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CHUBB®

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

#### LifeTime Benefit Term Product Information

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

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

**SAMPLE**

**BENEFICIARY CHANGE FORM**

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

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

Address \_\_\_\_\_

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

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

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

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

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

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

**C. Signatures.**

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

**SAMPLE**



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

### **Benefit**

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

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

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

### **Amount You May Elect**

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

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

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

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

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

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

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

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

Premiums, without reduction, will still be payable, including any premiums for Riders. In the event that Coverage under a Certificate Lapses for nonpayment of premium, Coverage terminates and no repayment of the lien (including accrued interest) is required. A written consent must be sent to Us from any Irrevocable Beneficiaries or assignees before we will release an Accelerated Death Benefit. The written request must be in a form satisfactory to Us.

### **Benefit Premiums**

There are no separate premiums for benefits under this Rider.

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

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

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

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

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

\* Equal to the Accelerated Death Benefit

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

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

**Acknowledgement**

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

\_\_\_\_\_  
Signature of Certificateholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Date

**EXTENDED ACCELERATION OF DEATH BENEFIT FOR QUALIFIED LONG TERM CARE INSURANCE RIDER  
OUTLINE OF COVERAGE  
RIDER FORM NO. 34554FL**

Caution: The issuance of this long term care insurance Rider is based upon Your responses to the questions on Your enrollment form. A copy of Your enrollment form is enclosed. If Your answers are incorrect or untrue, the Company has the right to deny benefits or rescind Your 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, please contact the company at this address: 17 Church St., Keene, N. H. 03431.

1. This Rider is a group Rider which has been issued and approved in the state of Florida as a long term care insurance Rider meeting the requirements of Florida law.
2. **PURPOSE OF OUTLINE OF COVERAGE:** This Outline of Coverage provides a very brief description of the important features of the Rider. You should compare this outline of coverage to outlines of coverage for other policies available to You. This is not an insurance contract, but only a summary of coverage. Only the group contract contains governing contractual provisions. This means that the group contract sets forth in detail the rights and obligations of both You and the insurance company. Therefore, if You purchase this coverage, or any other coverage, it is important that You **READ YOUR RIDERS CAREFULLY.**
3. **FEDERAL TAX CONSEQUENCES:** This Rider is intended to be a qualified long term care insurance rider under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.
4. **TERMS UNDER WHICH THIS RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED:**
  - a. **RENEWABILITY: THIS RIDER IS GUARANTEED RENEWABLE.** This means you have the right, subject to the terms of your Rider, to continue this Rider as long as you pay Your premiums on time, Combined Insurance Company of America cannot change any of the terms of your Rider on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.
  - b. **CONTINUATION:** Regardless of the continuation or conversion options available under the base Certificate, a continuation option is available for this Rider. Only You can request termination of this Rider. Unless You do, it will remain in force as long as the Certificate remains in force. If the base Certificate is converted to an individual life policy, this Rider will then be attached to the converted individual life policy.
  - c. **WAIVER OF PREMIUM:** For each month You receive benefits under the Rider, Your premium for the Certificate and all Riders will be waived.
5. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS:** The current premiums are shown on the Certificate Schedule. Any change in premium will be made on a Coverage anniversary date. New premiums will be based on the Insured's on the Rider's effective date. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.
6. **TERMS UNDER WHICH THIS RIDER MAY BE RETURNED AND PREMIUM REFUNDED:** You have the right to return this Rider within 30 days after You receive it, and we will refund any premium that You paid for the Rider, if after examination of the Rider You are not satisfied for any reason.

Upon death of an Insured or termination of this Rider, a refund of any unearned premium will be made to the Certificateholder.

7. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If You are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* available from the Insurance Company.

Neither Combined Insurance Company of America nor its agents represent Medicare, the federal government, or any state government. or Combined Insurance Company is not representing Medicare, the federal government or any state government.

8. **LONG TERM CARE COVERAGE:** Riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services that are provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the

community or in the home. This Rider provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to Rider limitations and requirements. Coverage is provided for the benefits outlined in paragraph (9) of this subsection. The benefits described in paragraph (9) of this subsection may be limited by the limitations and exclusions in paragraph (10) of this subsection.

9. BENEFITS PROVIDED BY THIS RIDER:

- a) **QUALIFIED LONG TERM CARE BENEFIT:** The benefit amount for Confinement, Home Health Care or Adult Day Care will be 4% of the current Death Benefit, minus any lien, of the Certificate as of the first of the month following the date the Insured became eligible for payment of the benefit. After We receive the required proof that the Insured has met the Conditions for Determination of Payment of Benefits that are described in this Rider, We will pay You the benefit amount. We will pay the benefit amount for each Certificate Month or fraction of a Certificate Month for as long as the Insured continues to meet the eligibility requirements. The benefit payments will be subject to the Remaining Accelerated Death Benefit Amount.
- b) This Rider offers benefits for confinement in a Nursing Home and Assisted Living Facility.
- c) This Rider offers benefits for treatment for Home Health Care or Adult Day Care Facilities.
- d) **ELIGIBILITY FOR PAYMENT OF BENEFITS:** Payment of benefits shall be determined based on the Insured being Chronically Ill, having a level of disability similar to the Insured's ability to perform 2 Activities of Daily Living; or being Cognitively Impaired, as defined in the Rider.

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

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

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

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

**Continence:** The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

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

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

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

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

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

- (a) being Unable to Perform, without substantial assistance from another individual, at least two activities of daily living for a period of at least 90 days due to a loss of functional capacity; **or**
- (b) requiring substantial supervision for protection from threats to his or her health and safety due to severe cognitive impairment.

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

- a) pre-existing conditions means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within 6 months preceding the Date of Issue for an Insured person.
- b) mental or nervous disorders; however, this shall not permit exclusion or limitation of benefits on the basis of
- c) Alzheimer's Disease;
- d) alcoholism and drug addiction;
- e) illness, treatment or medical conditions arising out of:
- f) war or act of war (whether declared or undeclared);
- g) participation in a felony, riot or insurrection;



- h) service in the armed forces or units auxiliary thereto;
- i) suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or
- j) aviation (this exclusion applies only to non-fare-paying passengers);
- k) treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare 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, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance;
- l) expenses for services or items available or paid under another long term care insurance or health insurance policy;
- m) in the case of a qualified long term care contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for the application of a deductible or coinsurance amount; or
- n) care or services received outside the United States or its territories.

THIS RIDER MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR LONG TERM 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 this plan may be adjusted.
- a) This Rider is level and will not increase over time.
  - b) There is no inflation protection available with this Rider.

12. ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS: This 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. PREMIUM:

- a. The total annual premium for this Rider is: 25.00.

14. ADDITIONAL FEATURES:

- a. This Rider is issued or denied based on Your answers to questions on the enrollment form
- b. IMPACT ON CERTIFICATE: The death benefit that is payable at the death of the Insured will be reduced by the total of all Long Term Care Benefit payments. The Death Benefit will further be reduced by any Lien resulting from a Terminal Illness benefit paid. If the Insured dies while the Certificate is in force, the remaining Death Benefit proceeds will be paid to the Beneficiary. No further payments under this Rider will be made.
- c. **CONTINGENT NONFORFEITURE BENEFIT:** The contingent nonforfeiture benefit will be available on lapse and will be triggered each time We increase the premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of the Insured's initial annual premium set forth below based on the Insured's issue age and the Certificate lapses within 120 days of the due date of the premium so increased, and you did not purchase the Nonforfeiture Benefit. Notice will be sent to the Certificateholder's last known address at least 45 days prior to the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase:

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
Issue Age 29 and under	200%	72	36%
30 – 34	190%	73	34%
35 – 39	170%	74	32%
40 – 44	150%	75	30%
45 – 49	130%	76	28%
50 – 54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%

68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

On or before the effective date of a substantial increase you may elect to:

1. Reduce your benefits provided by the current coverage without any additional underwriting, such that the premium payments are not increased.
2. Convert your coverage to a paid up status with a shortened benefit period. This Benefit will be equal to the greater of a credit of 100 percent of the premium paid or 30 times the daily nursing home benefit at the time the Rider lapses. This option may be elected at any time during the 120 day period and shall be available from the end of the grace period without restriction on the number of years the Certificate has been in force.

