



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

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

A Stock Company

**GROUP FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY**

**POLICYHOLDER:** MISSOURI STATE UNIVERSITY  
**POLICY NUMBER:** 18667  
**POLICY EFFECTIVE DATE:** August 3, 2020  
**POLICY ANNIVERSARY DATE:** August 3, 2021 and the third day of August each calendar year thereafter.  
**GOVERNING JURISDICTION:** Missouri

American Heritage Life Insurance Company (referred to as we, us, or our) agrees to pay the benefits described in this policy, subject to all of the definitions, terms, conditions, and provisions in this policy, the certificates, and any attached rider(s).

We issue this policy, the certificates, and any attached rider(s) based on the policyholder's and the employee's or member's applications and enrollment forms and in return for the payment of required premiums. Premiums are payable to us. The first premium is due on the effective date of this policy.

This policy may be changed in whole or in part. The approval must be in writing, signed by one of our executive officers, and endorsed on or attached to this policy. No other person, including an agent, may change this policy or waive any part of it.

This policy may include enrollment, risk management, and other support services related to the policyholder's benefit program.

This policy is delivered in and is governed by the laws of the governing jurisdiction and, to the extent applicable, by the Employee Retirement Income Security Act of 974 (ERISA).

**PLEASE READ THIS POLICY CAREFULLY!**

This policy is a legal contract between American Heritage Life Insurance Company and the policyholder. The policyholder should read this policy carefully and contact us promptly with any questions.

**RIGHT TO EXAMINE POLICY**

If for any reason you are not satisfied with this policy, return it to us or to our agent. If this policy is returned within 31 days after you receive it, we will return all premiums paid and this policy is void. If you return this policy, please note on it in writing: This policy is returned for rescission and refund of premium. If you have a complaint, an inquiry, or need to obtain information regarding this policy, you may call us toll-free at 1-800-521-3535.

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.

Secretary

President

**GROUP FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATE HOLDER ON THE MATURITY DATE IF  
THE INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**

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## POLICY SPECIFICATIONS

<b>POLICY EFFECTIVE DATE:</b>	This policy will take effect on the effective date shown on page 1.
<b>ELIGIBLE CLASS(ES):</b>	All full-time active employees of the policyholder who work 30 or more hours a week.  <b>Eligible Dependents:</b> Spouse and Child(ren) of eligible employees or members.
<b>ELIGIBILITY WAITING PERIOD:</b>	The period commencing with the employee's or member's date of employment and ending with the first day of the month immediately following, or coinciding with, the employee's or member's completion of 30 days of continuous active employment.
<b>LIFE INSURANCE BENEFIT:</b>	Amount selected by the employee or member – Up to \$250,000
<b>ADDITIONAL BENEFITS:</b>	
<b>Other Support Services</b>	This policy includes enrollment, risk management, and other support services related to the policyholder's benefit program.
<b>ADDITIONAL RIDERS:</b>	
<b>Accelerated Death Benefit for Terminal Illness Rider</b>	75% of Insured's Life Insurance, up to \$100,000
<b>OPTIONAL RIDERS:</b>	
<b>Accelerated Death Benefit for Long Term Care Rider</b>	Confinement Care: 4% of Insured's Life Insurance Non-Confined Care: 4% of Insured's Life Insurance

## POLICY SPECIFICATIONS (Continued)

**ISSUE LIMITS:** Subject to a minimum life insurance amount of \$10,000

**Guaranteed Issue (GI) Limits:** (subject to eligibility requirements)

Employee	Working Spouse	Non-Working Spouse	Child(ren)
\$28.00 per week subject to an overall maximum life insurance amount of \$200,000	N/A	N/A	N/A

**Contingent Guaranteed Issue (CGI) Limits:** (subject to contingent guaranteed issue eligibility requirements)

Employee	Working Spouse	Non-Working Spouse	Child(ren)
N/A	\$9.00 per week subject to an overall maximum life insurance amount of \$100,000	\$5.00 per week subject to an overall maximum life insurance amount of \$10,000	\$3.00 per week subject to an overall maximum life insurance amount of \$50,000

## POLICY SPECIFICATIONS (Continued)

**PREMIUM DUE:** August 3, 2020 and the first day of each calendar month thereafter.

All premiums must be sent to us on or before the premium due date. The premium must be paid in United States dollars.

**TOBACCO RATING BASIS:** Tobacco/Non-Tobacco

### MINIMUM PARTICIPATION REQUIREMENT

The minimum participation required by the governing jurisdiction or a minimum of 5 insured employees or members, whichever is greater, is required to issue this policy.

### DIVISIONS, SUBSIDIARIES, OR AFFILIATED COMPANIES

These are the policyholder's divisions, subsidiaries, or affiliates listed below. The policyholder may act for and on behalf of any and all of these in all matters that pertain to this policy. Every act done by, agreement made with, or notice given to the policyholder will be binding on them.

**Name**

**Location (City and State)**

None

## DEFINITIONS

(May contain definitions that are not included in the coverage selected)

**Active employment** or **actively employed** means the employee or member is working for his or her employer for earnings that are paid regularly, and that he or she is performing the material and substantial duties of his or her regular occupation. For the purposes of this coverage, the employee or member:

1. must be working at least the minimum number of hours as described under Eligible Class(es); and
2. will be deemed to be in active employment on weekends or employer approved vacations, holidays, or business closures if the employee or member was actively employed on the last scheduled work day preceding such time off.

The employee's or member's work site must be:

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

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

**Beneficiary** means any person or entity named by the certificate holder in our records or under the terms of this policy to receive the benefits payable under this policy and any attached rider(s).

**Certificate** means a document that describes the terms of the coverage made available to the eligible employees or members of the policyholder and their eligible dependents. It provides evidence of the coverage provided to an insured under this policy.

**Certificate anniversary date** means the same day and month each year as the certificate effective date for each succeeding year the certificate remains in force.

**Certificate effective date** means the effective date of coverage under the certificate and is the date upon which certificate years, certificate anniversary dates, and premium due dates are based. The certificate effective date is shown in the certificate.

**Certificate debt** means the sum of all unpaid certificate loans plus unpaid accrued certificate loan interest.

**Certificate grace period** means the period where the certificate remains in force, but where the certificate may terminate as described in the End of a Certificate Grace Period provision in the certificate, if timely premium payments and/or loan repayments are not received by us. During the certificate grace period, the death benefit and all certificate provisions remain in effect.

**Certificate holder** means the employee or member to whom all rights and privileges under the certificate and any attached rider(s) belong during the lifetime of the insured. The certificate holder may be someone other than the insured. The certificate holder is designated on the enrollment form and/or evidence of insurability form as the owner.

**Certificate month** means a one month period which begins on a monthly date and ends the day before the next monthly date. The first certificate month begins on the certificate effective date.

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

## DEFINITIONS (Continued)

**Child** means an unmarried person under age 19, or under age 25 if a full-time student, who is a citizen or resident alien of the United States or one of its territories, and who is the employee's or member's:

1. natural child;
2. stepchild, which means a child of the employee's or member's spouse by a past marriage or relationship;
3. legally dependent grandchild; or
4. adopted child.

He or she cannot be covered as a child or a rider insured child if he or she is an insured under a certificate.

**Death benefit** means the amount payable to the beneficiary. The death benefit is equal to the death benefit amount minus certificate debt.

**Death benefit amount** means the amount described in the certificate, which depends on the death benefit option selected.

**Eligible dependents** means the person(s) listed in the Policy Specifications.

**Employee** means a person who is a citizen or resident alien of the United States or one of its territories and in active employment with the policyholder. The employee may exercise all applicable rights provided by his or her certificate and any attached rider(s).

**Enrollment form** means any form or electronic process acceptable to us that is used to enroll for benefits under this policy.

**Evidence of insurability** means a statement or proof of a person's medical history on a form or electronic process approved by us that will be used to determine whether the person is approved for the coverage requested.

**Fund value** means the current accumulation of value as described in the certificate.

**In force** means coverage that remains in effect and has not terminated.

**Insured** means the person accepted for coverage by us and whose name is shown in the certificate.

**Material and substantial duties** means duties that:

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

**Maturity date** means the certificate anniversary date on or immediately following the insured's 95<sup>th</sup> birthday and is shown in the certificate. It is possible that coverage may not continue to the maturity date, even if scheduled premiums are paid in a timely manner.

**Member** means an actively employed member in good standing in the labor union or association named as the policyholder and who is a citizen or resident alien of the United States or one of its territories.

**Monthly date** means the same day of each month as the certificate anniversary date. If this date is not a day in the calendar, the monthly date is the first day of the next month.

**Net surrender value** means the surrender value minus any certificate debt.

## DEFINITIONS (Continued)

**Policy** means this group contract, which governs the coverage made available to eligible employees or members of the policyholder and their eligible dependents.

**Policy anniversary date** means the same day and month each year as the policy effective date for each succeeding year this policy remains in force.

**Policy grace period** means a period of 31 days following each premium due date, after the first premium payment.

**Policyholder** means the entity through which we make this group coverage available. The policyholder is shown on page 1 of this policy.

**Rider** means additional or optional benefit(s) elected by the policyholder and attached to this policy. No coverage is available under a rider unless elected and attached as an additional or optional benefit to the certificate.

**Rider insured** means the person whose life is insured under a rider.

**Spouse** means the person who is a citizen or resident alien of the United States or one of its territories and to whom the employee or member is legally married or who is required to be covered as the employee's or member's spouse under the civil union, domestic partnership, or other family or domestic relations laws of the employee's or member's state of residence.

Domestic partnership means a relationship where both the employee or member and his or her same-sex or opposite-sex partner are considered domestic partners according to the law of the employee's or member's state of residence. If the employee's or member's state of residence has no domestic partnership law, the relationship must satisfy the definition of domestic partnership as defined by the policyholder.

A spouse must be at least age 18, but not older than age 80 to be eligible for coverage.

He or she cannot be covered as a spouse or a rider insured if he or she is an insured under this policy.

**Surrender value** means the fund value less the surrender charge.

**We, us, or our** mean American Heritage Life Insurance Company.

**Written or writing** means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law and acceptable by us.

**You or your** means the policyholder as shown in the Application for Group Insurance form.

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## **POLICYHOLDER PROVISIONS**

### **APPLICATION FOR GROUP INSURANCE**

You must submit to us an executed Application for Group Insurance form electing to participate in this Group Flexible Premium Adjustable Life Insurance Policy.

### **POLICYHOLDER DUTIES**

Your duties include, but are not limited to, the following:

1. Provide to us any and all information we determine is necessary for the enrollment and determination of eligibility of your employees or members and their eligible dependents. You must also provide us with all information necessary to underwrite the coverage, to calculate premiums, to maintain necessary administrative records, and to manage claims.
2. Maintain records pertaining to the insurance provided under this policy, for which we may reasonably require information while this policy is in force and for 2 years after this policy terminates. You must also allow us to examine these records at any reasonable time during normal business hours.
3. Upon our request, you will deliver any required notices regarding this insurance to certificate holders.

### **ENTIRE POLICY**

The entire policy consists of this group contract; any attached rider(s), amendment(s), or endorsement(s); any schedule(s); and the Application for Group Insurance form. For all purposes related to the coverage issued under this policy, you act as an agent of the certificate holder. Therefore, you do not act as our agent for any purposes related to coverage provided under this policy.

### **POLICY INCONTESTABILITY**

Any statement made by you will be considered a representation and not a warranty. We rely on the statements made in the Application for Group Insurance form for this policy. We will not use any statement you make to void this policy after it has been in force for 2 years from the date of issue.

### **CLERICAL ERROR**

If any clerical error is made by us or you, the premiums and/or benefits will be adjusted according to the correct data. An error will not end insurance validly in force, nor will it continue insurance validly terminated. Complete proof must be supplied by you documenting any clerical errors.

### **TIME PERIODS**

All periods affecting this policy begin and end at 12:01 a.m. at your address of record.

All periods affecting the certificate holder's coverage begin and end at 12:01 a.m. at his or her address of record.

### **CHANGE(S) IN THIS POLICY**

The terms of this policy may not be changed unless one of our executive officers approves it in writing. Any approved change will be added to this policy in writing.

This policy will automatically comply with any state or federal law or regulation, including tax law, as of the effective date of such law or regulation, even if we have yet not notified you of the change or this policy has not yet been amended.

### **EFFECTIVE DATE OF CHANGES**

Unless we agree otherwise in writing, the effective date of any change in benefits offered under this policy will be the first day of the month that immediately follows the date we send notice of the change in benefits and corresponding change in premium rates.

## **POLICYHOLDER PROVISIONS (Continued)**

### **COMPLIANCE WITH FEDERAL LAWS**

We reserve the right to amend this policy to comply with:

1. requirements of the Internal Revenue Code (IRC);
2. any regulations or rulings issued by the Internal Revenue Service (IRS); and
3. any other requirements imposed by the IRS.

We will give the policyholder a copy of any such amendment(s).

This policy is intended to qualify as life insurance under the IRC. Accordingly, the provisions of this policy are to be interpreted, and will be administered by us, to ensure tax qualification.

### **TERMINATION OF THIS POLICY**

This policy and all attached rider(s) will terminate at the earliest of the following events:

1. if any premium payable is not paid within the policy grace period, this policy will terminate on the 32<sup>nd</sup> day after the premium due date;
2. if you submit a 60-day advance notice to us to terminate this policy, this policy will terminate on the date specified in such request;
3. if we give you a 60-day advance written notice that we intend to terminate this policy, this policy will terminate on the day specified in such notice;
4. if you fail to comply with any of the terms of this policy, or fail to fulfill any obligations under or pertaining to this insurance, or fail to comply with or cooperate with us in satisfying the requirements of any applicable law or regulation pertaining to this insurance, this policy will terminate on the 32<sup>nd</sup> day after we have given you notice of our intent to terminate; or
5. if the number of employees or members who become insured under this policy during any 12 month period does not meet the minimum participation requirement shown in the Policy Specifications, we have the right to terminate this policy on the 32<sup>nd</sup> day after we have given you written notice of our intent to terminate.

