



P.O Box 506
Keene, NH 03431-0506

January 28, 2014

ANY NAME
ANY STREET
CITY, STATE, ZIP

Group: ANY EMPLOYER
RE Certificate: VC000000XX

Dear ANY NAME:

Thank you for choosing Combined Insurance Company of America as your life insurance provider. Enclosed is your Life Insurance Certificate.

Included with your Certificate is a Certificate illustration. This illustration provides a brief description of your Certificate and a projection of Certificate values. Please review your Certificate and your Certificate illustration. After you have reviewed your Certificate illustration please sign both copies of the illustration's numeric summary page. Return one copy to us in the pre-addressed, postage paid envelope. Keep the other signed copy with your Certificate and illustration.

If you should leave your employment for any reason, you can take this insurance protection with you. The coverage may be continued and you will be billed directly to your home on a quarterly basis.

Congratulations on your decision. If you have any questions about your new insurance coverage, please contact us at 1-855-241-9891.

Sincerely,

New Business Department

SAMPLE

LIFETIME BENEFIT TERM INSURANCE ILLUSTRATION
 COMBINED INSURANCE COMPANY OF AMERICA
 ADMINISTRATIVE OFFICE: P O BOX 506, KEENE, NH 03431-0506

INSURED: ANY NAME
 OWNER: ANY NAME
 FEMALE AGE 25
 RATE CLASS: NON-TOBACCO
 EFFECTIVE DATE: JANUARY 1, 2014
 PARTICIPANT: ANY EMPLOYER

CERTIFICATE NUMBER: VC000000XX
 AGENT: AGENCY NAME
 ANY STREET
 CITY, STATE ZIP

NUMERIC SUMMARY

Initial Face: \$24,183
 Guaranteed Certificate Premium including Riders: \$309.76 per year.
 Monthly Modal Premium \$25.87

Riders: ADBR,WPR,DCR,LTC,EOB
 (See Page 3)

GUARANTEED DEATH BENEFITS

NON-GUARANTEED DEATH BENEFITS

Certificate Year	Age	Paid-up Term Death Benefit	Term Death Benefit	----- MIDPOINT -----		----- CURRENT -----	
				Paid-up Term Death Benefit	Term Death Benefit	Deferred Paid-up Term Death Benefit	Term Death Benefit
5	29	\$0	\$24,183	\$0	\$24,183	\$0	\$24,183
10	34	\$0	\$24,183	\$0	\$24,183	\$0	\$24,183
20	44	\$3,765	\$24,183	\$4,116	\$24,183	\$4,468	\$24,183
46	70	\$8,347	\$12,092	\$11,104	\$18,137	\$13,860	\$24,183
76	100	\$12,092	\$12,092	\$18,137	\$18,137	\$24,183	\$24,183

Coverage Terminates Age 121 Age 121 Age 121

Term Death Benefits, Paid-up Term Death Benefits and age are shown as of the beginning of the certificate year and assume that annual premiums are paid at the beginning of each year. Term Death Benefits include the Guaranteed Paid Up Term Death Benefit.

The Guaranteed columns show death benefits assuming a guaranteed interest rate of 2.00% and guaranteed mortality.

The Non-Guaranteed Current columns show death benefits assuming a current interest rate of 3.50 % and current mortality credits. Assuming they remain unchanged through the life of the certificate benefits become paid-up at age 100.

The Non-Guaranteed Midpoint columns show death benefits assuming the midpoint between the Guaranteed and the Non-Guaranteed columns.

This is to certify that this illustration has been presented to the applicant along with an explanation that any non-guaranteed elements illustrated are subject to change. In addition, no statements have been made that are inconsistent with the illustration.

 Combined Insurance Company of America

 Date

STATEMENT OF UNDERSTANDING

I have received a copy of this illustration, and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

 Applicant

 Date

THIS IS YOUR BASIC ILLUSTRATION AND IS VALID ONLY IF ALL ILLUSTRATION PAGES ARE INCLUDED.

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: ANY EMPLOYER

Policy Number: SZ#-LBT

Policy Effective Date: January 1, 2014

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

Carmine A. Giganti, Vice President and Secretary

Brad Bennett, President

Home Office

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

Administrative Office

Combined Insurance Company of America
17 Church Street
Keene, NH 03431
1-855-241-9891

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

SAMPLE

CERTIFICATE SCHEDULE
LIFETIME BENEFIT TERM INSURANCE

INSURED:	ANY NAME	EXPIRY DATE:	JAN 1, 2110
CERTIFICATEHOLDER:	ANY NAME	FACE AMOUNT:	\$24,183
ISSUE AGE:	25 FEMALE	GUARANTEED DEATH BENEFIT TO AGE 70:	\$24,183
RATE CLASS:	NON-TOBACCO	REDUCED GUARANTEED DEATH BENEFIT AFTER AGE 70:	\$12,092
DATE OF ISSUE:	JAN 1, 2014	VESTING PERIOD:	10 YEARS
COVERAGE DATE:	OCT 2, 2013		
CERTIFICATE NUMBER:	VC000000XX		

BENEFICIARY: AS STATED IN THE APPLICATION OR AS SUBSEQUENTLY CHANGED

CURRENT: ANNUAL PREMIUM: \$309.76 PLANNED PERIODIC PREMIUM: \$25.87

PREMIUMS ARE PAYABLE TO AGE 100.

CERTIFICATE SCHEDULE CONTINUED
 CERTIFICATE NUMBER: VC000000XX
 RIDERS

BENEFIT	AMOUNT	ANNUAL PREMIUM	COVERAGE DATE	EXPIRY DATE
ACCIDENTAL DEATH BENEFIT RIDER	\$24,183	\$29.02	OCT 2, 2013	JAN 1, 2054
WAIVER OF PREMIUM RIDER		\$3.87	OCT 2, 2013	JAN 1, 2049
DEPENDENT CHILD RIDER	\$25,000	\$125.00	OCT 2, 2013	JAN 1, 2064
ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER		\$8.46	OCT 2, 2013	JAN 1, 2110
CONFINEMENT PERCENTAGE		4%		
HOME HEALTH OR ADULT DAY CARE PERCENTAGE		4%		
ELIMINATION PERIOD: 90 DAYS				
EXTENSION OF BENEFITS RIDER		\$19.59	OCT 2, 2013	JAN 01, 2110
Multiple of Current Death Benefit: 2				

SAMPLE

CERTIFICATE SCHEDULE CONTINUED
SCHEDULE OF GUARANTEED VALUES

CERTIFICATE NUMBER: VC000000XX

CERTIFICATE YEAR	ATTAINED AGE	ANNUAL PREMIUM (INCLUDES RIDERS)	DECREASING TERM DEATH BENEFIT**	PAID UP TERM DEATH BENEFIT**	GUARANTEED DEATH BENEFIT**
1	25	\$309.76	\$24,183	\$0	\$24,183
2	26	\$309.76	\$24,183	\$0	\$24,183
3	27	\$309.76	\$24,108	\$0	\$24,183
4	28	\$309.76	\$24,034	\$0	\$24,183
5	29	\$309.76	\$23,962	\$0	\$24,183
6	30	\$309.76	\$23,891	\$0	\$24,183
7	31	\$309.76	\$23,612	\$0	\$24,183
8	32	\$309.76	\$23,339	\$0	\$24,183
9	33	\$309.76	\$23,070	\$0	\$24,183
10	34	\$309.76	\$22,806	\$0	\$24,183
15	39	\$309.76	\$21,558	\$2,625	\$24,183
20	44	\$309.76	\$20,418	\$3,765	\$24,183
25	49	\$309.76	\$19,377	\$4,806	\$24,183
30	54	\$309.76	\$18,423	\$5,760	\$24,183
35	59	\$309.76	\$17,545	\$6,638	\$24,183
40	64	\$305.89	\$16,734	\$7,449	\$24,183
45	69	\$276.87	\$15,980	\$8,203	\$24,183
50	74	\$276.87	\$3,184	\$8,908	\$12,092
55	79	\$151.87	\$2,520	\$9,572	\$12,092
60	84	\$151.87	\$1,888	\$10,204	\$12,092
65	89	\$151.87	\$1,281	\$10,811	\$12,092
70	94	\$151.87	\$692	\$11,400	\$12,092
75	99	\$151.87	\$115	\$11,977	\$12,092
76-96	100-120	\$0.00	\$0	\$12,092	\$12,092

**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 \$108.40. 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 2001 CSO ULTIMATE, COMMISSIONERS STANDARD ORDINARY MORTALITY TABLE, UNISEX 70% MALE / 30% 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) 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 three (3) months of employment as of the enrollment date

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

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

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

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

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

Coverage means the insurance provided under The Policy.