Should this coverage replace a block of business from an existing Insurer, the contingent nonforfeiture benefit will be calculated based on the initial annual premium paid by the Insured when the Certificate was first purchased from the original Insurer.

When the premium payment period is less than the term for eligibility for benefits, We will, upon lapse provide a contingent benefit that in the event of any rate increase shall provide:

1. A paid up benefit in the event the Certificate terminates within 120 days of the due date of the premium so increased if the ratio in number 2 is at least 40 percent.
2. The minimum paid up benefit, including the amount paid and the maximum amount of benefits payable, shall be at least equal to the ratio of the number of years, and partial years, paid less one divided by the number of years in the premium paying period, less one times the Certificate benefits at the time of Certificate termination.

Notice will be provided to the Certificateholder at the time of a rate increase, notifying them of their benefits under this provision of the Rider if they terminate coverage.

- d. ILLUSTRATIVE EXAMPLE of the effect of exercising the Accelerated Death Benefit option based on the Monthly Accelerated Death Benefit of \$1,000:

	Before Accelerated Benefit	After One Month Accelerated Benefit
Accelerated Death Benefit	\$ 0	\$ 1,000
Death Benefit	\$ 25,000	\$ 24,000
Maximum Remaining Accelerated Death Benefit	\$ 25,000	\$ 24,000
Outstanding Terminal Illness Lien Balance	\$ 10,000	\$ 10,000
Planned Periodic Premium (Monthly)	52.22	50.50**

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

15. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR EXTENDED ACCELERATION OF DEATH BENEFIT FOR QUALIFIED LONG TERM CARE INSURANCE RIDER.

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

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

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

#### Medicare

- Medicare does not pay for most long term care.

#### Medicaid

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

#### Shopper's Guide

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

#### Counseling

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

**SAMPLE**



**LIFETIME BENEFIT TERM INSURANCE CERTIFICATE OF COVERAGE**

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

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

The Lifetime Benefit Term Coverage provides:

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

**READ THIS CERTIFICATE CAREFULLY.**

**Right to Examine Certificate:** We want the Certificateholder to be satisfied with his/her Coverage under The Policy. The Certificateholder may, within 30 days after the Certificate is delivered, return the Certificate to our Administrative Office and will receive a full refund of any premiums that have been paid. Once returned, the Coverage will be void from its beginning.

**Policyholder:** Sample Case in Florida

**Policy Number:** XYZ-LBT

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

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

Richard L. Williams, Jr., President

Brandon Peene, Secretary

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

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

**FOR INFORMATION, OR TO MAKE A COMPLAINT, CALL [1-855-241-9891]**

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

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

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

SAMPLE

CERTIFICATE SCHEDULE  
LIFETIME BENEFIT TERM INSURANCE

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INSURED:	FIRST NAME LAST NAME	EXPIRY DATE:	SEPT 1, 2098
CERTIFICATEHOLDER:	FIRST NAME LAST NAME	FACE AMOUNT:	\$25,000
ISSUE AGE:	46 FEMALE	GUARANTEED DEATH BENEFIT TO AGE 71:	\$25,000
RATE CLASS:	NON-TOBACCO	REDUCED GUARANTEED DEATH BENEFIT AFTER AGE 71:	\$12,500
DATE OF ISSUE:	SEPT 1, 2023	VESTING PERIOD:	10 YEARS
COVERAGE DATE:	SEPT 1, 2023		
CERTIFICATE NUMBER:	VC00#####		

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BENEFICIARY: AS STATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED

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CURRENT:            ANNUAL PREMIUM: \$375.85            PLANNED PERIODIC PREMIUM: \$31.32

PREMIUMS ARE PAYABLE TO AGE 100.

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CERTIFICATE SCHEDULE CONTINUED  
 CERTIFICATE NUMBER: VC004#####  
 RIDERS

BENEFIT	AMOUNT	ANNUAL PREMIUM	COVERAGE DATE	EXPIRY DATE
ACCELERATED DEATH BENEFIT FOR QUALIFIED LONG TERM CARE INSURANCE RIDER CONFINEMENT PERCENTAGE HOME HEALTH OR ADULT DAY CARE PERCENTAGE ELIMINATION PERIOD: 90 DAYS		\$25.00	SEPT 1, 2023	SEPT 1, 2098
	4%			
	4%			
EXTENDED ACCELERATION OF DEATH BENEFIT FOR QUALIFIED LONG TERM CARE INSURANCE RIDER		\$32.60	SEPT 1, 2023	SEPT 1, 2098

Multiple of Current Death Benefit: 2

SAMPLE

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

CERTIFICATE YEAR	ATTAINED AGE	ANNUAL PREMIUM (INCLUDES RIDERS)	DECREASING TERM DEATH BENEFIT**	PAID UP TERM DEATH BENEFIT**	GUARANTEED DEATH BENEFIT**
1	46	\$375.85	\$25,000	\$0	\$25,000
2	47	\$375.85	\$25,000	\$0	\$25,000
3	48	\$375.85	\$24,909	\$0	\$25,000
4	49	\$375.85	\$24,821	\$0	\$25,000
5	50	\$375.85	\$24,733	\$0	\$25,000
6	51	\$375.85	\$24,648	\$0	\$25,000
7	52	\$375.85	\$24,310	\$0	\$25,000
8	53	\$375.85	\$23,979	\$0	\$25,000
9	54	\$375.85	\$23,653	\$0	\$25,000
10	55	\$375.85	\$23,333	\$0	\$25,000
15	60	\$375.85	\$21,807	\$3,193	\$25,000
20	65	\$375.85	\$20,396	\$4,604	\$25,000
25	70	\$375.85	\$19,083	\$5,917	\$25,000
30	75	\$375.85	\$5,354	\$7,146	\$12,500
35	80	\$375.85	\$4,196	\$8,304	\$12,500
40	85	\$375.85	\$3,095	\$9,405	\$12,500
45	90	\$375.85	\$2,036	\$10,464	\$12,500
50	95	\$375.85	\$1,007	\$11,493	\$12,500
55-75	100-120	\$0.00	\$0	\$12,500	\$12,500

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

THE PORTION OF THE ANNUAL PREMIUM USED TO PURCHASE PAID-UP INSURANCE IS \$188.07. THE PREMIUM LOADS USED FOR CALCULATING THE PAID UP TERM DEATH BENEFIT IS 100 % FOR COVERAGE YEAR 1, 75 % FOR COVERAGE YEARS 2 -5 AND 0 % FOR SUBSEQUENT COVERAGE YEARS.

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

## DEFINITIONS

**Active Employee** means an employee who is actively at work for thirty (30.0000) hours or more per week, performing the regular duties of their job in the usual manner and at the usual place of employment at the time of enrollment, and has completed (0) days of employment as of the enrollment date.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## CERTIFICATE PROVISIONS

### The Policy

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

### Statements Are Not Warranties

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

**Contestability**

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

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

**Termination of Coverage on an Insured**

Coverage on an Insured will terminate:

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

**Continuation of Coverage During Disability**

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 total disability not occurred. The continuation shall be for a period of up to 6 months from the date on which the total disability started. After this period, the Coverage can be continued under the Portability or Conversion provision.