If this policy ends, you are responsible for giving written notice of the termination to all certificate holders as soon as reasonably possible.

If this policy ends, all premiums due must be paid. Our acceptance of premium after this policy ends will not act to reinstate this policy. We will refund any unearned premium.

### **INSPECTION OF THIS POLICY**

You must make this policy available for inspection by your employees or members at all reasonable times during normal business hours.

### **CERTIFICATES**

We will provide to you a certificate for delivery to each certificate holder. The certificate will provide a description of the insurance provided by this policy and will state:

1. the essential features of the insurance coverage; and
2. to whom benefits are payable.

If there is any discrepancy between the provisions of a certificate or any attached certificate rider(s) and the provisions of this policy or any attached policy rider(s), the provisions of this policy and any attached policy rider(s) govern.

## **PREMIUMS**

### **PAYMENT OF PREMIUMS**

You must pay to us the sum of all premiums collected and due for each insured covered under this policy. Premiums are due and payable to us on each premium due date, subject to the Policy Grace Period provision. The first premium due date is the policy effective date.

### **POLICY GRACE PERIOD**

This policy will remain in force during the policy grace period, unless you have given us advance written notice of intent to end coverage under this policy in accordance with the terms of this policy. You will be liable to us for the payment of premium through the end of the policy grace period.

If you replace this policy with another policy but do not give us written notice of intent to end this policy, this provision will apply.

We may extend the policy grace period by giving to you written notice of such intent. Such notice will specify the date this policy will end if the premium remains unpaid. Premiums must be paid for any policy grace period, any extension of such period, and any period for which coverage under this policy was in force and premium was not paid.

### **NON-PAYMENT OF PREMIUM**

Unless all required premium payments are made, this policy and all attached rider(s) will terminate, subject to the Policy Grace Period provision. In no event will any additional benefit(s) or rider(s) continue beyond the termination date set forth in those benefit(s) and/or rider(s).

### **CHANGE IN PREMIUM RATES**

We have the right to change the premium rates on any premium due date after the first, subject to any premium rate guarantee you have with us. We will provide you with a 60-day advance written notice of any change in premium rates.

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## **ELIGIBILITY**

### **EVIDENCE OF INSURABILITY**

We may ask for evidence of insurability if the employee or member:

1. is applying for an amount of coverage over the applicable Guaranteed Issue Limit or Contingent Guaranteed Issue Limit;
2. is applying for coverage, or an increase in the amount of coverage, at any time after his or her initial enrollment period;
3. does not enroll an eligible spouse for coverage within 31 days of eligibility;
4. does not enroll an eligible child for coverage within 31 days of eligibility; or
5. applies for reinstatement of coverage after such coverage has terminated.

The cost of providing such evidence will be at our expense.

### **ELIGIBILITY OF AN EMPLOYEE OR MEMBER FOR COVERAGE**

An employee or member is eligible to enroll for coverage under this policy, if he or she:

1. meets the definition of an employee or member; and
2. has completed any eligibility waiting period as shown in the Policy Specifications.

### **ELIGIBILITY OF A SPOUSE FOR COVERAGE**

An employee or member will be eligible to enroll for coverage on his or her spouse on the later of the date his or her spouse:

1. first becomes eligible and the employee or member applies for his or her own coverage under this policy; or
2. first meets the definition of spouse.

### **ELIGIBILITY OF CHILD(REN) FOR COVERAGE**

An employee or member will be eligible to enroll for coverage on his or her child(ren) on the later of the date his or her child:

1. first becomes eligible and the employee or member applies for his or her own coverage under this policy; or
2. first meets the definition of child.

In the event that an employee or member and his or her spouse are both covered under this policy as insureds, any child or children will, if otherwise eligible, be covered as a child of one parent only.

## **EFFECTIVE DATE OF COVERAGE**

Coverage for each eligible employee or member will be effective at 12:01 a.m. on the effective date shown in the certificate issued to him or her provided that he or she is actively employed on that date.

If the employee or member is not actively employed on that date due to a temporary layoff, leave of absence, or Family and Medical Leave of Absence, coverage begins on the date he or she returns to active employment.

Coverage for each eligible dependent will be effective at 12:01 a.m. on the effective date shown in the certificate issued to the certificate holder provided that the employee or member is actively employed on that date.

Coverage for certificate rider(s) added after the effective date that are subject to evidence of insurability will be effective on the date we approve the addition of the certificate rider(s).

Coverage for certificate rider(s) added after the effective date that are not subject to evidence of insurability will be effective on the monthly date after we receive the request to add the certificate rider(s).

Coverage changes to remove rider(s) will take effect on the monthly date that immediately follows the date the employee or member requests the removal, but will not affect a payable claim that occurs prior to the effective date of the removal.

## **CERTIFICATE PROVISIONS MADE PART OF THIS POLICY**

The remainder of this policy consists of the provisions that will appear in the certificate, including any rider(s), endorsement(s), or amendment(s). The certificate describes the insurance made available under this policy to your employees or members and their eligible dependents.

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**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

**HOME OFFICE:**

**1776 AMERICAN HERITAGE LIFE DRIVE**

**JACKSONVILLE, FLORIDA 32224-6687**

**[www.allstatebenefits.com](http://www.allstatebenefits.com)**

**(904) 992-1776**

**A Stock Company**

**AMERICAN HERITAGE LIFE INSURANCE COMPANY**  
**ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER**  
Provides for the Advance of a Portion of the Death Benefit due to Terminal Illness  
The benefit you receive under this rider may be taxable.  
Consult with your personal tax advisor.

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

**DEFINITIONS**

**Current Discount Rate.** The greater of the 90 day Treasury Bill or Moody's Corporate Bond Yield Average-Monthly Average.

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

**Certificate.** The certificate to which this rider is attached.

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

**Terminal Illness.** An illness or physical condition:

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

**PAYMENT OF BENEFITS**

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

1. your written election of the death benefit advance; and
2. the written consent of any irrevocable beneficiary or any assignee, that you may elect the death benefit advance; and
3. a written opinion of the insured's physician that states the diagnosis of the insured's medical condition and that such medical condition is a terminal illness as defined in this rider; and
4. approval by our medical director.

The death benefit advance can only be elected on certificates (excluding term riders) that are more than 2 years away from their termination date(s) on the date we receive the written election.

If death benefit option 2 is in effect, we will change it to death benefit option 1 prior to making the death benefit advance.

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

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

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

Any amount later payable under the certificate from the fund value or as a surrender, or available for certificate loan, is reduced by the same proportion as the death benefit amount.

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

The death benefit advance amount payable to you is reduced:

1. first by any pro-rata loan; then
2. the remaining sum is discounted at the current discount rate.

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

If you elect this benefit on more than one certificate that the insured has with us, we retain the right to utilize the death benefit of one certificate completely prior to using another certificate.

**Waiver of Monthly Deductions Benefit.** We waive monthly deductions for the certificate and any riders attached to the certificate if the death benefit advance is paid. This waiver of monthly deductions benefit is in addition to any other premium waiver benefit provided by the certificate or a rider attached to the certificate.

Waiver of monthly deductions will:

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

#### **TERMINATION**

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

1. the monthly date on or next following the date we receive a written termination request by the owner; or
2. the date the insured attains age 93; or
3. the date the certificate matures, expires, is surrendered or otherwise terminates.

#### **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 that may be referred to in the certificate.

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



Secretary



President

**Home Office**  
American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224



# AMERICAN HERITAGE LIFE INSURANCE COMPANY

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

## ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER OUTLINE OF COVERAGE

Rider Form Number: GULTC2MO

**CAUTION:** The issuance of the rider is based on your responses to the questions on your enrollment form and/or evidence of insurability form. A copy of your enrollment form and/or evidence of insurability form is attached. If your answers are incorrect or untrue, then we have the right to deny benefits or to rescind your coverage under the rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect or untrue, please contact us at the address shown above.

**NOTICE TO BUYER:** The 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 limitations of the rider as well as those of the certificate to which it is attached.

1. This coverage is a rider that is issued through a group life plan in Missouri.
2. **PURPOSE OF OUTLINE OF COVERAGE.** This outline of coverage provides you with a very brief description of the important features of the rider. You should compare this outline of coverage to outlines of coverage for other policies available to you. This is not an insurance contract, but only a summary of coverage. Only the Accelerated Death Benefit for Long Term Care Rider and the certificate it is attached to contain governing contractual provisions. This means that the certificate and the rider set 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 LIFE INSURANCE CERTIFICATE AND ALL RIDERS CAREFULLY.**
3. **FEDERAL TAX CONSEQUENCES.** The rider is intended to be 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 the rider is issued. The rider is NOT qualified long term care insurance.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED.**  
**Continuation of Coverage.** If the insured loses eligibility for the coverage provided under the rider for any reason other than non-payment of premiums, the certificate holder will have the option to continue coverage, on the same basis as the certificate to which the rider is attached.  
  
**Waiver of Monthly Deductions.** For each certificate month you receive monthly benefits under the rider, we will waive the monthly deductions for the certificate and all riders attached to the certificate.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** The annual premium for the rider will be shown on the certificate specifications page. The monthly cost of insurance will be deducted from the certificate's fund value on each monthly date and is based on the certificate's specified amount on each monthly date. The premium quoted at issue of the rider will not be changed.
6. **TERMS UNDER WHICH THE RIDER MAY BE RETURNED AND PREMIUM REFUNDED.** The rider may be cancelled by a written request from you at any time. Cancellation will take effect on the date of death or the date we receive the written request for cancellation at our Home Office. We will refund a pro rata part of any premium paid for the rider beyond that date.
7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from us. Neither American Heritage Life Insurance Company nor its agents represent Medicare, the federal government, or any state government.

8. **ACCELERATED DEATH BENEFIT FOR LONG TERM CARE COVERAGE.** Coverage in this category is 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. The rider provides coverage in the form of a fixed dollar indemnity benefit, by accelerating the death benefits available under your certificate, for covered long term care expenses, subject to rider limitations and requirements. After our receipt of written proof acceptable to us that the insured has satisfied the conditions stated in the Conditions on Eligibility for Benefits provision, you may choose to receive a portion of the death benefit while the insured is still alive and while the certificate and rider are in force, until the entire current death benefit provided by the certificate has been paid out.

9. **BENEFITS PROVIDED UNDER THE RIDER.**

**Conditions on Eligibility for Benefits.** Eligibility for benefits under the rider is satisfied when all of the following conditions are met:

- a. the insured is chronically ill;
- b. the certificate and rider are in force;
- c. the insured has satisfied the elimination period;
- d. the insured has used qualified long term care services and been chronically ill during the last 180 consecutive days;
- e. 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;
- f. the insured:
  - i. is confined in a nursing care or assisted living facility and the confinement begins while the rider is in force;
  - ii. 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 the rider is in force; or
  - iii. 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 the rider is in force;
- g. the insured incurred charges for qualified long term care services which are included in the insured's plan of care; and
- h. 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 the rider.

We may periodically require certification that the insured is chronically ill, but not more than once every 90 days.

We will not simultaneously pay benefits under the 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.

There are two types of qualified long term care services under the rider:

**Qualified Confined Care Services.** We will pay 4% of the death benefit amount at the beginning of the period of care for 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 Non-Confined Care Services.** We will pay 4% of the death benefit amount at the beginning of the period of care for 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.

The applicable percentage of the death benefit amount that we will pay will be based on the death benefit amount of the certificate as of the monthly date immediately following the date the insured first became eligible for payment of rider benefits. The total benefits that will be paid under the rider will not exceed this death benefit amount minus any death benefit advance and outstanding certificate debt. If the insured receives qualified long term care services for only a portion of the monthly benefit period, we will pay a pro-rata benefit for the portion of the month the benefits were received. The pro-rata benefit for confined care is 1/30<sup>th</sup> of the full monthly benefit for Qualified Confined Care Services for each day of confinement. The pro-rata benefit for non-confined care is 1/4<sup>th</sup> of the Qualified Non-Confined Care Services for each day of non-confined care up to 3 days. We will deduct a proportional repayment of any outstanding certificate debt from the monthly accelerated death benefit amount.

**Definitions.** These are some of the important definitions that will help you understand the Conditions on Eligibility for Benefits provision. Please review the rider for further information.

- a. **Activities of daily living (ADLs)** mean activities used to measure the insured's impairment due to being chronically ill. ADLs are any of the following:
  - i. Bathing – washing oneself by sponge bath; or in either a tub or shower, including the act of getting into and out of the tub or shower, with or without the aid of equipment.
  - ii. 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.
  - iii. Dressing – putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
  - iv. Eating – feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
  - v. Toileting – getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
  - vi. Transferring – the ability to move into or out of a bed, chair or wheelchair.
- b. **Chronically ill** means the insured has been certified by a licensed health care practitioner within the preceding 12-month period as:
  - i. being unable to perform, without substantial assistance from another individual, at least 2 ADLs for a period of at least 90 days due to a loss of functional capacity; or
  - ii. requiring substantial supervision to protect oneself from threats to health and safety due to cognitive impairment.
- c. **Cognitive impairment** means a deficiency in the insured's:
  - i. short or long term memory;
  - ii. orientation as to person, place and time;
  - iii. deductive or abstract reasoning; or
  - iv. judgment as it relates to safety awareness.

