



ANDERSON COUNTY PURCHASING DEPARTMENT

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Pamela Cotham
Purchasing Agent

March 2, 2016

ADDENDUM

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Addendum #1 on bid #4698 Life & Disability Benefits, making the following corrections and clarifications.

- Question: May we please request a current copy of your life policy/certificate/SPD?
Response: See attached.
- Question: Can you please provide a current census (in excel format)?
Response: Please send an email to purchasing@andersontn.org requesting this information.
- Question: Can you please provide current basic life rates, also please include retiree rates if available.
Response: See attached, we do not have retiree rates.
- Question: Could you please confirm the LTD claims shown are both open and closed?
Response: Yes.
- Question: Coverage information regarding short-term, specifically income replacement percentage and max weekly benefits.
Response: Income replacement is 60% of employee's weekly income. Max monthly benefit is \$6,000.
- Question: Could you provide me with information on the County's paid time off/paid leave program (PTO).
Response: Employees can utilize Vacation or Sick time available to them while waiting on their STD to kick-in. According to policy employees are to utilize all their time before being eligible for disability.

- Question: The max benefit for STD of 90 days does not tie to the LTD elimination period of 180 days. Should STD benefit duration be extended or LTD elimination period be reduced?

Response: No STD shouldn't be extended and No LTD shouldn't be reduced.

If you have any questions, please feel free to give me a call at (865) 457-6218.

Sincerely,



Pamela Cotham
Purchasing Agent

Department
Bid File

Basic Term Life and AD&D Benefits

Anderson County Government

Your Employer is providing \$25,000 of Basic Term Life and AD&D Benefits.

Supplemental Term Life and AD&D Benefits

- Eligibility:** All active full-time employees workin 30 or more hours per week.
- Termination:** The employee's retirement.
- Benefit Amount:** \$10,000 to \$300,000 in \$10,000 increments, up to 5 times Basic Annual Earnings (rounded down to next lower unit), not including bonuses, commissions or overtime.
- Guarantee Issue:** \$100,000.
- Reduction:** To 65% at age 65 and to 50% at age 70.
- Waiver of Premium:** Disability begins prior to age 60.
Disability must be continuous.
Unable to perform Primary and Essential Duties of any occupation for which the insured is, or becomes, reasonably fitted by training, education or experience.
Benefits terminate at age 65.
- Suicide Exclusion:** 2 years.
- Conversion:** Included.
- Portability:** Included.

Monthly Premiums

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
30-34	0.70	1.40	2.10	2.80	3.50	4.20	4.90	5.60	6.30	7.00
35-39	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
40-44	1.40	2.80	4.20	5.60	7.00	8.40	9.80	11.20	12.60	14.00
45-49	2.00	4.00	6.00	8.00	10.00	12.00	14.00	16.00	18.00	20.00
50-54	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
55-59	6.00	12.00	18.00	24.00	30.00	36.00	42.00	48.00	54.00	60.00
60-64	9.60	19.20	28.80	38.40	48.00	57.60	67.20	76.80	86.40	96.00
65-69	15.10	30.20	45.30	60.40	75.50	90.60	105.70	120.80	135.90	151.00
70-74	24.10	48.20	72.30	96.40	120.50	144.60	168.70	192.80	216.90	241.00
75+	42.70	85.40	128.10	170.80	213.50	256.20	298.90	341.60	384.30	427.00
AD&D	0.40	0.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00

The information provided here is only a summary of the plan. Refer to your certificate/policy for complete details and limitations of coverage.

Supplemental Dependent Term Life Benefits

Eligibility: Spouses under age 70 and dependent children of active insured employees participating in the Supplemental Life and AD&D plan.
Guarantee Issue: Equal to Benefit Amount.

OPTION A

Benefit Amount: Spouse: \$5,000
Child(ren): \$5,000 for 6 months to age 19 (or 23)
\$5,000 for 15 days through 5 months
\$0 for 0 days through 14 days

Monthly Cost per Family:	\$0.50
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OPTION B

Benefit Amount: Spouse: \$10,000
Child(ren): \$10,000 for 6 months to age 19 (or 23)
\$10,000 for 15 days through 5 months
\$0 for 0 days through 14 days

Monthly Cost per Family:	\$1.00
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OPTION C

Benefit Amount: Spouse: \$15,000
Child(ren): \$15,000 for 6 months to age 19 (or 23)
\$15,000 for 15 days through 5 months
\$0 for 0 days through 14 days

Monthly Cost per Family:	\$1.50
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4 Ever Life Insurance Company
Oakbrook Terrace, Illinois

GROUP POLICY

This Policy is issued in consideration of the Application of the Policyholder and payment of the premiums as provided by the Policy. The first premium is due and payable on the Effective Date of the Policy and subsequent premiums are due and payable in accordance with the Premium Provisions so long as the Policy remains in force.

The Company agrees to provide the Benefits shown in the Policy Schedule in accordance with the provisions and conditions herein.

Coverage under the Policy is subject to the exclusions, and all other terms and conditions of the Policy. The Policy will be governed by the laws of the state in which it is delivered and, to the extent applicable, the Employee Retirement Income Security Act of 1974 (ERISA) and any of its amendments.

IN WITNESS WHEREOF, 4 Ever Life Insurance Company has executed the Policy at our home office.


SECRETARY


PRESIDENT

**GROUP INSURANCE POLICY
NONPARTICIPATING**

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**4 EVER LIFE INSURANCE COMPANY
POLICY SCHEDULE**

POLICYHOLDER: *Anderson County Government*

POLICY NUMBER: NAB 9300-610

POLICY EFFECTIVE DATE: July 1, 2013

POLICY ANNIVERSARY DATE: July 1 of each year

STATE OF DELIVERY: Tennessee

Eligibility: Class 1 - All Active Full-time Employees of the Policyholder who work at least 30 hours per week and are U.S. Citizens or U.S. Residents.

The employee does not have to contribute premium for Basic Life, Accidental Death & Dismemberment and non-contributory Family Life Insurance.

The employee does have to contribute premium for Supplemental Life, Accidental Death & Dismemberment and contributory Family Life Insurance.

When Individual Coverage is Effective. This precludes items 1., 2., and 3. shown under Insured's Coverage Effective Date for Basic and Supplemental Life Insurance.

Individual Coverage begins on July 1, 2013 if an employee is a member of an eligible class on that date; or the 1st of the month following 30 days of employment if an employee becomes a member of an eligible class after July 1, 2013.

When an Increase in Individual Coverage is Effective:

Individual Coverage increase will take effect on the date of the increase.

Policyholder Grace period: 31 days

Rate change notice to Policyholder: 31 days

Basic Earnings: Excludes commissions, bonuses, overtime or any additional remuneration arising out of the Policyholder and employee relationship.