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

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

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

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

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

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

Eligible Dependent means a person who is:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

You or Your refer to the Certificateholder.

CERTIFICATE PROVISIONS

The Policy

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

Statements Are Not Warranties

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

Contestability

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

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

Termination of Coverage on an Insured

Coverage on an Insured will terminate:

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

Portability Privilege

We will provide portability Coverage subject to these provisions.

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

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

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

Misstatement of Age or Tobacco Usage

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

Suicide Exclusion

If the Insured commits suicide, 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 the expiration of the applicable statute of limitations from the date Proof of Loss is required.

PREMIUMS**Payment of Premiums**

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

Grace Period

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 or Tobacco Usage, Contestability and Suicide provisions.

Death of Beneficiary

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

Multiple Beneficiaries

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

Facility of Payment

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

COVERAGE VALUES**Basis of Values**

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

Certificate Schedule of Guaranteed Values

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

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

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

SAMPLE

ACCIDENTAL DEATH BENEFIT RIDER

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

ACCIDENTAL DEATH BENEFIT: This Rider provides a benefit for the accidental death of the Insured. The benefit amount is shown on the Certificate Schedule or Endorsement. We will pay this benefit, subject to the Exclusions, if all the conditions of this Rider are met. Any Accidental Death Benefit payable under this Rider will be added to the Death Benefit provided by the Certificate.

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

PROOF OF ACCIDENTAL DEATH: To pay the Accidental Death Benefit under this Rider, We require that proof of the accidental death be given to us at Our Administrative Office. This proof must show that the Insured's death occurred:

- a. As a direct result of accidental bodily injury independently of all other causes; and
- b. Within 180 days after the injury was received; and
- c. While Your Coverage and this Rider are in effect.

Except for drowning and internal injuries shown by autopsy, the injury causing death must be shown by a visible wound on the exterior of the body. Unless prohibited by law, We have the right to examine the body and have an autopsy done at any time.

EXCLUSIONS: The Accidental Death Benefit provided by this Rider is not payable if the Insured's death results directly or indirectly from any of the following causes:

- a. **Suicide:** Suicide, while the Insured is sane or insane.
- b. **War:** War, declared or undeclared, or any act of war.
- c. **Military Service:** Service in the military forces of any country at war or in any civilian noncombatant unit serving with those forces. "War" includes undeclared war. "Country" includes any international organization or group of countries.
- d. **Aviation:** Travel in, or descent from or with, any kind of aircraft aboard which the Insured is a pilot or crew member or is giving or receiving any training. "Crew member" includes anyone who has any duty aboard the aircraft.
- e. **Natural Causes:** Bodily or mental illness, disease or infirmity of any kind or medical or surgical treatment for any of these.
- f. **Drug:** The taking or injection of any nonprescription drug, hypnotic or narcotic, accidentally or otherwise.
- g. **Blood Alcohol:** Death while the Insured is operating a motor vehicle and is determined to have a blood alcohol level exceeding the legal limit as defined by state law.
- h. **Speed Contest:** Fatal injury which is incurred as the result of taking part in any speed contest.
- i. **Felony:** Injury received while committing a felony.

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

SUICIDE: If an Insured dies under this rider by suicide within two years from the Date of Issue, we will return the premiums paid for this Rider. On the date of any such suicide by the Insured, this Rider will terminate.

ACCIDENTAL DEATH BENEFIT RIDER

Continued from previous page.

RIDER TERMINATION: This Rider ends automatically

- a. On the Expiry Date of this Rider, as shown on the Certificate Schedule or Endorsement; or
- b. When the Coverage terminates for any reason; or
- c. At the end of the 31 day Grace Period for an unpaid premium.

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

COMBINED INSURANCE COMPANY OF AMERICA



Carmine A. Giganti, Vice President and Secretary



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WAIVER OF PREMIUM RIDER

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

TOTAL DISABILITY: The Insured's inability to substantially perform the essential duties of any Occupation in the usual and customary way due to bodily injury or disease.

OCCUPATION: Any occupation for which the Insured may qualify by reason of education, training, or experience.

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

BENEFIT: Subject to this Rider's provisions, We will:

- Waive future premiums at the payment frequency in effect at the start of Total Disability and which fall due while Total Disability continues; and
- Refund any premiums which were due and were paid since the start of Total Disability. However, no premium will be waived which was due more than 12 months before We received written notice of claim.

BENEFIT REQUIREMENTS: Total Disability of the Insured must:

- Begin while this Rider is in effect.
- Begin before the Certificate anniversary on which the Insured is age 60.
- Be continuous for at least a 6 month period.

While Total Disability continues, the frequency of premium payments may not be changed.

BENEFIT LIMITATIONS: No premiums will be waived for any disability which results from any of the following:

- An intentional, self-inflicted injury.
- War or any act of war, whether or not the Insured is serving in the military, naval, National Guard, or air forces of any country, international organization, or countries at war. War can be declared or not, and includes hostilities and any armed aggression and resistance to such aggression.
- Bodily injury or disease, occurring before the Coverage Date of this Rider, which was not disclosed on the enrollment form.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY: We will require written notice of claim to Our Administrative Office:

- While the Insured is alive;
- While the Total Disability continues; and
- No later than 12 months after Total Disability began.

Failure to give written notice of claim within 12 months from the date Total Disability began will not void or reduce the claim if such notice is sent as soon as reasonably possible.

The Insured must furnish Us with proof of Total Disability no later than 6 months after written notice of claim has been received.

For a recurring disability, within six months, from the same or related cause, We will waive the 6 month waiting period.

PROOF OF CONTINUANCE OF TOTAL DISABILITY: The Insured, at reasonable intervals, must furnish Us with proof of continuance of Total Disability. We have the right to require examinations of the Insured by physicians of Our choice and paid by Us. After Total Disability has continued for 2 years, We will not require proof more often than once each year.

WAIVER OF PREMIUM RIDER

Continued from previous page.

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

A new period of Contestability will apply if reinstatement occurs. We will not contest this Rider based on statements made in the application for reinstatement after this Rider has been in effect, during the Insured's lifetime, for 2 years from the effective date of reinstatement.

SUICIDE: If an Insured dies under this Rider by suicide within two years from the Date of Issue, we will return the premiums paid for this Rider. On the date of any such suicide by the Insured, this Rider will terminate.

RIDER TERMINATION: This Rider ends automatically:

- a. On the Expiry Date of this Rider, as shown on the Certificate Schedule Page or Endorsement. However, as long as any continuing disability began before termination of this rider, benefits will continue as otherwise provided in this rider; or
- b. When the Coverage expires; or
- c. When Coverage terminates for any reason; or
- d. At the end of the 31 day Grace Period for an unpaid premium.

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DEPENDENT CHILD RIDER

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

COVERAGE AND EXPIRY DATES: The Coverage and Expiry Dates of this Rider are shown on the Certificate Schedule or Endorsement. This Rider will not be in effect unless the Coverage to which it is attached becomes effective.

