

AMERICAN HERITAGE LIFE INSURANCE COMPANY

ACCELERATED DEATH BENEFIT FOR LONG-TERM CARE RIDER

TAX QUALIFICATION NOTICE: This rider is 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 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. If you refuse such an amendment, it must be by giving us written notice, and your refusal may result in adverse tax consequences. Whether any tax liability may be incurred when benefits are paid under this rider could depend on whether you are also the insured and how the Internal Revenue Service interprets applicable provisions of the Internal Revenue Code. As with any tax matter, you and any other recipient of this benefit should each consult his or her own tax advisor to evaluate any tax impact of this benefit.

Receipt of an accelerated death benefit **MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME (“SSI”)** eligibility. Without exercising this option, the mere fact that the Accelerated Death Benefit for Long-Term Care Rider is part of your certificate will not in and of itself affect the eligibility for these government programs. However, exercising this option before you apply for these programs, or when you are receiving government benefits, may affect your continued eligibility. Contact the Medicaid Unit of the local Department of Public Welfare and Social Security Administration Office for more information.

This rider provides that you may elect to receive a portion of the death benefit when the insured becomes eligible for benefits under this rider. Each monthly benefit payable under this rider will reduce the following certificate values: death benefit, death benefit amount, fund value, surrender value, net surrender value, surrender charge, certificate debt and the specified amount.

TERMS UNDER WHICH THIS RIDER MAY BE RETURNED AND PREMIUM REFUNDED

You may return this rider within 30 days after you receive it, and we will refund any cost of insurance that you paid for the rider.

CAUTION: This rider is issued to you based on answers to the questions in the enrollment form for this rider. If your answers are incorrect or untrue, or if material information was omitted in such answers, then we have the right to deny rider benefits or to rescind your coverage under this rider. If, for any reason, any of your answers are incorrect, please contact us at 1-800-521-3535.

Benefits are subject to all of the terms, conditions and provisions of this rider and the certificate. All terms defined in the certificate and used in this rider apply to this rider, unless otherwise defined in this rider.

NOTICE TO YOU, THE BUYER

The rider may not cover all of the costs associated with long-term care incurred during the period of care. We advise you to review carefully all limitations of this rider as well as those of the certificate to which it is attached.

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.

DEFINITIONS

The following terms are defined as used in this rider.

Activities of Daily Living. Activities used to measure the insured's need for long-term care. Activities of daily living are any of the following:

1. **Bathing** - washing oneself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower, with or without the aid of equipment.
2. **Continence** - the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag), with or without the aid of equipment.
3. **Dressing** - putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.

4. **Eating** - feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by feeding tube or intravenously.
5. **Toileting** - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
6. **Transferring** - moving into or out of a bed, chair or wheelchair.

Adult Day Care. A program for 6 or more individuals, of social and health-related services provided during the day in a community group setting for the purpose of supporting persons who are chronically ill and can benefit from care in a group setting outside the home.

Adult Day Care Center. 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.

Assisted Living Facility. A facility that is primarily engaged in providing ongoing care and related services to at least 10 inpatients in one location and meets all of the following criteria:

1. it is licensed by the appropriate licensing agency, if the state in which it operates licenses such facilities; and
2. it provides 24 hour a day care and services sufficient to support needs resulting from being chronically ill; and
3. it has a trained and ready to respond employee on duty at all times to provide care; and
4. it provides 3 meals a day and accommodates special dietary needs; and
5. it has formal arrangements for the services of a physician or nurse to furnish medical care in case of an emergency; and
6. it has appropriate methods and procedures for handling and administering drugs and biologicals.

Certificate. The certificate to which this rider is attached.

Chronically Ill. The insured has been certified by a licensed health care practitioner within the preceding 12 month period as:

1. being unable to perform (without substantial assistance from another individual) at least 2 activities of daily living for a period of at least 90 days due to a loss of functional capacity; or
2. requiring substantial supervision to protect oneself from threats to health and safety due to cognitive impairment.

Cognitive Impairment. A deficiency in the insured's: short or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or, judgment as it relates to safety awareness. This deficiency must be to such a degree as to require 24 hour per day supervision to maintain the safety of the insured or others.

Cognitive impairment is measured by clinical evidence and standardized tests and is based on the insured's impairment as indicated by loss in the following areas:

1. short or long-term memory; or
2. recognition of identity or location, or time of day, month or year; deductive or abstract reasoning; or judgment as it relates to safety awareness.