Rate Period: Until July 1, 2016

Premium increases, resulting from an Insured entering into a higher age bracket, occur on the Policy Anniversary Date coinciding with or next following such Insured's last birthday.

BENEFITS

Basic Life Insurance Benefits: \$25,000

**4 EVER LIFE INSURANCE COMPANY
POLICY SCHEDULE
(continued)**

BENEFITS (continued)

Supplemental Life Insurance Benefits: All active full-time employees have the option to purchase Supplemental Life Insurance from a minimum of \$10,000 to a maximum of \$300,000 in increments of \$10,000. Amounts of Supplemental Life insurance may not exceed 5 times the employee's basic annual earnings and will be rounded, if necessary to the next lower \$10,000 increment.

Any employee insured for Supplemental Life on the Policy Effective Date or any employee hired on or after the Policy Effective Date who elects Supplemental Life within their 31 day eligibility period has the option to purchase and increase their Supplemental Life amount by \$10,000 on each Policy Anniversary Date, up to the Guaranteed Issue Amount, without being subject to submitting evidence of insurability.

Family Life Insurance Benefits: All active full-time employees insured for Basic Life Insurance can insure their spouse and/or child(ren) as follows:

Non-Contributory Plan:

Spouse under age 70.....	\$5,000
Child(ren) 15 days old through 5 months old.....	\$ 500
6 months old to age 19 or age 23	
if a full-time student.....	\$5,000

In no event will the non-contributory Family Life Insurance amount exceed 50% of the employees Basic Life Insurance amount.

Contributory Plan: All active full-time employees who participate in Supplemental Life Insurance can purchase Family Life Insurance for their spouse who is under age 70 and/or child(ren) who are from 15 days old to age 19 or age 23 if a full-time student. The employee can purchase one of the following plan options:

	<u>Option A</u>	<u>Option B</u>	<u>Option C</u>
Spouse:	\$5,000	\$10,000	\$15,000
Child(ren):	\$5,000	\$10,000	\$15,000

In no event will the contributory Family Life Insurance amount exceed 50% of the employee's approved Supplemental Life Insurance amount.

THE TOTAL COMBINED AMOUNT OF NON-CONTRIBUTORY AND CONTRIBUTORY FAMILY LIFE INSURANCE CANNOT EXCEED 100% OF THE EMPLOYEES COMBINED BASIC LIFE AND SUPPLEMENTAL LIFE INSURANCE AMOUNT.

Guaranteed Issue Amount:

Basic Life/AD&D Insurance: \$25,000
Supplemental Life Insurance: \$100,000
Family Life Insurance:

Non-Contributory Spouse and Child(ren): All amounts
Contributory Spouse: Option A \$5,000; Option B \$10,000; Option C \$15,000
Contributory Child(ren): Option A \$5,000; Option B \$10,000; Option C \$15,000

**4 EVER LIFE INSURANCE COMPANY
POLICY SCHEDULE
(continued)**

Evidence of Insurability is required when:

- any employee enrolls for Supplemental Life/AD&D insurance and contributory Family Life insurance beyond the 31 day eligibility period; or
- any employee enrolls for contributory Family Life insurance more than 31 days after acquiring a new spouse or child; or
- any amount of Supplemental Life/AD&D insurance for the employee exceeds \$100,000; or
- any employee terminates their Supplemental Life/AD&D or contributory Family Life insurance and decides they want it again.

No amount will become effective until we approve such evidence as we may require. Evidence of Insurability must be furnished without expense to the Insurance Company.

Accidental Death and Dismemberment (AD&D) Benefit

Principal Sum: Same as Basic Life Insurance amount

Principal Sum: Same as Supplemental Life Insurance amount – *THE EMPLOYEE MAY ONLY PURCHASE SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE EQUAL TO AND IN CONJUNCTION WITH SUPPLEMENTAL LIFE INSURANCE.*

Schedule of Losses:

<u>For Loss of:</u>	<u>Percentage of Principal Sum:</u>
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

	<u>Life</u>
Waiver Benefit:	
Benefit applies:	Yes
Age by which Disability must begin:	60
Maximum Age on which Benefit Terminates:	65

Other Benefits:	
Extension for Lay-off or Leave:	3 months/Life
Extension for Injury or Illness:	12 months/Life

LIMITATIONS:

Suicide: No Supplemental Life or contributory Family Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the Policy became effective.

4 EVER LIFE INSURANCE COMPANY
POLICY SCHEDULE
(continued)

Reduction Schedule: Basic Life/AD&D and Supplemental Life/AD&D Benefits will be reduced as follows:

Attainment of age 65: to 65% of the scheduled amount
Attainment of age 70: to 50% of the scheduled amount

Termination Provision: Basic Life/AD&D and Supplemental Life/AD&D Insurance will be terminated on the earlier of: (a) the date of retirement; or (b) in accordance with the section titled Insured's Coverage Termination Date.

Non-Contributory Family Life Insurance will be terminated on the earlier of:
(a) the date the employees Basic Life Insurance terminates; (b) attainment of age 70 for the insured spouse; (c) at age 19 for the insured child or age 23 if a full-time student; or (d) in accordance with the section titled Family Life Insurance Termination.

Contributory Family Life Insurance will be terminated on the earlier of: (a) the date the employees Supplemental Life Insurance terminates; (b) attainment of age 70 for the insured spouse; (c) at age 19 for the insured child or age 23 if a full-time student; or (d) in accordance with the section titled Family Life Insurance Termination.

Coverage will continue for any child who reaches the age limit and is both:

1. totally incapable of self-sustaining employment due to a physical or mental handicap; and
2. chiefly dependent on the Insured for support and maintenance.

The insured must give us proof of the child's incapacity and dependency within 31 days of the child reaching the age limit. We may require proof again from time to time but not more often than once a year after the 2 years that follow the child reaching the age limit.

In no case will non-contributory and contributory Family Life coverage end later than the Insured's Basic and Supplemental Life Insurance.

POLICY EFFECTIVE AND TERMINATION DATES

Policy Effective Date. The Policy takes effect at 12:01 a.m. at the address of the Policyholder on the Policyholder Effective Date indicated on the Policy Schedule.

Policy Termination by the Company. The Company may terminate the Policy on any premium due date on or after the Initial Rate Period through which premium rates have been guaranteed, as indicated on the Policy Schedule. The Company may not terminate the Policy prior to such period, except for non-payment of premium.

The Company will provide 31 days advance written notice of its intent to terminate by mail or personal delivery. Termination will take effect at 11:59 p.m. at the Policyholder's address on the date of termination.

Policy Termination by the Policyholder. The Policyholder may terminate the Policy by mailing or delivering to the Company written notice at least 31 days in advance of the termination date. Termination will take effect at 11:59 p.m. at the Policyholder's address on the termination date specified in such notice.