This deficiency must be to such a degree as to require supervision 24 hours a day to maintain the safety of the insured or others. A diagnosis of cognitive impairment must be confirmed by clinical evidence and testing that reliably measures impairment.

- d. **Elimination period** means the number of days at the beginning of a period of care for which benefits are not payable under the rider. The number of days in the elimination period for the rider is 90. In order for a day to count as a day in the elimination period, the following requirements must be met:
  - i. the insured is chronically ill; and
  - ii. charges must be incurred for the qualified long term care services of the insured.

10. **LIMITATIONS AND EXCLUSIONS.** We will not pay benefits under the rider for that portion of any day of qualified long term care services that are:

- a. provided as a result of mental or emotional disorder (except for Alzheimer's Disease, or similar forms of senility or senile dementia that are of organic origin);
- b. provided as a result of alcoholism or drug addiction;
- c. provided as a result of illness, treatment or medical conditions arising out of:
  - i. war or act of war (whether declared or undeclared);
  - ii. participation in a felony, riot or insurrection;
  - iii. service in the armed forces or units auxiliary thereto; or
  - iv. suicide (while sane) or attempted suicide for one year after the rider effective date; or
  - v. intentionally self-inflicted injury;
- d. 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
- e. received outside the United States or its territories.

**Pre-existing Condition Limitation.** We do not pay benefits under the rider for a period of care that begins in the first 6 months after the rider effective date if a pre-existing condition causes the insured to be chronically ill. This limitation does not apply to a period of care that begins more than 6 months after the rider effective date that is caused by a pre-existing condition.

A pre-existing condition is a condition, including a condition not diagnosed or identified, for which:

- a. symptoms existed within 6 months before the rider effective date; or
- b. medical advice or treatment was recommended by or received from a physician or other member of the medical profession within 6 months before the rider effective date.

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

11. **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 the plan may be adjusted. The rider is level and will not increase over time. There is no inflation protection available with the rider.
12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS.** The rider provides coverage for insureds clinically diagnosed as having Alzheimer's Disease or related degenerative and dementing illnesses. These illnesses are covered to the same extent as long as they meet the requirements of the rider.
13. **PREMIUMS.** The monthly cost of insurance for the 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.
14. **ADDITIONAL FEATURES.**
  - a. The rider is issued or declined based on your responses to the questions on your enrollment form and/or evidence of insurability form. Issuance of the rider is contingent upon medical underwriting of the life insurance certificate to which the rider is attached.
  - b. **Impact on Certificate Values.** The death benefit, death benefit amount, fund value, surrender value, net surrender value, surrender charge, certificate debt and the specified amount will be reduced. 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 the rider. The specified amount will be reduced by the monthly accelerated death benefit amount. 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. 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.

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

- i. no changes may be made to the specified amount and death benefit option of the certificate; and
- ii. no change may be made to existing riders nor may new riders be added; and
- iii. 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 the rider. If the certificate's the death benefit amount has been totally accelerated, then the certificate and any rider(s) will terminate with no further benefits payable.

15. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG TERM CARE INSURANCE. CONTACT US IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER.**

16. **ILLUSTRATIVE EXAMPLE.** Below is a sample illustration of the effect of exercising the accelerated death benefit option for qualified confined care services:

	Specified Amount	Death Benefit Amount	Accelerated Death Benefit Amount	Fund Value	Surrender Charge	Certificate Debt
Before payment of the Accelerated Death Benefit	\$50,000	\$50,000	\$0	\$3,000	\$550	\$800
After payment of the Accelerated Death Benefit	\$48,000	\$48,000	\$2,000	\$2,880	\$528	\$768

The net monthly accelerated death benefit amount equals the monthly accelerated death benefit amount minus a pro-rata portion of the certificate debt, or \$1,968 in this example.

While qualified long term care services are being paid, monthly deductions for the certificate will be waived.

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## SUMMARY OF ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER (FORM GULTC2MO)

### Explanation of Interaction of Rider Benefits with Other Components of Certificate

At the end of each monthly benefit period for which a monthly benefit is paid, the death benefit will be reduced by the amount of the monthly benefit. This will be accomplished by reducing the death benefit amount, fund value, surrender value, net surrender value, surrender charge, certificate debt, and specified amount by the same percentage the death benefit is reduced. The surrender charge will be reduced by reducing the maximum surrender charge for the initial specified amount and any increases in specified amount by the same percentage.

If the certificate's specified amount is reduced to zero as a result of a monthly benefit being payable under the rider, then the certificate, the rider, and any other riders attached to the certificate terminate. The termination is effective the day after the last day of the monthly benefit period for which this monthly benefit is payable.

We waive cost of insurance charges for the rider which become due during any monthly benefit period for which a non-zero monthly benefit is payable.

If the certificate's the death benefit amount has been totally accelerated, then the certificate and any rider(s) will terminate with no further benefits payable. If the certificate to which the rider is attached terminates, for any reason, then the rider terminates and no more benefits are payable from the rider. The certificate will terminate if its maturity date is reached, if it lapses, if it is surrendered, or if it otherwise terminates.

Any long term care inflation protection option required by law is not available under the rider.

### Illustration of Amount and Length of Rider Benefits

This is an example of the amount and length of benefits which could be received from the rider. This example assumes that the certificate's death benefit is \$50,000 when the rider claim begins, the certificate's death benefit does not change except as a result of benefits being paid by the rider, and the elimination period for the rider is 90 days. This example also assumes that the insured receives qualified non-confined care services every other day from March 6, 2019 through September 30, 2019, qualified non-confined care services every day from October 1, 2019 through December 31, 2019, and qualified confined care services every day of January 2020, fourteen (14) days in February 2020, and every day from March 1, 2020 and thereafter.

All of these assumptions affect the amount and length of benefits received from the rider in a very important way. If the actual situation differs from the assumptions in this example, so will the benefits received.

In this example, the 90-day elimination period is satisfied on August 31, 2019, after there are 90 days during which the insured receives qualified long-term care services. Since the elimination period is satisfied on the last day of August 2019, monthly benefit periods begin on the first day of each month and end on the last day of the same month. The maximum monthly benefit is determined on August 31, 2019 (the day the elimination period is satisfied) as 4% of the death benefit (\$50,000), which is \$2,000.

Assuming the insured receives qualified non-confined long-term care services every other day during September 2019, the monthly benefit for September 2019 is \$2,000. This is calculated as the maximum monthly benefit of \$2,000 since at least 4 days of qualified non-confined care were received during the month.

Assuming the insured receives qualified non-confined long-term care services every day during October 2019, the monthly benefit for October 2019 is \$2,000. This is calculated as the maximum monthly benefit of \$2,000 since at least 4 days of qualified non-confined care were received during the month.

Assuming the insured receives qualified non-confined long-term care services every day during November 2019 and December 2019, the monthly benefit for these months is \$2,000 each. These calculations are identical to the calculation for October 2019.

Assuming the insured receives qualified confined long-term care services every day during January 2020, the monthly benefit for January 2020 is \$2,000. This is calculated as the maximum monthly benefit of \$2,000 multiplied by 1.0, the portion of the month for which qualified confined care was received.

Assuming the insured receives qualified confined long-term care services for 14 days during February 2020, the monthly benefit for February 2020 is \$1,000. This is calculated as the maximum monthly benefit of \$2,000 multiplied by 0.5, the portion of the month for which qualified confined care was received (14 days divided by 28 days).

The monthly benefit for March 2020 through September 2021 is \$2,000 each. These calculations are identical to the calculation for January 2020.

The monthly benefit for October 2021 is \$1,000. The benefit for this month is also calculated in an identical manner to January 2021, except that the benefit is limited to the death benefit of the certificate at the time, which is \$1,000. (The death benefit is reduced each month a benefit is paid by the amount of the monthly benefit.)

After the October 2021 payment, \$50,000 of payments have been made over a period of 26 months which began once the elimination period is satisfied. The death benefit and other values of the certificate have been reduced each month a benefit was paid and are now zero. As a result of this, the certificate, the rider, and any other riders attached to the certificate terminate.

### **Exclusions, Reductions, and Limitations on Benefits**

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

1. the insured is chronically ill;
2. the certificate and rider are in force;
3. the insured has satisfied the elimination period;
4. the insured has used qualified long term care services and been chronically ill during the last 180 consecutive days;
5. 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;
6. the insured:
  - a. is confined in a nursing care or assisted living facility and the confinement begins while the rider is in force;
  - 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 the 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 the rider is in force;
7. the insured incurred charges for qualified long term care services which are included in the insured's plan of care; 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 the rider.

We may periodically require certification that the insured is chronically ill, but not more than once every 90 days.

We will not simultaneously pay benefits under the 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.

The accelerated death benefit is voluntary and is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, the accelerated death benefit is not available if the insured is:

1. required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
2. required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

We do not pay benefits under the rider for a period of care that begins in the first 6 months after the rider effective date if a pre-existing condition causes the insured to be chronically ill. This limitation does not apply to a period of care that begins more than 6 months after the rider effective date that is caused by a pre-existing condition. A pre-existing condition is a condition, including a condition not diagnosed or identified, for which:

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

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

1. provided as a result of mental or emotional disorder (except for Alzheimer's Disease, or similar forms of senility or senile dementia that are of organic origin);
2. provided as a result of alcoholism or drug addiction;
3. provided as a result of illness, treatment or medical conditions arising out of:
  - a. war or act of war (whether declared or undeclared);
  - b. participation in a felony, riot or insurrection;
  - c. service in the armed forces or units auxiliary thereto; or
  - d. suicide (while sane) or attempted suicide for one year after the rider effective date; or
  - e. intentionally self-inflicted injury;
4. 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. received outside the United States or its territories.

### **Effect of Exercising Rights Under the Certificate**

The certificate may provide rights which will affect the benefits available from the rider and the charges made to the certificate for the rider. Certificate loans, certificate loan repayments, partial surrenders, specified amount changes, and death benefit option changes will generally change the certificate's death benefit, the certificate's specified amount, or both. Therefore, any of these actions will affect the benefits available from the rider, the charges made to the certificate for the rider, or both.

### **Long Term Care Cost of Insurance Charge Guarantee**

The monthly cost of insurance for the 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. As long as the rider remains in force, the monthly cost of insurance rate for the rider per thousand of the certificate's specified amount is guaranteed not to change from the rate which applies when the rider is issued.

### **Maximum Lifetime Benefits**

The maximum lifetime benefit which can be received from the rider is the death benefit of the certificate to which the rider is attached.



**NOTICE OF PROTECTION PROVIDED BY  
MISSOURI LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a *brief summary* of the Missouri Life and Health Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Missouri law, which determines who and what is covered and the amounts of coverage. The Association was established to provide protection in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Missouri law, with funding from assessments paid by other insurance companies. (For the purposes of this notice, the terms "insurance company" and "insurer" include Health Maintenance Organizations (HMOs).)

The basic protections provided by the Association are as follows:

- Life Insurance
  - \$300,000 in death benefits, but not more than \$100,000 in net cash surrender and net cash withdrawal values
- Health Insurance
  - \$500,000 for health benefit plans
  - \$300,000 in disability insurance benefits
  - \$300,000 in long-term care insurance benefits
  - \$100,000 in other types of health insurance benefits
- Annuities
  - \$250,000 in the present value of annuity benefits, including net cash surrender and net cash withdrawal values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is as follows:

- \$300,000 in aggregate for all types of coverage listed above, with the exception of health benefit plans
- \$500,000 in aggregate for health benefit plans
- \$5,000,000 to one policy owner of multiple nongroup policies of life insurance, whether the policy owner is an individual, firm, corporation, or other person, and whether the persons insured are officers, managers, employees, or other persons

"Health benefit plan" is defined in section 376.718, RSMo.

*Note: Certain policies and contracts may not be covered or fully covered.* For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Missouri law.

Benefits provided by a long-term care (LTC) rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the basic life insurance policy or annuity contract to which it relates.

To learn more about the above protections, as well as protections relating to group contracts or retirement plans, please visit the Association's website at [www.mo-iga.org](http://www.mo-iga.org), or contact:

Missouri Life and Health Insurance Guaranty Association  
2210 Missouri Boulevard  
Jefferson City, Missouri 65109  
Ph.: 573-634-8455  
Fax: 573-634-8488

Missouri Department of Commerce and Insurance  
301 West High Street, Room 530  
Jefferson City, Missouri 65101  
Ph.: 573-522-6115

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



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

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

A Stock Company

**GROUP FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE CERTIFICATE**

This certificate is issued to you as evidence of your insurance under the policy issued to the policyholder. 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.

This certificate may include enrollment, risk management, and other support services related to the policyholder's benefit program.

The policy is delivered in and is governed by the laws of the governing jurisdiction and, to the extent applicable, by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

**PLEASE READ THIS CERTIFICATE CAREFULLY!**

**RIGHT TO EXAMINE COVERAGE**

If for any reason you are not satisfied with this coverage, return it to us or to our agent. If this certificate is returned within 31 days after you receive it, we will return all premiums paid and the coverage is void. If you return this certificate, please note on it in writing: This coverage is returned for rescission and refund of premium. If you have a complaint, an inquiry, or need to obtain information regarding this coverage, you may call us toll-free at 1-800-521-3535.

Signed for American Heritage Life Insurance Company at its home office in Jacksonville, Florida.

A handwritten signature in black ink, appearing to read "Kurt V. ...".

Secretary

A stylized handwritten signature in black ink, consisting of a few bold, sweeping strokes.