Confined or Confinement. Assignment to a bed and physically within a licensed Nursing or Assisted Living Facility as an overnight resident patient.

Day. A 24 hour period which begins and ends at 12:01 a.m.

Death Benefit Amount. The death benefit amount of the certificate. This does not include the death benefit for any riders that may be attached to the certificate.

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

1. the insured must be chronically ill; and
2. charges must be incurred for the care and services of the insured.

Home. The insured's: private residence; or a residential care facility; or a rest home; or a boarding home; or a home for the aged; or a community living center; or a place that provides domiciliary or retirement care. It does not include a nursing care facility, a hospital or a hospice care facility.

Home Health Care. Medical and non-medical services provided in the insured's home by a home health care practitioner in accordance with a plan of care.

Home health care does not include the following:

1. cooking, which means preparation of meals and nutrition; and

2. shopping, which includes but is not limited to purchasing groceries, household supplies and medicine; and
3. assistance with the use of the telephone, laundering clothes, correspondence, bill paying, and other housekeeping tasks; and
4. any type of construction, renovation or maintenance (such as painting, etc.), lawn care, snow removal, maintenance of a vehicle and any other service performed outside of the home; and
5. any other services similar to those described above.

Home Health Care Agency. An agency or organization which:

1. specializes in giving nursing care or therapeutic services in the home; and
2. is licensed to provide such care or services by the appropriate state licensing agency or authority where the service is performed or is Medicare certified as a home health care agency; and
3. maintains a complete medical record and plan of care for each patient; and
4. is operating within the scope of its license or certification.

Home Health Care Practitioner. An individual who is qualified to provide home health care. A home health care practitioner includes the following: a home health aide, certified nurse assistant, medical social worker, occupational therapist, speech therapist, physical therapist, total parenteral nutrition specialist, enterostomal specialist, chemotherapy specialist, licensed visiting nurse, licensed vocational nurse (L.V.N.), licensed practical nurse (L.P.N.), or a licensed graduate nurse (R.N.). A practitioner whose specialty is not listed here may be used if approved by us prior to the practitioner providing the service. A home health care practitioner:

1. must be licensed in the state or recognized as such by the state in which the care is given; and
2. may not be a family member; and
3. may not reside at the insured's address; and
4. must charge for the care given which the insured is legally responsible to pay; and
5. must be employed or contracted by a home health care agency.

Licensed Health Care Practitioner. A physician or any registered professional nurse, licensed social worker, or other individual who meets such requirements as described by the Secretary of Health and Human Services.

Maintenance or Personal Care Services. Any care the primary purpose of which is the provision of needed assistance with any of the activities of daily living as a result of which the insured is chronically ill (including the protection from threats to health and safety due to severe cognitive impairment).

Monthly Benefit Period. The first monthly benefit period during a period of care begins the day following the day on which the elimination period is satisfied and ends on the day before the next monthly date. Each subsequent monthly benefit period begins on the monthly date after the last monthly benefit period ended and ends on the day before the next monthly date. Each day in a period of care after the elimination period is satisfied applies to one monthly benefit period only.

Nursing Care Facility. A facility that meets all of the following standards:

1. it is licensed by the state in which it is located; and
2. it is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
3. it provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
4. its primary function is to provide nursing care, and room and board; and the facility charges for these services. The care must be performed under the direction of a licensed physician, or a licensed graduate nurse (R.N.), or licensed practical nurse (L.P.N.); and
5. it is not, other than incidentally, a hospital, a home for the aged, a retirement home, a rest home, a community living center, or a place mainly for the treatment of alcoholism, mental illness or drug abuse.

Period of Care. Begins on the first day the insured incurs a charge for qualified long-term care services covered under this rider. It ends when, for a period of 180 consecutive days, the insured has not:

1. received qualified long-term care services covered under this rider; or
2. been chronically ill.

Plan of Care. A written individualized plan of care or services prepared by a licensed health care practitioner which specifies: (1) the type and frequency of all care or services required; and (2) the care or service provider; and (3) the cost of care or services.

Pre-existing Condition. A condition for which:

1. symptoms existed within 6 months before the rider date; or
2. medical advice or treatment was recommended by or received from a physician or other member of the medical profession, acting within the scope of their license, within 6 months before the rider date.

