

TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: Cedar Rapids, IA 52499

Administrative Office: 1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063

INDIVIDUAL POLICY FOR OFF-THE-JOB ACCIDENT ONLY INSURANCE OUTLINE OF COVERAGE

- A. Read Your Policy Carefully.** This Outline of Coverage provides a very brief description of the important features of your Policy. This is not the insurance contract and only the actual contract provisions will control. The Policy sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- B. Off-the-Job Accident Only Coverage.** Policies of this category are designed to provide to persons insured limited benefits to loss due to accidents only. No benefits are provided for loss from any other cause.
- C. Off-the-Job Accident Only Benefits.** If a Covered Person receives an Accidental Bodily Injury and expenses are incurred for treatment, we will pay the following benefits according to the Benefits section of this Policy. Such injury must be independent of disease or bodily infirmity other than an Accident. Such Accident must occur while coverage is in force.

Benefit payments will be made directly to you, unless you assign benefits. Proof of Loss must be submitted to us for each incurred expense. Under no condition will we pay any benefits for losses or medical expenses incurred prior to the Effective Date.

The following benefits are payable per unit, per Covered Person, as shown below. The number of units for each benefit is shown on the Policy's Schedule of Benefits.

Module 1 – Accident Emergency Treatment

Accident Emergency Treatment Benefit – If a Covered Person receives treatment for an Accidental Bodily Injury, we will pay \$25 per unit for treatment received. This benefit is payable for treatment by a Physician, X-rays, treatment received in a Hospital emergency room, or Physician's office. Treatment must be received within 96 hours of such Accident for benefits to be payable. This benefit is payable once per Accident, per Covered Person. Benefits will not be paid for services rendered by an Immediate Family Member.

Major Diagnostic Examinations Benefit – We will pay \$40 per unit, per Covered Person, for one Major Diagnostic Examination per Accident. This benefit is limited to one Major Diagnostic Examination per Accident. Such examination must be performed within 90 days of the Accidental Bodily Injury. Major Diagnostic Examinations are limited to the following:

1. CT (computerized tomography) scan;
2. MRI (magnetic resonance imaging); and
3. EEG (electroencephalogram).

Dislocation Benefit - Dislocations which are reduced under general anesthesia are payable as follows:

1. If a Covered Person receives more than one Dislocation in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Dislocation involved that has the highest benefit amount. No other amount will be paid under this benefit;
2. If a Covered Person receives a Dislocation and a Fracture in the same Accident, we will pay 1½ times the amount for the Dislocation or Fracture involved that has the highest benefit amount. No other amount under this benefit or the Fracture Benefit will be paid; and
3. If a Dislocation is reduced without general anesthesia by a Physician, we will pay 25% of the amount shown for the Dislocation involved.
4. Benefits are payable only for the first Dislocation of a joint. If a Covered Person dislocates a joint and then dislocates the same joint again, the second same joint Dislocation would not be covered.

Dislocation Benefit

Benefit per Unit

Hip	
Open Reduction	\$800
Closed Reduction.....	\$270
Knee or Shoulder	
Open Reduction	\$270
Closed Reduction.....	\$110

Collar Bone	
Open Reduction	\$430
Closed Reduction.....	\$ 80
Ankle or Foot (excluding toes)	
Open Reduction	\$270
Closed Reduction.....	\$ 80
Lower Jaw	
Open Reduction	\$270
Closed Reduction.....	\$140
Wrist or Elbow	
Open Reduction	\$220
Closed Reduction.....	\$110
Toe or Finger	
Open Reduction	\$ 60
Closed Reduction.....	\$ 30

Fracture Benefit – If a Covered Person receives more than one Fracture in an Accident and requires open or closed Reduction, we will pay 1½ times the amount for the Fracture involved that has the highest benefit amount. No other amount will be paid under this benefit.

If a Covered Person receives a Fracture and a Dislocation in the same Accident, we will pay 1½ times the amount for the Fracture or Dislocation involved that has the highest benefit amount. No other amount under this benefit or the Dislocation benefit will be paid.

