioner, upon request, who shall personally examine the Insured. Assessments shall be performed promptly with the certification completed as quickly as possible to ensure that the Insured's benefits are not delayed. Written certification will be required every 12 months. A Licensed Health Care Practitioner shall develop a written plan of care after personally examining the Insured. Said Licensed Health Care Practitioner will not be an employee of the Insurer and shall not be compensated in any manner that is linked to the outcome of the certification. The cost to have a Licensed Health Care Practitioner certify that the insured meets, or continues to meet the definition of "Chronically Ill Individual" or to prepare written plans of care shall not count against the maximum lifetime benefit of the Rider.

**The following facilities and services shall be covered:**

1. Facilities:

- a. **Skilled Nursing Facility** means a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program. This Rider covers services for care in a Skilled Nursing Facility, as well as the costs of ancillary supplies and services, up to but not to exceed the maximum lifetime daily facility benefit of the Rider.
- b. **Residential Care Facility** means a facility licensed as a residential care facility for the elderly or a residential care facility as defined in the California Health and Safety Code. Outside California, eligible providers are facilities that meet applicable licensure standards, if any, and are engaged primarily in providing ongoing care and related services sufficient to support needs resulting from impairment in activities of daily living or impairment in cognitive ability and which also provide care and services on a 24-hour basis, have a trained and ready-to-respond employee on duty in the facility at all times to provide care and services, provide three meals a day and accommodate special dietary needs, have agreements to ensure that residents receive the medical care services of a physician or nurse in case of emergency, and, have appropriate methods and procedures to provide necessary assistance to residents in the management of prescribed medications.

All expenses incurred by the insured while confined in a Residential Care Facility, for long-term care services that are necessary diagnostic, preventative, therapeutic, curing, treating, mitigating, and rehabilitative services, and maintenance or personal care services, needed to assist the insured with the disabling conditions that cause the insured to be a Chronically Ill Individual as authorized by Public Law 104-191 and regulations adopted pursuant thereto, shall be covered and payable, up to but not to exceed the maximum daily Residential Care Facility benefit of the Rider. There shall be no restriction on who may provide the service or the requirement that services be provided by the Residential Care Facility, as long as the expenses are incurred while the insured is confined in a Residential Care Facility, the reimbursement does not exceed the maximum daily Residential Care Facility benefit of the Rider, and the services do not conflict with federal law or regulation for purposes of qualifying for favorable tax consideration provided by Public Law 104-191.

2. Home Care and Community-Based Services:

- a. **Home Health Care** means a skilled nursing or other professional services in the residence, including, but not limited to, part-time and intermittent skilled nursing services, home health aid services, physical therapy, occupational therapy, or speech therapy and audiology services, and medical social services by a social worker.
- b. **Adult Day Care** means medical or nonmedical care on a less than 24 hour- basis, provided in a licensed facility outside the residence, for persons in need of personal services, supervision, protection, or assistance in sustaining daily needs, including eating, bathing, dressing, ambulating, transferring, toileting, and taking medications.
- c. **Personal Care** means assistance with the activities of daily living, including the instrumental activities of daily living, provided by a skilled or unskilled person under a plan of care developed by a physician or a

multidisciplinary team under medical direction. "Instrumental activities of daily living include using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, laundry, and light housekeeping.

- d. **Homemaker Services** means assistance with activities necessary to or consistent with the Insured's ability to remain in his or her residence that is provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction.
- e. **Hospice Services** means outpatient services not paid by Medicare that are designed to provide palliative care, alleviate the physical and emotional, social, and spiritual discomforts of an individual who is experiencing the last phases of life due to the existence of a terminal disease, and provide supportive care to the primary care giver and the family. Care may be provided by a skilled or unskilled person under a plan of care developed by a physician or a multidisciplinary team under medical direction.
- f. **Respite Care** is short-term care provided in an institution, in the home, or in a community-based program, that is designed to relieve a primary care giver in the home. This is a separate benefit with its own conditions for eligibility and maximum benefit levels.

## BENEFITS

**MONTHLY ACCELERATED DEATH BENEFIT AMOUNT FOR FACILITY CARE, HOME CARE, OR COMMUNITY-BASED SERVICES:** The benefit amount for Facility Care, Home Care, or Community-Based Services, will be the greater of \$50 per day or 4% of the Face Amount of the Certificate as of the first of the month following the date the Insured became eligible for this benefit, minus any lien effective at that time. We will pay this benefit after We receive the required proof that the Insured has met the Eligibility requirements. The benefit will be payable for each Certificate month while the Insured continues to meet the eligibility requirements. Benefit payments will be subject to the Remaining Accelerated Death Benefit Amount.

**REMAINING ACCELERATED DEATH BENEFIT AMOUNT:** The Monthly Accelerated Benefit may not be larger than the Remaining Accelerated Death Benefit Amount. The Remaining Accelerated Death Benefit Amount equals:

1. the current death benefit on the life of the Insured provided by the Certificate; less
2. any Lien resulting from a Terminal Illness benefit paid to You under a Terminal Illness Rider; less
3. the total of all previous Monthly Accelerated Death Benefit Amounts paid to You for Long Term Care benefits under this Rider.

The current death benefit as used here does not include accidental death benefits or life insurance provided by any other Riders.

**WAIVER OF PREMIUM:** While the Insured is eligible for Monthly Accelerated Death Benefits, We will waive the premiums due for the Coverage provided by the Certificate and the premiums for Riders attached to the Certificate.

## EFFECT ON THE CERTIFICATE IF LONG TERM CARE BENEFITS ARE PAID

**ADJUSTED DEATH BENEFIT DUE TO ACCELERATION:** The death benefit that is payable at the death of the Insured will be reduced by the total of all previous Long Term Care Benefit payments to You. The Death Benefit will further be reduced by any Lien resulting from a Terminal Illness benefit paid to You. If the Insured dies while the Certificate is in force, the remaining Death Benefit proceeds will be paid to the Beneficiary. No further payments under this Rider will be made to You.

