

**ACCELERATED DEATH BENEFIT FOR LONG TERM CARE RIDER
OUTLINE OF COVERAGE
Rider Form No. 34553WA**

CAUTION: The issuance of this Accelerated Death Benefit For Long Term Care Rider is based upon Your responses to the questions on Your enrollment form. A copy of Your enrollment form is enclosed. If Your answers are incorrect or untrue, the Company has the right to deny benefits or rescind Your Rider. The best time to clear up any questions is now, before a claim arises. If, for any reason any of Your answers are incorrect, please contact the company at this address: [17 Church St., Keene, N. H. 03431].

1. This Coverage is a Rider that is issued in Washington.
2. **PURPOSE OF OUTLINE OF COVERAGE:** This Outline of Coverage is designed to provide You with a summary of the Rider for which You are applying. The Accelerated Death Benefit For Long Term Care Rider form and the Certificate set forth in detail the terms, conditions, limitations and exclusions of the Coverage and Accelerated Death Benefit for Long Term Care Rider provided by the Certificate. Therefore, if You purchase this coverage, it is important that You **READ YOUR CERTIFICATE OF COVERAGE AND ALL RIDERS CAREFULLY.**
3. **FEDERAL TAX CONSEQUENCES:** This Optional Benefit is intended to be a federally tax-qualified long term care insurance coverage under Section 7702B(b) of the Internal Revenue Code of 1986, as amended.
4. **TERMS UNDER WHICH THE RIDER MAY BE CONTINUED IN FORCE OR DISCONTINUED:**
 - a. **RENEWABILITY: THIS RIDER IS GUARANTEED RENEWABLE.** This means you have the right, subject to the terms of this Rider, to continue this rider as long as You pay Your premiums on time. Combined Insurance company of America cannot change any of the terms of your Rider on its own, except that, in the future, IT MAY INCREASE THE PREMIUM YOU PAY.
 - b. **CONTINUATION:** Regardless of the continuation or conversion options available under the base Certificate, a continuation option is available for this Rider. Only You can request termination of this Rider. Unless You do, it will remain in force as long as the Certificate remains in force. If the base Certificate is converted to an individual life policy, this Rider will then be attached to the converted individual life policy.
 - c. **WAIVER OF PREMIUM:** 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.
5. **TERMS UNDER WHICH PREMIUMS MAY BE CHANGED BY THE COMPANY:** 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.
6. **TERMS UNDER WHICH THIS RIDER MAY BE RETURNED AND PREMIUM REFUNDED:** The Certificate Holder may, within 30 days after the Rider is delivered, return the Rider to Our Administrative Office or an agent of Ours and will receive a full refund of any premiums that have been paid towards this benefit. Once returned, the Rider will be void from its beginning.
7. **THIS IS NOT A MEDICARE SUPPLEMENT RIDER.** If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the Company.
8. **LONG TERM CARE COVERAGE:** Riders of this type are designed to provide coverage for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services that are provided in a setting other than an acute care unit of a hospital, such as in a nursing home, in the community or in the home. This Rider provides coverage in the form of a fixed dollar indemnity benefit, by accelerating the death benefits available under Your certificate for covered long term care expenses, subject to Rider limitations and requirements

9. **BENEFITS UNDER ACCELERATED DEATH BENEFIT RIDER FOR LONG TERM CARE:**

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.

Limitations: Rider benefits will not be paid for Confinement and Home Health Care/Adult Day Care simultaneously even if the Insured otherwise qualifies for both benefits. If the Insured qualifies for both benefits, will pay only one benefit, whichever is higher.

Waiver of Premium: While the Insured is eligible for a Monthly Accelerated Death Benefit, We will waive the premiums due for all Coverage under the Certificate.

10. **EXCLUSIONS:** Riders will not be paid for loss that results from:

- an intentionally self-inflicted injury, or attempted suicide; or
- war or any act of war, declared or undeclared, or service in the armed forces of any country; or
- 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 while under the treatment for an injury or sickness; or
- 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.

or for the following types of care:

- received outside the United States and its territories; or
- provided by ineligible providers (ineligible providers are those providers not defined in the Rider); or
- rendered by members of the Certificateholder or the Insured's immediate family.

11. **RELATIONSHIP OF COST OF CARE AND BENEFITS:** 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.

12. **ALZHEIMER'S DISEASE AND OTHER ORGANIC BRAIN DISORDERS:** This Rider provides coverage for Insureds clinically diagnosed as having Alzheimer's disease or related degenerative and dementing illnesses. These illnesses are covered to the same extent as long as they meet the requirements of the Rider.

13. **PREMIUMS:** Premiums for this benefit vary by the Insured's Issue Age and Premium Class. Current premiums may be changed. Current Premiums are shown on the Certificate Schedule page. We will notify the Certificateholder at least 45 days before changing the Premium.

14. **ADDITIONAL FEATURES:**

- a. This Rider will be underwritten on the same basis as the Certificate to which it is attached.

15. **CONTACT THE STATE SENIOR HEALTH INSURANCE ASSISTANCE PROGRAM IF YOU HAVE GENERAL QUESTIONS REGARDING LONG-TERM CARE INSURANCE. CONTACT THE INSURANCE COMPANY IF YOU HAVE SPECIFIC QUESTIONS REGARDING YOUR LONG-TERM CARE INSURANCE CERTIFICATE.**