Policy Termination by Both Parties. The Policy may be terminated at any time by the mutual written consent of the Policyholder and the Company.

Policy Termination for Non-Payment of Premium. If any premium is not paid by the end of the grace period specified in the Policy, the Policy will automatically terminate as of the date on which the unpaid premium was due.

BASIC LIFE INSURANCE

Insured's Coverage Effective Date. An Insured's Basic Life Insurance benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Policy Effective Date, if the Insured is a member of an Eligible Class prior to such date;
2. the first day of the month following the date the Insured becomes a member of an Eligible Class;
or
3. as indicated on the Policy Schedule.

Any Basic Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the required Evidence of Insurability.

If the Insured is not Actively at Work due to an Injury or Sickness on the date his or her insurance would otherwise become effective, insurance will not be effective until the first full day following the day the Insured returns to Active Work.

No Basic Life Insurance benefit will be effective until the required premium is paid.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Basic Life Insurance benefit that was in force on the Insured's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Any increase in an Insured's Basic Life Insurance benefit will take effect on the latest of the following:

1. the date of such increase, if the Insured is Actively at Work on such date;
2. the date the Insured returns to Active Work, if the Insured was not Actively at Work on the date on which the increase would otherwise become effective; or
3. as indicated on the Policy Schedule.

Basic Life Insurance benefits will be reduced due to age as indicated on the Policy Schedule. Any other decrease in the Insured's Basic Life Insurance benefit will take effect on the date of the decrease. An Insured's Basic Life Insurance will not be increased in excess of the Guaranteed Issue Amount unless he or she satisfies the Evidence of Insurability requirement for such excess amount. The Insured will become covered for the excess amount on the later of: the first day of the month following the date the Company approves Evidence of Insurability or as indicated on the Policy Schedule.

Insured's Coverage Termination Date. Subject to the section titled "Exceptions to When Coverage Ends", an Insured's Basic Life Insurance ends on the earliest of the following:

1. the date the Insured's employment terminates;
2. the date the Insured is no longer Actively at Work;
3. the date the Insured ceases to be a member of an Eligible Class;
4. the date the Policy terminates;
5. the date Basic Life Insurance for the Policyholder ends;
6. the date the Insured enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year.

SUPPLEMENTAL LIFE INSURANCE

Insured's Coverage Effective Date. An Insured's Supplemental Life Insurance benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Policy Effective Date, if the Insured is a member of an Eligible Class and applies for insurance prior to such date;
2. the first day of the month following the date the Insured applies for insurance, if such date is within 31 days of his or her eligibility date;
3. the first day of the month following the date the Company approves the Insured's Evidence of Insurability, if application is made more than 31 days after his or her eligibility date; or
4. as indicated on the Policy Schedule.

Any Supplemental Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the Evidence of Insurability.

If the Insured is not Actively at Work due to an Injury or Sickness on the date his or her insurance would otherwise become effective, insurance will not be effective until the first full day following the day the Insured returns to Active Work.

No Supplemental Life Insurance benefit will be effective until the required premium is paid.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Supplemental Life Insurance benefit that was in force on the Insured's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Any increase in the amount of an Insured's Supplemental Life Insurance benefit will take effect on the latest of the following:

1. the date of such increase, if the Insured is Actively at Work on such date;
2. if the Insured was not Actively at Work on the date the increase would otherwise become effective, the first full day following the day the Insured returns to Active Work; or
3. as indicated on the Policy Schedule.

Supplemental Life Insurance benefits will be reduced due to age as indicated on the Policy Schedule. Any other decrease in the Insured's Supplemental Life Insurance benefit will take effect on the date of the decrease.

An Insured's Supplemental Life Insurance will not be increased in excess of the Guaranteed Issue Amount unless he or she satisfies the Evidence of Insurability requirement for such excess amount. The Insured will become covered for the excess amount on the later of: the first day of the month following the date the Company approves the Evidence of Insurability; or as indicated on the Policy Schedule.

Insured's Coverage Termination Date. Subject to the section titled "Exceptions to When Coverage Ends", an Insured's Supplemental Life Insurance ends on the earliest of the following:

1. the date the Insured's employment terminates;
2. the date the Insured is no longer Actively at Work;
3. the premium due date, if premium for Supplemental Life Insurance remains unpaid at the end of the grace period;
4. the date the Insured ceases to be a member of an Eligible Class;
5. the date the Policy terminates;
6. the date Supplemental Life Insurance for the Policyholder ends;
7. The date the Insured enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year.

FAMILY LIFE INSURANCE

Additional Definitions. In addition to the definitions provided in the section titled "Definitions", the following terms are defined as indicated:

"Health Care Facility" means general and specialized hospitals, including tuberculosis, psychiatric, long term care and other types of hospitals, and related facilities, such as skilled nursing facilities; intermediate care facilities; rehabilitation centers; alcohol and drug facilities; hospices; facilities for the terminally ill; and facilities for the developmentally disabled.

"Insured Child(ren)" means an Insured's unmarried child, including natural, step, foster, or legally adopted (including in-process adoptions) who resides with the Insured, or is dependent upon the Insured for the majority of support, and for whom application has been made and premium is paid. The child(ren) must meet the age requirements set forth in the Policy Schedule.

"Insured Spouse" means the Insured's lawful spouse by marriage or common law, not including a spouse who is legally separated from the Insured or Widowed by the Insured, for whom application is made and premium is paid.

Family Coverage Effective Date. An Insured may apply for Family Life Insurance Benefits for his or her spouse or child. Subject to the provision titled Good Health Requirement, such benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following:

1. the Policy Effective Date, if the Insured applies for Family Life Insurance prior to such date;
2. the Insured's Effective Date if application for Family Life Insurance is made within 31 days of the Insured's eligibility date;
3. the first day of the month following the date the Company approves the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after the Insured's eligibility date;
4. the first day of the month following the date the Company approves the application for Family Life Insurance, if application is made within 31 days of the Insured acquiring a new spouse or child;
5. the first day of the month following the date the Company approves the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after acquiring a new spouse or child; or
6. as indicated on the Policy Schedule.

Any Family Life Insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves the required Evidence of Insurability.

No Family Life Insurance benefit will be effective until the required premium is paid.

If Family Life Insurance has been elected by the Insured for his or her children and such Insured subsequently acquires an additional child(ren), coverage will be immediately effective for such child(ren), subject to the provision titled Good Health Requirement.

Death Benefit. Upon receipt of due proof of death, the Company will pay the Family Life Insurance benefit that was in force on the Insured Spouse's or Insured Child's life at the time of his or her death, in accordance with the terms of the Policy.