DEPENDENT CHILD means a person who is:

1. The Insured's newborn child; or
2. 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
3. The Insured's unmarried grandchild under age 26 who is a dependent for federal income tax purposes.

BENEFIT: If we receive proof at Our Administrative Office that a Dependent Child has died after the age of 15 days and before his or her 26th birthday, and while this Rider is in force, then we will pay the Beneficiary the Death Benefit Amount shown on the Certificate Schedule or Endorsement. The Death Benefit Amount applies to each Dependent Child.

REINSTATEMENT: This Rider may be reinstated upon reinstatement of the Coverage if satisfactory Evidence Of Insurability is furnished to us with respect to each Dependent Child and for each Insured within 15 days of the reinstatement of the Coverage. The death of a Dependent Child before the date of the reinstatement or Evidence Of Insurability unsatisfactory to us with respect to a Dependent child shall not preclude the reinstatement of the Coverage and this Benefit on the lives of those for whom the Evidence Of Insurability is satisfactory to us.

BENEFICIARY: The Certificateholder is the Beneficiary, if living. If the Certificateholder is not living, the Certificateholder's spouse shall be the Beneficiary. If the Certificateholder's spouse is not living (or if the Certificateholder does not have a spouse), the child's legal guardian or the adult(s) who We determine have assumed custody of the child shall be the Beneficiary.

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

SUICIDE: If an Insured dies under this Rider by suicide within two years from the Date of Issue, we will return the premiums paid for this Rider.

CONVERSION: You may convert the Coverage of a Dependent child within 30 days of the earlier of the Dependent Child's 26th birthday or the Anniversary of the Date of Issue which is on or next following the Insured's 75th birthday. We must receive written application and the first premium for the new Coverage while the Dependent Child is alive and still Insured under this Rider.

The Conversion may be to the same plan as the original Certificate to which this Rider is attached, or to another plan.

The face amount of the new coverage will be no more than five times the Benefit Amount payable under this Rider for the Dependent child, but no less than \$5,000.

Premium for the new coverage will be based on the age, gender and rate class of the Dependent Child on the Date of Issue of the new coverage.

There will be no Evidence Of Insurability required for the conversion. However, if additional Riders are requested on the new policy, the Dependent Child must provide Evidence Of Insurability satisfactory to us. Coverage for any Dependent Child under this Rider terminates upon Conversion of that Dependent Child.

DEPENDENT CHILD RIDER

Continued from previous page.

PAID-UP INSURANCE: We will convert each Dependent Child's Coverage then in force to paid-up term insurance at the death of the Insured if:

- the Insured dies before the Expiry Date of this Rider; and
- this Certificate and Rider are in force.

The paid-up insurance will have no surrender Value or Loan Value and will automatically terminate on the earlier of:

- the Dependent Child's 26th birthday; or
- the Expiry Date of this Rider.

Paid-up insurance on any Dependent Child will not be contested after insurance has been in force, during the lifetime of that Dependent Child, for two years. The two years includes the period that such Dependent Child's Coverage was in force under this Rider prior to the date the paid-up insurance becomes effective. The Dependent Child will be the Owner of the paid-up insurance if he or she has reached the age of majority at the death of the Insured. Otherwise, the legal guardian of the Dependent Child will be the Owner.

RIDER TERMINATION: This Rider ends automatically

- a. On the Expiry Date of this Rider, as shown on the Certificate Schedule or Endorsement; or
- b. When the Coverage matures; or
- c. When the Coverage terminates for any reason; or
- d. The Certificate anniversary on which the Insured is age 75; or
- e. At the end of the 31 day Grace Period for an unpaid premium; or
- f. When there are no longer any Dependent Children covered under this Rider.

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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 the limit set by law, for processing an Accelerated Death Benefit for Terminal Illness. This fee will be deducted from any payment made.

EFFECT ON THE CERTIFICATEHOLDER'S COVERAGE:

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

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.

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ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER

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

Receipt of an Accelerated Benefit may affect You and Your spouse or family's eligibility for public assistance programs such as medical assistance (Medicaid), 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.

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

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

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

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

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

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

WHERE TO GET MORE INFORMATION, CORRECT INFORMATION ON THE ENROLLMENT FORM, OR MAKE A COMPLAINT: You can write Us at Our Administrative Office: 17 Church St., Keene, NH 03431 or call 1-855-241-9891

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 amend this Rider as indicated in the Tax Qualification Notice, or increase the premium. The current premiums are shown on the Certificate Schedule. Any change in premium will be made on a Coverage anniversary date. New premiums will be based on the Insured's age and Premium Class on the Rider's Coverage Date. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

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. **Contenance:** 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 of social and/or health-related services provided on a less than 24-hour-a-day basis, provided in an Adult Day Care Center. The purpose of the program must be to support frail or 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 engaged primarily in providing on-going care and related services that meets all of the following criteria:

1. It is appropriately licensed or certified to provide these services, if such licensing or certification is required by the state in which it operates; and
2. It provides twenty-four (24) hour a day care and services sufficient to support needs resulting from inability to perform Activities of Daily Living or from Severe Cognitive Impairment; and
3. It has an awake, trained and ready-to-respond employee on duty in the facility at all times to provide care; and
4. It provides three meals a day and accommodates special dietary needs; and
5. It has written contractual arrangements or otherwise ensures that residents receive the medical care services of a Physician or Registered Professional Nurse in case of emergency; and
6. It has appropriate methods and procedures to assist residents in the self-administration of prescribed medications.

Examples of an Assisted Living Facility include, but are not limited to, residential care facilities, board and care facilities, adult foster homes, and hospice care facilities.

THE FOLLOWING ENTITIES CANNOT QUALIFY AS AN ASSISTED LIVING FACILITY:

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

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

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

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

1. being Unable to Perform, without Substantial Human Assistance, at least two Activities of Daily Living (Bathing, Contenance, Dressing, Eating, Toileting, and Transferring) for a period of 90 days; **or**
2. the Insured has a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

Certification by the Licensed Health Care Practitioner of the Chronically Ill Insured must occur at least once every 12 months.

CONFINED OR CONFINEMENT means assigned to a bed and physically within a licensed Nursing, Assisted Living Facility, or Alzheimer's Facility as an overnight resident patient.

ELIMINATION PERIOD means the number of days during which the Insured must meet conditions 1, 2, 3, 5, and 6 under the "Conditions on Eligibility for Payment of Rider Benefits" provision and during which no benefits are payable under this Rider. The Elimination Period starts from the first day that the Insured is certified by a Licensed Health Care Practitioner as: (1) being Unable to Perform without substantial Human Assistance at least two Activities of Daily Living (Bathing, Contenance, Dressing, Eating, Toileting and Transferring); or (2) having a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety. The Elimination Period for this Rider is shown in the Certificate Schedule. The Elimination Period needs to be satisfied only once during the Insured's lifetime.

HOME means any place where the Insured resides other than a Nursing Facility, Assisted Living Facility, Alzheimer's facility, Hospital, hospice facility, congregate care, or any other similar residential care facility.

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

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

HOME HEALTH CARE means a program of professional, para-professional or skilled care provided by or through a Home Health Care Agency in the Insured's Home. It includes the following types of care: nursing services; physical therapy, occupational therapy, speech therapy, respiratory therapy, audiology services; and medical social services by a social worker or social work assistant.

HOSPITAL means an institution which:

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

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

IMMEDIATE FAMILY means the Certificateholder's or the Insured's spouse, child, brother, sister, parent, grandparent or grandchild.

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

LICENSED HEALTH CARE PRACTITIONER means any Physician, Registered Professional Nurse, or Licensed Social Worker.