Chip Fractures pay 10% of the benefit amount for the Fracture involved.

<u>Fracture Benefit</u>	<u>Benefit per Unit</u>
Hip	
Open Reduction	\$1,000
Closed Reduction.....	\$340
Leg	
Open Reduction	\$420
Closed Reduction.....	\$340
Skull	
Depressed.....	\$540
Simple	\$200
Hand (excluding fingers) Foot (excluding toes/heel), Wrist, Shoulder Blade, Forearm, Ankle, Elbow, Kneecap, Sternum or Lower Jaw	
Open Reduction	\$340
Closed Reduction.....	\$170
Vertebrae (body of), Pelvis (excluding coccyx)	\$170
Upper Jaw, Upper Arm or Face (excluding Nose), Collar Bone	
Open Reduction	\$400
Closed Reduction.....	\$170
Rib(s)	
Open Reduction	\$670
Closed Reduction.....	\$70
Nose, Heel or Finger(s)	
Open Reduction	\$340
Closed Reduction.....	\$70
Coccyx	
Open Reduction	\$140
Closed Reduction.....	\$70
Toe(s)	
Open Reduction	\$140
Closed Reduction.....	\$70

Vertebral Processes	
Open Reduction.....	\$670
Closed Reduction.....	\$100

Benefits are not payable for services rendered by an Immediate Family Member.

Module 2 – Follow-Up Visits and Physical Therapy

Accident Follow-Up Treatment Benefit – While this coverage is in force, if a Covered Person first receives treatment for an Accidental Bodily Injury within 96 hours of an Accident and later requires additional treatment for the same injury, we will pay \$10 per unit for such follow-up treatment as follows:

1. This benefit is payable up to a maximum of three follow-up treatments per Accident per Covered Person.
2. Such treatment must begin within 30 days of, and be completed within, the six-month period following the later of the following dates:
 - a. The Accident;
 - b. Discharge from the Hospital from a covered Confinement; or
 - c. Discharge from the Extended Care Facility; and
3. Treatments must be furnished by a Physician in a Physician’s office or in a Hospital on an Outpatient basis.

Physical Therapy Benefit –While this coverage is in force, if a Physician advises a Covered Person to seek treatment from a Physical Therapist, we will pay a benefit amount of \$10 per unit, per treatment, up to a maximum of 10 treatments per Accident. Physical Therapy must begin within 120 days of the Accident. All treatments must be completed within one year of the Accident.

Module 3 – Initial Accident Hospitalization

Initial Accident Hospitalization Benefit – When a Covered Person is Hospital Confined for 24 hours or more for an Accidental Bodily Injury, we will pay the following benefit amounts:

1. Hospital admission – \$300 per unit for the first Hospital admission due to an Accident; and
2. Intensive Care Unit (ICU) – \$300 per unit for the first ICU admission due to an Accident.

An ICU admission benefit is paid even if admitted to the Hospital initially, and then transferred to ICU later during the same hospitalization.

This benefit is payable only once per Hospital or ICU Confinement and only once per Covered Person per Accident.

Ambulance Benefit – We will pay for ambulance transportation by a licensed ambulance service if the Covered Person is transferred by ambulance to the nearest Hospital for treatment within 96 hours of an Accident in the amounts as follows:

1. \$60 per unit for ground ambulance; or
2. \$300 per unit for air ambulance.

D. Exclusions and Limitations. - This Certificate will not pay benefits for a Covered Person’s Accident that is caused by or occurs as a result of one of the following events:

1. Driving any taxi for wage, compensation, or profit;
2. Mountaineering, parachuting, or hang gliding;
3. Voluntarily taking, administering, absorbing, or inhaling poison, gas, or fumes;
4. Alcoholism or drug addiction;
5. Participating in any sport or sporting activity for wage, compensation, profit, or racing any type vehicle in an organized event;
6. Traveling in or descending from any vehicle or device for aerial navigation, except as a fare paying passenger in an aircraft operated by a commercial airline (other than a charter airline) on a regularly scheduled passenger trip;
7. War, or any act of war, whether declared or undeclared;
8. Participating in any activity or event, including the operation of a vehicle, while intoxicated or under the influence according to the laws of the jurisdiction in which the Accident occurred;
9. Participating in a riot, civil commotion, civil disobedience, or unlawful assembly;
10. Committing, attempting to commit, or taking part in a felony or assault, or engaging in an illegal occupation;
11. Intentionally self-inflicting a bodily injury or attempting suicide, while sane or insane;
12. Any loss incurred while on active duty status in the armed forces. If you notify us of such active duty, we will refund any premiums paid for any period for which no coverage is provided as a result of this exception;
13. Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit.

- E. Termination.** This Policy will terminate on the earliest of:
1. The date of your death;
 2. The last date for which premium payment has been made to us, subject to the Grace Period; or
 3. The date you send us a written notice that you want to cancel this Policy.

The insurance on a Dependent will cease on the earliest of:

1. The date your Policy terminates;
2. The last date for which premium payment has been made to us, subject to the Grace Period;
3. The date the Dependent no longer meets the definition of Dependent; or
4. The date you send us a written notice that you want to cancel coverage on your Dependent.

We will have the right to terminate the coverage of any Covered Person who submits a fraudulent claim under the Policy.

F. Optional Benefits. The following benefits may be included as part of your coverage under the Policy, if selected. Please check your Policy's Schedule of Benefits to determine which of the below riders were selected as part of your coverage.

1. **ACCIDENTAL DEATH AND DISMEMBERMENT RIDER.** We will pay the following benefits as applicable if a Covered Person's Death or Dismemberment is caused by an Accident. Death or Dismemberment must be independent of disease or bodily infirmity or any other cause other than an Accident. Such Accident must occur while coverage is in force.

The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

A. Accidental Death Benefit. If the Covered Person dies as the result of an Accidental Bodily Injury, we agree to pay the Proceeds to the Beneficiary. This Rider must be in force at the time of death. We must receive satisfactory proof of the Covered Person's death. If an Accidental Dismemberment Benefit has been paid prior to an Accidental Death resulting from the same Accident, the Accidental Death Benefit due will be reduced by any Accidental Dismemberment Benefits amount previously paid.

One of the following benefits (1 through 3) is payable per unit, per Accident, for each Covered Person as shown below.

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
1. Common Carrier Accidental Death	\$30,000	\$30,000	\$15,000
2. Automobile Accidental Death			
a. With Seatbelt and Air Bag deployed	\$22,000	\$22,000	\$11,000
b. With Seatbelt, without Air Bag	\$20,000	\$20,000	\$10,000
c. Without Seatbelt, without Air Bag	\$15,000	\$15,000	\$ 7,500
3. Other Accidental Death	\$10,000	\$10,000	\$ 5,000

Common Carrier Accidental Death – We will pay the Common Carrier Benefit for an Accidental Death if both of the following events occur:

- a. The Covered Person dies as a result of an Accident for which an Accidental Death Benefit is payable; and
- b. The Accident occurs while the Covered Person was riding as a fare-paying passenger on Public Transportation.

Automobile Accidental Death – We will pay the Automobile Accidental Death Benefit if a Covered Person dies as a result of an Automobile Accident for which an Accidental Death Benefit is payable. Benefit amounts payable are shown in the above chart for the following events:

- a. **Seatbelt** - The Covered Person was wearing and was properly utilizing a Seatbelt at the time of the Accident, as evidenced by a police accident report.
- b. **Air Bag System** - The Automobile is equipped with an Air Bag System that was installed as original equipment by the Automobile manufacturer; and the Covered Person was seated in the driver's or a passenger's seating position intended to be protected by the Air Bag System and the Air Bag System deployed, as evidenced by a police accident report

This benefit will not be payable if the Covered Person is the driver of the Automobile and does not hold a current and valid driver's license.

Other Accidental Death – Any covered Accidental Death other than a Common Carrier or Automobile.