President

**GROUP FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE  
FLEXIBLE PREMIUMS PAYABLE DURING THE LIFE OF THE INSURED UNTIL MATURITY DATE  
NET SURRENDER VALUE, IF ANY, PAID TO THE CERTIFICATE HOLDER ON THE MATURITY DATE IF  
THE INSURED IS LIVING ON THAT DATE  
DEATH BENEFIT PAYABLE AT DEATH OF INSURED PRIOR TO MATURITY DATE  
NON-PARTICIPATING – NO DIVIDENDS**

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# AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224

## CERTIFICATE SPECIFICATIONS

DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	NUMBER OF YEARS PREMIUM PAYABLE	ANNUAL PREMIUM AMOUNT
LIFE INSURANCE		54	\$2,286.00
ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER			
ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER			\$114.00
CONFINEMENT PERCENTAGE	4%		
NON-CONFINED CARE PERCENTAGE	4%		

\*IT IS POSSIBLE THAT COVERAGE MAY NOT CONTINUE TO THE MATURITY DATE EVEN IF SCHEDULED PREMIUMS ARE PAID IN A TIMELY MANNER. IF COVERAGE CONTINUES TO THE MATURITY DATE, THERE MAY BE LITTLE OR NO NET SURRENDER VALUE.

SEE PAGE 3A FOR ADDITIONAL CERTIFICATE SPECIFICATIONS.

The effective date and issue age of each benefit is the Certificate Effective Date and Issue Age of this Certificate unless otherwise specified.

### TOTAL PREMIUMS

The Total Premiums include the charge for any additional benefits.

MONTHLY PLANNED PERIODIC PREMIUM: \$200.00

Premium Payment Method: PAYROLL ALLOTMENT	Premium Class: NON-TOBACCO
INSURED: APP TEST	CERTIFICATE NUMBER: P204931U
CERTIFICATE EFFECTIVE DATE: MAY 01, 2021	ISSUE AGE: M 41
INITIAL SPECIFIED AMOUNT: \$200,000	*MATURITY DATE: MAY 01, 2075
MINIMUM SPECIFIED AMOUNT: \$10,000	DEATH BENEFIT OPTION - 1
INITIAL MINIMUM MONTHLY PREMIUM: \$146.00	POLICY NUMBER: 18667
MINIMUM MONTHLY PREMIUM PERIOD: 5 YEARS	
BENEFICIARY: AS NAMED AT ENROLLMENT OR AS LATER CHANGED.	

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

1776 American Heritage Life Drive, Jacksonville, Florida 32224

## CERTIFICATE SPECIFICATIONS

CERTIFICATE VALUES WILL VARY AND COVERAGE MAY CEASE PRIOR TO THE MATURITY DATE DEPENDING ON CHANGES IN INTEREST RATES, COST OF INSURANCE RATES, AND THE FREQUENCY, TIMING, AND AMOUNT OF YOUR PREMIUM PAYMENTS. EVEN IF COVERAGE CONTINUES TO THE MATURITY DATE, THERE MAY BE LITTLE OR NO NET SURRENDER VALUE.

GUARANTEED MINIMUM INTEREST RATE:

MONTHLY RATE: 0.24663%  
ANNUAL RATE: 3.000%

DEATH BENEFIT DISCOUNT FACTOR: 1.0024663

MONTHLY FEE: \$2.00 FOR ALL YEARS

MAXIMUM PERCENT OF PREMIUM CHARGE: 7.5%

MONTHLY PER THOUSAND CHARGE: SEE PAGE 14

THE SURRENDER CHARGES FOR THE INITIAL SPECIFIED AMOUNT ARE AS FOLLOWS:

YEAR 1	\$3,000.00
YEAR 2	\$3,000.00
YEAR 3	\$3,000.00
YEAR 4	\$2,400.00
YEAR 5	\$1,800.00
YEAR 6	\$1,500.00
YEAR 7	\$1,500.00
YEAR 8	\$1,500.00
YEAR 9	\$1,500.00
YEAR 10	\$1,500.00
YEAR 11	\$1,500.00
YEAR 12	\$1,500.00
YEAR 13	\$1,350.00
YEAR 14	\$1,200.00
YEAR 15	\$1,050.00
YEAR 16	\$900.00
YEAR 17	\$750.00
YEAR 18	\$600.00
YEAR 19	\$300.00
YEARS 20+	\$0.00

PARTIAL SURRENDER SERVICE CHARGE: \$25.00

GUIDELINE SINGLE PREMIUM: \$35,696.10  
GUIDELINE LEVEL PREMIUM: \$3,007.84

ASSUMING MAXIMUM COST OF INSURANCE RATES ARE CHARGED, THE MINIMUM INTEREST RATE IS CREDITED AND THE PLANNED PERIODIC PREMIUM IS PAID, YOUR CERTIFICATE WILL LAPSE IN THE CERTIFICATE YEAR WHICH ENDS IN 2062.

BASIS OF RESERVES ON THE CERTIFICATE  
EFFECTIVE DATE:

2017 COMMISSIONERS STANDARD  
ORDINARY, AGE LAST BIRTHDAY,  
NON-SMOKER,  
3.50% INTEREST

LOAN INTEREST RATE: 8.00%

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES  
TOBACCO USER RATES**

ATTAINED AGE	RATE PER \$1000	ATTAINED AGE	RATE PER \$1000	ATTAINED AGE	RATE PER \$1000	ATTAINED AGE	RATE PER \$1000
0	0.0200	24	0.0825	48	0.3475	72	3.4725
1	0.0125	25	0.0825	49	0.3750	73	3.8325
2	0.0100	26	0.0825	50	0.4025	74	4.2050
3	0.0100	27	0.0825	51	0.4350	75	4.5825
4	0.0075	28	0.0800	52	0.4725	76	4.9575
5	0.0075	29	0.0800	53	0.5150	77	5.3325
6	0.0075	30	0.0825	54	0.5625	78	5.7150
7	0.0075	31	0.0875	55	0.6150	79	6.1250
8	0.0075	32	0.0925	56	0.6750	80	6.5725
9	0.0075	33	0.1000	57	0.7450	81	7.0525
10	0.0075	34	0.1075	58	0.8225	82	7.6675
11	0.0075	35	0.1175	59	0.9125	83	8.4750
12	0.0100	36	0.1275	60	1.0175	84	9.4025
13	0.0150	37	0.1400	61	1.1350	85	10.4675
14	0.0225	38	0.1550	62	1.2675	86	11.6825
15	0.0350	39	0.1750	63	1.4125	87	13.0500
16	0.0475	40	0.1975	64	1.5750	88	14.5400
17	0.0650	41	0.2200	65	1.7500	89	16.1200
18	0.0650	42	0.2400	66	1.9375	90	17.7525
19	0.0700	43	0.2600	67	2.1350	91	19.3900
20	0.0725	44	0.2725	68	2.3450	92	21.0075
21	0.0750	45	0.2875	69	2.5775	93	22.5625
22	0.0775	46	0.3050	70	2.8400	94	23.9800
23	0.0800	47	0.3250	71	3.1400		

**GUARANTEED BASIS OF VALUES**

**Cost of Insurance Rates:** 2017 Commissioners' Standard Ordinary  
Mortality Table, Male Smoker

**Interest Rate:** 3.0%

**TABLE OF GUARANTEED MAXIMUM MONTHLY COST OF INSURANCE RATES  
NON-TOBACCO USER RATES**

ATTAINED AGE	RATE PER \$1000	ATTAINED AGE	RATE PER \$1000	ATTAINED AGE	RATE PER \$1000	ATTAINED AGE	RATE PER \$1000
0	0.0200	24	0.0675	48	0.1750	72	1.4950
1	0.0125	25	0.0650	49	0.1825	73	1.6975
2	0.0100	26	0.0550	50	0.1925	74	1.9250
3	0.0100	27	0.0500	51	0.2100	75	2.1750
4	0.0075	28	0.0500	52	0.2300	76	2.4525
5	0.0075	29	0.0450	53	0.2500	77	2.7600
6	0.0075	30	0.0450	54	0.2725	78	3.1075
7	0.0075	31	0.0475	55	0.2925	79	3.5075
8	0.0075	32	0.0500	56	0.3125	80	3.9750
9	0.0075	33	0.0550	57	0.3325	81	4.5125
10	0.0075	34	0.0650	58	0.3525	82	5.1325
11	0.0075	35	0.0750	59	0.3800	83	5.8550
12	0.0100	36	0.0875	60	0.4150	84	6.7050
13	0.0150	37	0.1000	61	0.4575	85	7.7025
14	0.0225	38	0.1075	62	0.5100	86	8.8650
15	0.0350	39	0.1150	63	0.5675	87	10.2150
16	0.0475	40	0.1200	64	0.6325	88	11.7350
17	0.0650	41	0.1275	65	0.7000	89	13.4025
18	0.0650	42	0.1375	66	0.7750	90	15.1900
19	0.0675	43	0.1450	67	0.8550	91	17.0425
20	0.0700	44	0.1500	68	0.9450	92	18.9325
21	0.0700	45	0.1550	69	1.0500	93	20.8025
22	0.0675	46	0.1600	70	1.1750	94	22.5625
23	0.0675	47	0.1675	71	1.3225		

**GUARANTEED BASIS OF VALUES**

**Cost of Insurance Rates:** 2017 Commissioners' Standard Ordinary  
Mortality Table, Male Non-Smoker

**Interest Rate:** 3.0%

**TABLE OF REDUCED PAID-UP NET SINGLE PREMIUMS  
TOBACCO USER**

ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM
0	N/A	24	\$0.23468	48	\$0.43850	72	\$0.72324
1	N/A	25	\$0.24096	49	\$0.44934	73	\$0.73410
2	N/A	26	\$0.24743	50	\$0.46040	74	\$0.74467
3	N/A	27	\$0.25410	51	\$0.47166	75	\$0.75497
4	N/A	28	\$0.26098	52	\$0.48310	76	\$0.76507
5	N/A	29	\$0.26810	53	\$0.49473	77	\$0.77506
6	N/A	30	\$0.27543	54	\$0.50652	78	\$0.78502
7	N/A	31	\$0.28297	55	\$0.51848	79	\$0.79502
8	N/A	32	\$0.29072	56	\$0.53057	80	\$0.80510
9	N/A	33	\$0.29865	57	\$0.54279	81	\$0.81528
10	N/A	34	\$0.30677	58	\$0.55511	82	\$0.82564
11	N/A	35	\$0.31508	59	\$0.56751	83	\$0.83605
12	N/A	36	\$0.32358	60	\$0.57995	84	\$0.84632
13	N/A	37	\$0.33226	61	\$0.59240	85	\$0.85646
14	N/A	38	\$0.34111	62	\$0.60483	86	\$0.86647
15	N/A	39	\$0.35013	63	\$0.61719	87	\$0.87638
16	N/A	40	\$0.35928	64	\$0.62948	88	\$0.88628
17	N/A	41	\$0.36855	65	\$0.64165	89	\$0.89639
18	N/A	42	\$0.37796	66	\$0.65370	90	\$0.90705
19	\$0.20563	43	\$0.38752	67	\$0.66563	91	\$0.91881
20	\$0.21114	44	\$0.39727	68	\$0.67745	92	\$0.93247
21	\$0.21679	45	\$0.40724	69	\$0.68915	93	\$0.94924
22	\$0.22260	46	\$0.41744	70	\$0.70072	94	\$0.97087
23	\$0.22856	47	\$0.42786	71	\$0.71210		

The Table of Reduced Paid-Up Net Single Premiums is based on the 2017 Commissioners Standard Ordinary (CSO) mortality table, age last birthday, male, smoker, as applicable, using an interest rate of 3.00%. The Table of Reduced Paid-Up Net Single Premiums does not reflect any values provided by riders or any certificate loans.



**TABLE OF REDUCED PAID-UP NET SINGLE PREMIUMS  
NON-TOBACCO USER**

ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM	ATTAINED AGE	NET SINGLE PREMIUM
0	\$0.10004	24	\$0.19424	48	\$0.36930	72	\$0.66449
1	\$0.10282	25	\$0.19941	49	\$0.37908	73	\$0.67871
2	\$0.10578	26	\$0.20476	50	\$0.38911	74	\$0.69288
3	\$0.10883	27	\$0.21037	51	\$0.39938	75	\$0.70698
4	\$0.11199	28	\$0.21619	52	\$0.40988	76	\$0.72101
5	\$0.11525	29	\$0.22221	53	\$0.42057	77	\$0.73495
6	\$0.11862	30	\$0.22845	54	\$0.43148	78	\$0.74882
7	\$0.12209	31	\$0.23489	55	\$0.44260	79	\$0.76261
8	\$0.12568	32	\$0.24149	56	\$0.45396	80	\$0.77627
9	\$0.12937	33	\$0.24827	57	\$0.46557	81	\$0.78979
10	\$0.13317	34	\$0.25521	58	\$0.47745	82	\$0.80312
11	\$0.13708	35	\$0.26229	59	\$0.48961	83	\$0.81627
12	\$0.14110	36	\$0.26948	60	\$0.50202	84	\$0.82919
13	\$0.14521	37	\$0.27680	61	\$0.51467	85	\$0.84188
14	\$0.14940	38	\$0.28425	62	\$0.52751	86	\$0.85432
15	\$0.15364	39	\$0.29185	63	\$0.54053	87	\$0.86654
16	\$0.15789	40	\$0.29963	64	\$0.55370	88	\$0.87859
17	\$0.16213	41	\$0.30761	65	\$0.56704	89	\$0.89067
18	\$0.16635	42	\$0.31577	66	\$0.58053	90	\$0.90307
19	\$0.17067	43	\$0.32413	67	\$0.59419	91	\$0.91632
20	\$0.17511	44	\$0.33269	68	\$0.60801	92	\$0.93117
21	\$0.17967	45	\$0.34148	69	\$0.62198	93	\$0.94879
22	\$0.18436	46	\$0.35051	70	\$0.63608	94	\$0.97087
23	\$0.18922	47	\$0.35978	71	\$0.65027		

The Table of Reduced Paid-Up Net Single Premiums is based on the 2017 Commissioners Standard Ordinary (CSO) mortality table, age last birthday, male, nonsmoker, as applicable, using an interest rate of 3.00%. The Table of Reduced Paid-Up Net Single Premiums does not reflect any values provided by riders or any certificate loans.