**ADJUSTED PREMIUMS DUE TO ACCELERATION:** While the Insured is eligible for a Monthly Accelerated Death Benefit, We will waive the premiums due for the benefits provided to You by the Certificate. If the Insured later becomes ineligible for a Monthly Accelerated Death Benefit and a Maximum Remaining Accelerated Death Benefit Amount is still available, We will reduce the premium due for the Coverage and this Rider. That reduced premium equals (1) multiplied by (2), plus (3):

1. The premium due on the Coverage provided by the Certificate and the benefits for this Rider;
2. The ratio of the Adjusted Death Benefit plus any Terminal Illness lien to the current death benefit for the certificate;
3. The current premium for any other Riders attached to the Coverage.

**TERMINATION OF COVERAGE DUE TO ACCELERATION:** If the Maximum Remaining Accelerated Death Benefit Amount is reduced to zero or less, either due to payment of a Monthly Accelerated Death Benefit or due to a reduction in the death benefit provided under the Certificate, the Coverage provided by the Certificate and any Riders will terminate with no further benefits payable.

**RESTRICTION ON CHANGES TO CERTIFICATE AND RIDERS:** While the Insured is eligible for a Monthly Accelerated Death Benefit no changes may be made to the Coverage provided by the Certificate or to any Rider attached to the Coverage.

**EFFECT ON ACCIDENTAL DEATH BENEFIT RIDER:** While the Coverage is in force, any Accidental Death benefit under the Certificate will not be affected by the acceleration of benefits under this Rider.

**MONTHLY REPORT SHOWING EFFECT OF RIDER BENEFITS:** While Rider benefits payments are being paid, We will provide You with a monthly report that shows the effect each Rider benefit payment has on Coverage values.

#### EXCLUSIONS

We will not pay Rider benefits for care that is received or loss incurred as a result of:

1. an intentionally self-inflicted injury, or attempted suicide; or
2. war or any act of war, declared or undeclared, or service in the armed forces of any country or units auxiliary thereto; or
3. treatment of the Insured's alcoholism or drug addiction; or
4. the Insured's participation in a felony, riot, or insurrection.

We will not pay Rider benefits if the Facility Care, Home Care or Community-Based service:

1. is received outside the United States and its territories; or
2. is provided by ineligible providers; or
3. is rendered by members of the Certificateholder's or the Insured's Immediate Family.

#### LIMITATIONS

The following limits apply to payment of an Accelerated Death Benefit under this Rider:

1. We will not pay any Accelerated Death Benefit before the end of the Elimination Period.
2. We will not pay any Accelerated Death Benefit such that the total lifetime Accelerated Death Benefits payable plus any Terminal Illness benefit paid exceed the current life insurance death benefit Coverage provided by the Certificate.

#### GENERAL PROVISIONS

This Rider is part of the Certificate and Policy to which it is attached.

**ENTIRE CONTRACT; CHANGES:** This Policy constitutes the entire contract between the parties, and no statement made by the employer or by an employee whose eligibility has been accepted by the Insurer shall avoid the insurance or reduce the benefits under this policy or be used in defense to a claim hereunder. No change in this Policy shall be valid unless approved by an executive officer of the insurer and unless such approval be endorsed heron or attached hereto. No agent may change this Policy or waive any of its provisions.

**GRACE PERIOD:** A grace period of 31 days will be granted for the payment of premiums accruing after the first premium, during which the policy shall continue in force, but the employer shall be liable to the insurer for the payment of the premium accruing for the period the policy continues in force.

**NOTICE OF CLAIM:** You must notify Us in writing within 30 days of any eligible Facility Care, Home Care, or Community-Based Services, for which You are claiming benefits. You must send written notice to Our agent or Us and include the insured's name and Certificate Number. If notice cannot reasonably be given within 30 days of a loss, You must send the notice as soon as reasonably possible.

**CLAIM FORMS:** After We receive Notice of Claim, We will send claim forms to You or Your authorized representative within 15 days. If the claim forms are not received within 15 days, We will accept Written Proof of Loss describing the nature and extent of the claim and the claimant will be deemed to have complied with the Written Proof of Loss requirements. Such initial and ongoing Written Proof of Loss must be received by Us within the time limit stated in the following paragraph.

**WRITTEN PROOF OF LOSS:** We will pay benefits under this Rider after We receive Written Proof of Loss. We must receive initial Written Proof of Loss within 90 days after expiration of the Elimination Period. If it is not reasonably possible to provide this information within such time, initial Written Proof of Loss must be submitted as soon as reasonably possible, but not later than one year from the time specified, except in absence of legal capacity. We will require subsequent Written Proof of Loss to be submitted periodically while the Insured continues to be eligible to receive benefits under this Rider. Any such periodic Written Proof of Loss due to a chronic illness will not be required more frequently than once every 90 days.

Written Proof of Loss means billing statements, invoices, or payment receipts to prove that the Insured received Facility Care, Home Care, or Community-Based Services in accordance with a Plan of Care. Examples of Written Proof of Loss include Plan of Care records, attending Physician reports, medical records; and similar written documentation.

**Interest shall accrue and shall be payable at the rate of 10 percent per annum on the amount of the claim beginning on the first calendar day after the day that the payment of the accepted claim is due.**

**PHYSICAL EXAMINATION:** At Our expense, We reserve the right to have a Licensed Health Care Practitioner of Our choosing examine the Insured, when and as often as We may reasonably require, while a claim is pending to determine the Insured's eligibility for benefits.

**RESOLUTION OF DISPUTES:** In the event that the Licensed Health Care Practitioner We choose provides an assessment of the Insured's condition that conflicts with the Insured's Licensed Health Care practitioner's assessment, the company Licensed Health Care Practitioner's opinion will not be binding on You. In case of disagreement between You and Us on whether an Insured qualifies for accelerated benefits under this Rider, You have a right to mediation or binding arbitration conducted by a disinterested third party who has no ongoing relationship with either You or Us. As part of the final decision, the arbitrator shall award the costs of arbitration to one party or the other or may divide the costs equally or otherwise.