**Portability Privilege or Conversion**

If the Insured loses eligibility for the Coverage provided under The Policy for any reason other than non-payment of premiums, You may either continue coverage under the Portability Privilege, or convert the amount of insurance that ceased under The Policy to an individual life insurance policy.

Portability will not be available for a Covered Person unless:

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

In the alternative, You have the right to continue the amount of insurance lost due to termination of Coverage under The Policy to an individual life insurance policy. The individual policy will be available without presenting evidence of insurability in an amount up to and including the amount of coverage that ceased. You may select from individual life policy that is then available for sale by the Company. The premiums charged will be those applicable to the risk class, then-current age on an age-last basis, and gender of the Insured for the selected policy. This right to convert to an individual policy may only be exercised within 31 days of the termination of coverage under The Policy. Notice of conversion will be provided at least 15 days prior to the end of this period. If notice is not provided within 15 days, the Certificateholder will have an additional 15 days to exercise this right. Any paid-up additions or other fully-paid coverage under The Policy will continue in force and may not be converted to the individual policy.

Should the Insured die during the period within the 31 day conversion period, and before the individual policy would become effective, the amount of insurance which the person would have been entitled to have been issued under the individual policy shall 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.

These options are mutually exclusive. You may not elect both Portability and Conversion.

**Misstatement of Age**

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

**Suicide Exclusion**

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

### **Certificateholder's Rights**

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

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

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

### **Assignment**

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

### **Change of Certificateholder or Beneficiary**

The Policy provides that the Certificateholder or any Beneficiary may be changed during the Insured's lifetime. We do not limit the number of changes that may be made. To make a change, a written request, satisfactory to Us, must be received at Our Administrative Office. The change will take effect as of the date the request is signed by all required parties, even if the Insured dies before We receive it. Each change will be subject to any payment We made or other action We took before receiving the request. If the Certificateholder dies prior to the Insured, the Insured will become the Certificateholder.

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

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

### **Legal Actions**

You cannot bring a legal action to recover benefits under Your Certificate for at least 60 days after You have given Us written Proof of Loss. You cannot start such an action after 5 years from the date Proof of Loss is required.

## **PREMIUMS**

### **Payment of Premiums**

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

### **Grace Period**

After the first premium has been paid, We allow a 31 day Grace Period to pay each subsequent premium. During this Grace Period the Coverage remains in full force. If the Insured dies during the Grace Period, We will deduct the unpaid premium from the benefits of this Coverage.

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

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

### **Reinstatement**

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

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

If You do not pay the premium due within 60 days of the due date (within 29 days after the end of the Grace Period) Reinstatement will be subject to Evidence of Insurability satisfactory to Us. All overdue premiums must be paid with interest compounded annually at 6% from their due dates to the date of reinstatement.

## THE DEATH BENEFIT

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

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

### Guaranteed Death Benefit

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

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

### Guaranteed Paid-Up Term Death Benefit

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

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

### Decreasing Term Death Benefit

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

### Deferred Paid-Up Term Death Benefit

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

### Non-guaranteed Credits

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

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

- i. The Guaranteed Death Benefit.

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

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

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

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

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

The Guaranteed Death Benefit, current mortality rate, net single premium rate and interest rate for calculating the above Credits are determined as of the prior anniversary and are based upon rates declared in advance of the Certificate Year. Current rates are based upon Our future expectations of mortality and interest and are not calculated to recover past losses or distribute past profits. If We change current rates on in force Coverage under The Policy, the changes will be made uniformly for all insureds for a given age, Duration, Mortality Table and Rate Class as shown in the Certificate Schedule.

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

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

### **One Year Term Insurance**

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

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

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

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

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

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

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

### **Death Benefit Calculations**

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

- a. Guaranteed Death Benefit in effect, in that year; plus
- b. After the Initial Guaranteed Death Benefit Period, One Year Term Insurance, if any; plus



- c. the premium paid beyond the date of death; plus
- d. interest, not less than required by law, from the date proof of death is received by Us to the date the claim is paid; minus
- e. any unpaid premium due and unpaid at the date of death.

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

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

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

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

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

**Death of Beneficiary**

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

**Multiple Beneficiaries**

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

**Facility of Payment**

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

**COVERAGES VALUES**

**Basis of Values**

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

**Certificate Schedule of Guaranteed Values**

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

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

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

**SAMPLE**

## ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

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

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

### IMPORTANT DISCLOSURES:

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

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

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

### DEFINITIONS:

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

### ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS:

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

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

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

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

# ACCELERATED DEATH BENEFIT FOR TERMINAL ILLNESS RIDER

*Continued from previous page.*

## **LIEN:**

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

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

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

**ADJUSTMENTS:** We will charge an administrative fee of not more than \$100, for processing an Accelerated Death Benefit for Terminal Illness. This fee will be deducted from any payment made.

## **EFFECT ON THE CERTIFICATEHOLDER'S COVERAGE:**

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

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

## **CONDITIONS:**

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

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

## **CERTIFICATEHOLDER'S RIGHTS:**

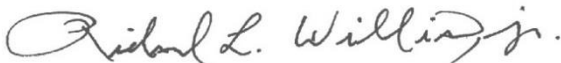
The request for payment of any Accelerated Death Benefit for Terminal Illness is voluntary. This Rider is not intended to allow third parties to cause You to involuntarily reduce Your Coverage Proceeds that would be payable to Your Beneficiary. Therefore, any election that is forced by creditors or government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

## **TERMINATION:**

This Rider will terminate on the earliest of:

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

## **COMBINED INSURANCE COMPANY OF AMERICA**



Richard L. Williams, Jr., President



Brandon Peene, Secretary

### **Home Office**

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

### **Administrative Office**

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

If you have any questions or concerns regarding this rider please call [1-855-241-9891]

## ACCELERATED DEATH BENEFIT FOR QUALIFIED LONG TERM CARE INSURANCE RIDER

This Rider has been approved as a Long-Term Care Insurance Rider meeting the requirements of Florida Law

**TAX QUALIFICATION NOTICE:** This Rider is intended to be a federally tax-qualified long term care insurance Rider under Section 7702B of the Internal Revenue Code of 1986, as amended.

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

This Rider provides that You may elect to receive a portion of the Death Benefit when the Insured becomes eligible for benefits under this Rider. Each monthly benefit payable under this Rider will reduce the Death Benefit.

**GUARANTEED RENEWABLE:** As long as You pay the premium on time and Coverage under this Rider is in force, it is renewable, subject to the Rider's terms. We can increase the premium. The current premiums are shown on the Certificate Schedule. Any change in premium will be made on a Coverage anniversary date. New premiums will be on a class basis. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

**TERMS UNDER WHICH THIS RIDER MAY BE RETURNED AND PREMIUM REFUNDED:** You have the right to return this Rider within 30 days after You receive it, and We will refund any premium that You paid for the Rider, if after examination of the Rider You are not satisfied for any reason.

Upon death of an Insured or termination of this Rider, a refund of any unearned premium will be made to the Certificateholder.

**CAUTION:** The issuance of this long-term care insurance Rider is based upon your responses to the questions on your enrollment form. A copy of your enrollment form is attached. If Your answers are incorrect or untrue, the Company may have the right to deny benefits or to rescind Your 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, contact the Company at this address: 17 Church St., Keene, N.H. 03431.

**NOTICE TO YOU, THE BUYER:** This Rider may not cover all of the costs associated with long-term care which may be incurred by the buyer during the period of coverage. The buyer is advised to periodically review this policy in relation to the changes in the cost of long-term care.