Changes in Amounts of Insurance. Subject to the provision titled Good Health Requirement, any increase in Family Life Insurance benefits will take effect on the later of the date of such increase or as indicated on the Policy Schedule.

Family Life Insurance benefits will be reduced due to age as indicated on the Policy Schedule. Any other decrease in Family Life Insurance benefits will take effect on the date of the decrease.

Good Health Requirement. If the Insured's spouse or child is confined in a Health Care Facility on the date Family Life Insurance would otherwise become effective, such insurance will not be effective until the day that confinement ends.

Dual Coverage Prohibitions:

1. Spouse. If a person is eligible for coverage under the Policy both as a Insured Spouse and as an Insured, such person may only be covered as an Insured.
2. Child. If each parent of an Insured Child is an Insured under the Policy, such child may only be covered by one parent. If the Insured who is covering the Insured Child loses his or her coverage under the Policy, the other Insured may elect to continue covering the Insured Child without Evidence of Insurability by applying to cover the Insured Child within 31 days of the loss of the other Insured's coverage.

Family Life Insurance Termination Date. Subject to the section titled "Exceptions to When Coverage Ends", an Insured Spouse's or Insured Child's Life Insurance ends on the earliest of the following:

1. the date the Insured's coverage under the Policy ends;
2. the date the Policy terminates;
3. the date the Insured is no longer eligible for Family Life Insurance;
4. the date the Insured notifies the Company in writing to discontinue his or her Family Life Insurance;
5. the premium due date, if premium for Family Life Insurance remains unpaid at the end of the grace period;
6. the date Family Life Insurance is no longer provided by the Policy;
7. the date the Insured Spouse or Insured Child ceases to qualify for coverage under the Policy
8. the date the Insured Spouse or Insured Child enters the military, naval or air force of any country or international organization on a full-time active duty basis. This does not apply in the case of scheduled drills or other training not exceeding one month in any calendar year; or
9. for Insured Spouse coverage only, the date the Insured Spouse attains age 70.

Family Conversion Right. In addition to the reasons stated in the section titled "CONVERSION", an Insured Spouse or Insured Child is also Entitled to Convert his or her Family Life Insurance if:

1. the Insured dies; or
2. the spouse or child ceases to qualify for coverage as an Insured Spouse or Insured Child.

The amount of converted Life Insurance to which such spouse or child will be entitled is limited to the amount of Life Insurance that is lost under the Policy.

EXCEPTIONS TO WHEN COVERAGE TERMINATES

The following provisions allow coverage to continue beyond the date it would otherwise terminate.

Extension for Lay-off or Leave of Absence. If an Insured is not Actively at Work due to Lay-off or Leave of Absence, the Policyholder may extend the Insured's benefits under the Policy, including Family Life Insurance, up to the maximum period indicated on the Policy Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that precludes individual selection.

Extension for Injury or Illness. If an Insured is not Actively at Work due to Injury or Sickness, the Policyholder may extend the Insured's benefits under the Policy, including Family Life Insurance, up to the maximum period indicated on the Policy Schedule. Such extension is subject to continued payment of the required premium and Policyholder established criteria that precludes individual selection.

Extension for Total Disability with Waiver of Premium. If an Insured is not Actively at Work due to Total Disability, the Insured's benefits eligible for Waiver of Premium, as indicated on the Policy Schedule, may be extended by the Company without payment of the required premium, subject to the following:

1. Total Disability must have begun before the age indicated on the Policy Schedule and while covered under the Policy;
2. the Insured furnishes proof satisfactory to the Company that he or she has been Totally Disabled continuously from the date the Total Disability began;
3. such proof is furnished no later than one year after the date the Insured ceased being Actively at Work, unless the Insured demonstrates proof was provided as soon as reasonably possible; and
4. the Insured must surrender to the Company, without claim for more than a refund of premium paid, any policy issued to him or her pursuant to the Conversion Privilege provided by the Policy.

So long as an Insured furnishes proof that the Total Disability has continued uninterrupted, the Company will continue to extend such Insured's Life Insurance benefits from the date the Total Disability began until the earliest of the following:

1. the end of the maximum period indicated on the Policy Schedule;
2. the date the Insured is no longer Totally Disabled; or
3. the date the Insured receives, or would be eligible to receive if a claim was made, any retirement benefits, including Social Security or Railroad Retirement Act benefits.

To verify the existence and continuance of Total Disability, the Company has the right and opportunity, at its own expense, to have the Insured examined by a Physician chosen by the Company, as often as is reasonable. Failure to comply with this requirement will result in termination of Extension for Total Disability with Waiver of Premium.

Any premium paid for an Insured during a period for which he or she was entitled to Extension for Total Disability with Waiver of Premium will be refunded to the Policyholder, who is responsible for distribution to the Insured, if applicable.

The Life Insurance benefit that is extended under this provision will be the benefit to which the Insured was entitled on the last day the Insured was Actively at Work. This benefit will not increase; however, it will decrease whenever the benefit applicable to the Insured's Eligible Class is reduced, or whenever any benefit reduction applies.

Termination of the Policy will not end extension of Life Insurance benefits under this provision.

Should Total Disability end, thereby allowing the Insured to return to Active Work, the Insured may resume any coverage provided under the Policy for which the Insured qualifies, provided the Policy has not terminated and the required premium is paid.

No Life Insurance benefit will be paid while coverage is extended under this provision without proof that the Insured continued to be Totally Disabled through the period of extension until the date of death.

As used in this provision, the following terms are defined as indicated:

"Total Disability/Totally Disabled" means the Insured is unable to perform the Primary and Essential Duties of any occupation for which the Insured is, or becomes, reasonably fitted by training, education, and experience.

"Primary and Essential Duties" means those duties that are generally and regularly required in the performance of the occupation and that cannot be reasonably changed, accommodated, or omitted.

Continuation of Coverage. If an Insured ceases to be employed by the Policyholder for any reason other than retirement, the Insured may elect to continue his or her **Supplemental Life Insurance** benefits under the Policy provided he or she has not attained age 70. The Insured must make such election within 31 days of termination of employment. **The Insured may not continue Family Life Insurance.**

Continued coverage will be subject to all of the provisions and limitations of the Policy, including reductions/termination at an age or any other termination provision. However, in no event will coverage continue beyond age 70.

Coverage continued under this provision will end the earliest of the date:

1. ending the last period through which premiums have been paid, subject to the provision titled "*Premium for Continuation*";
2. the Insured's Life Insurance benefits would otherwise terminate as indicated in the Policy;
3. the Policy terminates; or
4. the Insured Person becomes eligible for any other group term life coverage through employment.