**TIME OF PAYMENT OF CLAIMS:** All benefits described in this Rider will be paid monthly provided We have received Written Proof of Loss. Any balance remaining upon termination of the period of liability will be paid immediately upon receipt of due written proof.

**PAYMENT OF CLAIMS:** All Rider benefits will be paid to You, unless You designate a different payee.

**ADJUSTMENT OF THE DEATH BENEFIT:** If Rider benefit payments are paid after the Insured has died, but before notification of death has been received by the Company, We will reduce the Death Benefit by the amount of these Rider benefit payments.

**LEGAL ACTIONS:** No legal action may be brought to recover under this Rider within 60 days after Written Proof of Loss has been provided to Us as required. Also, no legal action may be brought to recover under this Rider more than 3 years from the time Written Proof of Loss is required to be furnished.

**CONSENT FOR BENEFIT PAYMENT:** We must obtain the consent of any irrevocable beneficiary or assignee of record before any Rider benefit is paid.

**CONTESTABILITY:** Except for non-payment of premium, We will not contest this Rider after two years from the Date of Issue of this Rider, or the effective date of reinstatement with respect to statements made in the application for reinstatement, if applicable.

**REINSTATEMENT FOR UNINTENTIONAL LAPSE:** If this rider is canceled due to nonpayment of premium, the Certificateholder is entitled to have this rider reinstated if, within a period of not less than 5 months after the date of cancellation, the Certificateholder or any secondary addressee designated provides proof of the Insured's cognitive impairment or the loss of functional capacity. Rider reinstatement shall be subject to payment of overdue premiums. The standard of proof of cognitive impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria for cognitive impairment or the loss of functional capacity contained in this rider. If the rider becomes a claim during the 180-day period before the overdue premium is paid, the amount of the premium or premiums may be deducted in any settlement under this rider.

**CONTINUATION:** Regardless of the continuation or conversion options available under the base Certificate, a continuation option is available for this Rider. Only You can request termination of this Rider. Unless You do, it will

remain in force as long as the Certificate remains in force. If the base Certificate is converted to an individual life policy, this Rider will then be attached to the converted individual life policy.

**TERMINATION OF COVERAGE PROVIDED BY THIS RIDER:** Coverage provided by this Rider terminates at the earliest of:

1. When the Coverage provided by the Certificate terminates for any reason including Termination of Coverage due to Acceleration; or
2. On the date You elect to terminate this Rider; or
3. On the date of the Insured's death; or
4. At the end of the 31 day grace period for an unpaid premium.

The termination or cancellation of the Rider will be without prejudice to any benefits payable for any claim for Facility Care, Home Care, or Community-Based Services if such claim began while the accelerated Death Benefits under this Rider were in force and continues without interruption after termination. Such extension of benefits beyond the period the Rider was in force is limited to payment of the maximum benefits subject to all other applicable provisions of the contract.

**NONFORFEITURE BENEFIT:** After the third year, a Nonforfeiture Benefit equal to the sum of the premium paid for this rider shall be available on a paid up basis to be used for benefits payable by the rider, if the conditions for payment of benefits are otherwise met.

**CONTINGENT NONFORFEITURE BENEFIT:** The contingent nonforfeiture benefit will be available on lapse should We increase the premium rates and you did not purchase the Nonforfeiture Benefit. The Contingent Nonforfeiture Benefit will be equal to the greater of 100 percent of the premium paid or 30 times the daily nursing home benefit at the time the Rider lapses.

**CANCELLATION OF THIS RIDER:** This Rider may be cancelled by a written request from You. Cancellation will take effect on the date We receive the written request at Our Administrative Office. We will refund a pro rata part of any premium paid for this Rider beyond that date.

**COMBINED INSURANCE COMPANY OF AMERICA**



Richard L. Williams, Jr., President



Juliet Schweidel, Secretary

**Home Office**

Combined Insurance Company of America  
111 East Wacker Drive, Suite 700  
Chicago, IL 60601

**Administrative Office**

Combined Insurance Company of America  
17 Church Street  
Keene, NH 03431



# COMBINED INSURANCE COMPANY OF AMERICA

## EXTENSION OF BENEFITS RIDER

**RIDER PART OF COVERAGE:** This Rider is part of Your Coverage provided in response to Your enrollment form and payment of premiums for this Rider. Those premiums are shown on the Certificate Schedule or Endorsement. All the provisions of the Certificate and the Accelerated Death Benefit for Long Term Care Rider apply to this Rider, except as modified herein

**COVERAGE DATE:** New Coverage under this Rider is effective on the Date of Issue shown on the Certificate Schedule or Endorsement.

**EXTENSION OF BENEFIT:** This Rider extends the benefits provided by the Certificate and the Accelerated Death Benefit for Long Term Care Rider by increasing the Certificate's Death Benefit, subject to the terms and conditions defined herein.

**MONTHLY INCREASE IN DEATH BENEFIT:** We will increase the Death Benefit of the Certificate by the Monthly Accelerated Death Benefit Amount as defined in the Acceleration for Long Term Care Rider subject to our determination that all the following terms and conditions have been satisfied:

1. Benefits under this Rider remain in force; and,
2. We have received proof that the Insured is alive and continues to meet all the conditions on eligibility for payment of Long Term Care Benefits under the Accelerated Death Benefit for Long Term Care Rider; and,
3. There is no Remaining Accelerated Death Benefit available; and,
4. The Certificate shall not be eligible for any additional Monthly Increase in Death Benefit until the previous Monthly Increase in Death Benefit has been paid under the terms of the Accelerated Death Benefit for Long Term Care Rider; and,
5. The cumulative Monthly Increase in Death Benefit Amounts under this Rider will not exceed the Multiple of the Current Death Benefit of the Certificate determined as of the monthly Certificate date that the final monthly payment under the terms of the Accelerated Death Benefit for Long Term Care Rider was made. The Multiple is shown on the Certificate Schedule or Endorsement.