B. Transportation of Remains Benefit. The following benefit will be paid to the Beneficiary, per unit, when applicable, if the Accidental Death Benefit is payable for the Covered Person:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
Transportation of Remains Benefit	\$400	\$400	\$200

We will pay a Transportation of Remains Benefit if the following conditions are met:

1. The Covered Person dies more than 200 miles from their primary residence; and
2. Expenses are incurred to transport the Covered Person's body to a mortuary near their primary place of residence.

C. Additional Benefits for Accidental Death. The following benefit(s) will be paid to the Survivor, per unit, when applicable if the Accidental Death Benefit is payable.

	<u>Insured</u>	<u>Spouse</u>
*Surviving Child Educational Benefit	\$800	\$800
*Licensed Day Care Center Benefit	\$300	\$300
*Career Enrichment Benefit	\$800	\$800

*These three benefits do not require the Spouse or Child to be insured under this Rider.

Surviving Child Educational Benefit - We will pay a Surviving Child Educational Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of 17 through 21; and
2. The surviving Child must be enrolled as a regular, full time student at an accredited college, university, a 2-year college, vocational, or trade school; or
3. The surviving Child must enroll, within 365 days of such death, at an accredited school described in item 2, above.

We will pay \$800 per unit each year for up to 4 years while the surviving Child is enrolled in school. We will continue to pay this benefit only while the surviving Child remains a full-time student. We will pay this benefit in equal installments over the 4-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of student status must be provided annually.

If there is no surviving Child between the ages of 17 through 21, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

Licensed Day Care Center Benefit - We will pay a Licensed Day Care Center Benefit to the Survivor. The following conditions must be met:

1. The surviving Child must be within the ages of newborn through 12;
2. The Survivor pays a Licensed Day Care Center, who is not an Immediate Family Member, for day care, within 90 calendar days after the date of the Accidental Death; and
3. The day care is necessary in order for the Survivor to work or to obtain training for work.

We will pay \$300 per unit each year for up to 3 years while the surviving Child is enrolled in a Licensed Day Care Center, provided the Child remains enrolled in a Licensed Day Care Center during that time. We will pay this benefit in equal installments over the 3-year period. We will pay separate benefits for each surviving Child who meets the requirements for this benefit. Satisfactory proof of enrollment must be provided annually.

If there is no surviving Child between the ages of newborn through 12, a one-time benefit of \$100 per unit will be paid to the Beneficiary.

Career Enrichment Benefit - We will pay a Career Enrichment Benefit to the Survivor for a professional or trade training program in which the Survivor has enrolled on a full-time basis within 24

months of the Accidental Death. The training program must be for the purpose of obtaining an independent source of income or enriching the Survivor's ability to earn a living. The training program must be at an accredited college, university, a 2-year college, vocational, or trade school.

We will pay \$800 per unit each year for up to 4 years while the Survivor remains enrolled in a training program. Satisfactory proof of enrollment must be provided annually.

If both the Insured and Spouse have died, a one-time benefit of \$200 per unit will be paid to the Beneficiary.

D. Accidental Dismemberment Benefits. We will pay a benefit, per unit, per Covered Person, for Dismemberment due to an Accident. Dismemberment must occur within 90 days of such Accidental Bodily Injury. If an Accidental Death Benefit is payable after Accidental Dismemberment Benefits have been paid from the same Accident, we will deduct the Accidental Dismemberment Benefits paid from the Accidental Death Benefit due.

Dismemberment or complete loss of, with or without reattachment:

	<u>Insured</u>	<u>Spouse</u>	<u>Child</u>
One or more fingers or one or more toes	\$ 500	\$ 500	\$ 250
One eye, hand, foot, arm, or leg	\$ 2,000	\$ 2,000	\$ 1,000
Two eyes, hands, or feet	\$ 5,000	\$ 5,000	\$ 2,500
Speech or hearing in both ears	\$ 5,000	\$ 5,000	\$ 2,500
Two arms or two legs	\$ 5,000	\$ 5,000	\$ 2,500
Speech and hearing in both ears	\$10,000	\$10,000	\$ 5,000
Both arms and both legs	\$10,000	\$10,000	\$ 5,000

The total Accidental Dismemberment Benefit will not exceed \$10,000 per unit for Insured or Spouse and \$5,000 per unit for Child, per Accident.