Premium for Continuation. The Insured is responsible for paying the entire premium for coverage continued under this section. Premiums for continued coverage will be billed directly to the Insured on a quarterly, semi-annual or annual basis. Such premiums may exceed the group rate applicable to the amount of coverage being continued. After the first premium for coverage under this section has been paid, a grace period of 31 days will be granted to the Insured for payment of each subsequent premium due. During such grace period, coverage will continue in force.

Conversion After Extension. When the periods of extension or continued coverage described in this section ends, the Insured may convert his or her coverage to an individual insurance policy, provided the Insured is Entitled to Convert as described in the Conversion Privilege provision.

CONVERSION

Conversion Privilege. Any person covered under the Policy may convert his or her Life Insurance to an individual policy, provided such person is Entitled to Convert and, within 31 days after his or her Life Insurance ends:

1. applies in writing to the Company; and
2. pays the first premium.

Evidence of Insurability. No Evidence of Insurability will be required in order to convert to an individual policy under the Conversion Privilege.

Entitled to Convert. A person covered under the Policy is Entitled to Convert his or her Life Insurance only if such insurance ends because:

1. the Insured's employment terminates;
2. the Insured ceases to be a member of an Eligible Class as described in the Eligible Class(es) section of the Policy Schedule;
3. the Policy terminates, provided the person has been covered under the Policy for at least five consecutive years immediately preceding such termination;
4. the Policy is amended to terminate the Eligible Class to which the Insured belongs, provided the person seeking to convert has been covered under the Policy for at least five consecutive years immediately preceding such termination.

Amount of Converted Life Insurance. If a person's Life Insurance ends because the Insured's employment terminates or the Insured is no longer a member of an Eligible Class, the amount of converted Life Insurance to which he or she will be entitled will not be more than the amount of Life Insurance that is lost under the Policy.

If a person's Life Insurance ends because the Policy is changed to terminate the Eligible Class to which the Insured belongs, or if the Policy terminates, the amount of converted Life Insurance he or she will be entitled to convert will be the lesser of: (a) the amount of Life Insurance in force under the Policy at the time insurance ends, less any amount for which such person becomes eligible under this or any other group life policy during the 31-day conversion period; or (b) \$ 2,000.

Type of Policy. The individual policy will be the Company's current offering and will be on a form customarily issued by the Company. However, such policy may not be term insurance. No disability or other supplemental benefits will be provided under the individual policy. The individual policy will go into effect at the end of the 31-day period after Life Insurance ends.

If the individual policy contains a provision that restricts the time within which benefits would be payable as a result of suicide, or restricts the time within which coverage under the policy can be contested, such time periods will be deemed to have begun at the time the Insured was first covered under the Policy.

The premium will be based on the Company's rates for the individual policy form, the benefit amount, age and the class of risk to which the person belongs at the time insurance ends. To continue insurance under the individual policy, the premium must continue to be paid as required under the terms of the individual policy.

Death During the Conversion Period. If the person dies during the 31-day period during which he or she is eligible to convert, the Company will pay, as a death benefit under the Policy, the maximum amount such person was otherwise eligible to convert. If the person dies during the 31-day conversion period and has already converted, the death benefit payable under the Policy will be reduced by the amount of Life Insurance actually converted, unless the individual policy is surrendered to the Company. In such case, any premium paid for the individual policy will be refunded.

Notice of Conversion Right. Notice of the right to convert to an individual policy will be presented to the Insured or delivered to the Insured's last known address within 15 days from the date a person's Life Insurance coverage ends. If notice is not given within this 15-day period, the 31-day conversion period

will be extended by 15 days after the date notice is given. However, in no event will the initial 31-day period of time be extended beyond 60 days from the date Life Insurance ends.

Restoration of Membership in Eligible Class. If an Insured has converted coverage under the Policy and subsequently regains membership in an Eligible Class, coverage will not be provided under the Policy until such Insured surrenders the individual policy to the Company, subject to the provision titled "Reinstatement of a Previous Insured."

ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Benefit. The Company will pay the Benefit Percentage of the Principal Sum, if Injury to an Insured results in any one of the losses listed in the Schedule of Losses. The loss must occur within 90 days of the date of Injury. If the Insured suffers more than one loss as a result of any one accident, only the largest amount will be paid.

Payment of Benefit. All Accidental Dismemberment benefits will be paid to the Insured. Accidental Death benefits will be paid to the Insured's beneficiary.

The Schedule of Losses, Principal Sum and Benefit Percentage are indicated on the Policy Schedule.

As used in the Schedule of Losses, the following terms are defined as indicated:

"Loss of a hand or foot" means complete severance through or above the wrist or ankle joint.

"Loss of sight of an eye" means total and irrecoverable loss of the entire sight in that eye.

"Loss of hearing in an ear" means total and irrecoverable loss of the entire ability to hear in that ear.

"Loss of speech" means total and irrecoverable loss of the entire ability to speak.

"Loss" of thumb and index finger means the complete severance through or above the metacarpophalangeal joint of both digits.

Exclusions. Benefits for Accidental Death and Dismemberment will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. attempted suicide or intentionally self-inflicted injury, while sane or insane.
2. bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.
3. voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be the Insured; his or her spouse; a child, sibling, or parent of the Insured or of the Insured's spouse; or a person who resides in the Insured's home.
4. declared or undeclared war or act of war.
5. the Insured's commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony.
6. the Insured's participation in a riot.
7. the Insured's engaging in an illegal occupation.
8. operating, riding in, or descending from any aircraft (including a hang glider). This does not apply to the Insured while a passenger on a licensed, commercial, nonmilitary aircraft.

PREMIUMS

Premium Rates. The Policy's premium is the sum of the premiums due for each Insured. The first premium payment is due on the Policy Effective Date. Subsequent premiums are due as indicated on the Application.

Changes in Premium Rates. Premium rates may be changed by the Company on the earlier of the following:

1. On or after the date indicated on the Policy Schedule through which premium rates have been guaranteed. After such a change in premium, no additional change will be made for an additional 12 months, or longer if agreed to in writing by the Company, except as otherwise provided in this section;
2. the date the terms of Eligibility or benefits under the Policy are amended or modified;
3. the date the Policy is modified to provide coverage for a subsidiary, division, or affiliate of the Policyholder;
4. the date there is a change in the risk factors bearing on the risks covered under the Policy;
5. the date there is a change in, or addition to, Federal or State law which directly affects the Company's benefit obligation; or
6. the date the Company discovers a misrepresentation of the information provided by the Policyholder upon which the Company relied to establish the premium rates.

The Company will give prior written notice of any change in premium rates to the Policyholder. Such notice will be given no sooner than the number of days indicated on the Policy Schedule before the effective date of the increase unless the Policyholder and the Company agree otherwise.