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

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

MEDICARE means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

NURSING FACILITY means a health care facility or a distinct part of a Hospital or other institution that meets all of the following standards:

1. It operates under a license issued by the appropriate licensing agency to provide nursing care and related services; and
2. It provides, in addition to room and board, 24-hour-a-day nursing care and related services on a continuing inpatient basis, to 6 or more individuals; and
3. It provides on a formal prearranged basis, a Registered Professional Nurse on duty or on call at all times; and
4. It provides, on a formal prearranged basis, that a duly licensed Physician will be available in case of emergency; and
5. It has a planned program of policies and procedures developed with the advice of and periodically reviewed by, at least one Physician; and
6. It maintains a clinical record of each patient.

Nursing Facility does not mean a Hospital. It does not mean a facility that is operated mainly for the treatment and care of mental, nervous, psychotic or psychoneurotic deficiencies or disorders; or tuberculosis; or drug addiction; or rehabilitation, or occupational therapy.

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

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

PLAN OF CARE means a written individualized plan of services developed by a Licensed Health Care Practitioner.

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

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

SEVERE COGNITIVE IMPAIRMENT means a deficiency in: the Insured's short-term or long-term memory; orientation as to person, place and time; deductive or abstract reasoning; or judgment as it relates to safety awareness. Severe Cognitive Impairment is established by clinical evidence and standardized tests that reliably measure the Insured's loss. An example of Severe Cognitive Impairment covered under this Rider is that resulting from Alzheimer's disease and similar forms of senility, senile dementia and irreversible dementia.

SUBSTANTIAL HUMAN ASSISTANCE means actual hands-on assistance by another individual.

SUBSTANTIAL SUPERVISION means continuous, arms-length supervision including, but not limited to, verbal cueing by another individual to protect the Insured from harming himself/herself or others, or from threats to the Insured's health and safety.

UNABLE TO PERFORM an Activity of Daily Living means that the Insured cannot perform such activity without Substantial Human Assistance, even if the Insured uses some equipment.

CONDITIONS ON ELIGIBILITY FOR PAYMENT OF LONG TERM CARE BENEFITS

We will pay the Certificateholder the applicable Rider benefit as stated below, subject to all of the following conditions:

1. The Insured:
 - a. is alive; and
 - b. is Confined in a Nursing, Assisted Living Facility, or Alzheimer's Facility and Confinement begins while this Rider is in force; or
 - c. receives Home Health Care services provided by a Home Health Care Agency, or receives Adult Day Care provided in an Adult Day Care Center, or a combination thereof, on a minimum of 8 separate days during each Rider Month and while this Rider is in force.
2. Confinement and Home Health Care or Adult Day Care services are included in the Insured's Plan of Care; and
3. the Insured is Chronically III; and
4. the Insured satisfies the Elimination Period; and
5. the Coverage provided to the Insured by the Certificate to which this Rider is attached is in force; and
6. All applicable premiums for the Insured's Coverage has been paid when due.

BENEFITS

MONTHLY ACCELERATED DEATH BENEFIT FOR CONFINEMENT, HOME HEALTH CARE, OR ADULT DAY CARE: The benefit amount for Confinement, Home Health Care, or Adult Day Care, will be 4% of the Face Amount of the Certificate as of the first of the month following the date the Insured became eligible for this benefit less any lien effective at that time. We will pay this benefit after We receive the required proof that the Insured has met the Conditions on Eligibility for Long Term Care Benefits. The benefit will be payable for each Certificate month while the Insured continues to meet the eligibility requirements. Benefit payments will be subject to the Remaining Accelerated Death Benefit Amount.

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

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

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

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

EFFECT ON THE CERTIFICATE IF LONG TERM CARE BENEFITS ARE PAID

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

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

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

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

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

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

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

EXCLUSIONS

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

1. an intentionally self-inflicted injury, or attempted suicide; or
2. war or any act of war, declared or undeclared, or service in the armed forces of any country; or
3. treatment of the Insured's alcohol, drug or other chemical dependence, except if the drug dependency was sustained or acquired at the hands of a Physician, or except while under treatment for an injury or sickness; or
4. the Insured's commission of, or attempt to commit, a felony; or an injury that occurs because of the Insured's involvement in an illegal activity.

We will not pay Rider benefits if the Confinement, Home Health Care service, or Adult Day Care service:

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

LIMITATIONS

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

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

GENERAL PROVISIONS

NOTICE OF CLAIM: You must notify Us in writing within 20 days of any eligible Confinement, Home Health Care service, or Adult Day Care service, for which You are claiming benefits. You must send written notice to Our agent or Us and include the insured's name and Certificate Number. If notice cannot reasonably be given within 30 days of a loss, You must send the notice as soon as reasonably possible.

CLAIM FORMS: After We receive Notice of Claim, We will send claim forms to You or Your authorized representative within 15 days. If the claim forms are not received within 10 days, We will accept Written Proof of Loss describing the nature and extent of the claim. Such initial and ongoing Written Proof of Loss must be received by Us within the time limit stated in the following paragraph.

WRITTEN PROOF OF LOSS: We will pay benefits under this Rider after We receive Written Proof of Loss satisfactory to Us. We must receive initial Written Proof of Loss within 90 days after expiration of the Elimination Period. If it is not reasonably possible to provide this information within such time, initial Written Proof of Loss must be submitted as soon as reasonably possible, but not later than one year from the time specified. We will require subsequent Written Proof of Loss satisfactory to Us to be submitted periodically while the Insured continues to be eligible to receive benefits under this Rider. Any such periodic Written Proof of Loss will not be required more frequently than once every 31 days. Any such periodic Written Proof of Loss due to a chronic illness will not be required more frequently than once every 90 days.

Written Proof of Loss means billing statements, invoices, or payment receipts to prove that the Insured was Confined or received Home Health Care or Adult Day Care services in accordance with a Plan of Care. Written Proof of Loss also means certification by a Physician that the Insured is Chronically Ill. Examples of Written Proof of Loss include Physician certification, Plan of Care records, attending Physician reports, medical records; and similar written documentation.

PHYSICAL EXAMINATION: At Our expense, We reserve the right to have a Licensed Health Care Practitioner of Our choosing examine the Insured while a claim is pending to determine the Insured's eligibility for benefits. In the event that the Licensed Health Care Practitioner We choose provides a different diagnosis of the Insured's condition, We reserve the right to rely on the certification from the Physician of Our choosing for claim purposes.

TIME OF PAYMENT OF CLAIMS: All benefits described in this Rider will be paid monthly provided We have received Written Proof of Loss satisfactory to Us.

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

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

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

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

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

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

1. When the Coverage provided by the Certificate terminates for any reason including Termination of Coverage due to Acceleration; or
2. On the Termination Date of this Rider, as shown on the Certificate Schedule; or
3. On the date You elect to terminate this Rider; or
4. On the date of the Insured's death; or

5. At the end of the 31 day grace period for an unpaid premium.

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

COMBINED INSURANCE COMPANY OF AMERICA



Secretary



President

Home Office

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

Administrative Office

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

SAMPLE

EXTENSION OF BENEFITS RIDER

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

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

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

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

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

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

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

GUARANTEED RENEWABLE: As long as You pay the premium on time and Benefits under this Rider are in force, it is renewable, subject to the Rider's terms. We can't change the terms of this Rider, but We can increase the premium. The current premiums are shown on the Certificate Schedule. Any change in premium will be made on the anniversary date of the Certificate. New premiums will be based on the Insured's age and Premium Class on the Rider's Coverage Date. We must notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

REINSTATEMENT: If satisfactory evidence of insurability is furnished to us with respect to the Insured, Benefits under this Rider may be reinstated upon reinstatement of the Certificate and the Accelerated Death Benefit for Long Term Care Rider. The reinstated Rider will only provide benefits for care or confinement that begins after the date of reinstatement.

EXTENSION OF BENEFITS RIDER

Continued from previous page.