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

### DEFINITIONS

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

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

1. **Bathing:** The Insured's ability to wash himself/herself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.
2. **Continence:** The Insured's ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

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

**ADULT DAY CARE** means 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 frail, impaired elderly or other disabled adults who 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 state licensure or certification requirements for such facility. If the state does not provide licensure or certification, the facility must meet all of the following criteria:

1. it provides 24 hour a day care and services sufficient to support needs resulting from being Chronically Ill; and
2. it has a trained and ready to respond employee on duty at all times to provide care; and
3. it provides 3 meals a day and accommodates special dietary needs; and
4. it has formal arrangements for the services of a physician or nurse to furnish medical care in case of an emergency; and
5. 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 certified by a licensed health care practitioner as:

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

**COGNITIVE IMPAIRMENT** means a deficiency in a person's short or long term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

**CONFINED OR CONFINEMENT** means assignment to a bed and physically within a licensed Nursing or Assisted Living Facility as an overnight resident patient.

**CONFINED CARE SERVICES** means Qualified Long Term Care Services provided in an Assisted Living Facility or nursing home facility.

**DAY** is 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 care and services of the Insured.

**The elimination period needs to be satisfied only once during the Insured's lifetime.**

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

**HOME HEALTH CARE** means a program of professional, para-professional or skilled care provided by or through a home health care agency or a nurse registry in the Insured's home. It includes the following types of care: nursing services, home health services, adult day care center, adult foster home, community care for the elderly, personal care, and social services.

**HOME HEALTH SERVICES** means Medical and non-medical services provided to ill, disabled, or infirm person's in their residences. Such services may include homemaker services, assistance with activities of daily living, and respite care services.

**HOME HEALTH CARE AGENCY** means an agency or organization that meets state licensure or certification requirements for such facility. If the state does not provide licensure or certification, an agency or organization which:

1. specializes in giving nursing care or therapeutic services in the home; and
2. is Medicare certified as a home health care agency; and
3. maintains a complete medical record and plan of care for each patient.

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

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

**LICENSED HEALTH CARE PRACTITIONER** means any physician, nurse licensed under part I of chapter 464 of the Florida Statutes, or psychotherapist licensed under chapter 490 or chapter 491 of the Florida Statutes, or any individual who meets any requirements prescribed by rule by the commission.

**MAINTENANCE OR PERSONAL CARE SERVICES** means any care for the primary purpose of providing needed assistance with any disabilities resulting in the Insured being a Chronically Ill individual, including the protection from threats to health and safety due to severe Cognitive Impairment.

**MENTAL OR NERVOUS DISORDER** means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.

**MONTHLY BENEFIT PERIOD** means the first Monthly Benefit Period during a Period of Care begins the day following the day on which the Elimination Period is satisfied and ends on the day before the next monthly date. Each subsequent Monthly Benefit Period begins on the monthly date after the last Monthly Benefit Period ended and ends on the day before the next monthly date. Each day in a Period of Care after the Elimination Period is satisfied applies to one Monthly Benefit Period only.

**NURSING HOME FACILITY** means a facility that meets state licensure or certification requirements for such facility. If the state does not provide licensure or certification, the facility must meet all of the following standards:

1. it is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
2. it provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
3. 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
4. it is not, other than incidentally, a hospital, a home for the aged, a retirement home, a rest home, a community living center, or a place mainly for the treatment of alcoholism, mental illness or drug abuse.

**PERIOD OF CARE** begins on the first day the Insured incurs a charge for Qualified Long Term Care Services covered under this Rider. It ends when, for a period of 180 consecutive days, the Insured has not:

1. received Qualified Long Term Care Services covered under this Rider; or
2. been Chronically Ill.

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

**PRE-EXISTING CONDITION** means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within 6 months preceding the Date of Issue for an Insured person.

**QUALIFIED LONG TERM CARE INSURANCE RIDER** means an accident and health insurance contract as defined in Section 7702B of the Internal Revenue Code and all applicable sections of Part XVIII of Chapter 627 of the Florida Statutes.

**QUALIFIED LONG TERM CARE SERVICES** means necessary diagnostic, preventative, 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.

**NON-CONFINED CARE SERVICES** means Qualified Long Term Care Services provided by means of home health care or services or adult day care.

**COVERAGE DATE** means that new Coverage under this Rider is effective on the Date of Issue shown on the Certificate Schedule. If this Rider is applied for at a later date, the Coverage date is the Date of Issue assigned by Our Administrative/Home Office in accordance with Our dating rules in effect at the time this Rider is issued.

#### **CONDITIONS FOR DETERMINATION OF PAYMENT OF BENEFITS**

Payment of benefits will be determined based on the Insured being Chronically Ill; having a level of disability similar to the Insured's ability to perform activities of daily living; or being cognitively impaired, as defined.

When a licensed health care practitioner has certified that an Insured is unable to perform 2 Activities of Daily Living for an expected period of at least 90 days due to a loss of functional capacity and the Insured is in claim status, the certification shall not be rescinded and additional certifications shall not be performed until after the expiration of the 90 day period.

#### **PRE-EXISTING CONDITION LIMITATION**

We do not pay benefits under this Rider for a Period of Care that begins in the first 6 months after the Rider date if a Pre-Existing Condition causes the Insured to be Chronically Ill. A Period of Care that begins more than 6 months after the Rider date that is caused by a Pre-Existing Condition will be covered.

#### **MONTHLY ACCELERATED DEATH BENEFIT**

We provide the benefits described in this Rider, during a Period of Care, provided that:

1. the Certificate and Rider are in force; and
2. the Insured satisfies the Elimination Period for the Period of Care; and
3. 4% of the current Death Benefit, minus any lien, of the Certificate as of the first of the month following the date the Insured became eligible for payment of the benefit, subject to the remaining accelerated Death Benefit amount; and
4. all irrevocable beneficiaries and assignees have signed the written request for this benefit; and
5. the Insured is alive and has incurred charges for Qualified Long Term Care Services which are included in the Insured's plan of care.

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.



**QUALIFIED LONG TERM CARE BENEFIT:** The benefit amount for Confinement, Home Health Care or Adult Day Care will be 4% of the current Death Benefit, minus any lien, of the Certificate as of the first of the month following the date the Insured became eligible for payment of the benefit. After We receive the required proof that the Insured has met the Conditions for Determination of Payment of Benefits that are described in this Rider, We will pay You the benefit amount. We will pay the benefit amount for each Certificate Month or fraction of a Certificate Month for as long as the Insured continues to meet the eligibility requirements. The benefit payments will be subject to the remaining accelerated Death Benefit amount.

The current Death Benefit as used here does not include accidental Death Benefits or life insurance provided by any other Riders.

#### **EFFECT OF ACCELERATED DEATH BENEFIT PAYMENTS ON THE CERTIFICATE**

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

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

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

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

If the maximum remaining accelerated Death Benefit amount is reduced to zero or less, either due to payment of a Monthly Accelerated Death Benefit or due to a reduction in the Death Benefit provided under the Certificate, the Coverage provided by the Certificate and any Riders will terminate with no further benefits payable.

#### **EXCLUSIONS**

This Rider may not limit or exclude Coverage by type of illness, treatment, medical condition, or accident, except as follows:

1. Pre-Existing Conditions or diseases (see **Pre-Existing Condition Limitation** provision);
2. mental or nervous disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease;
3. alcoholism and drug addiction;
4. 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;
  - d. suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or
  - e. aviation (this exclusion applies only to non-fare-paying passengers);
5. treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare 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, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance;

6. expenses for services or items available or paid under another long term care insurance or health insurance policy;
7. in the case of a Qualified Long Term Care contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for the application of a deductible or coinsurance amount; or
8. care or services received outside the United States or its territories.