Premiums for additional benefits or increased insurance becoming effective during a month in which the Policy is in force will be charged from the first day of the month in which the change becomes effective.

Premiums for insurance terminating during a month in which the Policy is in force will cease at the end of the month in which the insurance coverage terminates. Nothing in this provision will extend insurance beyond the date it would have otherwise ended.

Grace Period. A grace period will be granted to the Policyholder for payment of each premium due after the first premium, during which grace period, coverage under the Policy will continue in force, but the Policyholder will remain liable to the Company for any unpaid premium. The grace period is indicated on the Policy Schedule, but such period will never be less than 31 days.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 20 days after a loss, or as soon thereafter as reasonably possible. Notice given by or on behalf of the claimant to the Company with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send claim forms to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in the Policy for filing proof of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company within 90 days after the date of loss. If the loss is one for which the Policy requires continuing eligibility for periodic benefit payments, subsequent written proofs of eligibility must be furnished at such intervals as the Company may reasonably require. Failure to furnish such proof within the time required, will not reduce or deny any benefits if the proof is given as soon as reasonably possible. However, in no event, other than legal incapacity, will proof be given more than one year after the date of loss.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made to the Insured's beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

Upon receipt of due written proof of loss, payments for all losses, except the Insured's loss of life, will be made to (or on behalf of, if applicable) the Insured. If an Insured dies before all payments due have been made, the amount still payable will be paid to his or her beneficiary as described in the Beneficiary Designation and Change provision of the General Provisions section.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

Time of Payment of Claims. Benefits payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon the Company's receipt of due written proof of the loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

GENERAL PROVISIONS

Entire Contract; Changes. The Policy, the Application, and any attached papers make up the entire contract between the Policyholder and the Company. In the absence of fraud, all statements made by the Policyholder or any Insured will be considered representations and not warranties.

No change in the Policy will be valid until approved by an officer of the Company. The approval must be noted on or attached to the Policy. No agent may change the Policy or waive any of its provisions.

Incontestability. The validity of the Policy will not be contested after it has been in force for two years from the Policy Effective Date, except for non-payment of premium.

After a person has been covered under the Policy for two years, no statement made by such person will be used to contest a claim under the Policy. The Company can only contest coverage if the misstatement is made in a written instrument signed by such person and a copy is given to the Policyholder, the signor or the signor's beneficiary.

Beneficiary Designation and Change. The Insured's designated beneficiary(ies) is (are) the person(s) named by the Insured, as shown in the Policyholder's records. The Insured Spouse's and Insured Child's beneficiary is the Insured.

A legally competent Insured over the age of majority may change his or her beneficiary designation at any time, unless an irrevocable designation has been made. The change may be executed, without the consent of the designated beneficiary(ies), by providing the Company, or, if agreed upon in advance by the Company, the Policyholder, with a written request for change. When the request is received, whether the Insured is then living or not, the change of beneficiary will relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment that is made prior to receipt of the request.

If there is no designated beneficiary, or if no designated beneficiary is living after the Insured's death, the benefits will be paid, in equal shares, to the survivors in the first surviving class of those that follow: The Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If the Insured is not living on the date of the Insured Spouse's or Insured Child's death, the beneficiary is the Insured's estate.

Reinstatement of a Previous Insured. A member of an Eligible Class who was previously an Insured may apply for any benefits for which the member is eligible. Such member's benefits will begin on the first day of the month following the date the Company approves the member's application for such benefits, as well as Evidence of Insurability.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the Insured whose loss is the basis of claim under the Policy as often as it may reasonably require during the pendency of the claim, and to make an autopsy in case of death where it is not forbidden by law. If the Insured is Totally Disabled, we may not examine the Insured more than once a year after he or she has been Totally Disabled.

Legal Actions. No action at law or in equity will be brought to recover on the Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of the Policy. No such action will be brought after the expiration of five years after the time written proof of loss is required to be furnished.

Conformity with State Statutes. Any provision of the Policy that, as of its Effective Date, is in conflict with the statutes of the state in which the Policy is delivered is hereby amended to conform to the minimum requirements of such statutes.

Workers' Compensation. The Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. A purely clerical error, that arises from other than a failure to perform administrative duties hereunder, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect; nor will it extend insurance of such person if that insurance would otherwise have ended or been reduced as provided by the Policy. Clerical error may be, by illustration but not limitation, errors in transcription or computation, but is not, by illustration but not limitation, a failure to advise Insureds of procedural requirements.

Assignment. The Policy is non-assignable. An Insured may not assign his or her rights, privileges and benefits under the Policy without the consent of his or her beneficiary. The Company is not bound by an assignment until the Company receives and files a signed copy. The Company is not responsible for the validity of assignments. The assignee only takes such rights as the assignor possessed and such rights are subject to state and federal laws and the terms of the Policy.

Misstatement of Facts. If the material facts, including age of the Insured, were not accurate in the Application or any application for coverage under the Policy:

1. a fair adjustment of premium will be made; and
2. the true facts, including true age, will decide whether, and in what amount, insurance is in force under the Policy.

Facility of Payment. If an individual appears to the Company to be equitably entitled to compensation because he or she has incurred expenses on behalf of an Insured or for burial or funeral expenses, the Company may deduct from the amount payable under the Policy to be paid to such individual the expenses incurred, but not more than \$500. Such payment will not exceed the amount due under the Policy.

Settlement Options. The Insured may elect to have all or any part of his or her insurance for loss of life paid to his or her beneficiary in installments or in any other way that may be agreed to by the Company. The Insured must give notice in writing to elect a settlement option. The Insured will have the right to change the election at any time. The terms of payment will be in accordance with those offered by the Company for the insurance at the time election is made.

After the Insured's death, the beneficiary:

1. may make such an election, if the Insured had not done so; and
2. may name a person(s) to receive any amount that would otherwise go to the beneficiary's estate; and
3. will have the right to change the person(s) named in accordance with 2. above.

Agency. For the purposes of the Policy, the Policyholder acts on its own behalf or as the agent of the Insured's. Under no circumstances will the Policyholder be deemed the agent of the Company without written authorization.

Certificates. The Company will issue to the Policyholder, for delivery to each Insured, a certificate containing the principal terms of the Policy.

DEFINITIONS

Accident means a sudden, unexpected and unintended incident that occurs while coverage is in force with respect to the person whose Injury is the basis of the claim and that results in Injury or loss covered by this Policy.

Active Work/Actively At Work means expending time and energy in the performance of regular duties for the Policyholder at the usual place of employment, or at a location to which the Policyholder requires the Insured to travel and for which the Insured is receiving Basic Earnings for such duties. An Insured will be considered Actively At Work on each regularly scheduled non-work day if he or she was Actively At Work on the immediately preceding scheduled work day.