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

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

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

COMBINED INSURANCE COMPANY OF AMERICA



Secretary



President

Home Office

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

Administrative Office

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

SAMPLE

LIFETIME BENEFIT TERM CERTIFICATE OF COVERAGE

COMBINED INSURANCE COMPANY OF AMERICA

Home Office

111 East Wacker Drive, Suite 700
Chicago, IL 60601
1-800-544-9382

Administrative Office

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

SAMPLE

OUR PRIVACY PLEDGE TO YOU



Combined Insurance Company of America
Brad Bennett, President

In A Nutshell ...

We understand how important it is to protect your personal information. We want you to know that we make every effort to insure that your personal information remains just that ... personal and private! Information about you is collected and shared only as necessary to provide you with the very best support, service and product options you've come to expect from the Combined Insurance Company of America.

The Kinds Of Information We Collect

Some of the information we may collect includes: your name, residence and mailing addresses, email address, personal and business phone numbers, social security number, spouse and children names and ages, beneficiary information, occupation, other insurance, and medical history.

Where We Get Our Information

We get most of our information directly from you. Usually, the insurance application and other standard industry forms give us all the information we need. We may also get information about you from calls, letters, email and other correspondence you have with us. But sometimes, more information is necessary. For example, we may ask a doctor for more details about your medical history. We may also go to a consumer reporting agency to verify or obtain information about you such as driving record, your job duties, drug or alcohol use or dangerous sport activities.

Who Has Access To Your Information

We want you to know that we maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your personal information. And, we restrict access to your personal information to those employees who need to know such information. For example, an Underwriter to evaluate your application; a Claims Adjuster to settle your claim; or a Service Representative to answer your questions and meet your service needs. *Sometimes*, we may share your information with other companies affiliated with Combined, particularly if they support our efforts to provide you with service and product information. *Sometimes*, we may also share your information with a company or business not officially connected to Combined but who may do work on our behalf, or who may offer products and services we believe will be of interest to you. *And sometimes*, we may disclose information about you to an insurance regulatory authority, a government agency or law enforcement. Various industry and professional organizations may also ask us for customer information in order to conduct research studies. These studies are purely scientific in nature and never identify individuals. Finally, if we do provide your information to any party outside of Combined we require them to abide by the same privacy standards as indicated here.

Vermont Residents - Your state law requires financial institutions to obtain your consent prior to sharing information about you with others. Except as permitted by law, we will not share information we collect about you with non-affiliated third parties or companies in our corporate family unless you authorize us to do so.

California Residents - Your state law requires financial institutions to obtain your consent prior to sharing information

about you with non-affiliated third parties. Except as permitted by law, we will not share information we collect about you with non-affiliated third parties while you are a resident of California.

If You Have Questions Or Are Concerned

We hope this "Privacy Pledge To You" reassures you that Combined will not disclose personal information about you, or any current or former insured, except as permitted and/or required by law. If you have any questions about our Privacy Policy please contact us toll free at:

1-800-544-9382

If you do not wish to be made aware of new programs and services provided by Combined nor want us to share information with Combined affiliates or with external businesses performing work on our behalf, or who may offer products and services we believe will be of interest to you, please write us at:

Combined Insurance

Attention: Policyholder Service Center

PO Box 1160

Glenview, IL 60025-8160

A Note About The Medical Information Bureau

Information about your insurability will always be treated as confidential by the Combined Insurance Company of America or its reinsurers however, we may make a brief report to the Medical Information Bureau about you. The MIB is a nonprofit membership organization of life insurance companies which operates an informal exchange on behalf of its members. If you apply for life or health insurance coverage to a member company or a claim for benefits is submitted, the Bureau, upon request, will supply the company with any information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734. Combined Insurance Company of America or its reinsurers may release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits is submitted.

A Note About Consumer Reports

As part of the normal procedure for processing new insurance applications, we may obtain an investigative consumer report about you. You may, if you wish, request to be interviewed in preparation of this report. If we order a report, and you contact us in writing, we'll provide you with additional information as to the nature and scope of the report. And, if you request it in writing, you are entitled to receive a copy of the investigative consumer report from the consumer reporting agency. To write us requesting additional information about your consumer report or to ask for a copy of the report, please write to:

Combined Insurance

Attention: Policyholder Service Center

PO Box 1160

Glenview, IL 60025-8160

SAMPLE

YOUR PRIVACY IS OUR TRUST



Combined Insurance Company of America
Brad Bennett, President

HOW WE FEEL ABOUT PRIVACY

When you applied to Combined Insurance Company of America, you entrusted us with some personal information. Like you, we are concerned with privacy and its protection. Therefore, we want you to know about our procedures for protecting privacy, and your rights and responsibilities regarding recorded information. As our customer, we want you to understand how we gather information, how we protect it, and how its accuracy can be ensured.

WHAT KIND OF INFORMATION IS COLLECTED

We get most of our information directly from you. Usually, the application you complete gives us all the information we need to evaluate that application. However, in some instances, additional information may be required. In that case, we may obtain information from outside sources at our own expense. For example, we may ask a doctor who has treated the insured to confirm or give us more details about medical information you have given us. Similarly, information may also be requested from an insurance support organization, such as the Medical Information Bureau (MIB). A Medical Information Bureau Disclosure Statement is being furnished to you at the time of this application.

In some cases, we may ask an independent source to help us verify information and add to information given on an application. There are many such companies, which are commonly called "consumer reporting agencies," which are in the business of being an outside, independent source of information to insurance companies. If we retain an agency to gather information for us, we will choose one that is discreet and impartial. The reports which would be prepared by such an agency are used to help us decide if the insured qualifies for the insurance applied for. When it is applicable, such a report could include information such as marital status, driving record, job duties, drug or alcohol use or dangerous sport activities.

The information we receive from an independent reporting agency will be treated in the same confidential way in which we treat the information you gave us on your application. However, the information collected by the agency may be retained by them and later shared with others who use these reports. It will be given to others only to the extent permitted by the Federal Fair Credit Reporting Act and your state's Fair Credit Reporting Act, if it has one.

If we use an independent reporting agency to prepare a report, the insured has the right to be personally interviewed by them. Information given the agency during an interview will be included in the report sent to us. If the insured wishes to be interviewed, please tell us how the agency can contact him, and every effort will be made to interview him. Even if the insured is not interviewed, the insured has the further right to request that the reporting agency provide him with a copy of the report it makes. Write us at the address at the end of this notice and we will give you the name and address of any agency we have used to prepare a report so that the insured can contact them directly to find out more about that report.

WHO HAS ACCESS TO THE INFORMATION WE COLLECT

In some circumstances, Combined is authorized or required by law to make disclosures of personal information to third parties, without the insured's authorization. Following are some of the persons or organizations to whom certain items of information might be disclosed: (Please note: This does not mean that all or any of these disclosures have been or will be made about the insured.)

Combined may disclose information about the insured to a person or business to enable them to perform a business, professional or insurance function for us. For example, Combined may disclose personal information to a lawyer or reinsurer who performs a business or professional service for us. We may also disclose information about the insured to an affiliated Combined company, to other insurance companies or to insurance support organizations. These disclosures are limited to the information necessary for the organization to perform its function in connection with an insurance transaction. For instance, your Combined agent will have access to some information in order to provide the insured with adequate service. Also, if we use a consumer reporting agency, we may disclose to them information relating to the insured's identity and perhaps information relating to the type and amount of coverage applied for or in force. Combined in limited circumstances may disclose information about the insured to a medical care institution or a medical professional for the purpose of informing the insured of a medical problem of which he may not be aware.

Combined may also disclose information about the insured to an insurance regulatory authority, such as your State Insurance Department. Too, Combined may disclose information about the insured to a law enforcement or other governmental authority. This will be done only to prevent or prosecute the perpetration of fraud or if we believe that illegal activities have been conducted. We will also disclose information to law enforcement or other governmental authorities where permitted or required by law to do so.