## PREMIUMS

The annual premium for this Rider is shown on the Certificate schedule page.

## WAIVER OF PREMIUM

For each Certificate month You receive monthly benefits under this Rider, We will waive the premium for the Certificate and all Riders attached to the Certificate.

## CLAIMS

**NOTICE OF CLAIM:** Written Notice of Claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to Us at Our Administrative/Home Office or to Our agent. Notice should include the name of the Insured and the Certificate number.

**CLAIM FORMS:** When We receive the Notice of Claim, We will send the claimant forms for filing Proof of Loss. If these forms are not given to the claimant within 15 days, the claimant may meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

**PROOF OF LOSS:** If the Rider provides for periodic payment for a continuing loss, written Proof of Loss must be given to Us within 90 days after the end of each period for which We are liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

**PHYSICAL EXAMINATIONS:** The insurer at its expense has the right to have the insured examined as often as reasonably necessary while a claim is pending.

**TIME OF PAYMENT OF CLAIMS:** After receiving written Proof of Loss, We will pay monthly all benefits then due for Qualified Long Term Care Services.

**PAYMENT OF CLAIMS:** Rider benefits will be paid to the Certificateholder, unless a different payee is designated. Benefits for loss of life payable under the Certificate to which this Rider is attached will be paid in accordance with the beneficiary designation in effect at the time of payment and the provisions described in the Certificate.

**CHANGE OF BENEFICIARY:** The Certificateholder can change the beneficiary at any time by giving the insurer written notice. The beneficiary's consent is not required for this or any other change in the Rider, unless the designation of the beneficiary is irrevocable.

**LEGAL ACTIONS:** No legal action may be brought to recover on this Rider within 60 days after written Proof of Loss has been given as required by this Rider. No such action may be brought after the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be given.

**APPEALS PROCESS:** Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary must be provided an opportunity for an appeal to Our licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and Our licensed physician must respond within a reasonable time, not to exceed 15 business days.

**GENERAL RIDER PROVISIONS**

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

**GRACE PERIOD:** This Rider provides a Grace Period of 30 days, within which payment of any premium after the first may be made. During the Grace Period this Rider will continue in force. If the Rider becomes a claim during the Grace Period before the overdue premium is paid, the amount of such premium may be deducted in any settlement under the Rider. This Rider will not be canceled for nonpayment of premium unless, after expiration of the Grace Period, and at least 30 days prior to the effective date of such cancellation, We have mailed a notification of possible lapse in Coverage to the Certificateholder and to a specified secondary addressee if such addressee has been designated in writing by name and address by the Certificateholder. We shall notify the Certificateholder, at least once annually, of the right to designate a secondary addressee. Notice of possible lapse in Coverage due to nonpayment of premium shall be given by United States Postal Service proof of mailing or certified or registered mail to the Certificateholder and the secondary addressee at the address shown in the life insurance Certificate or the last known address provided to us. Notice may not be given until 30 days after a premium is due and unpaid. Notice shall be deemed to have been given as of 5 days after the date of mailing.

**PROTECTION AGAINST UNINTENTIONAL LAPSE:** If this Rider is canceled due to nonpayment of premium, the Certificateholder is entitled to have this Rider reinstated if, within a period of not less than 5 months after the date of cancellation, the Certificateholder or any secondary addressee designated demonstrates that the failure to pay the premium when due was unintentional and due to the Certificateholder's Cognitive Impairment, loss of functional capacity, or continuous confinement in a hospital, Nursing Home Facility, or Assisted Living Facility for a period in excess of 60 days. Rider reinstatement shall be subject to payment of overdue premiums. The standard of proof of Cognitive Impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria for Cognitive Impairment or the loss of functional capacity contained in this Rider. We may require payment of an interest charge not in excess of 8% per year for the number of days elapsing before the payment of the premium, during which period this Rider shall continue in force if the demonstration of Cognitive Impairment is made. If the Rider becomes a claim during the 180-day period before the overdue premium is paid, the amount of the premium or premiums with interest not in excess of 8% per year may be deducted in any settlement under this Rider.

**ENTIRE CONTRACT; CHANGES:** This Rider, with the Certificate, enrollment form and attached papers, is the entire contract between You and Us. No change in this Rider will be effective until approved by an officer of Ours. This approval must be noted on or attached to this Rider. No agent may change this Rider or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** The Rider shall be incontestable after it has been in force during the lifetime of the Insured for a period of 2 years after its Date of Issue except for nonpayment of premiums.

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

**CONTINGENT NONFORFEITURE BENEFIT:** The contingent nonforfeiture benefit will be available on lapse and will be triggered each time We increase the premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of the Insured's initial annual premium set forth below based on the Insured's issue age and the Certificate lapses within 120 days of the due date of the premium so increased, and you did not purchase the Nonforfeiture Benefit. Notice will be sent to the Certificateholder's last known address at least 45 days prior to the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase:

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
Issue Age 29 and under	200%	72	36%
30 – 34	190%	73	34%
35 – 39	170%	74	32%
40 – 44	150%	75	30%
45 – 49	130%	76	28%
50 – 54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%

61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

On or before the effective date of a substantial increase you may elect to:

1. Reduce your benefits provided by the current coverage without any additional underwriting, such that the premium payments are not increased.
2. Convert your coverage to a paid up status with a shortened benefit period. This Benefit will be equal to the greater of a credit of 100 percent of the premium paid or 30 times the daily nursing home benefit at the time the Rider lapses. This option may be elected at any time during the 120 day period and shall be available from the end of the grace period without restriction on the number of years the Certificate has been in force.

Should this coverage replace a block of business from an existing Insurer, the contingent nonforfeiture benefit will be calculated based on the initial annual premium paid by the Insured when the Certificate was first purchased from the original Insurer.

When the premium payment period is less than the term for eligibility for benefits, We will, upon lapse provide a contingent benefit that in the event of any rate increase shall provide:

1. A paid up benefit in the event the Certificate terminates within 120 days of the due date of the premium so increased if the ratio in number 2 is at least 40 percent.
2. The minimum paid up benefit, including the amount paid and the maximum amount of benefits payable, shall be at least equal to the ratio of the number of years, and partial years, paid less one divided by the number of years in the premium paying period, less one times the Certificate benefits at the time of Certificate termination.

Notice will be provided to the Certificateholder at the time of a rate increase, notifying them of their benefits under this provision of the Rider if they terminate coverage.

### TERMINATION

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

1. the date the 30-day Grace Period ends; or
2. the date the Certificate matures or terminates for any reason including termination due to the acceleration of the Death Benefit (If the Certificate to which this Rider is attached terminates, We will give You at least a 45 day advance written notice of termination. We will mail a notice to the last address shown for You in Our records. In the event of cancellation, We will return promptly the unearned portion of any premium paid. If We fail to provide the 45 day notice of cancellation, Coverage will remain in effect at the existing premium until 45 days after the notice is given or until the effective date of replacement Coverage that You obtain, whichever occurs first.); or
3. the date the Certificate is surrendered; or
4. immediately upon receipt of Your written request to terminate this Rider.

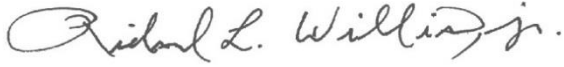
The termination or cancellation of the Rider will be without prejudice to any benefits payable for any claim if such claim began while the accelerated Death Benefits under this Rider were in force and continues without interruption after termination. Such extension of benefits beyond the period the Rider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

### REINSTATEMENT

If the renewal premium is not paid before the grace period ends, the Rider will lapse. Later acceptance of the premium by the insurer, or by an agent authorized to accept payment without requiring an application for reinstatement, will reinstate this Rider. If the insurer or agent requires an application, the Insured will be given a conditional receipt for the premium.

