

**ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER
OUTLINE OF COVERAGE
POLICY FORM NO. P34544CA; CERTIFICATE FORM NO. C34544CA; RIDER FORM NO. 34553CA**

THIS CONTRACT FOR LONG-TERM CARE INSURANCE IS INTENDED TO BE A FEDERALLY QUALIFIED LONG-TERM CARE INSURANCE CONTRACT AND MAY QUALIFY YOU FOR FEDERAL AND STATE TAX BENEFITS.

THIS RIDER IS AN APPROVED LONG-TERM CARE INSURANCE RIDER UNDER CALIFORNIA LAW AND REGULATIONS. HOWEVER, THE BENEFITS PAYABLE BY THIS RIDER WILL NOT QUALIFY FOR MEDICAL ASSET PROTECTION UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE.

FOR INFORMATION ABOUT POLICIES AND CERTIFICATES QUALIFYING UNDER THE CALIFORNIA PARTNERSHIP FOR LONG-TERM CARE, CALL THE HEALTH INSURANCE COUNSELING AND ADVOCACY PROGRAM AT THE TOLL-FREE NUMBER, 1 (800) 434-0222

NOTICE TO BUYER: This Rider may not cover all of the costs associated with long-term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all Rider limitations.

1. **RIDER DESIGNATION:** This Rider is a group Rider which has been issued in the state of California.
2. **PURPOSE OF OUTLINE OF COVERAGE:** This Outline of Coverage provides a very brief description of the important features of your Rider. You should compare this outline of coverage to outlines of coverage for other coverages available to you. This is not the insurance contract, but only a summary of coverage. Only the group Rider contains contractual provisions. This means that the Rider sets forth in detail the rights and obligations of both you and the insurance company. Therefore, if you purchase this coverage, or any other coverage, it is important that you **READ YOUR RIDER CAREFULLY.**
3. **TERMS UNDER WHICH THE POLICY OR CERTIFICATE MAY BE RETURNED AND PREMIUM REFUNDED:**
 - a. You have the right to return this Rider within 30 days after You receive it, and we will refund any premium that You paid for the Rider, if after examination of the Rider You are not satisfied for any reason.
 - b. A pro-rata refund of any premium paid for this Rider beyond the death of the Insured, or termination of the Rider will be returned.
4. **THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the insurance company.
 - a. Combined Insurance Company is not representing Medicare, the federal government or any state government.
5. **LONG-TERM CARE COVERAGE.** Riders of this category are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community, or in the home. This Rider provides coverage in the form of a fixed dollar indemnity benefit for covered long-term care expenses, subject to Rider limitations and requirements.
6. **BENEFITS PROVIDED BY THIS RIDER:**
 - a) **QUALIFIED LONG TERM CARE BENEFIT:** The benefit amount for Facility Care, Home Care, or Community-Based Services will be the greater of \$50 per day or 4% of the current Death Benefit, , minus any lien, of the Certificate as of the first of the month following the date the Insured became eligible for payment of the benefit. After We receive the required proof that the Insured has met the Conditions for Determination of Payment of Benefits that are described in this Rider, We will pay You the benefit amount. We will pay the benefit amount for each Certificate Month or fraction of a Certificate Month for as long as the Insured continues to meet the eligibility requirements. The benefit payments will be subject to the Remaining Accelerated Death Benefit Amount.
 - b) This Rider offers benefits for confinement in a Skilled Nursing and Residential Care Facility.
 - c) This Rider offers benefits for treatment for Home Care or Community Based Services.

- d) **ELIGIBILITY FOR PAYMENT OF BENEFITS:** Payment of benefits shall be determined based on the Insured being Chronically Ill, having a level of disability similar to the Insured's ability to perform 2 Activities of Daily Living; or being Cognitively Impaired, as defined in the Rider.

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

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

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

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

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

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

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

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

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

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

- I. being unable to perform, without Substantial Assistance, at least two Activities of Daily Living (Bathing, Continence, Dressing, Eating, Toileting, and Transferring) for a period of at least 90 days due to a loss of functional capacity;
- II. having a level of disability similar (as determined under regulations prescribed by the Secretary in consultation with the Secretary of Health and Human Services) to the level of disability described in clause (I); **or**
- III. the Insured has a Severe Cognitive Impairment that requires Substantial Supervision to protect the Insured from threats to his or her health and safety.

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

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 units auxiliary thereto; or
3. treatment of the Insured's alcoholism or drug addiction; or
4. the Insured's participation in a felony, riot, or insurrection.