Termination. This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

2. ACCIDENT HOSPITAL AND ICU INCOME RIDER. The following benefits are payable per unit as shown below. The number of units selected by the Policyholder for this Rider is shown on the Certificate's Schedule of Benefits.

A. Accident Hospital Income Benefit - While this Rider is in force, if a Covered Person requires Hospital Confinement for treatment of an Accident, we will pay \$25, per unit, per day, of Confinement. Confinement must start within 30 days of the Accident. We will pay this benefit up to 365 days per Accident.

B. Accident ICU Benefit - While a Covered Person is receiving the Accident Hospital Income Benefit, we will pay an additional \$75, per unit, for each day the Covered Person is Confined in an ICU. This ICU benefit is payable for up to 15 days per Accident.

Termination. This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

3. EXPANDED BENEFITS RIDER. This Rider provides the following benefits once per Accident, per Covered Person, for Accidental Bodily Injury. The benefit amounts shown below are the amounts per unit. The number of units selected by the Policyholder for this Rider is shown on the contract's Schedule of Benefits.

A. Burns Benefit Amount

Benefits are payable for Burns treated by a Physician within 96 hours after the Accident.

- | | |
|---|------------|
| 1. Second-degree burns of at least 25% but not more than 35% of body surface | \$ 60.00 |
| 2. Second-degree burns of more than 35% of body surface | \$ 150.00 |
| 3. Third-degree burns covering 6 through 10 square centimeters of the body surface | \$ 150.00 |
| 4. Third-degree burns covering 10 through 25 square centimeters of the body surface | \$ 400.00 |
| 5. Third-degree burns covering 25 through 35 square centimeters of the body surface | \$ 900.00 |
| 6. Third-degree burns covering more than 35 square centimeters of the body surface | \$1,200.00 |

One or more skin grafts for a covered burn will be paid at 50% of the Burn benefit amount we paid for the Burn involved.

B. Lacerations

Benefits are payable for lacerations treated or repaired within 96 hours after the Accident.

- | | |
|--|----------|
| 1. Lacerations not requiring sutures | \$ 4.00 |
| 2. Single laceration less than 7.5 centimeters | \$ 8.00 |
| 3. Lacerations 7.6 to 20 centimeters | \$ 30.00 |
| 4. Lacerations over 20 centimeters | \$ 60.00 |

C. Eye Injury

Benefits are payable for eye injury.

- | | |
|--|----------|
| 1. With surgical repair | \$ 40.00 |
| 2. Non-surgical removal of foreign body by a Physician | \$ 7.00 |

D. Emergency Dental Work

Benefits are payable for dental benefits for broken teeth.

- | | |
|---|----------|
| 1. One or more broken teeth repaired with crowns; and | \$ 30.00 |
| 2. One or more broken teeth resulting in extractions. | \$ 8.00 |

E. Brain Concussion

Benefits are payable for a concussion that is diagnosed by a Physician within 96 hours after the Accident.

F. Coma \$1,500.00

Benefits are payable for a Coma.

G. Paralysis

Benefits are payable for paralysis lasting a minimum of 30 days.

- | | |
|---|------------|
| 1. Quadriplegia (paralysis of four limbs) | \$1,500.00 |
| 2. Paraplegia (paralysis of lower limbs) | \$ 750.00 |

H. Tendons, Ligaments, and/or Rotator Cuffs

Benefits are payable for tendons, ligaments, and/or rotator cuffs that are detached, torn, ruptured, or severed. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:

- | | |
|---|----------|
| 1. Arthroscopic surgery with no repair; | \$ 20.00 |
| 2. Repair of one; or | \$ 50.00 |
| 3. Repair of two or more. | \$100.00 |

I. Ruptured Discs and/or Torn Knee Cartilage

Benefits are payable for a disc in the spine that is ruptured and/or knee cartilage that is torn. Surgical repair must be performed by a Physician within one year of the Accident. Only one of the following benefits is payable:

- | | |
|---|----------|
| 1. Shaved cartilage (debridement) or arthroscopic surgery with no repair; | \$ 20.00 |
| 2. Repair of one; or | \$ 50.00 |
| 3. Repair of two or more. | \$100.00 |

J. Major Surgery \$150.00
Benefits are payable for an open abdominal, cranial, or thoracic surgery performed by a Physician within one year of the Accident. Laparoscopic procedures are excluded.