## DEFINITIONS

(May contain definitions that are not included in the coverage selected)

**Active employment** or **actively employed** means the employee or member is working for his or her employer for earnings that are paid regularly, and that he or she is performing the material and substantial duties of his or her regular occupation. For the purposes of this coverage, the employee or member:

1. must be working at least the minimum number of hours as described under Eligible Class(es) in the policy; and
2. will be deemed to be in active employment on weekends or employer approved vacations, holidays, or business closures if the employee or member was actively employed on the last scheduled work day preceding such time off.

The employee's or member's work site must be:

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

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

**Attained age** means the insured's age on his or her last birthday as of the most recent certificate anniversary date (or the certificate effective date if this certificate has been in force less than 1 year).

**Beneficiary** means any person or entity named by you in our records or under the terms of this certificate to receive the benefits payable under this certificate and any attached rider(s).

**Certificate** means a document that describes the terms of the coverage made available to the eligible employees or members of the policyholder and their eligible dependents, as defined in the policy. It provides evidence of the coverage provided to the insured under the policy.

**Certificate anniversary date** means the same day and month each year as the certificate effective date for each succeeding year the certificate remains in force.

**Certificate effective date** means the effective date of coverage under this certificate and is the date upon which certificate years, certificate anniversary dates, and premium due dates are based. The certificate effective date is shown in the Certificate Specifications.

**Certificate debt** means the sum of all unpaid certificate loans plus unpaid accrued certificate loan interest.

**Certificate grace period** means the period where this certificate remains in force, but where the certificate may terminate as described in the End of a Certificate Grace Period provision, if timely premium payments and/or loan repayments are not received by us. During the certificate grace period, the death benefit and all certificate provisions remain in effect.

**Certificate holder** means the employee or member to whom all rights and privileges under this certificate and any attached rider(s) belong during the lifetime of the insured. The certificate holder may be someone other than the insured. The certificate holder is designated on the enrollment form and/or evidence of insurability form as the owner.

**Certificate month** means a one month period which begins on a monthly date and ends the day before the next monthly date. The first certificate month begins on the certificate effective date.

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

## DEFINITIONS (Continued)

**Child** means an unmarried person under age 19, or under age 25 if a full-time student, who is a citizen or resident alien of the United States or one of its territories, and who is the employee's or member's:

1. natural child;
2. stepchild, which means a child of the employee's or member's spouse by a past marriage or relationship;
3. legally dependent grandchild; or
4. adopted child.

He or she cannot be covered as a child or a rider insured child if he or she is an insured under a certificate.

**Death benefit** means the amount payable to the beneficiary. The death benefit is equal to the death benefit amount minus certificate debt.

**Death benefit amount** means the amount described in this certificate, which depends on the death benefit option selected.

**Employee** means a person who is a citizen or resident alien of the United States or one of its territories and in active employment with the policyholder. The employee may exercise all applicable rights provided by this certificate and any attached rider(s).

**Enrollment form** means any form or electronic process acceptable to us that is used to enroll for benefits under the policy.

**Evidence of insurability** means a statement or proof of a person's medical history on a form or electronic process approved by us that will be used to determine whether the person is approved for the coverage requested.

**Fund value** means the current accumulation of value as described in this certificate.

**In force** means coverage that remains in effect and has not terminated.

**Insured** means the person accepted for coverage by us and whose name is shown in the Certificate Specifications.

**Issue age** means the insured's age on the date this certificate was issued as shown in the Certificate Specifications.

**Loan value** means the maximum amount you may borrow according to the provisions of the policy and this certificate.

**Material and substantial duties** means duties that:

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

**Maturity date** means the certificate anniversary date on or immediately following the insured's 95<sup>th</sup> birthday and is shown in the Certificate Specifications. It is possible that coverage may not continue to the maturity date, even if scheduled premiums are paid in a timely manner.

**Member** means an actively employed member in good standing in the labor union or association named as the policyholder and who is a citizen or resident alien of the United States or one of its territories.

**Minimum monthly premium** means the amount which, if received by us on or before the first day of each certificate month, during the first five certificate years, will guarantee that this certificate will not enter a grace period during the first five certificate years. The initial minimum monthly premium is shown in the Certificate Specifications. Changes to this certificate may change the minimum monthly premium. The Beginning of a Certificate Grace Period provision and the End of a Certificate Grace Period provision describe in more detail how the minimum monthly premium affects this certificate.

**Monthly date** means the same day of each month as the certificate anniversary date. If this date is not a day in the calendar, the monthly date is the first day of the next month.

**Monthly deduction** means the monthly expense charge plus the monthly cost of insurance for this certificate and any attached rider(s).

## DEFINITIONS (Continued)

**Net surrender value** means the surrender value minus any certificate debt.

**Physician** means a person who is licensed to practice medicine or treat illness in the state or territory in which treatment is received. The physician cannot be the employee or member or a member of his or her family by blood, marriage, or adoption.

**Planned periodic premium** means the amount and frequency of the premium issued and as shown in the Certificate Specifications.

**Policy** means the group contract, which governs the coverage made available to eligible employees or members of the policyholder and their eligible dependents, as defined in the policy.

**Policyholder** means the entity through which we make this group coverage available.

**Proof of loss** means written evidence satisfactory to us that a person has satisfied the conditions and requirements for a benefit described in this certificate and any attached rider(s). The proof of loss must establish:

1. the nature and extent of the loss or condition;
2. our obligation to pay the claim; and
3. the claimant's right to receive payment.

**Proof of death** means a certified copy of the death certificate or other lawful evidence providing equivalent information.

**Rider** means additional or optional benefit(s) elected by the policyholder, attached to this certificate, and shown in the Certificate Specifications. No coverage is available under a rider unless elected and attached as an additional or optional benefit to this certificate.

**Rider effective date** means the effective date of coverage under a rider. The rider effective date is the certificate effective date, unless the rider is applied for at a later date. If that rider is applied for at a later date, the rider effective date is the effective date assigned by our home office.

**Rider insured** means the person whose life is insured under a rider.

**Spouse** means the person who is a citizen or resident alien of the United States or one of its territories and to whom the employee or member is legally married or who is required to be covered as the employee's or member's spouse under the civil union, domestic partnership, or other family or domestic relations laws of the employee's or member's state of residence.

Domestic partnership means a relationship where both the employee or member and his or her same-sex or opposite-sex partner are considered domestic partners according to the law of the employee's or member's state of residence. If the employee's or member's state of residence has no domestic partnership law, the relationship must satisfy the definition of domestic partnership as defined by the policyholder.

A spouse must be at least age 18, but not older than age 80 to be eligible for coverage.

He or she cannot be covered as a spouse or a rider insured if he or she is an insured under the policy.

**Specified amount** means the amount shown in the Certificate Specifications, adjusted by any increase or decrease in specified amount since the certificate effective date.

**Surrender value** means the fund value less the surrender charge.

**We, us, or our** mean American Heritage Life Insurance Company.

**Written or writing** means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law and acceptable by us.

**You or your** means the certificate holder as shown on the enrollment form and/or evidence of insurability form as the owner.

## **CERTIFICATE HOLDER AND BENEFICIARY**

### **CERTIFICATE HOLDER**

All certificate rights and privileges belong to you and may be exercised by you during the lifetime of the insured. If you die before the insured, the insured (or a minor insured's legal guardian) becomes the certificate holder with limited rights and privileges for a period of 31 days from the date we receive notification of your death. During that time, the insured (or a minor insured's legal guardian) may exercise the Continuation of Coverage or Conversion. In the event the insured (or a minor insured's legal guardian) does not exercise the Continuation of Coverage or Conversion, this certificate will terminate and any net surrender value will be paid to the insured.

### **BENEFICIARY**

Subject to the terms and conditions of the policy, this certificate, and any attached rider(s), the beneficiary receives the death benefit when the insured dies. You may name a beneficiary on the beneficiary designation form, enrollment form, and/or evidence of insurability form. The beneficiary may be changed by you, as explained in the Change of Beneficiary provision.

"Beneficiary" as used in this certificate refers to two classes of beneficiaries: primary and contingent beneficiaries. We will pay the death benefit to the beneficiary in the following order:

1. to the primary beneficiary, if living; otherwise,
2. to the contingent beneficiary.

If there is more than one beneficiary in a class and one of the beneficiaries dies before the insured, the remaining beneficiaries in that class will divide the deceased beneficiary's share equally.

If two or more beneficiaries are designated and their shares are not specified, we will pay the designated beneficiaries in equal shares.

If there is no named beneficiary, or if the named beneficiary does not survive the insured, we will pay any benefits due at the insured's death in the following order:

1. to the living certificate holder; otherwise,
2. to the insured's living spouse; otherwise,
3. to the insured's living natural or legally adopted child(ren) in equal shares; otherwise,
4. to the insured's living parents in equal shares; otherwise,
5. to the insured's living natural or legally adopted siblings in equal shares; otherwise,
6. to the insured's estate.

### **CHANGE OF BENEFICIARY**

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

The right to change a beneficiary is reserved to you. The consent of the beneficiary or beneficiaries will not be required to assign benefits or to change a beneficiary or beneficiaries, or to make any other changes, unless the designation of the beneficiary is irrevocable.

### **ASSIGNMENT OF BENEFITS**

An assignment of benefit is not binding on us unless:

1. it is a written request; and
2. it is received by us at our home office.

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

## **PREMIUMS AND GRACE PERIOD**

### **PAYMENT OF PREMIUMS**

Premiums are payable to our Home Office. The first premium due date is the certificate effective date.

### **FLEXIBILITY**

Premium payments are flexible. This means you may choose the amount and frequency of payments. The amount of premium payments that you may pay is limited by the Internal Revenue Service (IRS). We have the right to:

1. limit the number and the amount of premiums in accordance with IRS requirements. We will conduct a test no less frequently than annually, and return any excess premium payments, with interest, within 60 days of the end of the certificate year in which the excess premium payments were paid; and
2. require evidence of insurability if the death benefit amount must be increased due to IRS requirements.

The actual amount and frequency of premium payments affects the fund value and the amount and duration of insurance. Refer to the Certificate Fund Value provision for a detailed explanation.

### **PLANNED PERIODIC PREMIUM**

The amount and frequency of the planned periodic premium is as issued. You may make a written request to change the amount and frequency. No premium may be paid after the maturity date.

### **BEGINNING OF A CERTIFICATE GRACE PERIOD**

When this certificate has been in force for less than five years, a certificate grace period will begin when all of the following conditions occur:

1. this certificate is in force and not in a grace period;
2. the net surrender value is zero or less; and
3. the sum of the minimum monthly premiums for each of the certificate months that this certificate has been in force for at least a portion of the certificate month is greater than:
  - a. the sum of all premium payments received by us; minus
  - b. the sum of all loans taken by you, including the sum of all loan repayments received by us; minus
  - c. the sum of all partial surrenders taken by you, including the sum of all partial surrender service charges.

When this certificate has been in force for five or more years, a certificate grace period will begin when all of the following conditions occur:

1. the certificate is in force and not in a grace period; and
2. the net surrender value is zero or less.

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## PREMIUMS AND GRACE PERIOD (Continued)

### END OF A CERTIFICATE GRACE PERIOD

A certificate grace period will end at any time any of the following conditions occur:

1. it has been at least 61 days since the certificate grace period began, and it has been at least 31 days since we mailed you a notice that this certificate is in the certificate grace period. If a certificate grace period ends as a result of this condition becoming true, this certificate and any attached rider(s) terminate;
2. we received a premium payment or loan repayment equal to or exceeding the amount stated in a notice we mailed you as necessary to end the certificate grace period with this certificate still in force;
3. we received a premium payment or loan repayment after the certificate grace period began but before we mailed you notice of what premium payment or loan repayment would be necessary to end the certificate grace period with this certificate still in force; and this certificate has been in force for less than 5 years; and the sum of the minimum monthly premiums for each of the certificate months that this certificate has been in force for at least a portion of the certificate month is less than or equal to:
  - a. the sum of all premium payments received by us; minus
  - b. the sum of all loans taken by you minus the sum of all loan repayments received by us; minus
  - c. the sum of all partial surrenders taken by you, including the sum of all partial surrender service charges;
4. we received a premium payment or loan repayment after the certificate grace period began but before we mailed you notice of what premium payment or loan repayment would be necessary to end the certificate grace period with this certificate still in force, and the net surrender value is greater than zero; or
5. this certificate terminates for a reason not directly caused by the certificate grace period. If the certificate grace period ends as a result of this condition occurring, the amount payable, if any, will be based on this certificate's values as of the date of termination.

(This space intentionally left blank.)

## BENEFITS

### DEATH BENEFIT

If the insured dies prior to the maturity date and while this certificate is in force, we will pay the death benefit amount in a lump sum to the beneficiary upon our receipt of proof of death. We may also require submission of this certificate with the proof of death.

In no event will the amount payable upon death of the insured be less than the minimum amount required to permit this certificate to qualify as life insurance under the Federal Income Tax Rules applicable to this certificate.

The death benefit will not include a refund of any planned periodic premium waived under the Payor Waiver of Premium for Total Disability Rider.

### DEATH BENEFIT OPTIONS

The death benefit amount depends on the death benefit option in effect on the date of the insured's death. The death benefit option and the initial specified amount in effect on the certificate effective date are shown in the Certificate Specifications:

1. under Death Benefit Option 1, the death benefit amount is the specified amount on the date of death;
2. under Death Benefit Option 2, the death benefit amount is the specified amount, plus the fund value on the date of death.