A pre-existing condition includes conditions not diagnosed or identified provided 1. or 2. above apply.

Qualified Confined Care Services. Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual and are provided pursuant to a plan of care prescribed by a licensed health care practitioner in an assisted living facility or nursing care facility.

Qualified Long-term Care Services. Qualified confined care services and qualified non-confined care services.

Qualified Non-Confined Care Services. Necessary diagnostic, preventive, therapeutic, curing, treating, mitigating and rehabilitative services, and maintenance or personal care services which are required by a chronically ill individual and are provided pursuant to a plan of care prescribed by a licensed health care practitioner by means of home health care or adult day care.

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

LIMITATIONS OR CONDITIONS ON ELIGIBILITY FOR BENEFITS

In order to receive benefits under this rider, the following conditions must be true:

1. the certificate and rider are in force; and
2. the insured must satisfy the elimination period; and
3. the death benefit amount at the end of the monthly benefit period before the death benefit amount is reduced by the payment of the monthly accelerated death benefit minus any advance payment of death benefits and certificate debt has not been totally accelerated; and
4. the insured has not gone 180 consecutive days without using qualified long-term care services or being chronically ill; and
5. the insured:
 - a. is confined in a nursing care or assisted living facility and the confinement begins while this rider is in force; or
 - b. receives home health care services provided by a home health care agency for a minimum of 4 home health care visits during each monthly benefit period and while this rider is in force; or
 - c. receives adult day care provided in an adult day care center for a minimum of 4 adult day care visits during each monthly benefit period and while this rider is in force; and
6. the insured incurred charges for qualified long-term care services which are included in the insured's plan of care; and
7. the insured is chronically ill; and
8. all irrevocable beneficiaries and assignees have signed the written request for this benefit.

If death benefit option 2 is in effect, we will change it to death benefit option 1 prior to paying the first monthly benefit under this rider.

We may periodically require certification that the insured is chronically ill, but not more than once every 31 days.

We will not simultaneously pay benefits under this rider for both qualified confined and non-confined services, even if the insured otherwise qualifies for both types of services during a monthly benefit period. In any given monthly benefit period that the insured qualifies for both qualified types of services, we will pay either the qualified confined or non-confined service, whichever is higher.

PRE-EXISTING CONDITION LIMITATION

We do not pay benefits under this rider for a period of care that begins in the first 6 months after the rider date if a pre-existing condition causes the insured to be chronically ill. A period of care that begins more than 6 months after the rider date that is caused by a pre-existing condition will be covered.

MONTHLY ACCELERATED DEATH BENEFIT FOR QUALIFIED CONFINEMENT

We will pay a monthly accelerated death benefit for each monthly benefit period or fraction thereof during which the insured is eligible for benefits. The monthly accelerated death benefit is equal to the lesser of the following:

1. the death benefit amount on the monthly date immediately following the date the insured first becomes eligible for benefits times the confinement percentage shown on the certificate specifications page.

2. the death benefit amount at the end of the monthly benefit period before the death benefit amount is reduced by the payment of the monthly accelerated death benefit minus any advance payment of death benefits and certificate debt.

If the insured is confined for only a fraction of a certificate month, we will pay a pro-rata benefit for each day of confinement.

We will require that a portion of any certificate debt be deducted from the monthly accelerated death benefit. The portion will equal the certificate debt multiplied by the ratio of the monthly accelerated death benefit to the death benefit amount prior to the monthly benefit payment.

MONTHLY ACCELERATED DEATH BENEFIT FOR QUALIFIED NON-CONFINED CARE

We will pay a monthly accelerated death benefit for each monthly benefit period or fraction thereof during which the insured is eligible for benefits. The monthly accelerated death benefit is equal to the lesser of the following:

1. the death benefit amount on the monthly date immediately following the date the insured first becomes eligible for benefits times the non-confined care percentage shown on the certificate specifications page.
2. the death benefit amount at the end of the monthly benefit period before the death benefit amount is reduced by the payment of the monthly accelerated death benefit minus any advance payment of death benefits and certificate debt.

If the insured receives qualified non-confined care services less than 4 times during a monthly benefit period, we will pay a pro-rata benefit for each day of the monthly benefit period that qualified non-confined care services were received.

We will require that a portion of any certificate debt be deducted from the monthly accelerated death benefit. The portion will equal the certificate debt multiplied by the ratio of the monthly accelerated death benefit to the death benefit amount prior to the monthly benefit payment.