We will not pay Rider benefits if the Facility Care, Home Care or Community-Based Services:

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.

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.

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

8. **RELATIONSHIP OF COST OF CARE AND BENEFITS:** Because the costs of long term care services will likely increase over time, You should consider whether and how the benefits of this plan may be adjusted.

1. This Rider is level and will not increase over time.

9. TERMS UNDER WHICH THIS RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED:

- a. **GUARANTEED RENEWABILITY:** THIS POLICY (CERTIFICATE) IS GUARANTEED RENEWABLE. This means you have the right, subject to the terms of your policy (certificate), to continue this policy as long as you pay your premiums on time. Combined Insurance Company of America cannot change any of the terms of your policy on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY. Premiums may be adjusted based upon:
- a. the experience or demographics of the group to which you belong;
 - b. smoking class to which You belong;
 - c. the issue age of the Insured;
 - d. the Coverage Date of the Certificate; or
 - e. the Rider plan selected by the Policyholder.

Premiums on this Rider will not be increased based solely on the claims submitted for the Certificateholder of this Rider. New premium will be based on the Insured's age and Premium Class on the Rider's Coverage Date. We will notify You at least 45 days before a premium change. Notice will be mailed to Your last address as shown on Our records.

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

c. **WAIVER OF PREMIUM:** For each month You receive benefits under the Rider, Your premium for the Certificate and all Riders will be waived.

d. **TERMS UNDER WHICH THE COMPANY MAY CHANGE PREMIUMS.** We may change premium rates only if We change them on all Riders on this form in the state where the Rider was issued. The current premium is shown on the Certificate Schedule page. We will make no change in premiums solely because of claims made under this Rider, because of increased age or change in mental or physical health. While the Rider is in force, We cannot change any of its provisions, cancel it, or refuse renewal. After the first year, rates will not be adjusted more frequently than once every six (6) months and will be based on 12 months of experience.

10. ALZHEIMER'S DISEASE, ORGANIC DISORDERS, AND RELATED MENTAL DISEASES: This Rider provides coverage for insureds clinically diagnosed as Alzheimer's disease, organic disorders or related degenerative and dementing illnesses.

11. PREMIUM:

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

12. ADDITIONAL FEATURES:

- a. **UNDERWRITING:** Underwriting for this Rider will be done on the same basis as the underwriting for the Certificate to which this Rider may be attached.
- b. **IMPACT ON CERTIFICATE VALUES:** The death benefit that is payable at the death of the Insured will be reduced by the total of all Long Term Care Benefit payments. The Death Benefit will further be reduced by any Lien resulting from a Terminal Illness benefit paid. If the Insured dies while the Certificate is in force, the remaining Death Benefit proceeds will be paid to the Beneficiary. No further payments under this Rider will be made.
- c. **CONTINGENT NONFORFEITURE BENEFIT:** The contingent nonforfeiture benefit will be available on lapse should We increase the premium rates and you did not purchase the Nonforfeiture Benefit. The Contingent Nonforfeiture Benefit will be equal to the greater of 100 percent of the premium paid or 30 times the daily nursing home benefit at the time the Rider lapses.

Below is a graphic sample of nonforfeiture values with Inflation Rider:

\$50,000 Lifetime Benefit Term with Accelerated Death Benefit for Long-Term Care Rider (LTC)				
Issue Age 35 Non-Tobacco				
Year	Total LTC Premiums to End of Year	Monthly Premium Paying Claim Benefit	Minimum Paid Up LTC Face Amount	Monthly Nonforfeiture –Paid Up Claim Benefit with Inflation Protection
10	\$11,770.00	\$3,102.66	\$11,770.00	\$ 470.80
20	\$23,540.00	\$2,000.00	\$23,540.00	\$ 941.60
30	\$35,310.00	\$2,000.00	\$35,310.00	\$1,412.40

40	\$47,080.00	\$2,000.00	\$47,080.00	\$1,883.20
----	-------------	------------	-------------	------------

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

13. **INFORMATION AND COUNSELING.** The California Department of Insurance has prepared a Consumer Guide to Long-Term Care Insurance. This guide can be obtained by calling the Department of Insurance toll-free telephone number. This number is 1-800-927-HELP. Additionally, the Health Insurance Counseling and Advocacy Program (HICAP) administered by the California Department of Aging, provides long-term care insurance counseling to California senior citizens. Call the HICAP toll-free telephone number 1-800-434-0222 for a referral to your local HICAP office.