Basic Earnings means the Insured Person's basic rate of pay. It does not include overtime, bonus or any other form of additional compensation, unless otherwise indicated on the Policy Schedule.

Evidence of Insurability means a written statement, application, or medical evidence of good health that, in the sole judgment of the Company, qualifies the person for coverage under the Policy. The Company may require the person to pay the cost of providing this information.

Guaranteed Issue Amount means the highest amount of insurance that will be issued to a person without Evidence of Insurability. This amount is indicated on the Policy Schedule.

Injury means a bodily injury caused by an accident occurring while the Policy is in force with respect to the person whose injury is the basis of claim and resulting directly and independently of all other causes in a covered loss.

Insured means a person who is a member of an Eligible Class, as defined on the Policy Schedule, for whom any required premium has been paid; coverage has been elected, any required Evidence of Insurability is approved by the Company, and for whom coverage is in force. Persons belonging to more than one Eligible Class will only be covered under the Policy for one Eligible Class.

Physician means a licensed practitioner of the healing arts acting within the scope of his or her license, who is not: (a) the Insured Person; (b) an relative to the Insured or a relative of any member of the Insured's family; or (c) residing with the Insured Person.

Sickness means a diagnosed illness, disease or pregnancy.



4 EVER LIFE INSURANCE COMPANY
Oakbrook Terrace, Illinois

ACCELERATED DEATH BENEFIT RIDER

This rider amends the Policy or Certificate of Insurance to which it is attached, and takes effect on the Policy Effective Date.

The following provision is hereby added to the Policy or Certificate of Insurance to which this rider is attached:

ACCELERATED DEATH BENEFIT: This benefit is payable to an Insured if, due to a medically determinable condition suffered by the Insured, death is expected to result within 6 months.

In order for this benefit to be paid, we:

1. must receive a written request from the Insured. If the Insured is unable to sign a written request due to his physical condition, a written request from the primary beneficiary will be acceptable;
2. must receive a written report signed by the licensed attending physician which certifies that the Insured, due to a medically determinable condition, has a life expectancy of 6 months or less;
3. must receive from any assignee or irrevocable beneficiary his acknowledgement and agreement to payment of this benefit;
4. may, at our option, confirm the diagnosis with an additional medical opinion if our medical director does not concur with the attending physician. Such opinion will be obtained at our expense.

The Accelerated Death Benefit will be an amount equal to 50% of the **Basic Life** death benefit applicable to the Insured under the Policy on the date of the physician's certification of such diagnosis, not to exceed \$12,500. The benefit payable will be rounded, if necessary, to the nearest multiple of \$1,000. This benefit will be paid in one lump sum and is payable only one time for each Insured. If the Insured recovers from the medically determinable condition after receiving the Accelerated Death benefit, we will not ask for a refund. However, should the Insured return to active work, the amount of life insurance to which he or she is entitled will be reduced by the amount previously paid.

If an Insured elects to receive this benefit, it is understood:

1. the death benefit ultimately payable for the Insured will be reduced by an amount equal to the Accelerated Death Benefit paid to the Insured; and
2. the amount of this Accelerated Death Benefit plus the corresponding death benefit will not exceed the amount that would have been paid as the death benefit in the absence of this Accelerated Death Benefit.

Coverage for any Insured under this provision will terminate on the first of the following:

1. the date coverage under the Policy terminates;
2. the date of payment of an Accelerated Death Benefit to the Insured; or
3. the end of the period for which the required premium has been paid.

THIS ACCELERATED DEATH BENEFIT WILL REDUCE THE FULL LIFE INSURANCE BENEFIT THAT WOULD ULTIMATELY BE PAYABLE. THIS BENEFIT MAY BE TAXABLE AND INSUREDS MAY WISH TO SEEK ASSISTANCE FROM THEIR PERSONAL TAX ADVISOR. THE COST OF THIS BENEFIT IS INCLUDED IN THE COST OF THE POLICY.

Nothing contained in this Amendatory Rider will alter or amend the terms of the Policy or Certificate of Insurance except as expressly stated herein. All the terms of the Policy that are not in conflict with the terms of this Rider will be applicable. This rider terminates at the same time as the Policy or Certificate of Insurance to which it is attached.

Signed for 4 Ever Life Insurance Company:

HFBraham, III
PRESIDENT



AMENDATORY RIDER

This rider amends the Policy or Certificate of Insurance to which it is attached, and takes effect on the Policy Effective Date.

The following is hereby added to the Policy or Certificate of Insurance to which this rider is attached:

Seat Belt Benefit – We shall pay an additional Basic Accidental Death benefit equal to \$10,000, if the Insured suffers loss of life as the result of a covered accident which occurs while the Insured is driving or riding in a Private Passenger Car, and;

1. The car is equipped with seat belts;
2. The seat belt was in actual use and properly fastened at the time of the accident;
3. The position of the seat belt is certified in the official report of the accident or by the investigating officer.

Air Bag Benefit – We shall pay an additional Basic Accidental Death benefit equal to \$5,000, if the Insured suffers loss of life as the result of a covered accident which occurs while the Insured is driving or riding in a Private Passenger Car, and;

1. The car is equipped with a single air bag and the Insured is the driver;
2. The car is equipped with dual front air bags and the Insured is either the driver or front seat passenger; or
3. The car is equipped with dual front and rear air bags and the Insured was the driver or a front or back seat passenger; and
4. The seat belt was in actual use and properly fastened at the time of the accident.

Exclusions – Benefits under this rider will not be payable due to the following:

1. The Insured or the driver of the car, if other than the Insured, is driving while intoxicated, impaired, or under the influence of drugs, unless taken as prescribed by a licensed physician. As used in this subsection, the terms "intoxication", "impaired", and being "under the influence of drugs" are defined as defined by the jurisdiction in which the accident occurred, whether or not a conviction occurred.
2. The driver of the car, whether the Insured or otherwise, is not licensed.
3. The accident occurs while the Insured is participating in a race, speed or endurance test.

As used in this rider, the following terms are defined as indicated:

"Private Passenger Car" means a four wheel passenger car, station wagon, jeep, pick-up truck and sports utility vehicle, which is:

- a. validly registered; and
- b. not licensed commercially, unless owned by the Policyholder.

"Seat Belt" means those belts that form an occupant restraint system at the time the automobile was manufactured.

Nothing contained in this Amendatory Rider will alter or amend the terms of the Policy or Certificate of Insurance except as expressly stated herein. All the terms of the Policy that are not in conflict with the terms of this Rider will be applicable. This rider terminates at the same time as the Policy or Certificate of Insurance to which it is attached.