The above options are subject to IRS requirements.

The death benefit amount in any certificate year is not less than the minimum death benefit amount. The minimum death benefit amount equals a percent of the fund value on the date of death, based on the following table:

Attained Age	Fund Value %	Attained Age	Fund Value %	Attained Age	Fund Value %	Attained Age	Fund Value %
40 and Under	250	54	157	68	117	82	105
41	243	55	150	69	116	83	105
42	236	56	146	70	115	84	105
43	229	57	142	71	113	85	105
44	222	58	138	72	111	86	105
45	215	59	134	73	109	87	105
46	209	60	130	74	107	88	105
47	203	61	128	75	105	89	105
48	197	62	126	76	105	90	105
49	191	63	124	77	105	91	104
50	185	64	122	78	105	92	103
51	178	65	120	79	105	93	102
52	171	66	119	80	105	94	101
53	164	67	118	81	105	95	100

### MATURITY BENEFIT

If the insured is living on the maturity date and while this certificate is in force, we will pay the net surrender value in a lump sum to you.



## **CHANGING THE DEATH BENEFIT**

### **RIGHT TO CHANGE AMOUNT OR DEATH BENEFIT OPTION**

After the first certificate anniversary date, you may make a written request to change the specified amount or the death benefit option. We may limit the number of each such type of change to one per 12-month period. A change approved by us goes into effect on the monthly date after the date we receive the written request at our Home Office.

### **INCREASING THE SPECIFIED AMOUNT**

A request for an increase must include the following:

1. an evidence of insurability form; and
2. the first monthly deduction for the increase.

Increases in the specified amount are subject to our underwriting rules, issue limit amounts, and age limits.

### **DECREASING THE SPECIFIED AMOUNT**

Any decrease is applied in the following order:

1. against the specified amount of the most recent increase; then
2. against the next most recent increases, in order; then
3. against the initial specified amount.

The specified amount remaining in force after a decrease cannot be less than the minimum specified amount shown in the Certificate Specifications. We reserve the right to refuse a decrease which causes a certificate not to qualify as life insurance under IRS requirements.

### **CHANGING THE DEATH BENEFIT OPTION**

If you request a change from Death Benefit Option 1 to Death Benefit Option 2, the specified amount is decreased by the amount of the fund value, but not below the minimum specified amount shown in the Certificate Specifications. Evidence of insurability may be required.

If you request a change from Death Benefit Option 2 to Death Benefit Option 1, the specified amount is increased by the amount of the fund value. No evidence of insurability is required.

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## CERTIFICATE FUND VALUE

### FUND VALUE ON THE CERTIFICATE EFFECTIVE DATE

The fund value on the certificate effective date is:

1. 92.5%\* of any premiums received on or before the certificate effective date; minus
2. the monthly expense charge for the first certificate month; minus
3. the monthly cost of insurance for this certificate for the first certificate month.

### FUND VALUE ON EACH MONTHLY DATE

On any monthly date after the certificate effective date, the fund value is:

1. the fund value on the last monthly date; plus
2. one month's interest on item 1 above; plus
3. 92.5%\* of any premiums received since the last monthly date; minus
4. any partial surrender of fund value and any partial surrender service charge since the last monthly date; minus
5. the monthly expense charge for the month following the monthly date; minus
6. the monthly cost of insurance for this certificate for the month following the monthly date.

\* At our option, we may credit more than 92.5% of any premiums received. The amount we credit will always be at least 92.5% and will never be greater than 100%.

On any day other than the monthly date, the fund value will be calculated in a like manner.

### INTEREST RATE

The guaranteed rate used in calculating fund values is the monthly rate shown in the Certificate Specifications, compounded monthly. This is equivalent to the annual rate shown in the Certificate Specifications, compounded annually. We may use rates greater than guaranteed rates to calculate fund values. We may use a different rate for the portion of the fund value which equals the amount of certificate debt, but never less than the monthly rate shown in the Certificate Specifications.

### HOW WE CALCULATE THE MONTHLY EXPENSE CHARGE

The monthly expense charge for a certificate month equals:

1. the monthly cost of insurance for benefits provided by any rider(s) attached to this certificate; plus
2. a monthly fee of \$2.00 in all certificate years; plus
3. the monthly per thousand charge, if any.

### HOW WE CALCULATE THE MONTHLY COST OF INSURANCE

We calculate the cost of insurance on each monthly date. The monthly cost of insurance is determined as follows:

1. divide the death benefit amount on the monthly date (prior to the deduction of the cost of insurance for this certificate) by the death benefit discount factor amount shown in the Certificate Specifications (this discounts the death benefit amount to the beginning of the month at the guaranteed interest rate); then
2. determine the fund value on the monthly date (prior to the deduction of the cost of insurance for this certificate); and
3. subtract item 2 from item 1 above, divide by 1,000 (this is the number of \$1,000's of net amount at risk), then multiply by the cost of insurance rate per \$1,000.

### COST OF INSURANCE RATES

The cost of insurance rates are based on many factors, including, but not limited to, the insured's age, certificate year, premium class, and specified amount. We may change the cost of insurance rates for any reason at any time, but they will never be more than the guaranteed maximum rates shown in the Certificate Specifications. For the specified amount at issue, the premium class on the certificate effective date applies. For increases in the specified amount, the premium class applicable to the increase applies. When the death benefit amount is increased due to the minimum death benefit, the premium class for the most recent increase applies to the amount of increase. When the specified amount is decreased, the order of decreases is explained in the Decreasing the Specified Amount provision. Each time there is an increase or decrease, an average premium class weighted by specified amount is computed. The same weighting is used to determine an average cost of insurance rate to apply to the total specified amount.

**CERTIFICATE FUND VALUE (Continued)**

**HOW WE CALCULATE THE MONTHLY PER THOUSAND CHARGE**

The monthly per thousand charge is a charge for each \$1,000 of initial specified amount to be deducted at the beginning of each certificate month. The monthly per thousand charge will also be deducted for each \$1,000 of increased specified amount at the beginning of each certificate month beginning on the effective date of such increase. Maximum annual charges per \$1,000 are shown below. At our option, we may determine a lower annual charge. The monthly charges per \$1,000 are the annual per \$1,000 charges divided by 12.

**MAXIMUM ANNUAL EXPENSE CHARGES PER \$1,000 OF INITIAL SPECIFIED AMOUNT  
OR INCREASED SPECIFIED AMOUNT**

Age at issue or increase	Non-Tobacco User		Age at issue or increase	Tobacco User	
	Duration since Issue or Increase (Year)			Duration since Issue or Increase (Year)	
	1-14	15+		1-14	15+
0-20	1.92	0.00	0-20	2.52	0.48
21-25	1.92	0.00	21-25	3.00	0.96
26-30	1.92	1.08	26-30	3.60	0.96
31-35	2.16	1.08	31-35	4.08	1.44
36-40	3.12	2.40	36-40	5.16	1.44
41-45	3.12	3.12	41-45	6.48	2.28
46-50	5.12	5.12	46-50	9.24	3.24
51-55	6.68	6.68	51-55	11.76	11.76
56-60	10.00	10.00	56-60	15.84	15.84
61-65	15.00	15.00	61-65	23.88	23.88
66-67	23.00	23.00	66-67	37.44	37.44
68	24.00	24.00	68	37.44	37.44
69	27.00	27.00	69	37.44	37.44
70	30.00	30.00	70	37.44	37.44
71	35.00	35.00	71	61.68	61.68
72	40.00	40.00	72	61.68	61.68
73-75	45.00	45.00	73-75	61.68	61.68
76-80	48.00	48.00	76-80	100.56	100.56

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## **CERTIFICATE LOAN, PARTIAL SURRENDER, AND NON-FORFEITURE OPTIONS**

### **CERTIFICATE LOANS**

You may take a loan under this certificate if:

1. this certificate is in force; and
2. the loan is not more than the loan value.

The loan value is the surrender value minus:

1. the existing certificate debt;
2. the interest on the existing certificate debt and the amount to be borrowed to the next certificate anniversary date;
3. any unpaid monthly deductions; and
4. an amount equal to 2 monthly deductions.

Loans are evidenced by our check payable to and endorsed by you, or electronic versions of the same.

The minimum certificate loan amount is \$100, unless it is used to pay premiums on this certificate.

### **LOAN INTEREST**

The interest we will charge on certificate debt is shown in the Certificate Specifications. Interest on certificate debt is due and payable in arrears at the end of each certificate anniversary date. Interest not paid when due will be added to the existing certificate debt and bear interest at the same rate.

### **LOAN REPAYMENT**

You may repay certificate debt at any time, except that:

1. repayment must be made while this certificate is in force and while the insured is living; and
2. a partial repayment must be at least \$25.

A loan that exists at the end of the grace period cannot be repaid, except as noted in the Reinstatement provision.

If at any time the certificate debt exceeds the surrender value, this certificate terminates. At least a 31-day prior notice will be sent to you.

### **PARTIAL SURRENDER**

After the first certificate anniversary date, you may request a partial surrender any time during the insured's lifetime and before the maturity date. The partial surrender is effective on the date we receive and accept your written request. A \$25 service charge is deducted from the fund value for each partial surrender. The amount surrendered plus the service charge cannot exceed the net surrender value, but must be at least \$250.

Under Death Benefit Option 1, the specified amount is reduced by the amount of the partial surrender. A partial surrender is not allowed if it would reduce the specified amount below the minimum specified amount shown in the Certificate Specifications.

A partial surrender cannot be repaid, but you can make unscheduled premium payments.

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## CERTIFICATE LOAN, PARTIAL SURRENDER, AND NON-FORFEITURE OPTIONS (Continued)

### NON-FORFEITURE

If this certificate is in force and has a net surrender value greater than zero, then you may select one of the following non-forfeiture options by written request:

- Cash Surrender.** You may return this certificate to us and request its net surrender value. A surrender is effective on the date we receive your written request at our Home Office. The fund value used to calculate the surrender value is the value as of the day we receive your request at our Home Office.

#### How to Calculate the Cash Surrender Value

For renewal years, multiply the maximum surrender charge by the percentages shown in the Percent of Maximum Surrender Charge table on the next page. Years and months are measured from the certificate effective date or date of increase, respectively.

The surrender charge for this certificate equals the sum of the surrender charge on the initial specified amount, plus the surrender charge on any increase in specified amount. The surrender charge on the initial specified amount equals the rate per \$1,000 shown in the Percent of Maximum Surrender Charge table on the next page, times the number of \$1,000s of initial specified amount.

The surrender charge on any increased specified amount equals the rate per \$1,000 shown in the Percent of Maximum Surrender Charge table on the next page, based on the attained age at increase, times the number of \$1,000's of increased specified amount.

If the specified amount is decreased for any reason, the surrender charge is not affected. There is no reduction in the surrender charge due to such decrease.

**TABLE OF MAXIMUM SURRENDER CHARGES**  
(Per \$1,000 of Initial Specified Amount or Increased Specified Amount)

Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge	Age at Issue or Increase	Maximum Surrender Charge
0	5.00	21	6.50	42	15.50	63	40.00
1	5.00	22	7.00	43	16.00	64	40.00
2	5.00	23	7.00	44	17.00	65	40.00
3	5.00	24	8.00	45	18.00	66	48.00
4	5.00	25	8.00	46	18.00	67	48.00
5	5.00	26	8.00	47	18.00	68	48.00
6	5.00	27	8.00	48	18.50	69	48.00
7	5.00	28	9.00	49	19.00	70	51.00
8	5.00	29	9.00	50	19.50	71	55.00
9	5.00	30	9.00	51	20.00	72	55.00
10	5.00	31	10.00	52	21.00	73	55.00
11	5.00	32	10.00	53	22.00	74	55.00
12	5.00	33	11.00	54	23.00	75	55.00
13	5.00	34	11.00	55	25.00	76	55.00
14	6.00	35	12.00	56	33.00	77	55.00
15	6.00	36	12.00	57	33.00	78	55.00
16	6.00	37	13.00	58	33.00	79	55.00
17	6.00	38	13.50	59	33.00	80	55.00
18	6.00	39	14.00	60	40.00		
19	6.00	40	14.50	61	40.00		
20	6.50	41	15.00	62	40.00		

**CERTIFICATE LOAN, PARTIAL SURRENDER, AND NON-FORFEITURE OPTIONS (Continued)**

**NON-FORFEITURE (Continued)**

**PERCENT OF MAXIMUM SURRENDER CHARGE**

During Year	Age at Issue or Increase				
	0-30	31-45	46-54	55-70	71+
1	100%	100%	100%	100%	100%
2	100%	100%	100%	100%	90%
3	100%	100%	100%	100%	80%
4	80%	80%	60%	60%	60%
5	60%	60%	25%	50%	50%
6	50%	50%	25%	40%	40%
7	50%	50%	25%	30%	30%
8	50%	50%	25%	20%	20%
9	50%	50%	25%	10%	10%
10	50%	50%	25%	0%	0%
11	50%	50%	25%		
12	50%	50%	25%		
13	50%	45%	25%		
14	50%	40%	25%		
15	50%	35%	0%		
16	50%	30%			
17	50%	25%			
18	50%	20%			
19	50%	10%			
20	0%	0%			

**2. Reduced Paid-Up Insurance.** You may, at any time, elect to surrender this certificate and use the net surrender value to purchase reduced paid-up insurance. This reduced paid-up insurance will be in force until the maturity date unless it is surrendered. If the insured is living on the maturity date, we will pay the reduced paid-up insurance amount to you.