Various industry and professional organizations conduct scientific and actuarial research studies to learn more about the risk experience of our insureds. Other organizations conduct studies relating to medical research. These studies are purely scientific in nature, never identify individuals in their reports, and always maintain information provided in a highly confidential manner. When asked to provide information to such organizations, we ordinarily will do so because the results of such studies are of benefit to our customers and to the public at large.

Combined may also disclose certain information to a person who will only use the information as an aid in the marketing of a product or service. However, no medical-record information, privileged information, or personal information relating to the insured's character, personal habits, mode of living or general reputation will be disclosed. In addition, the insured must be given an opportunity to indicate whether he wants personal information disclosed for marketing purposes. Information may

also be disclosed to an affiliate of Combined for use in connection with their marketing activities or in connection with an audit of Combined. Our affiliates will not disclose the information to persons outside our organization.

Please be assured that the above describes some of the disclosures which *may* be made, not disclosures which are always or even often made. In any event, the information disclosed without the insured's authorization will be only as much as is reasonably necessary to accomplish the intended purpose.

California Residents – Your state law requires financial institutions to obtain your consent prior to sharing information about you with non-affiliated third parties. Except as permitted by law, we will not share information we collect about you with non-affiliated third parties while you are a resident of California.

ACCESS TO AND CORRECTION OF INFORMATION IN OUR FILES

The insured has a right upon written request to us to either see and copy in person or to obtain a copy from us by mail of whatever recorded personal information we have about him in our files. The insured must properly identify himself when making this written request by supplying us with his full name, address, a reasonable description of the information requested, and numbers of all policies about which he is seeking the information. We will, within thirty business days from the date we receive the request, allow the insured to see and copy this information in person or send him a copy of the information if it is reasonably locatable and retrievable by us.

We will also tell the insured the identity, if known, of those persons to whom we have disclosed this personal information within the two years prior to his request. If the identity of these persons is not known, we will tell the insured the names of those persons to whom we normally disclose such information.

Medical record information contained about the insured in our files which is requested, as well as the identity of the medical professional or medical care institution which provide the information, will be disclosed by us either directly to the insured or to a medical professional designated by the insured who is licensed to provide medical care whichever the insured prefers. At the time we will provide this information to the designated medical professional, we will also notify the insured of this disclosure.

In some circumstances our obligations regarding access to recorded personal information may be satisfied by referring the insured to an insurance-support organization.

A fee of \$5.00 will be charged to cover our costs in providing the recorded personal information to the insured.

The insured has a right to make a written request of us to correct, amend, or delete any recorded personal information about him in our possession. If the insured makes such a written request, we will within thirty business days from the date we receive it, either correct, amend or delete the portion of the recorded personal information that is in dispute or notify the insured of our decision not to do so, the reasons for this decision and the insured's right to file a supplementary statement disagreeing with our position.

If we agree to correct, amend or delete the recorded personal information in our possession about the insured, we will notify him in writing. We will furnish the correction, amendment or deletion to any person the insured specifically designates who may have within the preceding two years received the information from us. The correction, amendment or deletion will also be furnished to any support organization which

systematically receives such information from Combined and still maintains it about the insured and to any insurance support organization that furnished us with the information that has been corrected, amended or deleted.

If we have determined not to correct, amend or delete the recorded personal information according to the insured's request, he has the right to file a concise statement setting forth what he thinks is the correct, relevant or fair information, and a concise statement of the reasons why he disagrees with our refusal to correct, amend or delete the information. If the insured files either statement, we will file the statement with the disputed information and provide a means whereby anybody reviewing the disputed information will be made aware of the insured's statement and have access to it. We will also in any subsequent disclosure of the disputed information clearly identify the matters in dispute and provide the insured's statement along with the information being disclosed. We will also furnish the insured's statement to those persons and insurance support organizations in the same manner specified above as if we had amended, corrected, or deleted the information.

Should you have any questions about our procedures or information contained in your file, or if you do not want us to share your information for the purpose of making you aware of products and services we believe may be of interest to you, please write us at:

Combined Insurance
Attention: Policyholder Service Center
PO Box 1160
Glenview, IL 60025-8160
1-800-544-9382

NOTICE REGARDING CONSUMER REPORTS

As part of the normal procedure for processing new insurance applications, we may obtain an investigative consumer report about you. You may, if you wish, request to be interviewed in preparation of this report. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided. Also, upon written request, the insured will be entitled to receive a copy of the investigative consumer report, if one is made, from the consumer reporting agency.

MEDICAL INFORMATION BUREAU DISCLOSURE STATEMENT

Information regarding your insurability will be treated as confidential. Combined Insurance Company of America or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information on its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of the information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Combined Insurance Company of America or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

COMBINED INSURANCE COMPANY OF AMERICA
Life Insurance Buyer's Guide

This guide can help you when you shop for life insurance. It discusses how to:

- Find a policy that meets your needs and fits your budget
- Decide how much insurance you need
- Make informed decisions when you buy a policy

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.

Important Things To Consider

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance may be costly.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need — and for how long — and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: **term insurance** and **cash value insurance**. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period — even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 10 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase

your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Once you have decided which type of policy to buy, you can use a cost comparison index to help you compare similar policies. Life insurance agents or companies can give you information about several different kinds of indexes that each work a little differently. One type helps you compare the costs between two policies if you give up the policy and take out the cash value. Another helps you compare your costs if you don't give up your policy before its coverage ends. Some help you decide what kind of questions to ask the agent about the numbers used in an illustration. Each index is useful in some ways, but they all have shortcomings. Ask your agent which will be most helpful to you. Regardless of which index you use, compare index numbers only for similar policies — those that offer basically the same benefits, with premiums payable for the same length of time.

Remember that no one company offers the lowest cost at **all** ages for **all** kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies, increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.

SAMPLE

LIFETIME BENEFIT TERM INSURANCE ILLUSTRATION
COMBINED INSURANCE COMPANY OF AMERICA
ADMINISTRATIVE OFFICE: P O BOX 506, KEENE, NH 03431-0506

INSURED: ANY NAME

OWNER: ANY NAME

FEMALE AGE 25

RATE CLASS: NON-TOBACCO

EFFECTIVE DATE: JANUARY 1, 2014

PARTICIPANT: ANY EMPLOYER

CERTIFICATE NUMBER: VC000000XX

AGENT: ANY AGENCY

ANY STREET

CITY, STATE ZIP

NARRATIVE SUMMARY

LEVEL
PREMIUM
TERM
INSURANCE
WITH PAID UP
TERM
INSURANCE
BENEFITS

The Lifetime Benefit Term group certificate is a decreasing term insurance plan with an accumulating guaranteed paid up term death benefit that provides for an initial guaranteed level death benefit to age 70, provided that premiums are paid when due. After this age, the guaranteed death benefit is reduced by 50% and remains level thereafter to age 121 as long as premiums continue to be paid when due.

Level guaranteed premiums are payable to age 100. A level portion of this premium is used to purchase the guaranteed paid up term death benefit. The remainder is used to purchase decreasing term insurance. At age 100, the guaranteed paid up term death benefit will equal 50% of the initial guaranteed death benefit.

If the Coverage lapses because of unpaid premiums due during the first 10 certificate years, the Coverage will terminate with no value. If the Coverage lapses because of unpaid premiums due after the 10th certificate year, the accumulated guaranteed paid up term insurance coverage will remain in force until age 121.

In the tabular illustrations, "Guaranteed Benefits" refer to those death benefits that are fully guaranteed on the date the coverage is issued. "Non-guaranteed Benefits" are those benefits that are not guaranteed on the date the coverage is issued. "Non-guaranteed Benefits", while they may be higher or lower than those illustrated here, will be guaranteed once they have been declared for a given certificate year.