EFFECT OF ACCELERATED DEATH BENEFIT PAYMENTS ON THE CERTIFICATE

At the end of each monthly benefit period for which a monthly accelerated death benefit is paid, the specified amount, fund value, surrender charge and any outstanding certificate debt will be reduced as explained below.

The specified amount will be reduced by the monthly accelerated death benefit amount. If the new specified amount is less than the minimum specified amount shown on the certificate specifications page, the minimum specified amount is amended to be the specified amount calculated according to this provision.

The fund value will be reduced by an amount equal to the reduction in specified amount multiplied by the ratio of the fund value to specified amount as of the monthly date immediately following the date the period of care begins.

The surrender charge will be reduced by an amount equal to the reduction in specified amount multiplied by the ratio of the surrender charge to specified amount as of the monthly date immediately following the date the period of care begins.

The portion of the certificate debt deducted from the monthly accelerated death benefit will reduce the certificate debt.

While the insured is eligible for monthly benefits under this rider the following conditions apply:

1. no changes may be made to the specified amount and death benefit option of the certificate; and
2. no change may be made to existing riders nor may new riders be added; and
3. we will not accept any premium payments.

While the certificate is in force any accidental death benefit and level term rider will not be affected by the payment of monthly accelerated death benefits under this rider.

EFFECT ON CERTIFICATE AND RIDER(S) WHEN DEATH BENEFIT AMOUNT IS TOTALLY ACCELERATED

If the certificate's death benefit amount at the beginning of the period of care minus any advance payment of death benefits and certificate debt has been totally accelerated, then the certificate and any riders will terminate with no further benefits payable.

CONVERSION OPTION FOR OTHER RIDER(S)

If there is a rider attached to the certificate which:

1. provides term life insurance on the insured or an other insured; and
2. terminates as a result of the Effect on Certificate and Rider(s) When Death Benefit Amount is Totally Accelerated provision; and
3. has a conversion option which could have been exercised on the date the rider terminates;

then the conversion option period is extended to 30 days after the date the rider terminates, except that this provision does not extend the conversion option into any time period where maximum age limitations make the conversion option inapplicable. The maximum death benefit which can be converted will be determined using the method described in the rider being converted, using the rider's death benefit on the date of termination.

EXCLUSIONS

We will not pay benefits under this rider for that portion of any day of qualified long-term care services or charges that are:

1. caused by mental or nervous disorders without demonstrable organic disease (not including Alzheimer's Disease); or
2. caused by alcoholism or drug addiction; or
3. caused by illness, treatment or medical conditions arising out of:
 - (a) war or act of war (whether declared or undeclared); or
 - (b) participation in a felony, riot or insurrection; or
 - (c) service in the armed forces or units auxiliary thereto; or
 - (d) suicide (while sane), attempted suicide or intentionally self-inflicted injury; or
4. for treatment provided in a government facility (unless otherwise required by law); services for which benefits are available under Medicare (or benefits would be available under Medicare except for the applicable deductibles or co-insurance requirements) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law; or
5. for care or services for which no charge is normally made to the insured; or
6. for care or services when the person performing the service is a family member; or
7. for care or services received outside the United States or its territories.

PREMIUMS

The annual premium for this rider is shown on the certificate specifications page. The monthly cost of insurance for this rider is deducted from the certificate's fund value on each monthly date and is based on the certificate's specified amount on each monthly date.

WAIVER OF MONTHLY DEDUCTIONS

For each certificate month you receive monthly benefits under this rider, we will waive the monthly deductions for the certificate and all riders attached to the certificate.

TERMINATION

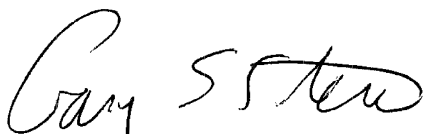
This rider terminates and is no longer in force on the earliest of:

1. the date any monthly deduction for this certificate remains unpaid, subject to the Grace Period provision of the certificate; or
2. the date the certificate matures or terminates for any reason including termination due to the acceleration of the death benefit; or
3. the date the certificate is surrendered; or
4. the next monthly date after your written request to terminate this rider.

GENERAL

This rider is a part of the certificate to which it is attached. This rider has no cash or loan value. It does not affect any net single premium referred to in the certificate.

Signed for American Heritage Life Insurance Company at its Home Office.



Secretary



President

Home Office

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