Subject to the terms and conditions above, the initial Monthly Increase in Death Benefit will be made on the monthly Certificate date that the final monthly Long Term Care payment is made under the terms of the Accelerated Death Benefit for Long Term Care Rider. Additional increases will be made on each monthly anniversary that the Remaining Accelerated Death Benefit Amount has been exhausted due to a payment of a Long Term Accelerated Death Benefit.

**INSURED:** Insured means the person who is the Insured under the Certificate.

**GUARANTEED RENEWABILITY:** As long as You pay the premium on time and Benefits under this Rider are in force, it is guaranteed renewable, subject to the Rider's terms. We can't change the terms of this Rider, but We can increase the premium. The current premiums are shown on the Certificate Schedule. Any change in premium will be made on the anniversary date of the Certificate and the change will be made on a class basis. Premiums may be adjusted based upon:

- a. the experience or demographics of the group to which you belong; or
- b. smoking class to which You belong; or
- c. the issue age of the Insured; or
- d. the Coverage Date of the Certificate; or
- e. the Rider plan selected by the Policyholder.

Premiums on this Rider will not be increased based solely on the claims submitted for the Certificateholder of this Rider. New premiums will be based on the Insured's age and Premium Class on the Rider's Coverage Date. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

## EXTENSION OF BENEFITS RIDER

*Continued from previous page.*


**REINSTATEMENT:** Benefits under this Rider may be reinstated upon reinstatement of the Certificate and the Accelerated Death Benefit for Long Term Care Rider. The reinstated Rider will only provide benefits for care or confinement that begins after the date of reinstatement.

**CONTESTABILITY:** We will not contest this Rider after two years from the Date of Issue of this Rider. This Contestability provision also applies to any reinstatement of the Rider as regards to statements made in the application for reinstatement.

**RIDER TERMINATION:** This Rider terminates and is no longer in force on the earliest of the following events:

1. the date the certificate terminates; or
2. the date the entire death benefit amount of the certificate minus any death benefit advance and certificate debt has been paid under the Accelerated Death Benefit for Long Term Care Rider and the Insured no longer continues to meet all conditions of the Accelerated Death Benefit for Long Term Care Rider under the Limitations or Conditions on Eligibility for Benefits provision; or
3. the date the cumulative death benefit amount increases have been increased up to the total amount allowed under this rider; or
4. We receive Your request to terminate the Rider; or
5. the date premium for this rider ceases due to the Certificate becoming Paid Up; or
6. the date the Accelerated Death Benefit for Long Term Care Rider terminates.

### COMBINED INSURANCE COMPANY OF AMERICA



Richard L. Williams, Jr., President



Juliet Schweidel, Secretary

#### Home Office

Combined Insurance Company of America  
111 East Wacker Drive, Suite 700  
Chicago, IL 60601

#### Administrative Office

Combined Insurance Company of America  
17 Church Street  
Keene, NH 03431

**LIFETIME BENEFIT TERM CERTIFICATE OF COVERAGE**

**COMBINED INSURANCE COMPANY OF AMERICA**

**Home Office**

111 East Wacker Drive, Suite 700  
Chicago, IL 60601

**Administrative Office**

17 Church Street  
Keene, NH 03431  
1-855-241-9891

**SAMPLE**

SAMPLE

**COMBINED INSURANCE COMPANY OF AMERICA**  
111 East Wacker Drive • Suite 700  
Chicago, Illinois 60601

**NOTICE OF PROTECTION PROVIDED BY  
CALIFORNIA LIFE AND HEALTH INSURANCE GUARANTEE ASSOCIATION**

This notice provides a brief summary regarding the protections provided to policyholders by the California Life and Health Insurance Guarantee Association (“the Association”). The purpose of the Association is to assure that policyholders will be protected, within certain limits, in the unlikely event that a member insurer of the Association becomes financially unable to meet its obligations. Insurance companies licensed in California to sell life insurance, health insurance, annuities and structured settlement annuities are members of the Association. The protection provided by the Association is not unlimited and is not a substitute for consumers’ care in selecting insurers. This protection was created under California law, which determines who and what is covered and the amounts of coverage.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations or the rights or obligations of the Association.

**COVERAGE**

• **Persons Covered**

Generally, an individual is covered by the Association if the insurer was a member of the Association *and* the individual lives in California at the time the insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees, whether or not they live in California.

• **Amount of Coverage**

The basic coverage protections provided by the Association are as follows.

• **Life Insurance, Annuities and Structured Settlement Annuities**

For life insurance policies, annuities and structured settlement annuities, the Association will provide the following:

• **Life Insurance**

80% of death benefits but not to exceed \$300,000

80% of cash surrender or withdrawal values but not to exceed \$100,000

• **Annuities and Structured Settlement Annuities**

80% of the present value of annuity benefits, including net cash withdrawal and net cash surrender values but not to exceed \$250,000

The maximum amount of protection provided by the Association to an individual, for *all* life insurance, annuities and structured settlement annuities is \$300,000, regardless of the number of policies or contracts covering the individual.

• **Health Insurance**

The maximum amount of protection provided by the Association to an individual, as of April 1, 2011, is \$470,125. This amount will increase or decrease based upon changes in the health care cost component of the consumer price index to the date on which an insurer becomes an insolvent insurer.