Signed for 4 Ever Life Insurance Company:

HFBurham, III
PRESIDENT

**NOTICE CONCERNING COVERAGE UNDER
THE TENNESSEE LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of Tennessee who purchase the insurance annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Tennessee Life and Health insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unstable to meet its obligations. If this should happen, the Guaranty Association will assess the other member insurance companies for the money to pay the claims of the insured persons who live in the state and, in some cases, to keep coverage in force. The valuable extra protection provided by these insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting companies that are well-managed and financially stable.

The state law that provides for this safety-net coverage is called the Tennessee Life and Health Guaranty Association Act. The following is a brief summary of the law's coverages, exclusions and limits. **This summary does not cover all the provisions of the law or describe all of the conditions and limitations relating to coverage. This summary does not in any way change anyone's rights and obligations under the act or the rights or obligations of the Guaranty Association.**

COVERAGE

Generally, individuals will be protected by the Life and Health Insurance Guaranty Association if they live in the state and hold a life or health insurance contract, an annuity, or if they are insured under a group insurance contract issued by an insurer authorized to conduct business in Tennessee. Health insurance includes disability and long term care policies. The beneficiaries, payees or assignees of the insured persons are protected as well, even if they live in another state.

EXCLUSION FROM COVERAGE

However, persons holding such policies are not protected by this guaranty Association if:

- (1) they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protect insured who live outside that state);
- (2) the insurer was not authorized to do business in this state;
- (3) their policy was issued by an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does not provide coverage for:

- (1) any policy or portion of a policy which is not guaranteed by the insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;
- (2) any policy of reinsurance (unless an assumption certificate was issued);
- (3) interest rate yields that exceed an average rate;
- (4) dividends;
- (5) credits given in connection with the administration of a policy or by a group contractholder;
- (6) employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- (7) unallocated annuity contracts (which give rights to group contractholders, not individuals).

LIMITS ON AMOUNT OF COVERAGE

The act also limits the amount the Guaranty Association is obligated to pay out. The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. For any one insured life, the Guaranty Association guarantees payments up to a stated maximum no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. These aggregate limits per life are as follows:

- \$ 300,000 for policies and contracts of all types, except as described in the next point
- \$ 500,000 for basic hospital, medical and surgical insurance and major medical insurances issued by companies that become insolvent after January 1, 2010.

Within these overall limits, the Guaranty Association cannot guarantee payment of benefits greater than the following:

- Life insurance death benefits - \$ 300,000
- Life insurance cash surrender value - \$ 100,000
- Present value of annuity benefits for companies insolvent before July 1, 2009 – \$ 100,000

- Present value of annuity benefits for companies insolvent after June 30, 2009 – \$ 250,000
- Health insurance benefits for companies declared insolvent on or after January 1, 2010:
 - \$ 100,000 for limited benefits and supplemental health coverages
 - \$ 300,000 for disability and long term care insurance
 - \$ 500,000 for basic hospital, medical and surgical insurance or major medical insurance

.....

The Tennessee Life and Health Insurance Guaranty Association may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in Tennessee. You should not rely on coverage by the Tennessee Life and Health Insurance Guaranty Association in selecting an insurance company or in selecting an insurance policy.

Coverage is NOT provided for your policy or any portion of it that is not guaranteed by the insurer for which you have assumed the risk, such as a variable contract sold by prospectus.

Insurance Companies of their agents are required by law to give or send you this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

Life and Health Insurance Guaranty Association
1200 One Nashville Place
150 4th Avenue North
Nashville, TN 37219

Tennessee Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243



4 EVER 4 Ever Life Insurance
Protection, Enhanced



ABACUS

Basic Term Life and AD&D Benefits
Anderson County Government

Your Employer is providing \$25,000 of Basic Term Life and AD&D Benefits.

Supplemental Term Life and AD&D Benefits

- Eligibility:** All active full-time employees workin 30 or more hours per week.
- Termination:** The employee's retirement.
- Benefit Amount:** \$10,000 to \$300,000 in \$10,000 increments, up to 5 times Basic Annual Earnings (rounded down to next lower unit), not including bonuses, commissions or overtime.
- Guarantee Issue:** \$100,000.
- Reduction:** To 65% at age 65 and to 50% at age 70.
- Waiver of Premium:** Disability begins prior to age 60.
Disability must be continuous.
Unable to perform Primary and Essential Duties of any occupation for which the insured is, or becomes, reasonably fitted by training, education or experience.
Benefits terminate at age 65.
- Suicide Exclusion:** 2 years.
- Conversion:** Included.
- Portability:** Included.

Monthly Premiums

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
<30	0.50	1.00	1.50	2.00	2.50	3.00	3.50	4.00	4.50	5.00
30-34	0.70	1.40	2.10	2.80	3.50	4.20	4.90	5.60	6.30	7.00
35-39	0.80	1.60	2.40	3.20	4.00	4.80	5.60	6.40	7.20	8.00
40-44	1.40	2.80	4.20	5.60	7.00	8.40	9.80	11.20	12.60	14.00
45-49	2.00	4.00	6.00	8.00	10.00	12.00	14.00	16.00	18.00	20.00
50-54	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
55-59	6.00	12.00	18.00	24.00	30.00	36.00	42.00	48.00	54.00	60.00
60-64	9.60	19.20	28.80	38.40	48.00	57.60	67.20	76.80	86.40	96.00
65-69	15.10	30.20	45.30	60.40	75.50	90.60	105.70	120.80	135.90	151.00
70-74	24.10	48.20	72.30	96.40	120.50	144.60	168.70	192.80	216.90	241.00
75+	42.70	85.40	128.10	170.80	213.50	256.20	298.90	341.60	384.30	427.00
AD&D	0.40	0.80	1.20	1.60	2.00	2.40	2.80	3.20	3.60	4.00

The information provided here is only a summary of the plan. Refer to your certificate/policy for complete details and limitations of coverage.

Supplemental Dependent Term Life Benefits

Eligibility: Spouses under age 70 and dependent children of active insured employees participating in the Supplemental Life and AD&D plan.
Guarantee Issue: Equal to Benefit Amount.

OPTION A

Benefit Amount: Spouse: \$5,000
Child(ren): \$5,000 for 6 months to age 19 (or 23)
\$5,000 for 15 days through 5 months
\$0 for 0 days through 14 days

Monthly Cost per Family:	\$0.50
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OPTION B

Benefit Amount: Spouse: \$10,000
Child(ren): \$10,000 for 6 months to age 19 (or 23)
\$10,000 for 15 days through 5 months
\$0 for 0 days through 14 days

Monthly Cost per Family:	\$1.00
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OPTION C

Benefit Amount: Spouse: \$15,000
Child(ren): \$15,000 for 6 months to age 19 (or 23)
\$15,000 for 15 days through 5 months
\$0 for 0 days through 14 days

Monthly Cost per Family:	\$1.50
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