If the application is approved, the Rider will be reinstated as of the approval date. Lacking such approval, the Rider will be reinstated on the 45<sup>th</sup> day after the date of the conditional receipt unless the insurer has previously written the Insured of disapproval. The reinstated Rider will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects, the rights of the insured and the insurer will remain the same, subject to any provisions noted on or attached to the reinstated Rider. Any premiums the insurer accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

**COMBINED INSURANCE COMPANY OF AMERICA**



Richard L. Williams, Jr., President



Brandon Peene, Secretary

**Home Office**

Combined Insurance Company of America  
111 East Wacker Drive, Suite 700  
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**Administrative Office**

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

If you have any questions or concerns regarding this rider please call 1-855-241-9891

SAMPLE

**SAMPLE**

## EXTENDED ACCELERATION OF DEATH BENEFIT FOR QUALIFIED LONG TERM CARE INSURANCE RIDER

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This Rider provides that You may elect to receive a portion of the Death Benefit when the Insured becomes eligible for benefits under this Rider. Each monthly benefit payable under this Rider will reduce the Death Benefit.

**GUARANTEED RENEWABLE:** As long as You pay the premium on time and Coverage under this Rider is in force, it is renewable, subject to the Rider’s terms. We can increase the premium. The current premiums are shown on the Certificate Schedule. Any change in premium will be made on a Coverage anniversary date. New premiums will be on a class basis. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

**TERMS UNDER WHICH THIS RIDER MAY BE RETURNED AND PREMIUM REFUNDED:** You have the right to return this Rider within 30 days after You receive it, and We will refund any premium that You paid for the Rider, if after examination of the Rider You are not satisfied for any reason.

Upon death of an Insured or termination of this Rider, a refund of any unearned premium will be made to the Certificateholder.

**CAUTION:** The issuance of this long-term care insurance Rider is based upon your responses to the questions on your enrollment form. A copy of your enrollment form is attached. If Your answers are incorrect or untrue, the Company may have the right to deny benefits or to rescind Your 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, contact the Company at this address: 17 Church St., Keene, N.H. 03431.

**NOTICE TO YOU, THE BUYER:** This Rider may not cover all of the costs associated with long-term care which may be incurred by the buyer during the period of coverage. The buyer is advised to periodically review this policy in relation to the changes in the cost of long-term care.

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

### DEFINITIONS

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

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

1. **Bathing:** The Insured’s ability to wash himself/herself by sponge bath; or in either a tub or shower, including the task of getting into and out of the tub or shower.
2. **Continence:** The Insured’s ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. **Dressing:** The Insured’s ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

4. **Eating:** The Insured's ability to feed himself/herself by getting food into his/her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. **Toileting:** The Insured's ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. **Transferring:** The Insured's ability to move into or out of a bed, chair or wheelchair.

**ADULT DAY CARE** means 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 frail, impaired elderly or other disabled adults who 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 state licensure or certification requirements for such facility. If the state does not provide licensure or certification, the facility must meet all of the following criteria:

1. it provides 24 hour a day care and services sufficient to support needs resulting from being Chronically Ill; and
2. it has a trained and ready to respond employee on duty at all times to provide care; and
3. it provides 3 meals a day and accommodates special dietary needs; and
4. it has formal arrangements for the services of a physician or nurse to furnish medical care in case of an emergency; and
5. 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 certified by a licensed health care practitioner as:

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

**COGNITIVE IMPAIRMENT** means a deficiency in a person's short or long term memory, orientation as to person, place, and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

**CONFINED OR CONFINEMENT** means assignment to a bed and physically within a licensed Nursing or Assisted Living Facility as an overnight resident patient.

**CONFINED CARE SERVICES** means Qualified Long Term Care Services provided in an Assisted Living Facility or nursing home facility.

**DAY** is 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.

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

**HOME HEALTH CARE** means a program of professional, para-professional or skilled care provided by or through a home health care agency or a nurse registry in the Insured's home. It includes the following types of care: nursing services, home health services, adult day care center, adult foster home, community care for the elderly, personal care, and social services.

**HOME HEALTH SERVICES** means Medical and non-medical services provided to ill, disabled, or infirm person's in their residences. Such services may include homemaker services, assistance with activities of daily living, and respite care services.



**HOME HEALTH CARE AGENCY** means an agency or organization that meets state licensure or certification requirements for such facility. If the state does not provide licensure or certification, an agency or organization which:

1. specializes in giving nursing care or therapeutic services in the home; and
2. is Medicare certified as a home health care agency; and
3. maintains a complete medical record and plan of care for each patient.

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

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

**LICENSED HEALTH CARE PRACTITIONER** means any physician, nurse licensed under part I of chapter 464 of the Florida Statutes, or psychotherapist licensed under chapter 490 or chapter 491 of the Florida Statutes, or any individual who meets any requirements prescribed by rule by the commission.

**MAINTENANCE OR PERSONAL CARE SERVICES** means any care for the primary purpose of providing needed assistance with any disabilities resulting in the Insured being a Chronically Ill individual, including the protection from threats to health and safety due to severe Cognitive Impairment.

**MENTAL OR NERVOUS DISORDER** means neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder.

**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.

**NURSING HOME FACILITY** means a facility that meets state licensure or certification requirements for such facility. If the state does not provide licensure or certification, the facility must meet all of the following standards:

1. it is a separate facility or a distinct part of another facility physically separated from the rest of such facility; and
2. it provides confined nursing care to individuals who are not able to care for themselves and who require nursing care; and
3. 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
4. it is not, other than incidentally, a hospital, a home for the aged, a retirement home, a rest home, a community living center, or a place mainly for the treatment of alcoholism, mental illness or drug abuse.

**PERIOD OF CARE** begins on the first day the Insured incurs a charge for Qualified Long Term Care Services covered under this Rider. It ends when, for a period of 180 consecutive days, the Insured has not:

1. received Qualified Long Term Care Services covered under this Rider; or
2. been Chronically Ill.

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

**PRE-EXISTING CONDITION** means a condition for which medical advice or treatment was recommended by or received from a provider of health care services within 6 months preceding the Date of Issue for an Insured person.

**QUALIFIED LONG TERM CARE INSURANCE RIDER** means an accident and health insurance contract as defined in Section 7702B of the Internal Revenue Code and all applicable sections of Part XVIII of Chapter 627 of the Florida Statutes.

**QUALIFIED LONG TERM CARE SERVICES** means necessary diagnostic, preventative, 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.

**NON-CONFINED CARE SERVICES** means Qualified Long Term Care Services provided by means of home health care or services or adult day care.

**COVERAGE DATE** means that new Coverage under this Rider is effective on the Date of Issue shown on the Certificate Schedule. If this Rider is applied for at a later date, the Coverage date is the Date of Issue assigned by Our Administrative/Home Office in accordance with Our dating rules in effect at the time this Rider is issued.

#### **CONDITIONS FOR DETERMINATION OF PAYMENT OF BENEFITS**

Payment of benefits will be determined based on the Insured being Chronically Ill; having a level of disability similar to the Insured's ability to perform activities of daily living; or being cognitively impaired, as defined.

When a licensed health care practitioner has certified that an Insured is unable to perform activities of daily living for an expected period of at least 90 days due to a loss of functional capacity and the Insured is in claim status, the certification shall not be rescinded and additional certifications shall not be performed until after the expiration of the 90 day period.