## COVERAGELIMITATIONSANDEXCLUSIONSFROMCOVERAGE

The Association may not provide coverage for this policy. Coverage by the Association generally requires residency in California. You should not rely on coverage by the Association in selecting an insurance company or in selecting an insurance policy.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in California when it issued the policy or contract
- A policy issued by a health care service plan (HMO), a hospital or medical service organization, a charitable organization, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company, an insurance exchange, or a grants and annuities society
- If the person is provided coverage by the guaranty association of another state
- Unallocated annuity contracts; that is, contracts which are not issued to and owned by an individual and which do not guaranty annuity benefits to an individual .
- Employer and association plans, to the extent they are self-funded or uninsured
- A policy or contract providing any health care benefits under Medicare Part C or Part D
- An annuity issued by an organization that is only licensed to issue charitable gift annuities
- 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 certain investment elements of a variable life insurance policy or a variable annuity contract
- Any policy of reinsurance unless an assumption certificate was issued
- Interest rate yields (including implied yields) that exceed limits that are specified in Insurance Code Section 1607.02(b)(2)(C).

---

### NOTICES

Insurance companies or their agents are required by law to give or send you this notice. Policyholders with additional questions should first contact their insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at [www.califega.org](http://www.califega.org). or contact either of the following:

California Life and Health Insurance  
Guarantee Association  
P.O Box 16860,  
Beverly Hills, CA 90209-3319  
(323) 782-0182

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street  
Los Angeles, CA 90013  
(800) 927-4357

**Insurance companies and agents are not allowed by California law to use the existence of the Association or its coverage to solicit, induce or encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and California law, then California law will control.**

**IMPORTANT INFORMATION TO POLICYHOLDERS**

1. In the event you need to contact someone about this policy for any reason, please contact:

**Combined Insurance Company of America  
Home Office  
111 East Wacker Drive • Suite 700  
Chicago, IL 60601  
1-800-544-9382**

**Policyholder Service Address:  
P.O. Box 1160  
Glenview, IL 60025-8160**

2. The Department of Insurance should be contacted only after discussions with us, our agent or other representative, or both, have failed to produce a satisfactory resolution to the problem. The address of the Department is:

**Consumer Services Division  
300 South Spring Street, Los Angeles, California 90013  
Telephone in California: 1-800-927-HELP - Outside California: (213) 897-8921**

SAMPLE





**Combined Insurance Company of America  
U.S. Privacy Notice**

**FACTS** **WHAT DOES COMBINED INSURANCE COMPANY OF AMERICA DO WITH YOUR PERSONAL INFORMATION?**

**Why?** Insurance companies choose how they share your personal information. Federal and state law gives consumers the right to limit some but not all sharing. Federal and state law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

**What?** The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and payment history
- insurance claim history and medical information
- account transactions and credit scores

When you are no longer our customer, we continue to share information about you as described in this notice.

**How?** All insurance companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons insurance companies can share their customers' personal information; the reasons Combined chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Combined Share?	Can you limit this sharing?
<b>For our everyday business purposes</b> — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes</b> — to offer our products and services to you	Yes	No
<b>For joint marketing with other financial companies</b> —	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your transactions and experiences	Yes	No
<b>For our affiliates' everyday business purposes</b> — information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	Yes	Yes
<b>For nonaffiliates to market to you</b>	Yes	Yes

**To limit our sharing** ☎ Call 1-800-225-4500 — our menu will prompt you through your choices

**Please note:**  
If you are a new customer, we can begin sharing your information 30 days from the date we sent this notice. When you are no longer our customer, we continue to share your information as described in this notice.

However, you can contact us at any time to limit our sharing.

**Questions?** Call 1-800-225-4500 or go to [www.combinedinsurance.com](http://www.combinedinsurance.com)

<b>What we do</b>	
<b>How does Combined protect my personal information?</b>	<p>To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.</p> <p>We restrict access to personal information to our employees, affiliates' employees, or others who need to know that information to service the account or to conduct our normal business operations.</p>
<b>How does Combined collect my personal information?</b>	<p>We collect your personal information, for example, when you:</p> <ul style="list-style-type: none"> <li>• apply for insurance or pay insurance premiums</li> <li>• file an insurance claim or provide account information</li> <li>• give us your contact information</li> </ul> <p>We also collect your personal information from others, such as credit bureaus, affiliates or other companies.</p>
<b>Why can't I limit all sharing?</b>	<p>Federal law gives you the right to limit only:</p> <ul style="list-style-type: none"> <li>• sharing for affiliates' everyday business purposes—information about your creditworthiness</li> <li>• affiliates from using your information to market to you</li> <li>• sharing for nonaffiliates to market to you</li> </ul> <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>
<b>What happens when I limit sharing for an account I hold jointly with someone else?</b>	<p>Your choices will apply to everyone on your policy.</p>
<b>Definitions</b>	
<b>Affiliates</b>	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Our affiliates include the Combined Life Insurance Company of New York, and other financial companies.</li> </ul>
<b>Nonaffiliates</b>	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> <li>• Nonaffiliates we share with can include insurance companies and direct marketing companies.</li> </ul>
<b>Joint marketing</b>	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> <li>• Our joint marketing partners include categories of companies such as insurance companies.</li> </ul>

## Other important information

**For Insurance Customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NC, OH, OR, and VA only:** Under state law, you have the right to see the personal information about you that we have on file. To see your information, write Combined Insurance, Attention: Privacy Officer, PO Box 6705, Scranton, PA 18505-0705. Combined may charge a reasonable fee to cover the costs of providing this information. If you think any of the information is wrong, you may write us. We will let you know what actions we take. If you do not agree with our actions, you may send us a statement. If you want a full description of privacy rights that we will protect in accordance with the law in your home state, please contact us and we will provide it. We may disclose information to certain third parties, such as law enforcement officers, without your permission.

**For California Residents Only:** Your state law requires financial institutions to obtain your consent prior to sharing information about you with non-affiliated third parties while you are resident of California.