K. Appliance \$ 20.00
Benefits are payable for a medical appliance recommended by a Physician as an aid in personal locomotion. Benefits include and are payable for such items as crutches, leg braces, wheelchairs, and walkers. This benefit is not payable for Prosthetic Devices.

L. Prosthetic Devices
Benefits are payable for one or more Prosthetic Devices. The Prosthetic Device(s) must be received within one year of the Accident. This benefit is not payable for hearing aids, dental aids (including false teeth), eye glasses, or for cosmetic Prosthetic Devices such as hair wigs. We will not pay for joint replacement, such as an artificial hip or knee.

- 1. Benefit for one Prosthetic Device; or \$75.00
- 2. Benefit for two or more Prosthetic Devices. \$150.00

M. Blood, Plasma, and Platelets \$40.00
Benefits are payable for blood, plasma, and/or platelets required for the treatment of Accidental Bodily Injury. Immunoglobulins are not covered.

N. Transportation \$60.00
Benefits are payable per round trip, up to 2 round trips to the Hospital per Accident, per Covered Person if special treatment and Hospital Confinement occurs within 30 days of an Accidental Bodily Injury. The local attending Physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation to any Hospital located within a 100-mile radius of the site of the Accident or residence of the Covered Person.

O. Family Lodging \$15.00
Benefits are payable per day, up to a maximum of 30 days per Accident, for one motel/hotel room for a member(s) of the Immediate Family to accompany the Covered Person if Hospital Confinement is within 30 days of an Accident for the treatment of Accidental Bodily Injury. Benefits are payable only for the same time period that the injured Covered Person is Hospital Confined in a facility 100 or more miles from the Covered Person's residence. The local attending Physician must prescribe the treatment. Benefits will not be paid for services rendered by an Immediate Family Member.

Termination. This Rider will terminate on the earliest of the following dates or events:

- 1. The date the contract terminates;
- 2. The date the Insured requests termination on any premium due date;
- 3. The date of the Insured's death; or
- 4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

4. WELLNESS BENEFIT RIDER. After any Waiting Period shown on the contract's Schedule of Benefits, we will pay \$10 per unit, per Calendar Year, for one annual health screening benefit for the Insured, and one annual health screening benefit for the covered Spouse for routine examinations or other preventive testing. The number of units selected by the Policyholder for this Rider is shown on the Schedule of Benefits.

The annual health screening tests payable under this benefit are listed as follows:

Health Screening Tests:

- | | |
|--|--------------------------------------|
| Blood test for triglycerides | Flexible sigmoidoscopy |
| Bone marrow testing | Hemocult stool analysis |
| Breast ultrasound | Mammography |
| CA 125 (blood test for ovarian cancer) | Pap test |
| CA 15-3 (blood test for breast cancer) | PSA (blood test for prostate cancer) |

CEA (blood test for colon cancer)
Chest X-ray
Colonoscopy
Fasting blood glucose test

Serum cholesterol test to determine HDL/LDL level
Serum Protein Electrophoresis (blood test for myeloma)
Stress test on a bicycle or treadmill
Thermography

Health screening tests must be performed under the supervision of or recommended by a Physician, and a charge must be incurred. Satisfactory proof of the charges incurred for the health screening tests must be submitted with each new claim.