The reduced paid-up amount is calculated by dividing the net surrender value by the net single premium. The net single premium is calculated using the guaranteed maximum cost of insurance rates and the guaranteed interest rate. See the Table of Reduced Paid-Up Net Single Premiums on pages 5A and 5B.

We reserve the right to refuse to provide this option if the reduced paid-up insurance amount would be less than \$1,000.

Once elected, the reduced paid-up insurance option can be surrendered at any time. The surrender is effective on the date we receive your written request. Once the reduced paid-up insurance is surrendered, it cannot be reversed.

The value provided on surrender is calculated by multiplying the reduced paid-up insurance amount by the net single premium calculated at the time this option is surrendered.

When a non-forfeiture option is elected, any rider(s) attached to this certificate will terminate.

If the insured dies before a non-forfeiture request becomes effective, we will void your request for that non-forfeiture option and pay the death benefit pursuant to this certificate.

**PAYMENTS BY US AND RIGHT TO DEFER PAYMENT**

We have the right to wait up to 6 months after written notice to us before we:

1. pay the net surrender value; or
2. make a certificate loan, unless it is used to pay premiums on this certificate.

## GENERAL PROVISIONS

### TERMINATION OF COVERAGE

Subject to the Continuation of Coverage provision, this certificate terminates on the earliest of:

1. the end of the certificate grace period when premiums remain unpaid;
2. the date of the insured's death;
3. the maturity date of this certificate;
4. the date you surrender this certificate for its net surrender value;
5. the date the policy is terminated;
6. the last day the employee or member is in active employment with his or her employer and/or a member in good standing in the labor union or association that is the policyholder;
7. the date the employee or member is no longer in an eligible class;
8. the date the employee's or member's class is no longer eligible;
9. upon our discovery of fraud or material misrepresentation in the presentation of a claim.

### CONTINUATION OF COVERAGE DURING TOTAL DISABILITY

If the insured is totally disabled, you may continue coverage during the insured's total disability by timely payment to the policyholder of that portion, if any, of the premium that would have been required had the insured's total disability not occurred. The continuation will be on a premium-paying basis for a period of 6 months from the date the insured's total disability started, but coverage will not continue beyond termination of the policy.

### REINSTATEMENT

We will reinstate this certificate and any attached rider(s) if you send us a written request prior to the maturity date and within 5 years after this certificate terminates as a result of the certificate grace period. You cannot reinstate this certificate if you surrendered this certificate for its net surrender value, exercised one of the other non-forfeiture options, or this certificate has been totally accelerated. You must also send us proof satisfactory to us that each insured is insurable at the original premium class, payment of enough premium to keep this certificate in force for 2 months, and pay all past due certificate grace period monthly deductions. Fund values for the reinstated certificate will be calculated consistent with current state non-forfeiture law.

The effective date of the reinstated coverage is the date we approve the written request for reinstatement. The Certificate Incontestability provision applies from the effective date of reinstatement as to statements made in the evidence of insurability provided. Certificate debt existing at the end of the certificate grace period will not be reinstated if reinstatement occurs more than 90 days after termination. After this certificate is reinstated, the surrender charge is the same as it would have been had there been no termination.

### INCONTESTABILITY

Any statement made by you will be considered a representation and not a warranty. No statements will be used to void coverage, reduce benefits, or deny a claim unless it is included in the enrollment form and/or evidence of insurability form for this certificate and any application(s) for reinstatement, which has been signed by you and a copy of such statement has been given to you or your beneficiary. No such statement will be used to contest this coverage after it has been in force for 2 years from its effective date, or date of reinstatement.

No such statement will be used to contest any increased coverage after it has been in force for 2 years from its effective date, or date of reinstatement.

### SUICIDE EXCLUSION

If the insured or a rider insured commits suicide, while sane or insane, within 1 year after the effective date of coverage for that person, the death benefit is limited to the premiums paid for that person's coverage.

If there are any increases to the specified amount, a new 1-year suicide exclusion period applies to each increase starting on the date of increase. The death benefit for the new increase is the monthly deductions due to the increase during such period.

## GENERAL PROVISIONS (Continued)

### MISSTATEMENT OF AGE OR SEX

If the insured's age or sex is misstated and this misstatement impacts the rate calculation, the death benefit amount will be such as the premium paid would have purchased using the correct age or sex according to the published rate on the certificate effective date. No adjustments to the fund value will be made as a result of the age or sex.

### NON-PARTICIPATING

This certificate does not share in surplus distribution.

### BASIS OF CERTIFICATE VALUES

The basis for the minimum surrender values and guaranteed maximum cost of insurance rates is shown in the Certificate Specifications. All of the values are the same or more than the minimums set by the laws of the state where the policy is issued. If required, we have filed a detailed statement about this with the state insurance department. Reserves will always be at least as great as the minimum required by law.

### ANNUAL REPORT

We will send you a report at least once a year without charge. It shows since the last report:

1. current fund value;
2. current certificate debt;
3. premiums paid;
4. expenses;
5. cost of insurance deducted for this certificate and any attached rider(s);
6. interest credited to the fund value;
7. partial surrenders (including service charges); and
8. current death benefit amount.

### PROJECTION OF VALUES AND BENEFITS

At your written request, we will provide a report which shows projected future results. The report is based on assumptions in regard to:

1. the death benefits and planned periodic premium payments you specify; and
2. such other assumptions needed as specified by you or us.

A fee of up to \$25.00 may be charged as determined by us. The report is based on assumptions, and is not a guarantee of results or performance.

### COMPLIANCE WITH FEDERAL LAWS

We reserve the right to amend the policy and this certificate to comply with:

1. requirements of the Internal Revenue Code (IRC);
2. any regulations or rulings issued by the Internal Revenue Service (IRS); and
3. any other requirements imposed by the IRS.

We will give you a copy of any such amendment(s).

The policy and this certificate are intended to qualify as life insurance under the IRC. Accordingly, the provisions of the policy and this certificate are to be interpreted, and will be administered by us, to ensure tax qualification.

### RECEIPT OF PREMIUMS

You will be given credit for premiums under this certificate and any attached rider(s) at the time the premiums are actually received by us or our authorized agent. The policyholder and financial institutions (such as banks and credit unions) who send the premiums to us directly at the employee's or member's request are not our agents, and premiums paid by those parties are not credited until actually received by us.



## **GENERAL PROVISIONS (Continued)**

### **COOPERATION OF BENEFICIARY**

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

### **APPEALS PROCEDURE**

You, or your beneficiary, have the right to appeal any denial of benefits under this certificate, or any attached rider(s), up to two times. A written request for review must be submitted to us at 1776 American Heritage Life Drive, Jacksonville, Florida 32224-6687 within 60 days of the denial of benefits.

### **LEGAL ACTION**

Prior to filing any legal action for benefits under this certificate or any attached rider(s), you or your beneficiary must appeal the denial of such benefit.

The time limit on legal actions for loss covered by this certificate is subject to applicable law in the state where the policy was issued.

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## **CONTINUATION OF COVERAGE**

If your coverage ends pursuant to items 5, 6, 7 or 8 of the Termination of Coverage provision, you may elect to continue your coverage, including any rider(s) attached to this certificate, by paying the premiums directly to us at our Home Office. We will bill you for these premiums. If you stop paying premiums under this option, your coverage may enter its certificate grace period.

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

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## CONVERSION

While this coverage is in force, you may convert all or part of this life insurance to an individual non-term life insurance policy without submitting evidence of insurability, subject to the terms below, by applying for an individual policy and paying the first premium within 31 days after the earliest date one of the following events occurs:

1. the insured ceases to be in an eligible class or is in a class for which coverage under the policy ends; or
2. the policy terminates.

The conversion amount is limited by the minimums and maximums of the individual product we offer at the time of conversion.

The new policy will be an individual non-term life insurance policy then being offered by us or another insurance company chosen by us for conversions from this certificate. The mortality and interest basis for the new policy may be different than for this certificate. Any rider(s) attached to the certificate will terminate upon conversion. The new policy will not include any additional benefits or riders unless agreed to by us.

You will be given written notice of the right to convert coverage within 15 days of the date coverage ends. The right to convert will expire on the later of 16 days after you are given such notice or the end of the conversion period, but in no event will the right to convert extend beyond 60 days after the expiration of the conversion period. Written notice will be given to you, which will constitute notice of the right to convert.

If the insured dies within the 31 day conversion period, and before the individual policy would become effective, the amount of insurance which you would have been entitled to have issued under the individual policy will be payable as a claim under the group policy, whether or not application for the individual policy or payment of the first premium has been made.

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

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# AMERICAN HERITAGE LIFE INSURANCE COMPANY

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

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

The benefit you receive under this rider may be taxable.

Consult with your personal tax advisor.

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

### DEFINITIONS

**Current Discount Rate.** The greater of the 90 day Treasury Bill or Moody's Corporate Bond Yield Average-Monthly Average.

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

**Certificate.** The certificate to which this rider is attached.

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

**Terminal Illness.** An illness or physical condition:

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

### PAYMENT OF BENEFITS

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

1. your written election of the death benefit advance; and
2. the written consent of any irrevocable beneficiary or any assignee, that you may elect the death benefit advance; and
3. a written opinion of the insured's physician that states the diagnosis of the insured's medical condition and that such medical condition is a terminal illness as defined in this rider; and
4. approval by our medical director.

The death benefit advance can only be elected on certificates (excluding term riders) that are more than 2 years away from their termination date(s) on the date we receive the written election.

If death benefit option 2 is in effect, we will change it to death benefit option 1 prior to making the death benefit advance.

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

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

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

Any amount later payable under the certificate from the fund value or as a surrender, or available for certificate loan, is reduced by the same proportion as the death benefit amount.

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

The death benefit advance amount payable to you is reduced:

1. first by any pro-rata loan; then
2. the remaining sum is discounted at the current discount rate.

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

If you elect this benefit on more than one certificate that the insured has with us, we retain the right to utilize the death benefit of one certificate completely prior to using another certificate.

**Waiver of Monthly Deductions Benefit.** We waive monthly deductions for the certificate and any riders attached to the certificate if the death benefit advance is paid. This waiver of monthly deductions benefit is in addition to any other premium waiver benefit provided by the certificate or a rider attached to the certificate.

Waiver of monthly deductions will:

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

#### **TERMINATION**

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

1. the monthly date on or next following the date we receive a written termination request by the owner; or
2. the date the insured attains age 93; or
3. the date the certificate matures, expires, is surrendered or otherwise terminates.

#### **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 that may be referred to in the certificate.

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



Secretary



President

**Home Office**  
American Heritage Life Insurance Company  
1776 American Heritage Life Drive  
Jacksonville, Florida 32224

# AMERICAN HERITAGE LIFE INSURANCE COMPANY

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

## 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 your own tax advisor to evaluate any tax impact of this benefit. This rider is NOT qualified long term care insurance.

Receipt of an accelerated death benefit **MAY AFFECT MEDICAID and SUPPLEMENTAL SECURITY INCOME ("SSI")** eligibility. Without exercising this option, the mere fact that this Accelerated Death Benefit for Long Term Care Rider is part of the 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.

**CAUTION:** The issuance of this rider is based on your responses to the questions on your enrollment form and/or evidence of insurability form. A copy of your enrollment form and/or evidence of insurability form is attached. If your answers are incorrect or untrue, then we have the right to deny benefits or to rescind your coverage under this rider. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect or untrue, please contact us at the address shown above.

**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 limitations of this rider as well as those of the certificate to which it is attached.

This rider is issued in consideration of the rider premium and the written request for this rider. This rider is a part of the certificate and is effective as of the rider effective date. Every definition, term, condition, and provision of the certificate applies to this rider, unless otherwise defined or provided in this rider.

This rider does not have a cash value or loan value. It does not affect any net single premium referred to in the certificate.

### DEFINITIONS

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

1. Bathing – washing oneself by sponge bath; or in either a tub or shower, including the act of getting into and out of the tub or shower, 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 a 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 – the ability to move into or out of a bed, chair or wheelchair.

## DEFINITIONS (Continued)

**Adult day care** means 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** 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).

**Assisted living facility** means 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;
2. it provides 24 hour a day care and services sufficient to support needs resulting from being chronically ill;
3. it has a trained and ready to respond employee on duty at all times to provide care;
4. it provides 3 meals a day and accommodates special dietary needs;
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** means the certificate to which this rider is attached.

**Chronically ill** means 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 ADLs 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** means a deficiency in the insured's:

1. short or long term memory;
2. orientation as to person, place and time;
3. deductive or abstract reasoning; or
4. judgment as it relates to safety awareness.

This deficiency must be to such a degree as to require supervision 24 hours a day to maintain the safety of the insured or others. A diagnosis of cognitive impairment must be confirmed by clinical evidence and testing that reliably measures impairment.

**Confined or confinement** means admitted as an inpatient in an assisted living facility or nursing care facility for which a room and board charge is made by the facility. It does not include confinement for an observation room or a fractional part of a day.

**Day** means a 24-hour period which begins and ends at 12:01 a.m.

**Death benefit amount** means 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** means 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 qualified long term care services of the insured.

**Home** means:

1. the insured's private residence;
2. a residential care facility;
3. a rest home;
4. a boarding home;
5. a home for the aged;
6. a community living center; or
7. a place that provides domiciliary or retirement care.

A home does not include a nursing care facility, a hospital, or a hospice care facility.

## DEFINITIONS (Continued)

**Home health care** means 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;
2. shopping, which includes but is not limited to purchasing groceries, household supplies and medicine;
3. assistance with the use of the telephone, laundering clothes, correspondence, bill paying, and other housekeeping tasks;
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; or
5. any other services similar to those described above.