**For Nevada Residents Only:** We may contact our existing customers by telephone to offer additional insurance products that we believe may be of interest to you. Under state law, you have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department. You can reach us by **calling 1-800-225-4500**, emailing us at [combinedinsurance.com](mailto:combinedinsurance.com), or writing to Combined Insurance, Attention: Privacy Officer, PO Box 6705, Scranton, PA 18505-0705. You are being provided this notice under Nevada state law. In addition to contacting Combined, Nevada residents can contact the Nevada Attorney General for more information about your opt out rights by calling 775-684-1100, emailing [bcpinfo@ag.state.nv.us](mailto:bcpinfo@ag.state.nv.us), or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection: 100 North Carson Street, Carson City, NV 89701.

**For Vermont Residents Only:** Under state law, we will not share information about your creditworthiness within our corporate family except with your authorization or consent, but we may share information about our transactions or experiences with you within our corporate family without your consent.

SAMPLE



## Combined Insurance Company of America

### Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED  
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION  
PLEASE REVIEW IT CAREFULLY**

Effective Date of Notice 12/31/2018

Required by the privacy regulations issued under the  
Health Insurance Portability and Accountability Act of 1996 (HIPAA).

#### *A. Your Privacy is Important*

As a valued Combined customer, we are committed to maintaining the privacy of your health information. In conducting our business, we create and receive records regarding you and any services we provide to you. By federal law\* we are required to maintain the confidentiality of any health information that identifies you. This law and this notice only apply to Medicare Supplement insurance, Long-Term Care insurance, vision, and certain other accident and health coverages pursuant to HIPAA. You are receiving this notice because you have at least one of these insurance policies with Combined.

We are committed to retaining your trust and keeping your personal information private.

For the types of insurance coverages mentioned in the first paragraph, we are required by HIPAA to provide you with this notice to explain our legal duties and privacy practices regarding your health information. You also have the right to request a copy of this notice at any time. Should any applicable law provide protections that are more favorable to protecting your privacy than the requirements of this federal law, we will use the more favorable law's requirements to protect your health information. We are required to abide by the terms of this notice. However, we reserve the right to change our privacy practices at any time. If we do, we will send you a revised notice with the changes. Any changes to this notice would naturally be effective for all your health information.

---

\*The federal law mentioned above is the Health Insurance Portability and Accountability Act (HIPAA).

#### **B. How We May Use and Disclose Your Health Information**

**Your Authorization** – Except as outlined below, we will not use or disclose your health information unless you have signed a form authorizing such use or disclosure. At any time, you have the right to revoke in writing that authorization. However, under law, we may have the right to contest a claim under a policy or even the policy itself. As such, your revocation will not be allowed when either the issuance of the policy or a claim for benefits is involved. In addition, if Combined has taken action relying on your authorization, your ability to later revoke your authorization will be limited.

1. **For Your Treatment** – Combined may use or disclose your health information to others so that you may be treated or cared for by a medical provider. Your physicians, therapists, spouse, children and parents are examples of individuals to whom we may disclose your health information.

2. **For Payment Purposes** – For example, Combined may use or disclose your health information in order to pay you for health or medical services and items you may receive. Or, we may contact a doctor or hospital to certify the specifics of a treatment that was performed. We may also use or disclose your health information to a third party, such as a family member, who may be responsible for making or receiving payments on your behalf.

3. **For Our Operations** – Combined may use and disclose your health information in order to operate our business, including

the underwriting of an application. Examples: Our customer service representative may use or disclose your information in order to respond to your service request. Or, an auditor may review your health information as part of a routine quality check.

4. **To Assist You Or Others Responsible For Your Care** – At our option, Combined may use or disclose your health information in order to contact and remind you about health care appointments, doctor visits or perhaps deliveries. We may also choose to inform you about health related products or services that might be of interest to you. If you are available and do not object, we may disclose information to a member of your family, a friend, or other person who is involved in your health care or the payment of a claim. If you are unavailable, incapacitated, or facing an emergency medical situation, and we determine that a limited disclosure is in your best interest, we may share limited information with such persons. For example, we may use our professional judgment to disclose your health information to your spouse concerning the processing of a claim. We may also disclose information to a disaster relief organization in order for the organization to communicate with a family member or other person involved in your care.

**5. Other Uses and Disclosures** – Unless otherwise prohibited by law, we may make certain other uses and disclosures of your health information without your authorization.

**We may use or disclose your health information:**

- to the extent required to comply with the law. For example, we may be required to disclose your health information to
- respond to a court order;
- to public health activities, such as reporting of disease, injury, birth, death, and for public health investigations;
- to the proper authorities as provided by law if we suspect child abuse or neglect or domestic violence, or if we believe you to be a victim of abuse, neglect, or domestic violence;
- if authorized by law to a government oversight agency (for example, a state insurance department) conducting audits, investigations, civil or criminal proceedings;
- in the course of a judicial or administrative proceeding (for example, in response to a subpoena or discovery request);
- to the proper authorities for law enforcement purposes;
- to coroners, medical examiners, or funeral directors, consistent with applicable law;
- for purposes associated with organ, eye or tissue donation or transplantation;
- for research purposes, but only as permitted by law;
- to avert a serious threat to health or safety;
- if you are a member of the military as required by armed forces
- services, and we may disclose your health information for other specialized governmental functions such as national security or intelligence activities;
- to workers' compensation agencies for your workers' compensation benefit determination;
- if required by law, disclose your health information to the Secretary of the Department of Health and Human Services
- for enforcement of federal law; and
- for any other purpose required by law.

**C. Your Rights To Your Health Information**

You certainly have rights regarding the health information we maintain about you. *Please read the following carefully so that you are fully aware of those rights.*

**1. You Can Request Confidential Communications From Us –**

You can ask us to communicate with you in a particular manner or at a certain location. For example, you may ask that we communicate with you at work rather than at home. Or that we contact you only by phone and not by mail. We are required to accommodate reasonable requests if you inform us that the disclosure of all or part of your health information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative, and sent to our offices at the address provided at the end of this notice.