#### **PRE-EXISTING CONDITION LIMITATION**

We do not pay benefits under this Rider for a Period of Care that begins in the first 6 months after the Rider date if a Pre-Existing Condition causes the Insured to be Chronically Ill. A Period of Care that begins more than 6 months after the Rider date that is caused by a Pre-Existing Condition will be covered.

**QUALIFIED LONG TERM CARE BENEFIT:** The benefit amount for Confinement, Home Health Care or Adult Day Care will be 4% of the current Death Benefit minus any lien, of the Certificate as of the first of the month following the date the Insured became eligible for payment of the benefit. After We receive the required proof that the Insured has met the Conditions for Determination of Payment of Benefits that are described in this Rider, We will pay You the benefit amount. We will pay the benefit amount for each Certificate Month or fraction of a Certificate Month for as long as the Insured continues to meet the eligibility requirements. The benefit payments will be subject to the remaining accelerated Death Benefit amount.

The current Death Benefit as used here does not include accidental Death Benefits or life insurance provided by any other Riders.

#### **EXTENSION OF BENEFITS**

After we have paid out the entire certificate death benefit amount, as of the beginning of the period of claim, We will increase the Death Benefit of the Certificate by the Death Benefit Increase Amount subject to our determination that all the following terms and conditions have been satisfied:

1. This Rider remains in force; and,
2. We have received proof that the Insured is alive and continues to meet all the conditions under the "Conditions for Determination of Payment of Benefits" provision; and,
3. Except for this Rider being inforce, the entire Death Benefit proceeds of the Certificate as of the Monthly Certificate date immediately following the date the Insured became eligible for payment of Rider benefits, have been paid; and,
4. The Certificate shall not be eligible for any additional Monthly Increase in Death Benefit until the previous Monthly Increase in Death Benefit has been paid under the terms of the Extended Acceleration of Death Benefit for Qualified Long Term Care Insurance Rider; and,
5. The cumulative Monthly Increase in Death Benefit Amounts under this Rider will not exceed the Multiple of the Current Death Benefit of the Certificate determined as of the monthly Certificate date that the final monthly accelerated death benefit payment has been paid. The Multiple is shown on the Certificate Schedule or Endorsement.

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

## EXCLUSIONS

This Rider may not limit or exclude Coverage by type of illness, treatment, medical condition, or accident, except as follows:

1. Pre-Existing Conditions or diseases (see **Pre-Existing Condition Limitation** provision);
2. mental or nervous disorders; however, this shall not permit exclusion or limitation of benefits on the basis of Alzheimer's Disease;
3. alcoholism and drug addiction;
4. 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;
  - d. suicide (sane or insane), attempted suicide, or intentionally self-inflicted injury; or
  - e. aviation (this exclusion applies only to non-fare-paying passengers);
5. treatment provided in a government facility (unless otherwise required by law), services for which benefits are available under Medicare 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, services provided by a member of the covered person's immediate family, and services for which no charge is normally made in the absence of insurance;
6. expenses for services or items available or paid under another long term care insurance or health insurance policy;
7. in the case of a Qualified Long Term Care contract, expenses for services or items to the extent that the expenses are reimbursable under Title XVIII of the Social Security Act or would be so reimbursable but for the application of a deductible or coinsurance amount; or
8. care or services received outside the United States or its territories.

## PREMIUMS

The annual premium for this Rider is shown on the Certificate schedule page.

## WAIVER OF PREMIUM

For each Certificate month You receive monthly benefits under this Rider, We will waive the premium for the Certificate and all Riders attached to the Certificate.

## CLAIMS

**NOTICE OF CLAIM:** Written Notice of Claim must be given within 20 days after a covered loss starts or as soon as reasonably possible. The notice may be given to Us at Our Administrative/Home Office or to Our agent. Notice should include the name of the Insured and the Certificate number.

**CLAIM FORMS:** When We receive the Notice of Claim, We will send the claimant forms for filing Proof of Loss. If these forms are not given to the claimant within 15 days, the claimant may meet the Proof of Loss requirements by giving Us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.

**PROOF OF LOSS:** If the Rider provides for periodic payment for a continuing loss, written Proof of Loss must be given to Us within 90 days after the end of each period for which We are liable. For any other loss, written proof must be given within 90 days after such loss. If it was not reasonably possible to give written proof in the time required, We shall not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless the claimant was legally incapacitated.

**PHYSICAL EXAMINATIONS:** The insurer at its expense has the right to have the insured examined as often as reasonably necessary while a claim is pending.

**TIME OF PAYMENT OF CLAIMS:** After receiving written Proof of Loss, We will pay monthly all benefits then due for Qualified Long Term Care Services.

**PAYMENT OF CLAIMS:** Rider benefits will be paid to the Certificateholder, unless a different payee is designated. Benefits for loss of life payable under the Certificate to which this Rider is attached will be paid in accordance with the beneficiary designation in effect at the time of payment and the provisions described in the Certificate.

**CHANGE OF BENEFICIARY:** The Certificateholder can change the beneficiary at any time by giving the insurer written notice. The beneficiary's consent is not required for this or any other change in the Rider, unless the designation of the beneficiary is irrevocable.

**LEGAL ACTIONS:** No legal action may be brought to recover on this Rider within 60 days after written Proof of Loss has been given as required by this Rider. No such action may be brought after the expiration of the applicable statute of limitations from the time written Proof of Loss is required to be given.

**APPEALS PROCESS:** Each claimant, or provider acting for a claimant, who has had a claim denied as not medically necessary must be provided an opportunity for an appeal to Our licensed physician who is responsible for the medical necessity reviews under the plan or is a member of the plan's peer review group. The appeal may be by telephone, and Our licensed physician must respond within a reasonable time, not to exceed 15 business days.

### GENERAL RIDER PROVISIONS

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

**GRACE PERIOD:** This Rider provides a Grace Period of 30 days, within which payment of any premium after the first may be made. During the Grace Period this Rider will continue in force. If the Rider becomes a claim during the Grace Period before the overdue premium is paid, the amount of such premium may be deducted in any settlement under the Rider. This Rider will not be canceled for nonpayment of premium unless, after expiration of the Grace Period, and at least 30 days prior to the effective date of such cancellation, We have mailed a notification of possible lapse in Coverage to the Certificateholder and to a specified secondary addressee if such addressee has been designated in writing by name and address by the Certificateholder. We shall notify the Certificateholder, at least once annually, of the right to designate a secondary addressee. Notice of possible lapse in Coverage due to nonpayment of premium shall be given by United States Postal Service proof of mailing or certified or registered mail to the Certificateholder and the secondary addressee at the address shown in the life insurance Certificate or the last known address provided to us. Notice may not be given until 30 days after a premium is due and unpaid. Notice shall be deemed to have been given as of 5 days after the date of mailing.

**PROTECTION AGAINST UNINTENTIONAL LAPSE:** If this Rider is canceled due to nonpayment of premium, the Certificateholder is entitled to have this Rider reinstated if, within a period of not less than 5 months after the date of cancellation, the Certificateholder or any secondary addressee designated demonstrates that the failure to pay the premium when due was unintentional and due to the Certificateholder's Cognitive Impairment, loss of functional capacity, or continuous confinement in a hospital, Nursing Home Facility, or Assisted Living Facility for a period in excess of 60 days. Rider reinstatement shall be subject to payment of overdue premiums. The standard of proof of Cognitive Impairment or loss of functional capacity shall not be more stringent than the benefit eligibility criteria for Cognitive Impairment or the loss of functional capacity contained in this Rider. We may require payment of an interest charge not in excess of 8% per year for the number of days elapsing before the payment of the premium, during which period this Rider shall continue in force if the demonstration of Cognitive Impairment is made. If the Rider becomes a claim during the 180-day period before the overdue premium is paid, the amount of the premium or premiums with interest not in excess of 8% per year may be deducted in any settlement under this Rider.