Termination. This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

- 5. ACCIDENT ONLY DISABILITY INCOME RIDER. Monthly Benefit – Total Disability as a result of an Accident. Full-Time Job** - If the Insured had a Full-Time Job at the time of the Accident, and suffers continuous Total Disability as a result of an Accidental Bodily Injury, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Total Disability must occur within 90 days of the date of the Accident. The Insured must require the Regular Care and Attendance of a Physician. Benefits will commence on the first day of Total Disability following the Elimination Period shown on the Schedule of Benefits for a period not to exceed the Benefit Period per Accident. Disability benefits will be paid for only one disability when:
1. More than one disability exists at the same time; or
 2. A disability results from two or more causes.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes an occupation, following a covered disability, and performs all the material and substantial duties for a continuous period of 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

Not Employed Full-Time – If the Insured did not have a Full-Time Job at the time of the Accident, and:

1. As a result of the Accident is not able to perform two or more ADLs, as certified by the Insured's Physician; and
2. Requires Direct Personal Assistance to perform such ADLs, we will pay the Benefit Amount shown on the Schedule of Benefits for each month the Insured cannot perform such ADLs.

This inability to perform ADLs must occur within 90 days of the Accidental Bodily Injury. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such ADLs following the Elimination Period not to exceed the Benefit Period per Accident.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes the ability to perform all ADLs without Direct Personal Assistance following a covered disability and continues to have this ability for 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

The Benefit Period per Accident is shown on the Schedule of Benefits.

Benefits for Less Than a Month - Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefit.

Exclusions and Limitations. We will not pay benefits for the Insured's disability that is caused by or occurs as a result of one of the following events:

1. Accidental Bodily Injury that is being treated outside of the territorial limits of the United States or, if outside the United States, the territorial limits of the place where this Rider was issued.
2. Any disability which begins after termination of coverage will not be considered a continuation of a previous disability and will not be covered under the contract.

Other Insurance With Us - If the Insured has more than one disability benefit in force with us, the benefit under this Rider will be reduced so that the total benefit from all disability coverages with us does not exceed 80% of Monthly Compensation. The premiums paid for any benefit in excess of the 80% will be refunded.

Termination. This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The first of the month following the date of the Insured's 70th birthday;
4. The date of the Insured's death; or
4. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.

- 6. SPOUSE OFF-THE-JOB ACCIDENT ONLY DISABILITY INCOME RIDER. Monthly Benefit – Total Disability as a result of an Off-the-Job Accident. Full-Time Job** - If the Spouse had a Full-Time Job at the time of the Accident, and suffers continuous Total Disability as a result of an Accidental Bodily Injury, we will pay the Monthly Benefit as shown on the Schedule of Benefits. Total Disability must occur within 90 days of the date of the Accident. The Spouse must require the Regular Care and Attendance of a Physician. Benefits will commence on the first day of Total Disability following the Elimination Period shown on the Schedule of Benefits for a period not to exceed the Benefit Period per Accident. Disability benefits will be paid for only one disability when:
1. More than one disability exists at the same time; or
 2. A disability results from two or more causes.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Spouse resumes an occupation, following a covered disability, and performs all the material and substantial duties for a continuous period of 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

Not Employed Full-Time – If the Spouse did not have a Full-Time Job at the time of the Accident, and:

1. As a result of the Accident is not able to perform two or more ADLs, as certified by the Spouse's Physician; and
2. Requires Direct Personal Assistance to perform such ADLs, we will pay the Benefit Amount shown on the Schedule of Benefits for each month the Spouse cannot perform such ADLs.

This inability to perform ADLs must occur within 90 days of the Accidental Bodily Injury. Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such ADLs following the Elimination Period not to exceed the Benefit Period per Accident.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Spouse resumes the ability to perform all ADLs without Direct Personal Assistance following a covered disability and continues to have

this ability for 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

The Benefit Period per Accident is shown on the Schedule of Benefits.

Benefits for Less Than a Month. Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefit.

Exclusions and Limitations. We will not pay benefits for the Spouse's disability that is caused by or occurs as a result of one of the following events:

1. Accidental Bodily Injury that is being treated outside of the territorial limits of the United States or, if outside the United States, the territorial limits of the place where this Rider was issued.
2. Injuries that occur in the workplace or during the course of any employment for pay, benefit, or profit.
3. Any disability which begins after termination of coverage will not be considered a continuation of a previous disability and will not be covered under the contract.