**2. You Can Request Use and Disclose Restrictions** – You can request that we restrict our use and disclosure of your health information relating to payment of benefits or our business operations. You also have the right to request limited disclosure of health information to individuals involved in your health care or payment for your care such as family members, friends, and limited uses and disclosures for disaster relief purposes.

Your written request for this restriction must describe in detail the restriction(s) you are requesting. We are not *required* to agree to your request but will attempt to accommodate when appropriate. We retain the right to terminate any agreed restriction. In the event of a

termination by us, we will notify you of such termination. You also have the right to terminate any agreed upon restriction by writing to us at the address provided at the end of this notice.

**3. You Have The Right To Inspect and Have Copies Of Your Health Information** – You can review or get copies of certain health information that we maintain about you. Request Forms are available by writing to the address at the end of this notice. We may charge you a fee for the costs of copying, mailing and the labor and supplies associated with your written request.

**4. You May Request an Amendment to Your Health Information** – If you believe that the health information we have is incorrect or incomplete, you have the right to request that we amend the information. We are not obligated to make all requested amendments but will give each request careful consideration. All amendment requests must be in writing, signed by you or your representative, and must state the reasons for the requested amendment.

**5. You Can Request To Have An Accounting of Any Disclosures** – If Combined makes your health information available to others; you may request a list or an “accounting of disclosures” from us. Examples of disclosures that we are required to account for include those to state insurance departments, disclosure required by a court of law (such as a court order or a subpoena), or for law enforcement purposes. We are not required to keep an accounting of disclosures made to underwrite an insurance application from you, for resolution of a claim for benefits, or those disclosures made as a result of a written authorization from you. Requests must be in writing and must include the stated period you wish disclosed. The time period requested cannot be for longer than six years and may not include dates *before* April 14, 2003 (date when this law takes effect). The first list you request within a twelve-month period is free of charge but we are permitted to charge for any additional list requests during that same period. Should you submit an additional list request, Combined will advise you of any costs and permit you to withdraw your request before incurring any charges.

**6. You Have A Right To A Paper Copy Of This Notice** – At any time by contacting us at the address or telephone number below.

**7. You Have The Right To File A Complaint** – If you believe your privacy rights have been violated, you may file a complaint with us at the address below. You may also file a complaint with the U.S. Secretary of Health and Human Services in Washington, DC. All complaints must be submitted in writing. There can be no retaliation for filing a complaint.

---

**To Contact Us In Writing**

Send your letter to:

Combined Insurance Company of America

Attention: HIPAA Privacy Office

P.O. Box 6705

Scranton, PA 18505-0705

**To Contact Us If You Want More Information**

Call our Toll Free Customer Service number and select the

**HIPAA** option when prompted. 1-800-225-4500

**Combined Insurance Company of America**  
**CALIFORNIA CONSUMER PRIVACY ACT**  
**CONSUMER “AT COLLECTION” PRIVACY NOTICE**  
**INFORMATION FOR CALIFORNIA RESIDENTS**

This notice provides specific information for residents of California described in this notice and is intended to satisfy the California Consumer Privacy Act (“CCPA”) requirement to notify you, at or before the point of collection, about the categories of personal information we collect about you and how we use that information, whether online or offline. This notice is supplemented by the **ADDITIONAL NOTICE TO CALIFORNIA RESIDENTS** section of our Internet Privacy Policy, which contains more detailed information, including information about your rights. You can access our Internet Privacy Policy at [www.combinedinsurance.com](http://www.combinedinsurance.com). Combined provides separate CCPA privacy notices to residents of California who are employees, job applicants or contractors of Combined.

Under the CCPA, and for the purposes of this privacy notice, “personal information” is any information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular resident or household, including the categories identified in the table below to the extent they identify, relate to, describe, are reasonably capable of being associated with, or could be reasonably linked, directly or indirectly, with a particular resident or household. Not all personal information of California residents is covered by the CCPA. For example, it does not include information that is lawfully made available from government records, protected health information, consumer credit reports and background checks, or information we collect in connection with the issuance of products or services to you that are to be used primarily for your personal, family, or household purposes. Please refer to the **ADDITIONAL NOTICE TO CALIFORNIA RESIDENTS** section of our Internet Privacy Policy for additional information about the scope of the CCPA.

***Categories of Personal Information that We Collect***

The table below lists the categories of personal information that we collect about residents who are not employees, job applicants or contractors of Combined. Some personal information included in the categories below may overlap with other categories

<b>Category</b>	<b>Examples</b>	<b>Collected</b>
<b>Name, Contact Information and other Identifiers</b>	A real name, alias, job title, address, unique personal identifier, online identifier, device IDs, Internet Protocol address, email address, date of birth, policy number, policyholder or broker portal log-in credentials, salary information, social security number (e.g. in the context of workers’	YES

Category	Examples	Collected
	compensation insurance), driver's license number, other government identifiers, credit card number, tax ID.	
<b>Customer Records</b>	A paper and electronic customer or claimant record containing personal information, as well as information provided by a reinsurance or insurance broker/agent for underwriting purposes and information included in a list of claims, such as name, signature, physical characteristics or description, address, telephone number, education, current employment, employment history, social security number, driver's license or state identification card number, insurance policy number, bank account number, payment card number, gender, height, weight, medical information (including reports, medical bills), or health insurance information, details about home address, products or services purchased or obtained.	YES
<b>Protected Classifications</b>	Age (40 years or older), marital status, medical condition, physical or mental disability and sex.	YES
<b>Usage Data</b>	Internet, e-mail or other electronic network activity information including regarding a California resident's interaction with our portals, internet websites, applications, or advertisements, including, but not limited to, browsing history, clickstream data, search history.	YES