NON-
GUARANTEED
ELEMENTS

In addition to the guaranteed paid up term insurance benefit, this certificate may provide additional non-guaranteed term insurance benefits. These term Insurance benefits include:

- (1) During the premium paying period, one year term insurance to replace all or part of the 50% reduction in the guaranteed death benefit described above.
- (2) Upon termination of premium payments, deferred paid up term insurance will be used to increase the paid up term insurance benefits.

The non-guaranteed deferred paid up term death benefit will first be used to provide one year term insurance to replace the reduction in the guaranteed death benefit and then be used to provide upon termination of premium payments an additional paid up term insurance benefit to age 121.

Should the sum of the guaranteed paid up term insurance and the non-guaranteed deferred paid up term insurance benefits equal or exceed the initial guaranteed death benefit, no more premium payments will be payable. The certificate will then provide a fixed guaranteed fully paid up term insurance death benefit equal to the initial guaranteed death benefit to age 121.

Additional non-guaranteed term insurance benefits are based upon non-guaranteed excess interest and mortality credits that are based upon anticipated future experience and declared by the company in advance of each certificate year.

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COMBINED INSURANCE COMPANY OF AMERICA
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INSURED: ANY NAME

OWNER: ANY NAME

FEMALE AGE 25

RATE CLASS: NON-TOBACCO

EFFECTIVE DATE: JANUARY 1, 2014

PARTICIPANT: ANY EMPLOYER

CERTIFICATE NUMBER: VC000000XX

AGENT: ANY AGENT

ANY STREET

CITY, STATE ZIP

NARRATIVE SUMMARY cont.

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur and actual results may be more or less favorable.

**DEATH
BENEFIT**

The guaranteed death benefit provided at issue is \$24,183. This guaranteed death benefit is payable to age 70. After that age it is reduced to \$12,092. The death benefits shown in this illustration are for the certificate year shown. The illustrated death benefits exclude any additional benefits that may be payable under Riders.

**CERTIFICATE
PREMIUM**

The certificate annual premium \$309.76 shown in the tabular detail illustration includes the Rider premiums shown in the narrative summary for Riders added to the Lifetime Benefit Term plan. The guaranteed annual level certificate premium for the Lifetime Benefit Term plan is \$123.82 and is paid annually until age 100. The portion of this premium used to purchase guaranteed paid up term death benefit is \$108.40.

Rider premiums cease at their expiry date as shown on the narrative summary for Riders.

**INTEREST
CREDITS**

Guaranteed Benefits are based upon a guaranteed interest rate of 2.00%. Non-guaranteed interest credits are based upon a non-guaranteed interest rate of 3.50 %. Non-guaranteed interest is declared by the company in advance of the certificate year.

**GUARANTEED
MORTALITY
CREDITS**

Guaranteed Paid Up Term Insurance is based upon the 2001 CSO ultimate, age last birthday, nonsmoker table adjusted for a male and female mix of 70%/30%. Non-guaranteed mortality credits are based on this table and mortality experience declared by the company in advance of the certificate year.

**CASH
SURRENDER
AND LOAN
VALUES**

This plan provides no cash surrender or loan values.

RIDERS

See the narrative summary for Riders on Page 3

THIS ILLUSTRATION CONTAINS ONLY A GENERAL DESCRIPTION OF COVERAGE AND IS NOT A CERTIFICATE. COVERAGE IS SUBJECT TO THE TERMS AND CONDITIONS OF THE CERTIFICATE, INCLUDING ALL RIDER PAGES.

LIFETIME BENEFIT TERM INSURANCE ILLUSTRATION
COMBINED INSURANCE COMPANY OF AMERICA
ADMINISTRATIVE OFFICE: P O BOX 506, KEENE, NH 03431-0506

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CERTIFICATE NUMBER: VC000000XX

OWNER: ANY NAME

AGENT: ANY AGENCY

FEMALE AGE 25

ANY STREET

RATE CLASS: NON-TOBACCO

CITY, STATE ZIP

EFFECTIVE DATE: 1/1/2014

PARTICIPANT: ANY EMPLOYER

NARRATIVE SUMMARY cont.
CERTIFICATE RIDERS

ACCIDENTAL
DEATH
BENEFIT
RIDER
(ADBR)

This Rider provides an additional death benefit of \$24,183 if the primary Insured dies as a result of an accident as defined in the Rider. This Rider terminates on the Insured's age 65.

The guaranteed level annual premium for this Rider is \$29.02 per year and is payable to the insured's age 65.

WAIVER OF
PREMIUM
RIDER
(WPR)

This Rider waives future premiums due during any period of eligible total disability as defined in the Rider. To be eligible, disability must occur before the anniversary the insured is age 60, while this Rider is in force, and be continuous for at least a six month period. This Rider terminates on the Insured's age 60.

The guaranteed level annual premium for this Rider is \$3.87 and is payable until the insured's age 60.

DEPENDENT
CHILD RIDER
(DCR)

This Rider provides level term insurance of \$25,000 to dependent children until the earliest of their 26th birthday or the insured's age 75. Dependent children are the insured's new born child, unmarried natural child, legally adopted child, child in the waiting period prior to finalization of adoption by the insured, stepchild under the age of 26; or the Insured's unmarried grandchild under age 26 who is a dependent for federal income tax purposes.

One guaranteed level annual premium covers all dependent children. These term benefits become paid-up upon the death of the insured while this Rider is in force.

The Rider also provides a conversion option for each dependent child to a permanent plan offered by the Company for conversion for up to \$125,000 within 30 days of the earlier of each child's 26th birthday, or the expiry of this Rider, if sooner.

The guaranteed level annual premium for this Rider is \$125.00 per year and is payable to the insured's age 75.

ACCELERATED
DEATH
BENEFIT FOR
LONG TERM
CARE RIDER
(LTC)

This Rider is intended to provide a qualified Accelerated Death Benefit that is excluded from gross income for federal tax purposes under the applicable provisions of the Internal Revenue Code in existence at the time this Optional Benefit is issued. Certificateholders are advised to consult with a qualified tax advisor about the circumstances under which they could receive Accelerated Benefits excludable from income under federal laws.

The Accelerated Death Benefit for Long Term Care Rider provides that the Certificateholder may elect to receive a portion of the Death Benefit of \$24,183 provided by the Certificate, when the Insured becomes eligible for benefits by being certified as a Chronically Ill individual, confined to a Nursing or Assisted Living Facility or receiving Home Health or Adult Day Care subject to the terms and conditions defined in the Rider.

The Monthly Accelerated Death Benefit for Confinement and Home Health Care or Adult Day Care is 4% of the Certificate face amount as of the first of the month following the date the Insured becomes

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CERTIFICATE NUMBER: VC000000XX

OWNER: ANY NAME

AGENT: ANY AGENCY

FEMALE AGE 25

ANY STREET

RATE CLASS: NON-TOBACCO

CITY, STATE ZIP

EFFECTIVE DATE: 1/1/2014

PARTICIPANT: ANY EMPLOYER

**NARRATIVE SUMMARY cont.
CERTIFICATE RIDERS**

eligible for this benefit less any lien effective at that time.

While the Insured is eligible for Long Term Care monthly benefits, we will waive the Certificate premiums.

The Accelerated Death Benefit for Long Term Care Rider has an Elimination Period of 90 days.

Written approval of all Irrevocable Beneficiaries and Assignees must be obtained in order to receive Long Term Care Accelerated Death Benefits.

The Death Benefit payable at the death of the Insured will be reduced by the total of all previous Accelerated Death Benefit payments made under this Certificate to the Certificateholder.

The current Annual Renewable premium for this Rider is \$8.46. We may increase this premium. Any change in premiums will be processed on a Coverage Anniversary and will be based on the Insured's age and Premium Class on the Rider's Coverage Date. Coverage under this Rider terminates at the earliest of:

1. Insured reaches attained age 121.
2. The total of all Accelerated Death Benefit payments made equals or exceeds the current Death Benefit.