**Home health care agency** means an agency or organization which:

1. specializes in giving nursing care or therapeutic services in the home;
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;
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** means an individual who is qualified to provide home health care, including the following:

1. a home health aide;
2. certified nurse assistant;
3. medical social worker;
4. occupational therapist;
5. speech therapist;
6. physical therapist;
7. total parenteral nutrition specialist;
8. enterostomal specialist;
9. chemotherapy specialist;
10. licensed visiting nurse;
11. licensed vocational nurse (L.V.N.);
12. licensed practical nurse (L.P.N.); or
13. a licensed graduate nurse (R.N.).

A practitioner whose specialty is not listed above may be used if the practitioner meets the requirements below.

A home health care practitioner must:

1. be licensed in the state or recognized as such by the state in which the care is given;
2. be employed or contracted by a home health care agency; and
3. charge for the care given which the insured is legally responsible to pay.

A home health care practitioner must not:

1. be a family member by blood, marriage, or adoption; or
2. reside at the insured's address.

**Inpatient** means an insured who is a resident patient using the room and board facilities of an assisted living facility or nursing care facility.

**Licensed health care practitioner** means a physician or any registered professional nurse, licensed social worker, or other individual who meets such requirements as described by the Secretary of the Treasury. A licensed health care practitioner must not be a family member by blood, marriage, or adoption.

**Maintenance or personal care services** mean any care the primary purpose of which is to provide needed assistance with any of the ADLs as a result of the insured being chronically ill (including the protection from threats to health and safety due to severe cognitive impairment).



## DEFINITIONS (Continued)

**Monthly benefit period** means the time period upon which benefit payments are based.

The first monthly benefit period during a period of care begins the day after 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** means a facility that meets all of the following standards:

1. it is licensed by the state in which it is located;
2. it is a separate facility or a distinct part of another facility physically separated from the rest of such facility;
3. it provides confined nursing care to individuals who are not able to care for themselves and who require nursing care;
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** means the period that 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** means a written individualized plan of care or services prepared by a licensed health care practitioner that specifies:

1. the type and frequency of all care or services required;
2. the care or service provider; and
3. the cost of care or services.

**Pre-existing condition** means a condition, including a condition not diagnosed or identified, for which:

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

**Qualified confined care services** mean 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 by, and 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** mean qualified confined care services and qualified non-confined care services.

**Qualified non-confined care services** mean 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 by a home health care practitioner, and pursuant to a plan of care prescribed by a licensed health care practitioner, by means of home health care or adult day care.

**Rider effective date** means the effective date of coverage under this rider. The rider effective 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 effective 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.

## CONDITIONS ON ELIGIBILITY FOR BENEFITS

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

1. the insured is chronically ill;
2. the certificate and rider are in force;
3. the insured has satisfied the elimination period;
4. the insured has used qualified long term care services and been chronically ill during the last 180 consecutive days;
5. 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;
6. the insured:
  - a. is confined in a nursing care or assisted living facility and the confinement begins while this rider is in force;
  - 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;
7. the insured incurred charges for qualified long term care services which are included in the insured's plan of care; 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 90 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.

The accelerated death benefit is voluntary and is not intended to cause an involuntary reduction of the death benefit ultimately payable to the beneficiary. Therefore, the accelerated death benefit is not available if the insured is:

1. required by law to use this option to meet the claims of creditors, whether in bankruptcy or otherwise; or
2. required by a government agency to use this option in order to apply for, obtain, or keep a government benefit or entitlement.

## 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 effective date if a pre-existing condition causes the insured to be chronically ill. This limitation does not apply to a period of care that begins more than 6 months after the rider effective date that is caused by a pre-existing condition.

## 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; or
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; or
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;
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 another insured;
  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.

### **DEATH BEFORE MONTHLY PAYMENT**

If the insured dies before we pay an accelerated death benefit, we will void your request for that accelerated death benefit and pay the death benefit pursuant to the certificate.

### **ORDER IN WHICH REQUESTS ARE APPLIED**

If you request payment of the accelerated death benefit under this rider and any other rider(s), we will pay the accelerated death benefit under each rider based on the order in which the requests are received.

### **EXCLUSIONS**

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

1. provided as a result of mental or emotional disorder (except for Alzheimer's Disease, or similar forms of senility or senile dementia that are of organic origin);
2. provided as a result of alcoholism or drug addiction;
3. provided as a result of illness, treatment or medical conditions arising out of:
  - a. war or act of war (whether declared or undeclared);
  - b. participation in a felony, riot or insurrection;
  - c. service in the armed forces or units auxiliary thereto; or
  - d. suicide (while sane) or attempted suicide for one year after the rider effective date; or
  - e. intentionally self-inflicted injury;
4. 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. 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.

### **REINSTATEMENT**

This rider will be reinstated, upon lapse, if proof is provided that you were cognitively impaired or had a loss of functional capacity before the grace period contained in the certificate expired. This request, and submission of all past due premiums, must be made within 5 months after termination. Proof of cognitive impairment or loss of functional capacity will be on the same basis as the benefit eligibility criteria for cognitive impairment or loss of functional capacity as described in this rider.

### **INCONTESTABILITY**

If this rider has been in force for a period of less than 6 months, we may rescind this rider or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of coverage.

If this rider has been in force for a period of at least 6 months, but less than 2 years, we may rescind this rider or deny an otherwise valid claim upon a showing of misrepresentation that is both material to the acceptance of coverage and which pertains to the condition for which benefits are sought.

After this rider has been in force for a period of 2 years, it becomes incontestable upon the grounds of material misrepresentation alone. This rider may be contested only upon a showing that the insured knowingly and intentionally misrepresented material facts relating to the insured's health.

## APPEALS PROCESS

If you wish to file an appeal regarding a denial of claim, you must send a written request to us within 60 days of receiving our notification of denial. We will complete our review of your appeal within 60 days after receiving your appeal. The review period may be extended up to 120 days. You will receive advance written notice if the period is extended.

## TERMINATION

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

1. the date any monthly deduction for the certificate remains unpaid, subject to the grace period provision of the certificate;
2. the date the policy is terminated;
3. the date this rider is terminated under the policy;
4. the date we receive the policyholder's written request to terminate this rider;
5. the date the certificate terminates;
6. the date the certificate matures;
7. the date of the insured's death;
8. the next monthly date after we receive the certificate holder's written request to terminate this rider;
9. the date the certificate holder elects a non-forfeiture option;
10. the date the insured is no longer eligible for this rider; or
11. the date the monthly accelerated death benefit has been exhausted.

Coverage will not lapse or terminate due to nonpayment of premiums unless we, at least 30 days before the effective date of the lapse or termination, give notice to you and to those persons designated by you to receive the notice of lapse or termination. Notice must be given by first class United States mail, postage prepaid, and notice may not be given until 30 days after a premium is due and unpaid. Notice is considered to have been given as of 5 days after the date of mailing.

Termination will not prejudice the payment of an accelerated death benefit if the insured was chronically ill and receiving qualified long term care services while this rider was still in force.

Signed for AMERICAN HERITAGE LIFE INSURANCE COMPANY at its Home Office.



Secretary



President

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

**A Stock Company**

**AMENDMENT**

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

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

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

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

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



Secretary

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

**A Stock Company**

**NOTICE OF RIGHT TO RETURN POLICY**

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

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

A handwritten signature in black ink, appearing to read "Kurt Helms". The signature is fluid and cursive, with a long horizontal stroke at the end.

Secretary



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

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

**ENDORSEMENT TO ADD OR CHANGE RIDERS AFTER POLICY DATE**

The following provision is added to the General Provisions section of the policy to which this endorsement is attached.

**Adding or Changing Riders on Your Policy.** You may request the addition of any riders available at the time of request. You may also request a change to the amount or units of any rider currently attached to your policy. Any additional riders or changes to existing riders will be subject to our availability, underwriting and issue requirements at the time the request is made. Upon approval by us, the additional rider(s) or changes to existing riders will be effective on the next monthly date after the request is approved by us.

This endorsement does not change, alter or amend your policy in any way except as stated in this endorsement.

Signed for American Heritage Life Insurance Company at its home office.

Secretary





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

**ENDORSEMENT TO CHANGE TOBACCO STATUS**

The following provision is added to the General Provisions section of the policy to which this endorsement is attached.

**Change in Tobacco Status.** If the insured is age 19 or older, you may request the insured be reassigned to the non-tobacco premium class. Upon proof satisfactory to us that the insured meets our criteria of a non-tobacco user, we will reassign the insured to the non-tobacco premium class. The change will be effective on the next monthly date after the request is approved by us.

This endorsement does not change, alter or amend your policy in any way except as stated in this endorsement.

Signed for American Heritage Life Insurance Company at its home office.

Secretary



**AMERICAN HERITAGE LIFE INSURANCE COMPANY**

HOME OFFICE:

1776 AMERICAN HERITAGE LIFE DRIVE

JACKSONVILLE, FLORIDA 32224-6687

(904) 992-1776

A Stock Company



### **Important Privacy Policy Notice**

At Allstate Benefits ("AB"), we value you as a customer. We also share your concerns about privacy. We are sending this notice to explain how we treat personal information ("customer information") that is not public. This is information that we obtain from you or other sources when we provide you with products and services.

We want you to know that: we respect your privacy; and we protect your information.

- We do not sell customer information.
- We do not share your information with: persons; companies; or organizations outside of AB that would use that information to contact you about their products and services.
- We expect persons or organizations that provide services on our behalf to keep your information confidential. We also expect them to use your information only to provide the services we've asked them to perform.
- We communicate to our employees about the need to protect your information. We have established safeguards (these are physical, electronic and procedural) to protect this information.

Below are answers to questions that you might have about privacy. You may be wondering...

#### **What do we do with your information?**

AB does not sell your customer or medical information to anyone. We do not share it with companies or organizations outside of AB that would use that information to contact you about their own products and services. If this were to change, we would offer you the option to opt out of this type of information sharing. Also, we would obtain your consent before we share medical information for marketing purposes.

Your agent or broker may use your information to help you with your insurance needs. We may also communicate with you about products, features, and options in which you have expressed an interest. Without your consent, we may provide your information to persons or organizations in and out of AB. This would be done as permitted or required by law. We may do this to:

- Fulfill a transaction you have requested.
- Service your policy.
- Market our products to you.
- Investigate or handle claims.
- Detect or prevent fraud.
- Participate in insurance support organizations (Information from a report by an insurance support organization may be retained by that organization and distributed to other persons.).
- Comply with lawful requests from regulatory and law enforcement authorities.

These persons or organizations may include:

- Our affiliated companies.
- Companies that perform services, including marketing, on our behalf.
- Other financial institutions with which we have an agreement for the sale of financial products.
- Other insurance companies to perform their role in an insurance transaction involving you.
- Businesses that conduct actuarial or research studies.
- Persons requesting information pursuant to a subpoena or court order.
- Your agent or broker.
- An employer, if your premiums are payroll deducted.
- The creditor who sold you insurance, if your policy is credit insurance.

### **What kind of customer information do we have, and where did we get it?**

Much of the information that we have about you comes from you. When you perform certain transactions, you may give us information such as your name, address, and Social Security number. These transactions include when you submit: an application for insurance; a request for insurance; a request for products and services we offer; or a request for an insurance quote. We may have contacted you by telephone or mail for additional information. We keep information about the types of services you purchase from us and our affiliates. Examples of this include premiums, fund values, and payment history. We may collect information from outside sources such as consumer reporting agencies and health care providers. The information we collect may include the following:

- Motor vehicle reports.
- Credit reports.
- Medical information.

### **How do we protect your customer information?**

We expect any company with whom we share your information to use it only to provide the service we have asked them to perform. Information about you is also available within AB to those individuals who may need to use it to fulfill and service the needs of our customers. We communicate the need to protect your information to all employees and agents. We especially communicate this need to individuals who have access to it. Plus, we have established physical, electronic, and procedural safeguards to protect your information. Note that if your relationship with us ends, your information will remain protected. This protection will be provided according to our privacy practices outlined in this Important Notice.

### **How can you find out what information we have about you?**

You may request to see, or obtain by mail, the information about you in our records. If you believe that our information is incomplete or inaccurate, you may request that we correct, add to, or delete from the disputed information. In order to fulfill your request, we may make arrangements to copy and disclose your information to you on our behalf. This may be done with an insurance support organization or a consumer reporting agency. You may also request a more complete description of the entities to which we disclose your information, or the conditions that might warrant such disclosures. Please send any of the requests listed above in writing to:

AB  
Policyholder Services (Privacy Section)  
1776 American Heritage Life Drive  
Jacksonville, FL 32224-6687

### **If you are an Internet user ...**

Our website, [www.allstatebenefits.com](http://www.allstatebenefits.com), provides information about AB, our products, and the agencies and brokers that represent us. You may also perform certain transactions on the website. When accessing [www.allstatebenefits.com](http://www.allstatebenefits.com), please be sure to read the Privacy Statement that appears there. To learn more, the [www.allstatebenefits.com](http://www.allstatebenefits.com) Privacy Statement provides information relating to your use of the website. This includes, for example:

- 1) our use of online collecting devices known as "cookies";
- 2) how we collect information such as IP address (the number assigned to your computer when you use the Internet), browser and platform types, domain names, access times, referral data, and your activity while using our site;
- 3) who should use our website;
- 4) the security of information over the Internet;
- 5) links and co-branded sites.

We hope you have found this notice helpful. If you have any questions or would like more information, please don't hesitate to contact your agent or write us at:

AB  
Policyholder Services (Privacy Section)  
1776 American Heritage Life Drive  
Jacksonville, FL 32224-6687

This notice is being provided on behalf of the following companies:

American Heritage Life Insurance Company	Holiday Life Insurance Company
Bluegrass Life Insurance Company	Kentucky Home Mutual
Acme United Insurance Company	Keystone State Life
SMA Life Assurance Company	National Guardian Life