<b>Biometric Information</b>	Individual biological or behavioral characteristics including measurements of physical characteristics such as height, weight and blood pressure.	NO
<b>Geolocation Data</b>	Physical location or movements.	NO
<b>Audio, Video and Other Electronic Data</b>	Audio information including call recordings and photographs.	YES
<b>Professional or Employment-Related Information</b>	Employment history, qualifications, licensing, and disciplinary record.	YES
<b>Inferences drawn from other personal information</b>	Inferences drawn from any of the information described in this section about a resident including inferences reflecting the resident's preferences, characteristics, behavior and abilities.	YES

***Purposes for Which Personal Information is Used***

The categories of personal information described above are collected and disclosed for the following purposes:

- to provide you with, renew or modify products and services;
- to provide you with the information and documents you request and for other customer service purposes;
- to carry out our obligations and enforce our rights arising from any contracts entered into between you and us, including for billing, collections and payments;
- to process claims and other legal actions;
- to respond to law enforcement requests, court order or regulations, subpoena, search warrant, or other legal process, as required by applicable law;
- to provide you with information about other websites or Online Services that link to this section of the Internet Privacy Policy or required notices;

- to deliver marketing communications or promotional materials that may be of interest to you and to assist us in determining relevant advertising;
- claims assessment and actuarial purposes, we may share your information with third-party analytics providers;
- to improve the services we provide and the usefulness of the Online Services;
- to customize your experience when using our Online Services;
- to carry out actuarial analysis and develop our actuarial and pricing models;
- to perform testing, product development and research, and to analyze use of our websites and online applications;
- to prevent and detect fraud, infringements of our policies and contracts and other potential misuse of our products, services and assets;
- to assist our affiliates in their everyday business purposes;
- to provide training or organize events;
- as described to you when collecting your personal information;
- to refer you to our third party partners as part of a referral program;
- to conduct financial, tax and accounting audits, and audits and assessments of Combined's business operations or security and financial controls; and
- to plan, engage in due diligence for, and implement commercial transactions.

SAMPLE

# Life Insurance

*Buyer's Guide*



INSURANCE





# Life Insurance

*Buyer's Guide*

***Prepared by the National Association of Insurance Commissioners***

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy

# Life Insurance *Buyer's Guide*

## **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 the NAIC InsureU Life Insurance website -- [www.insureuonline.org/insureu\\_type\\_life.htm](http://www.insureuonline.org/insureu_type_life.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:

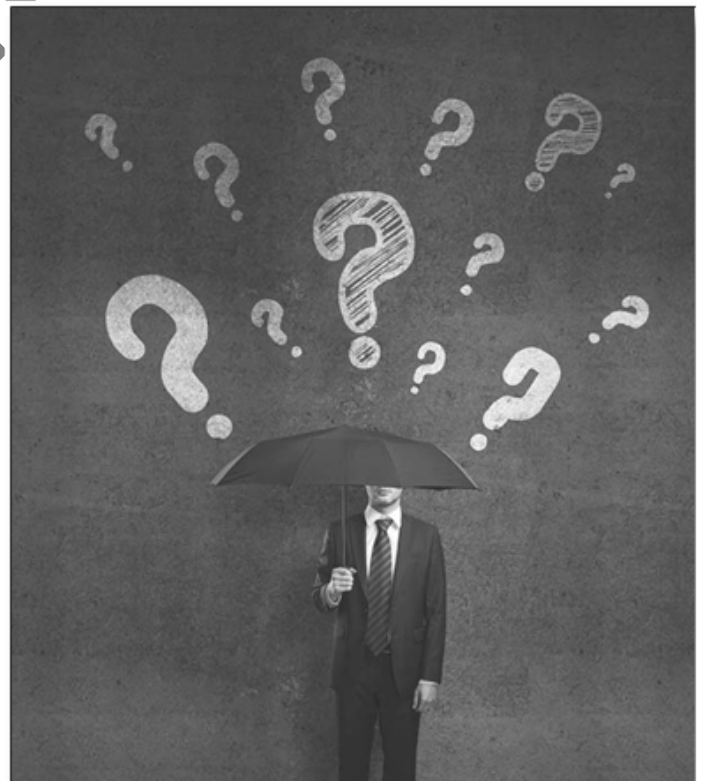
- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

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.





## Buyer's Guide

### 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 Insurance vs. Cash Value Insurance.**

Term insurance is intended to provide lower-cost 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. Non-renewable 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. Non-renewable 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.

# Life Insurance *Buyer's Guide*

## **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.

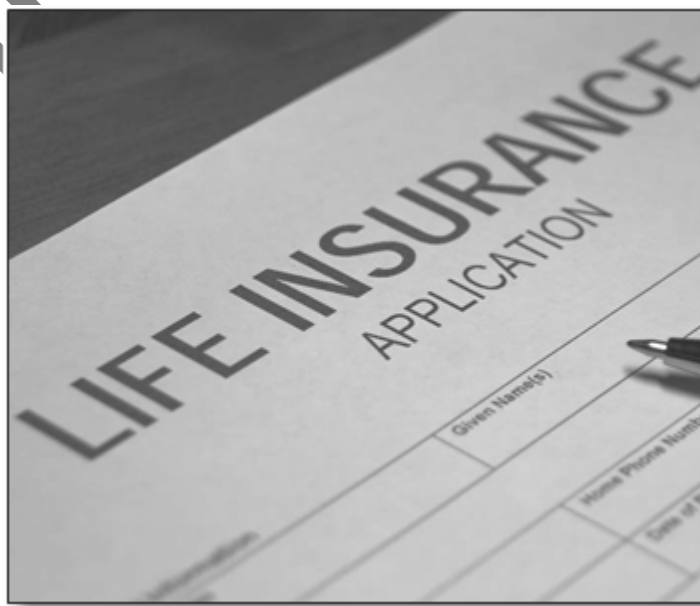
It's important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.

## ***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





# Life Insurance

## Buyer's Guide

### 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 Program 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.







**National Association of Insurance Commissioners**

1100 Walnut Street, Suite 1500

Kansas City, MO 64106-2197

(816) 842-3600

© 2018 National Association of Insurance Commissioners

336231-18