Other Insurance With Us - If the Spouse has more than one disability benefit in force with us, the benefit under this Rider will be reduced so that the total benefit from all disability coverages with us does not exceed 80% of Monthly Compensation. The premiums paid for any benefit in excess of the 80% will be refunded.

Termination. This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The date of the Insured's death;
4. The first of the month following the date of the Spouse's 70th birthday; or
5. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim which commenced while the contract and/or Rider were in force.

- 7. SICKNESS ONLY DISABILITY INCOME RIDER. Monthly Benefit - Total Disability as a result of a Sickness. Full-Time Job** - If the Insured had a Full-Time Job at the onset of Total Disability, and suffers continuous Total Disability as a result of a Sickness, we will pay the Monthly Benefit as shown on the Schedule of Benefits. The Insured must require the Regular Care and Attendance of a Physician. Benefits will commence on the first day of Total Disability following the Elimination Period shown on the Schedule of Benefits for a period not to exceed the Benefit Period per Sickness. Disability benefits will be paid for only one disability when:

1. More than one disability exists at the same time; or
2. A disability results from two or more causes.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes an occupation, following a covered disability, and performs all the material and substantial duties for a continuous period of 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

Not Employed Full Time – If the Insured did not have a Full-Time Job at the onset of Total Disability, and:

1. As a result of a Sickness is not able to perform two or more ADLs, as certified by the Insured's Physician; and
2. Requires Direct Personal Assistance to perform such ADLs,

we will pay the Benefit Amount shown on the Schedule of Benefits for each month the Insured cannot perform such ADLs.

Regular Care and Attendance of a Physician is required. Benefits will commence on the first day Direct Personal Assistance is required to perform such ADLs following the Elimination Period not to exceed the Benefit Period per Sickness.

A period of Total Disability due to the same or related cause or causes as that of an earlier period of covered Total Disability may be a continuation of the earlier period. If the Insured resumes the ability to perform all ADLs without Direct Personal Assistance following a covered disability and continues to have this ability for 6 months or more, we will consider any subsequent disability as a new period of Total Disability. If less than 6 months have passed, we will consider it to be a continuation of the earlier disability.

A new disability is subject to a new Elimination Period and a new Benefit Period. A disability that is considered a continuation of a previous disability is not subject to a new Elimination Period or a new Benefit Period.

The Benefit Period per Sickness is shown on the Schedule of Benefits.

Benefits for Less Than a Month. Benefits for a part of a month will be paid on a daily basis. The daily rate is 1/30th of the Monthly Benefit.

Exclusions and Limitations. We will not pay benefits for the Insured's disability that is caused by or occurs as a result of one of the following events:

1. Childbirth or charges related to normal pregnancy occurring within the first 10 months of the Rider's Effective Date. Complications of pregnancy will be covered to the same extent as a Sickness.
2. Disability that is being treated outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where this Rider was issued.
3. Any disability which begins after termination of coverage will not be considered a continuation of a previous disability and will not be covered under the contract.

Other Insurance With Us - If the Insured has more than one disability benefit in force with us, the benefit under this Rider will be reduced so that the total benefit from all disability coverages with us does not exceed 80% of Monthly Compensation. The premiums paid for any benefit in excess of the 80% will be refunded.

Preexisting Condition Limitation – No benefits are provided during the first 12 months for any Sickness that has been diagnosed, treated, or for which the Insured has incurred expense or has taken medication within 6 months prior to this Rider's Effective Date.

Termination. This Rider will terminate on the earliest of the following dates or events:

1. The date the contract terminates;
2. The date the Insured requests termination on any premium due date;
3. The first of the month following the date of the Insured's 70th birthday;
4. The date of the Insured's death; or
5. The expiration of the Grace Period for any premium in default.

Termination of the contract and/or Rider by us will not affect any claim or loss which commenced while the contract and/or Rider were in force.