**ENTIRE CONTRACT; CHANGES:** This Rider, with the Certificate, enrollment form and attached papers, is the entire contract between You and Us. No change in this Rider will be effective until approved by an officer of Ours. This approval must be noted on or attached to this Rider. No agent may change this Rider or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** The Rider shall be incontestable after it has been in force during the lifetime of the Insured for a period of 2 years after its Date of Issue except for nonpayment of premiums.

**CONTINUATION:** Regardless of the continuation or conversion options available under the base Certificate, a continuation option is available for this Rider. Only You can request termination of this Rider. Unless You do, it will Form No. 34554FL

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

**CONTINGENT NONFORFEITURE BENEFIT:** The contingent nonforfeiture benefit will be available on lapse and will be triggered each time We increase the premium rates to a level which results in a cumulative increase of the annual premium equal to or exceeding the percentage of the Insured's initial annual premium set forth below based on the Insured's issue age and the Certificate lapses within 120 days of the due date of the premium so increased, and you did not purchase the Nonforfeiture Benefit. Notice will be sent to the Certificateholder's last known address at least 45 days prior to the due date of the premium reflecting the rate increase.

Triggers for a Substantial Premium Increase:

Issue Age	Percent Increase Over Initial Premium	Issue Age	Percent Increase Over Initial Premium
Issue Age 29 and under	200%	72	36%
30 – 34	190%	73	34%
35 – 39	170%	74	32%
40 – 44	150%	75	30%
45 – 49	130%	76	28%
50 – 54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

On or before the effective date of a substantial increase you may elect to:

1. Reduce your benefits provided by the current coverage without any additional underwriting, such that the premium payments are not increased.
2. Convert your coverage to a paid up status with a shortened benefit period. This Benefit will be equal to the greater of a credit of 100 percent of the premium paid or 30 times the daily nursing home benefit at the time the Rider lapses. This option may be elected at any time during the 120 day period and shall be available from the end of the grace period without restriction on the number of years the Certificate has been in force.

Should this coverage replace a block of business from an existing Insurer, the contingent nonforfeiture benefit will be calculated based on the initial annual premium paid by the Insured when the Certificate was first purchased from the original Insurer.

When the premium payment period is less than the term for eligibility for benefits, We will, upon lapse provide a contingent benefit that in the event of any rate increase shall provide:

1. A paid up benefit in the event the Certificate terminates within 120 days of the due date of the premium so increased if the ratio in number 2 is at least 40 percent.
2. The minimum paid up benefit, including the amount paid and the maximum amount of benefits payable, shall be at least equal to the ratio of the number of years, and partial years, paid less one divided by the number of years in the premium paying period, less one times the Certificate benefits at the time of Certificate termination.

Notice will be provided to the Certificateholder at the time of a rate increase, notifying them of their benefits under this provision of the Rider if they terminate coverage.

## TERMINATION

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

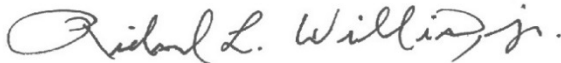
1. the date the 30-day Grace Period ends; or
2. the date the Certificate matures or terminates for any reason including termination due to the acceleration of the Death Benefit (If the Certificate to which this Rider is attached terminates, We will give You at least a 45 day advance written notice of termination. We will mail a notice to the last address shown for You in Our records. In the event of cancellation, We will return promptly the unearned portion of any premium paid. If We fail to provide the 45 day notice of cancellation, Coverage will remain in effect at the existing premium until 45 days after the notice is given or until the effective date of replacement Coverage that You obtain, whichever occurs first.); or
3. the date the cumulative death benefit amount increases have been increased up to the total amount allowed under this rider; or
4. the date the Certificate is surrendered; or
5. immediately upon receipt of Your written request to terminate this Rider.

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

### REINSTATEMENT

If the renewal premium is not paid before the grace period ends, the Rider will lapse. Later acceptance of the premium by the insurer, or by an agent authorized to accept payment without requiring an application for reinstatement, will reinstate this Rider. If the insurer or agent requires an application, the Insured will be given a conditional receipt for the premium. If the application is approved, the Rider will be reinstated as of the approval date. Lacking such approval, the Rider will be reinstated on the 45<sup>th</sup> day after the date of the conditional receipt unless the insurer has previously written the Insured of disapproval. The reinstated Rider will cover only loss that results from an injury sustained after the date of reinstatement or sickness that starts more than 10 days after such date. In all other respects, the rights of the insured and the insurer will remain the same, subject to any provisions noted on or attached to the reinstated Rider. Any premiums the insurer accepts for a reinstatement will be applied to a period for which premiums have not been paid. No premiums will be applied to any period more than 60 days before the reinstatement date.

### COMBINED INSURANCE COMPANY OF AMERICA



Richard L. Williams, Jr., President



Brandon Peene, Secretary

#### Home Office

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

#### Administrative Office

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

If you have any questions or concerns regarding this rider please call 1-855-241-9891

**LIFETIME BENEFIT TERM CERTIFICATE OF COVERAGE**

**COMBINED INSURANCE COMPANY OF AMERICA**

**Home Office**

111 East Wacker Drive, Suite 700  
Chicago, IL 60601

**Administrative Office**

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

**SAMPLE**

**SAMPLE**





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

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

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

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

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

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

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

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

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

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

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

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

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

## Other important information

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

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

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

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

SAMPLE

**SAMPLE**



**Combined Insurance Company of America**

**Notice of Privacy Practices**

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

**PLEASE REVIEW IT CAREFULLY**

Effective Date of Notice 12/31/2018

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

*A. Your Privacy is Important*

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**5. You Can Request To Have An Accounting of Any Disclosures**

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

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

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

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**To Contact Us In Writing**

Send your letter to:  
Combined Insurance Company of America  
Attention: HIPAA Privacy Office  
P.O. Box 6705  
Scranton, PA 18505-0705

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

Call our Toll Free Customer Service number and select the **HIPAA** option when prompted. 1-800-225-4500

# Life Insurance

*Buyer's Guide*



INSURANCE





# Life Insurance

*Buyer's Guide*

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

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

This guide does not endorse any company or policy



# Life Insurance *Buyer's Guide*

## **Before You Buy Life Insurance**

**Understand What Life Insurance Is** Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from the NAIC InsureU Life Insurance website -- [www.insureuonline.org/insureu\\_type\\_life.htm](http://www.insureuonline.org/insureu_type_life.htm)

### **If You Need Life Insurance, Decide How Much Coverage to Buy**

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

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

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

### **If You Already Have Life Insurance, Assess Your Current Life Insurance Policy**

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

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





# Life Insurance

## Buyer's Guide

### Compare the Different Types of Insurance Policies

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

- **Term Insurance vs. Cash Value Insurance.**

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



- **Renewable Term vs. Non-renewable Term.** Most term life insurance coverage can be continued ("renewed") at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you'll lose the right to renew the policy at a certain age. Non-renewable term policy can't be continued. You'll have to apply for a new policy if you still want coverage.
- **Whole Life vs. Universal Life.** Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.
- **Variable Life vs. Non-variable Life.** The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable life policies.

# Life Insurance *Buyer's Guide*

## **Be Sure You Can Afford the Premium**

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

## ***Understand the Application Process***

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

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

## ***Choose a Beneficiary***

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

## ***Evaluate the Future of Your Policy***

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





# Life Insurance

## Buyer's Guide

### After You Buy Life Insurance

#### Read Your Policy Carefully

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

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

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

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

#### Review Your Life Insurance Program Every Few Years

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

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

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





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