**EXTENSION OF
BENEFITS
RIDER
(EOB)**

If the current death benefit of the Certificate has been depleted while the insured is receiving Long Term Care Benefits, this Rider increases the Death Benefit of the Certificate as long as the Insured continues to meet all the conditions on eligibility for payment of Long Term Care Benefits. Increases of 4% of the Certificate face amount are made on a monthly basis subject to a cumulative increases of 2 of the current death benefit on the date increases in death benefit were started under this Rider. The increases in death benefit are accelerated to make long term care payments under the Long Term Care Benefit.

Coverage under this Rider terminates at the earliest of:

1. While increases are being made under this Rider, the insured no longer meets all the conditions on eligibility for payment of Long Term Care benefits.
2. Insured reaches attained age 121.
3. The total increases under this Rider equal the maximum allowed.
4. Certificate lapses for any reason.
5. The Accelerated Death Benefit for Long Term Care Rider terminates.

The current Annual Renewable premium for this Optional Benefit is \$19.59. We may increase this premium. Any change in premiums will be processed on a Coverage Anniversary and will be based on the Insured's age and Premium Class on the Rider's Coverage Date.

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 ADMINISTRATIVE OFFICE: P O BOX 506, KEENE, NH 03431-0506

INSURED: ANY NAME
 OWNER: ANY NAME
 FEMALE AGE 25
 RATE CLASS: NON-TOBACCO
 EFFECTIVE DATE: JANUARY 1, 2014
 PARTICIPANT: ANY EMPLOYER

CERTIFICATE NUMBER: VC000000XX
 AGENT: ANY AGENCY
 ANY STREET
 CITY, STATE ZIP

NUMERIC SUMMARY

Initial Face: \$24,183
 Guaranteed Certificate Premium including Riders: \$309.76 per year.
 Monthly Modal Premium \$25.87

Riders: ADBR,WPR,DCR,LTC,EOB
 (See Page 3)

GUARANTEED DEATH BENEFITS

NON-GUARANTEED DEATH BENEFITS

Certificate Year	Age	Paid-up Term Death Benefit	Term Death Benefit	---- MIDPOINT ----		---- CURRENT ----	
				Paid-up Term Death Benefit	Term Death Benefit	Deferred Paid-up Term Death Benefit	Term Death Benefit
5	29	\$0	\$24,183	\$0	\$24,183	\$0	\$24,183
10	34	\$0	\$24,183	\$0	\$24,183	\$0	\$24,183
20	44	\$3,765	\$24,183	\$4,116	\$24,183	\$4,468	\$24,183
46	70	\$8,347	\$12,092	\$11,104	\$18,137	\$13,860	\$24,183
76	100	\$12,092	\$12,092	\$18,137	\$18,137	\$24,183	\$24,183

Coverage Terminates Age 121 Age 121 Age 121

Term Death Benefits, Paid-up Term Death Benefits and age are shown as of the beginning of the certificate year and assume that annual premiums are paid at the beginning of each year. Term Death Benefits include the Guaranteed Paid Up Term Death Benefit.

The Guaranteed columns show death benefits assuming a guaranteed interest rate of 2.00% and guaranteed mortality.

The Non-Guaranteed Current columns show death benefits assuming a current interest rate of 3.50 % and current mortality credits. Assuming they remain unchanged through the life of the certificate benefits become paid-up at age 100.

The Non-Guaranteed Midpoint columns show death benefits assuming the midpoint between the Guaranteed and the Non-Guaranteed columns.

This is to certify that this illustration has been presented to the applicant along with an explanation that any non-guaranteed elements illustrated are subject to change. In addition, no statements have been made that are inconsistent with the illustration.

 Combined Insurance Company of America

 Date

STATEMENT OF UNDERSTANDING

I have received a copy of this illustration, and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

 Applicant

 Date

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 CITY, STATE ZIP

TABULAR DETAIL

Initial Face: \$24,183

Guaranteed Certificate Premium including Riders: \$309.76 per year.

Monthly Modal Premium \$25.87

Riders: ADBR,WPR,DCR,LTC,EOB
 (See Page 3)

Year	Age	Guaranteed Premiums And Death Benefits			Non-Guaranteed Premiums And Death Benefits		
		Certificate Premium	Paid-up Term Death Benefit	Premium Pay Term Death Benefit	Certificate Premium	Deferred Paid-up Term Death Benefit	Premium Pay Term Death Benefit
1	25	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
2	26	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
3	27	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
4	28	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
5	29	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
6	30	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
7	31	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
8	32	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
9	33	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
10	34	\$309.76	\$0	\$24,183	\$309.76	\$0	\$24,183
15	39	\$309.76	\$2,625	\$24,183	\$309.76	\$2,978	\$24,183
20	44	\$309.76	\$3,765	\$24,183	\$309.76	\$4,468	\$24,183
25	49	\$309.76	\$4,806	\$24,183	\$309.76	\$5,984	\$24,183
30	54	\$309.76	\$5,760	\$24,183	\$309.76	\$7,522	\$24,183
35	59	\$309.76	\$6,638	\$24,183	\$309.76	\$9,228	\$24,183
40	64	\$305.89	\$7,449	\$24,183	\$305.89	\$11,183	\$24,183
45	69	\$276.87	\$8,203	\$24,183	\$276.87	\$13,620	\$24,183
50	74	\$276.87	\$8,908	\$12,092	\$276.87	\$14,598	\$24,183
55	79	\$151.87	\$9,572	\$12,092	\$151.87	\$15,272	\$24,183
60	84	\$151.87	\$10,204	\$12,092	\$151.87	\$15,682	\$24,183
65	89	\$151.87	\$10,811	\$12,092	\$151.87	\$16,038	\$24,183
70	94	\$151.87	\$11,400	\$12,092	\$151.87	\$16,814	\$24,183
75	99	\$151.87	\$11,977	\$12,092	\$151.87	\$20,448	\$24,183
76-96	100-120	\$0.00	\$12,092	\$12,092	\$0.00	\$24,183	\$24,183

Term Death Benefits, Paid-up Term Death Benefits and age are shown as of the beginning of the certificate year and assume that annual premiums are paid at the beginning of each year. Premium Pay Term Death Benefits include the Guaranteed Paid Up Term Death Benefit

The Guaranteed columns show death benefits assuming a guaranteed interest rate of 2.00% and guaranteed mortality.

The Non-Guaranteed Current columns show death benefits assuming a current interest rate of 3.50 % and current mortality credits. Assuming they remain unchanged through the life of the certificate benefits become paid-up at age 100.

LIFETIME BENEFIT TERM INSURANCE ILLUSTRATION
 COMBINED INSURANCE COMPANY OF AMERICA
 ADMINISTRATIVE OFFICE: P O BOX 506, KEENE, NH 03431-0506

INSURED: ANY NAME
 OWNER: ANY NAME
 FEMALE AGE 25

CERTIFICATE NUMBER: VC000000XX
 AGENT: ANY AGENCY
 ANY STREET
 CITY, STATE ZIP

RATE CLASS: NON-TOBACCO
 EFFECTIVE DATE: JANUARY 1, 2014
 PARTICIPANT: ANY EMPLOYER

TABULAR DETAIL cont.

	NET PAYMENT COST COMPARISON INDEX**		SURRENDER COST COMPARISON INDEX**	
	GUARANTEED	NON- GUARANTEED	GUARANTEED	NON-GUARANTEED
YEAR 10	5.01	5.01	5.01	5.01
YEAR 20	5.01	5.01	5.01	5.01

**The indexes above are measures of the relative cost of similar term insurance plans. A low index number represents a lower cost than a higher index number. Further explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide. These indexes include the cost for the base benefit excluding Riders.

